

0354595

21CT10062 SB

3063

ADVISOR		OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest (No Warrant) 3. Request for Warrant 6. Arrest (Warrant) 4. Request for Capias 2. N.T.A. 5. Juvenile Referral		1		JUVENILE	
Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		3		2		2021-007148	
Charge Type:		Check as many as apply:		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized	
Location of Arrest (Including Name of Business)		1000 W PALMETTO PARK RD, 1000 W PALMETTO PARK RD,		Location of Offense (Business Name, Address)		1000 W PALMETTO PARK RD, BOCA RATON, FL 33486		Enter Type		UNARMED	
Date of Arrest		06/17/2021		Time of Arrest		00:51		Booking Date		06/17/2021	
Booking Time		01:04		Jail Date		06/17/2021		Jail Time		02:40	
Location of Vehicle		EMERALD TOWING		Name (Last, First, Middle)		BENARROCHE, RACHEL PILAR		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race		W - White 1 - American Indian		Sex		F		Date of Birth		03/31/1982	
Height		5'06		Weight		135		Eye Color		BLUE	
Hair Color		BLONDE		Complexion		MEDIUM		Build		Medium	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status		S		Religion		NONE	
Local Address (Street, Apt. Number)		5748 FOX HOLLOW DR C, BOCA RATON, FL 33486		Phone		(561) 353-8558		Indication of Alcohol Influence		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Permanent Address (Street, Apt. Number)		5748 FOX HOLLOW DR C, BOCA RATON, FL 33486		Phone		(561) 353-8558		Residence Type:		1. City 2. County 3. Florida 4. Out of State	
Business Address (Name, Street)		NONE		Phone		(561) 353-8558		Address Source		SUBJECT	
D/L Number, State		B562735826110 / FL		Soc. Sec. Number				INS Number			
Place of Birth (City, State)		NEW HAVEN, CT,		Citizenship		US		Co-Defendant Name (Last, First, Middle)			
Co-Defendant Name (Last, First, Middle)				Race				Sex			
Co-Defendant Name (Last, First, Middle)				Date of Birth				1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>			
Parent <input type="checkbox"/> Other: <input type="checkbox"/>		Name (Last, First, Middle)		Residence Phone				Legal Custodian <input type="checkbox"/>			
Address (Street, Apt. Number)				Business Phone				Notified by: (Name)			
Released To: (Name)				Date				Time			
Relationship				Date				Time			
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.				School Attended				Grade			
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity		S. Sell		R. Smuggle		K. Disperse/Distribute		M. Manufacture/Produce/Cultivate		Z. Other	
N. N/A		B. Buy		D. Deliver		C. Cocaine		A. Amphetamine		B. Barbiturate	
P. Possess		T. Traffic		E. Use		H. Hallucinogen		M. Marijuana		P. Paraphernalia/Equipment	
Charge Description		DRIVE UNDER INFLUENCE ALC		Statute Violation Number		316.193(1A)		Violation of ORD #			
Drug Activity		N		Amount / Unit		/		Offense #		2021-007148	
Counts		1		Domestic Violence		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number			
Charge Description		WILLFULLY REFUSING TO SIGN AND ACCEPT SUMMONS		Statute Violation Number		318.14(3)		Violation of ORD #			
Drug Activity		N		Amount / Unit		/		Offense #		2021-007148	
Counts		1		Domestic Violence		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number			
Charge Description				Statute Violation Number				Violation of ORD #			
Drug Activity				Amount / Unit				Offense #			
Counts				Domestic Violence		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number			
Health / Apparent Physical Condition of Defendant		FAIR		Any knowledge of the following:		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:			
Check which applies:		<input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		J. CASAS ID818		Released By		J. CASAS ID818	
Transported By		TIMONEY ID854		Date Transported				Time Transported		Other	
INSTRUCTION NO. 1 - Mandatory appearance in court		<input checked="" type="checkbox"/>		Location (Court, Room)		South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time		07/19/2021 08:30:00	
INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		<input type="checkbox"/>		I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED TO. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.							
Signature of Defendant (or Juvenile and Parent/Custodian)				Signature of Arresting Officer		J. CASAS		Name of Arresting Officer (Print)		CASAS, J.	
HOLD for Other Agency				I.D. #		818		(PRINT)		JUN 17 2021	
Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other <input type="checkbox"/>				Transporting Officer		TIMONEY		I.D. #		854	
Witness here if subject signed with an "X".				Agency		BRPD		Page		1 OF 1	

No Photo Available

SCANNED JUN 17 2021

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number	Agency Name	Agency Report Number					
<b>FL 0500200</b>	<b>BOCA RATON POLICE DEPARTMENT</b>	<b>3   2   2021-007148</b>					
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply: <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						Special Notes:	
Name (Last, First, Middle)						Race	Sex
<b>BENARROCHE, RACHEL PILAR</b>						<b>W</b>	<b>F</b>
Date of Birth						<b>03/31/1982</b>	
Charge Description		Charge Description					
<b>316.193(1A) DUI</b>		<b>318.14(3) WILLFULLY REFUSING TO SIGN AND ACCEPT SU</b>					
Charge Description		Charge Description					
Victim's Name (Last, First, Middle)						Race	Sex
<b>State Of Florida</b>							
Local Address (Street, Apt. Number)						Phone	Address Source
Business Address (Name, Street)						Phone	Occupation
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ... <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <u>17</u> day of <u>June</u> , <u>2021</u> at <u>00:51</u> (Specifically include facts constituting cause for arrest.)							
On 6/17/2020, at approximately 0020 hours, I was conducting stationary traffic enforcement in the area of 600 W Palmetto Park Rd. I was observing approaching westbound traffic. While conducting my enforcement, I observed a white 2015 Honda Civic traveling at a high rate of speed. I estimated the speed of vehicle to be 55 MPH in a 35 MPH zone. My Dragon Eye laser device (serial #13855) provided a reading of 55MPH.							
I pulled into the roadway and positioned my unmarked BRPD vehicle behind the speeding vehicle. While catching up to the vehicle, I observed the vehicle begin to drive over the white fog line on the outside of the roadway and almost drive onto the grass. I initiated a traffic stop on the vehicle in the area of 800 W Palmetto Park Rd and the vehicle came to a final stop in the area of 1000 W Palmetto Park Rd. I then observed the vehicles turn signals begin to activate, alternating left and right, as if the driver was fumbling with the controls after having stopped the vehicle.							
I approached the vehicle from the driver's side and I immediately observed that the driver's eyes were red and glassy. I informed the driver of the reason for the stop and asked her to provide her driver's license, registration, and proof of insurance. The driver was slow to respond to my request and appeared to have slurred speech while speaking to me. I could also smell a strong odor of an unknown alcoholic beverage emanating from the driver's breath when she spoke. The driver produced a FL DL and was identified as Rachel Benarroche. The driver failed to provide proof of insurance despite being reminded several times. I asked Benarroche if she consumed any alcoholic beverages prior to driving and she confessed to drinking 2 glasses of wine in downtown Delray Beach.							
Based on my observations and Benarroche's statements, I asked her to step out of the vehicle and requested that she submit to Standardized Field Sobriety Exercises. Benarroche agreed to participate.							
SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;"><b>MCINNIS, BRYAN MICHAEL</b></p> <p style="text-align: center;">NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p style="text-align: center;"><u>06/17/2021</u></p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%;"> <p style="text-align: center;">SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p style="text-align: center;"><b>CASAS, JAVIER (818)</b></p> <p style="text-align: center;">NAME OF OFFICER (PLEASE PRINT)</p> <p style="text-align: center;"><u>06/17/2021</u></p> <p style="text-align: center;">DATE</p> </div> </div>							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

PAGE  
1 OF 3

OBT Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE
A	D	M	I	N	D	E	F		
Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2021-007148</b>					
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:					
Name (Last, First, Middle) <b>BENARROCHE, RACHEL PILAR</b>				Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>03/31/1982</b>	
<p>According to Benarroche, she was not sick or injured, did not have any physical defects or injuries, and did not limp. She also stated she felt comfortable walking in the shoes she was wearing. Benarroche claimed she was not diabetic or epileptic and also said she did not have anything wrong with her eyes that isn't corrected by glasses or contacts. Lastly, Benarroche stated she was not currently taking any prescription medications. I then proceeded with the exercises.</p> <p>The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Benarroche stated that she understood. I observed that Benarroche was swaying in a circular motion while the exercise was being conducted and even fell out of position due to her lack of balance. Benarroche needed to be reminded to not move her head several times during the exercise and also stopped following the stimulus on several occasions.</p> <p>The second exercise was the Walk and Turn. I administered the instructions and demonstrated how the exercise should be completed. Benarroche stated that she understood. It should be noted that Benarroche broke the starting position while the instructions were being administered and also began the exercise before being instructed to do so. During this time, Benarroche also became uncooperative, started doing as she pleased, and was not following any of the directions given to her. I took this time to inform Benarroche of her Taylor Warnings and she stated she understood. I then proceeded with the exercise. While completing the exercise, Benarroche missed heel-to-toe on every step, stepped off the line, used her arms for balance, completed an improper turn, and took an incorrect number of steps.</p> <p>The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how it should be completed. Benarroche stated she understood. Benarroche swayed, used her arms for balance, put her foot down several times, and failed to count aloud during the exercise.</p> <p>The fourth exercise was the Finger to Nose. I confirmed that Benarroche knew her left from her right by asking her to show me her left hand and then her right hand. I then administered the instructions. The pattern was L-R-L-R-R-L.</p> <p>L - Did not use the tip of her finger.            R - Raised her hand but never brought her finger to her nose.            L - Raised her hand but never brought her finger to her nose.            R - Raised her hand but never brought her finger to her nose.            R - Raised her hand but never brought her finger to her nose.            L - Raised her hand but never brought her finger to her nose.</p> <p>The fifth exercise was the modified romberg balance test. I asked Benarroche if she felt comfortable estimating the passage of 30 seconds and she stated yes. I demonstrated the passage of 30 seconds using a stop watch. The instructions were administered, and</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p style="text-align: center;"><i>BM754</i></p> <p style="text-align: center;"><b>MCINNIS, BRYAN MICHAEL</b></p> <p style="text-align: center;">NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p style="text-align: center;"><b>06/17/2021</b></p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%;"> <p style="text-align: center;">SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;"><b>CASAS, JAVIER (818)</b></p> <p style="text-align: center;">NAME OF OFFICER (PLEASE PRINT)</p> <p style="text-align: center;"><b>06/17/2021</b></p> <p style="text-align: center;">DATE</p> </div> </div>									
<div style="display: flex; align-items: center;"> <div style="transform: rotate(-45deg); font-weight: bold; font-size: 24px; opacity: 0.5;">SCANNED</div> <div style="margin-left: 20px;"> <p style="font-size: 18px; font-weight: bold;">JUN 17 2021</p> </div> </div>									
								PAGE 2 OF 3	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number	Agency Name	Agency Report Number					
<b>FL 0500200</b>	<b>BOCA RATON POLICE DEPARTMENT</b>	<b>3   2   2021-007148</b>					
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:					
Name (Last, First, Middle)				Race	Sex	Date of Birth	
<b>BENARROCHE, RACHEL PILAR</b>				<b>W</b>	<b>F</b>	<b>03/31/1982</b>	
<p>Benarroche stated she did not want to complete the exercise. Benarroche then began to walk away from me towards her vehicle.</p> <p>Based on the totality of the circumstances, I found probable cause to believe that Benarroche was operating a vehicle within the state while impaired by alcohol and or chemical or controlled substances. She was placed her under arrest for DUI per F.S.S 316.193(1).</p> <p>Benarroche was transported to BRPD booking for post arrest processing and the administration of a breath test. Officer Ricciardi (ID817) (Breath Test Operator) responded to BRPD booking and assisted with the BAT room procedures. Benarroche was asked to provide a sample of her breath for the purpose of determining the alcohol content and she refused to submit. I informed Benarroche of implied consent and she advised she understood. Benarroche then refused to provide a breath sample for a second time. I then informed Benarroche of her constitutional warnings (Miranda) and she advised she understood. Benarroche refused to speak to me without an attorney present. See DUI influence report for further.</p> <p>Benarroche is additionally being charged with refusing to sign a summons per F.S.S. 318.14(3) after she willfully refused to accept and sign her DUI citation and rough arrest form.</p>							
<div style="font-size: 4em; opacity: 0.1; transform: rotate(-30deg); pointer-events: none;">NOT A CERTIFIED COPY</div>							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p style="text-align: center;"><i>B. McInnis</i></p> <p style="text-align: center;"><b>MCINNIS, BRYAN MICHAEL</b></p> <p style="text-align: center;">NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p style="text-align: center;"><b>06/17/2021</b></p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%;"> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p style="text-align: center;"><b>CASAS, JAVIER (818)</b></p> <p style="text-align: center;">NAME OF OFFICER (PLEASE PRINT)</p> <p style="text-align: center;"><b>06/17/2021</b></p> <p style="text-align: center;">DATE</p> </div> </div>							
						SCANNED <b>JUN 17 2021</b>	
						PAGE <b>3 OF 3</b>	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

**STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
BREATH AND/OR URINE TEST**

I, OFFICER JAVIER CASAS, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of BOCA RATON POLICE SERVICES DEPARTMENT, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 17TH day of JUNE, 20 21, at 0051 ☐ P.M. ☐ A.M.

DRIVER RACHEL PILAR BENARROCHE  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# B562735826110, state of FLORIDA, was placed under lawful arrest for  
the offense of DUI by OFFICER JAVIER CASAS and  
issued Citation # A6LQDNE  
(Name of Arresting Officer)

That on or about the 17TH day of JUNE, 20 21, at 0145 ☐ P.M. ☐ A.M.  
in PALM BEACH County,

I requested that the driver submit to a ☒ breath and/or ☐ urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]  
Signature of Law Enforcement Officer or  
Correctional Officer

**THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)**

The foregoing instrument was sworn and subscribed before me:

[Signature]  
Signature of Attesting Officer

Title OFFICER AMANDA RICCIARDI

Date 06/17/2021

(AFFIX SEAL)  
The foregoing instrument was sworn and subscribed before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,  
by \_\_\_\_\_,  
who is personally known to me or who has produced  
\_\_\_\_\_ as identification  
Notary Public \_\_\_\_\_

HSMV-BAR1001 (REV. 10/2016)

Note: Mail or hand deliver to the designated  
Bureau of Administrative Reviews office,  
Department of Highway Safety and Motor  
Vehicles, with the driver's license, the  
appropriate copy of the UTC, and the  
probable cause affidavit.

**SCANNED  
JUN 17 2021**

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: BOCA RATON PD  
Instrument Serial Number: 80-006622 Software: 8100.27  
Date of Test: 06/17/2021

Date of Last Agency Inspection: 05/29/2021

Observation Period Began: 01:04

Subject's Name: RACHEL P BENARROCHE

DOB: 03/31/1982 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Test	g/210L	Time
Diagnostics Check	OK	01:49
Air Blank	0.000	01:49
Control Test	0.078	01:50
Air Blank	0.000	01:50
Subject Sample #1	REF*	01:50
Air Blank	0.000	01:51
Control Test	0.080	01:51
Air Blank	0.000	01:52
Diagnostics Check	OK	01:52

\*Subject Test Refused

Cylinder Lot: 22419080A3

Exp: 06/05/2021

State of Florida, County of palm beach

Personally appeared before me the undersigned authority, who (✓) is personally known to me or ( ) produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I, AMANDA RICHARDS, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: Amanda Richards Date: 6/17/2021  
Signature

Sworn to (or affirmed) before me this 17 day of JUNE, 2021

J. Casas  
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

NOTE: Pursuant to Section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SCANNED  
JUN 17 2021

1032 - 0104  
1015 timu - 0051  
case - 21.7148

## DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT  
100 NW 2<sup>nd</sup> Avenue  
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART I

On the 17<sup>th</sup> day of June, at 0104 AM/PM:  
Subject: Rachel Benarroche Case Number: 21-007148

PERSONAL CONTACT

Driving Pattern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Observation of Driver: See pg \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's Statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Odors: \_\_\_\_\_  
\_\_\_\_\_

GENERAL OBSERVATIONS

Speech: \_\_\_\_\_

Attitude: \_\_\_\_\_

Clothing: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_



Horizontal Gaze Nystagmus:

- ☐ Left eye does not follow smoothly  
☐ Left eye jerks at 45 degrees angle or less  
☐ Distinct jerking left eye maximum deviation

- ☐ Right eye does not follow smoothly  
☐ Right eye jerks at 45 degrees angle or less  
☐ Distinct jerking right eye maximum deviation

Can not do, Why? \_\_\_\_\_

Walk and turn: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

One leg stand: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Finger to nose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Alphabet (speech pattern): \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Breath/Blood test results: refused

State of Florida, County of Palm Beach,  
Sworn and subscribed before me this

6/17/21

(date) by

ofc. Ricciardi

[Signature]  
Notary/Clerk of Court/ Officer (FSS 117.10)

6/17/21  
Date

X [Signature]  
Signature of Arresting Officer

ofc. J. Casas  
Name of Officer (print)

ARRESTING OFFICER: J. Casas

Name: A. Ricciardi Phone # 5613381234 Work # /

Address: 100 NW 2nd Ave, Boca Raton FL

Can testify to: Whole investigation

Name: COX Phone # 5613381234 Work # /

Address: 100 NW 2nd Ave, Boca Raton FL

Can testify to: Road sides

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2021007148

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is Thursday, June, 17, 2021.  
(day) (month) (date) (year)

B. The time is now approximately 0143 AM/PM.

C. The following is in reference to case number 2021007148.

D. Present at this time is Ofc. J. Casas of the Boca Raton Police Department.  
(Officer's Name)

E. Officer Casas, have you arrested Rachel Benarroche in violation of  
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? yes

G. Mr./Mrs./Ms Benarroche, I am required to inform you these  
proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

**II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.**

*Note: Read only the paragraph applicable to the type of test you are requesting.*

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

**IMPLIED CONSENT WARNINGS**

*Note: Read only if the subject does not comply with your request.*

I am \_\_\_\_\_ of the \_\_\_\_\_.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject Signature: \_\_\_\_\_

*Note: Also read for CDL holders:*

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

*Note: After reading the implied consent warning, the arresting officer must request a breath sample again.*

**(IF REFUSAL THEN)**

At this time Mr./Mrs./Ms. BINARUCHA has refused to submit to a breath test.

The date is JUNE, 17, 2021, and the time is 0145 AM/PM.  
(month) (day) (year)

A refusal form will be completed by the arresting officer.



## BOCA RATON POLICE SERVICES DEPARTMENT JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.  
Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.  
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.  
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.  
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means  
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.  
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means  
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means  
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



BOCA RATON POLICE SERVICES DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Rachel Benarroche

CASE #: 2021007148 DATE: 6/17/21

BREATH TEST RESULTS

1) TIME Refused AM/PM 2) TIME \_\_\_\_\_ AM/PM  
3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: Ricciardi

MAINTENANCE TECHNICIAN: van camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: slowed, slurred

ATTITUDE: Hostile

CLOTHING: white tank top, gray leggings, black sneakers

MEDICAL CONDITION: ADHD, Anxiety

OTHER: Adderall, xanax

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning.
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning.
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will.
- (7) Any statement can be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: Lead on Camera Date: \_\_\_\_\_ Time: \_\_\_\_\_

**QUESTIONS AND ANSWERS**

Were you operating a motor vehicle at the time of the accident/stop? \_\_\_\_\_

Where were you going? \_\_\_\_\_

What street or highway were you on? \_\_\_\_\_

Direction of travel? \_\_\_\_\_

Where did you start driving from? \_\_\_\_\_

What city (county) were you stopped in? \_\_\_\_\_

What time did you start? \_\_\_\_\_ AM/PM What time is it now? \_\_\_\_\_

What is today's date? \_\_\_\_\_ What day of the week is it? \_\_\_\_\_

When did you last eat? \_\_\_\_\_ What did you eat? \_\_\_\_\_

What have you been doing the past three hours prior to this stop/accident? \_\_\_\_\_

How much do you weigh? \_\_\_\_\_ Have you been drinking? \_\_\_\_\_ What were you drinking? \_\_\_\_\_

How much? \_\_\_\_\_ Where? \_\_\_\_\_ With whom were you drinking? \_\_\_\_\_

When did you have your first drink? \_\_\_\_\_ AM/PM When did you stop drinking? \_\_\_\_\_ AM/PM

How did you consume your last two drinks? \_\_\_\_\_

Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? \_\_\_\_\_

What? \_\_\_\_\_ Where? \_\_\_\_\_

What line of work are you in? \_\_\_\_\_

When did you last work? \_\_\_\_\_

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

Are you sick or injured? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

Do you limp? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? \_\_\_\_\_

Have you taken any drugs or smoked marijuana today? \_\_\_\_\_

What? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? \_\_\_\_\_

Are you taking any prescription medications? ☐ Yes ☐ No What? \_\_\_\_\_ When? \_\_\_\_\_

Do you have: Epilepsy? ☐ Yes ☐ No Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? \_\_\_\_\_

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? \_\_\_\_\_

Have you ever had a driver's license in any other state? \_\_\_\_\_

I am now ending this video recording. The time is now approximately 0145 (AM/PM).

The date is JUNE, 17, 2021.  
(month) (day) (year)





**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
<b>L/E Exemptions</b>	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
<b>Public Info. Exemptions</b>	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

**Booking Number:** 2021014737

**Date:** 6/17/21

**Specialist Name/ID:** A. Pinkney/7796