



Arrest Report

FLORIDA HIGHWAY PATROL
P.O. BOX 540007, GREENACRES, FL 33454

0274789

3589

50-2020-CT-008449-AMXX-NB

Report Date / Time 7/10/2020 12:35 PM	Report Number FHP99ARR802124	Case Number/Cad Number FHPL20OFF037000 / LWRC20CAD099906	Reporting Officer Name A. FERNANDEZ
Originating Agency ORI	Occur Date Time Range 07/10/2020 11:29:22 -	Jurisdiction	Clearance

Location of Occurrence

County PALM BEACH	Location Type PUBLIC PLACE	Location Description I-95 NB EXIT RAMP
Street Number I-95 NB EXIT RAMP	Street	Apt/Lot/Bldg PALM BEACH GARDENS
City PALM BEACH GARDENS	State FL	Zip Code 33410

Defendant

First Name TRACY	Middle Name TONIA	Last Name CASERTA	Suffix	Race WHITE	Sex FEMALE	Height 507	Weight 180	Hair BLK	Eyes BRO
MNI #	SSN	Date of Birth 05/22/1973	Age 47	ID Type E	Drivers License or other ID C263818736820	State FL	OCA / Agency ID		
Place of Birth: TRENTON NJ US		Address * RESIDENCE / 173 SANTA BARBARA WAY , PALM BEACH GARDENS, FL 33410 /							

Arrest

Arrest Date/Time 7/10/2020 12:27:45 PM	Arrest Location Type PUBLIC PLACE	Arrest Location Description I-95 NB EXIT RAMP
Street Number I-95 NB EXIT RAMP	Street	Apt/Lot/Bldg PALM BEACH GARDENS
County PALM BEACH	City PALM BEACH GARDENS	State FL
		Zip Code 33410

Charge : S

Counts 1	Charge 316.193.1	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree N	Charge Level MISDEMEANOR	General Offense Code DUI-UNLAW BLD ALCH	
Charge Description DUI ALCOHOL OR DRUGS			
Is Arrestee Juvenile?		No	
Type of Arrest		On-View Arrest (apprehension without a warrant or previous incident report)	

Charge : S

Counts 1	Charge 316.193.3c1	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree F	Charge Level MISDEMEANOR	General Offense Code DUI-UNLAW BLD ALCH	
Charge Description			

Arrest Report

8138

Report Date / Time 7/10/2020 12:35 PM	Report Number FHP99ARR802124	Case Number/Cad Number FHPL20OFF037000 / LWRC20CAD099906	Reporting Officer Name A. FERNANDEZ
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DUI AND DAMAGE PROPERTY

Is Arrestee Juvenile?	No
Type of Arrest	On-View Arrest (apprehension without a warrant or previous incident report)

Bond Set by Court

<input type="checkbox"/> Bond Amount <input type="checkbox"/> No Bond
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Bond Type(s)

Probable Cause

On Friday July 10th, 2020 at approximately 11:39 AM myself and Recruit Trooper Grant were dispatched to the intersection of the I-95 NB exit ramp to PGA BLVD in reference to a two-car crash. Upon our arrival to the scene we observed damages to the right front of a 2015 4DR Volkswagen Jetta silver in color (V-1), we also observed damages to the rear of a 2007 Acura SUV grey in color (V-2). We then made contact with the operator of V01 (D-1/defendant) Tracy Tonia Caserta who was ID by her FL DL C-263-818-73-682-0. While talking to the defendant about the details of the crash we could see that she was swaying back forth and in a circular motion, her pupils were constricted, and she had a faint odor of an alcoholic beverage emitting from her breath. Recruit Trooper Grant asked the defendant what happened. The defendant stated, "I backed into him". Clearly the collision was front to rear, suggesting that the defendant rear ended the other vehicle not back into it. We then made contact with the operator of V02 (D-2/victim), Steven Michael Weaver who was ID by his FL DL W-160-793-78-022-0.

The victim stated that he was traveling north in the outside right turn lane of the I-95 NB exit ramp stopped for a red traffic signal at the

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intersection of PGA BLVD (SR-786) when the defendant struck his vehicle in the rear. We then proceeded back to the patrol car where a crash report was generated. After completing the crash report, we were about to exit the patrol car when the defendant fell to the ground and was not able to stand back up on her own. Recruit Trooper Grant and I helped her back to her feet. We then assisted her to the front of the patrol car where I advised her that we were now concluding the crash investigation and were now conducting a criminal investigation into DUI, she understood.

I asked the defendant if she would be willing to perform a series of field sobriety exercises, she stated "yes". I then asked the defendant to walk towards me and away from the patrol car where she was leaning. The defendant attempted at least 2 times to walk towards me but was unable to do so and kept falling back. At this point I determined that the defendant was too impaired to perform the exercises and due to the risk of injury the decision was made not to perform the exercises. She was then placed under arrest at 12:27 PM. She was advised of her Miranda Rights at 12:35 PM and one more time at the jail. The defendant agreed to answer questions after she was advised of her rights.

The defendant was then transported to the county jail where she was asked to submit to a breath test, she agreed. I began my 20-minute observation at 1:20 PM. The defendant then provided two breath samples results are as follows: 1st sample provided at 1:50 PM .307

Report Date / Time 7/10/2020 12:35 PM	Report Number FHP99ARR802124	Case Number/Cad Number FHPL20OFF037000 / LWRC20CAD099906	Reporting Officer Name A. FERNANDEZ
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g/210L

2nd sample provided at 1:54 PM .304 g/210L

Due to the results of the breath samples, the defendant was taken to JFK Medical Center for medical clearance. She was successfully discharged and cleared.

Based on these results and the evidence provided to me at the scene, the defendant did operate a motor vehicle within the State of Florida while her normal faculties were impaired due to an alcoholic beverage. She was then booked into the Palm Beach County Jail without incident.

Jail Booking Facility

Booking Date/Time	Booking County PALM BEACH	Booking Facility PALM BEACH COUNTY CORRECTIONS	Booking Facility Phone (561) 688-4400
Booking Facility Location 3228 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406			Booking Number
Booking Comments			

Court

Court County PALM BEACH	Court Location 3188 PGA BLVD. PALM BEACH GARDENS, FL 33410		
Court PALM BEACH NORTH COUNTY COURTHOUSE	Court Phone 561-624-6608	Court Appearance Date / Time 08/05/2020 10:00 AM	Court Fine
Comments			

Person: VICTIM



First Name STEVEN	Middle Name MICHAEL	Last Name WEAVER	Suffix	Race WHITE	Sex MALE	Height 509	Weight	Hair	Eyes
MNI #	SSN [REDACTED]	Date of Birth 01/22/1978	Age 42	ID Type E	Drivers License or other ID W160793780220	State FL	OCA / Agency ID		
Place of Birth:									
Address * RESIDENCE / 6601 NW 24TH CT , MARGATE, FL 33063 /									

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Originating Agency ORI	Occur Date Time Range 07/10/2020 11:29:22 -	Jurisdiction	Clearance

Officer Name Rank / ID #	Involvement On Report / Reporting Role	Officer Agency Org/Unit
GRANT, JEROME TPR 4769	PRIMARY	FLORIDA HIGHWAY PATROL FHPLLWRC\PALM BEACH\BROW LN TO SR804
A. FERNANDEZ TPR 2932	PRIMARY / REPORTING OFFICER	FLORIDA HIGHWAY PATROL FHPLLWRC\PALM BEACH\SR702 TO MARTIN LN

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

Reporting Officer

Officer Name A. FERNANDEZ	Office Rank TPR	Officer ID No 2932	Sworn and subscribed before me, the undersigned authority This the <u>10th</u> day of <u>JULY</u> , <u>2020</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Agency FLORIDA HIGHWAY PATROL			
Officer Signature			4769

<input type="radio"/> No Bill / Petition <input type="radio"/> Issue Warrant <input type="radio"/> Prosecution Approved	Signature of Assistant State Attorney	Date
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NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: FHP-L

SUBJECT: CASERTA, TRACY TONIA

CASE NUMBER: 20-086309

DATE: Jul 10, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1344

ENDING TIME: 1357

BREATH TESTS RESULTS: 1) .307 TIME 1350 A.M. P.M. 2) .304 TIME 1353 A.M. P.M.
3) N/A TIME XX A.M. P.M. 4) N/A TIME XX A.M. P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: EMOTIONAL, CRYING, INQUISITIVE, COOPERATIVE

CLOTHING: BLACK TEE SHIRT, BLACK PANTS, BLACK SNEAKERS

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE, BACK PAIN

MEDICATIONS: PROZAC, OXYCONTIN

OTHER:

EYES: BLOODSHOT, WATERY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0120 HOURS

SUBJECT STATED SHE WAS NOT SURE IF SHE SHOULD TAKE BREATH TEST

A/O READ I.C AND EXPLAINED

SUBJECT STATED SHE UNDERSTOOD I.C AND STATED SHE WOULD TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

TECH READ BREATH TEST RESULTS AND EXPLAINED

SUBJECT STATED SHE UNDERSTOOD BREATH TEST RESULTS

SUBJECT STATED SHE DID NOT WANT TO ANSWER ANY QUESTIONS

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006476 Software: 8100.27
Date of Test: 07/10/2020

Date of Last Agency Inspection: 06/26/2020

Observation Period Began: 13:20

Subject's Name: TRACY TONIA CASERTA

DOB: 05/22/1973 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.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	13:48
	Air Blank	0.000	13:48
	Control Test	0.079	13:49
	Air Blank	0.000	13:49
	Subject Sample #1	0.307	13:50
	Air Blank	0.000	13:51
	Air Blank	0.000	13:52
	Subject Sample #2	0.304	13:53
	Air Blank	0.000	13:54
	Control Test	0.078	13:54
	Air Blank	0.000	13:54
	Diagnostics Check	OK	13:55

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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 JOSHUA J BELL, 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: _____

Signature

Date: 07/10/20

Sworn to (or affirmed) before me this 10 day of July, 2020

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.



**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 20-086309 PBSO ZONE 3-13

AGENCY CASE # FHPL20OFF037000 CRASH CASE # _____

TIME OF STOP/CRASH 1120 DATE 07/10/20 DAY FRIDAY

SUBJECT'S NAME CASERTA, TRACY TONIA RACE W SEX F

HGT 5'7 WGT 180 DOB 05/22/1973

LOCATION I-95 NB EXIT RAMP AT PGA BLVD

ARRESTING OFFICER'S NAME & ID ALAIN FERNANDEZ #931 AGENCY FHP-L

DIVISION: _____ NOTIFIED BY COMMO YES

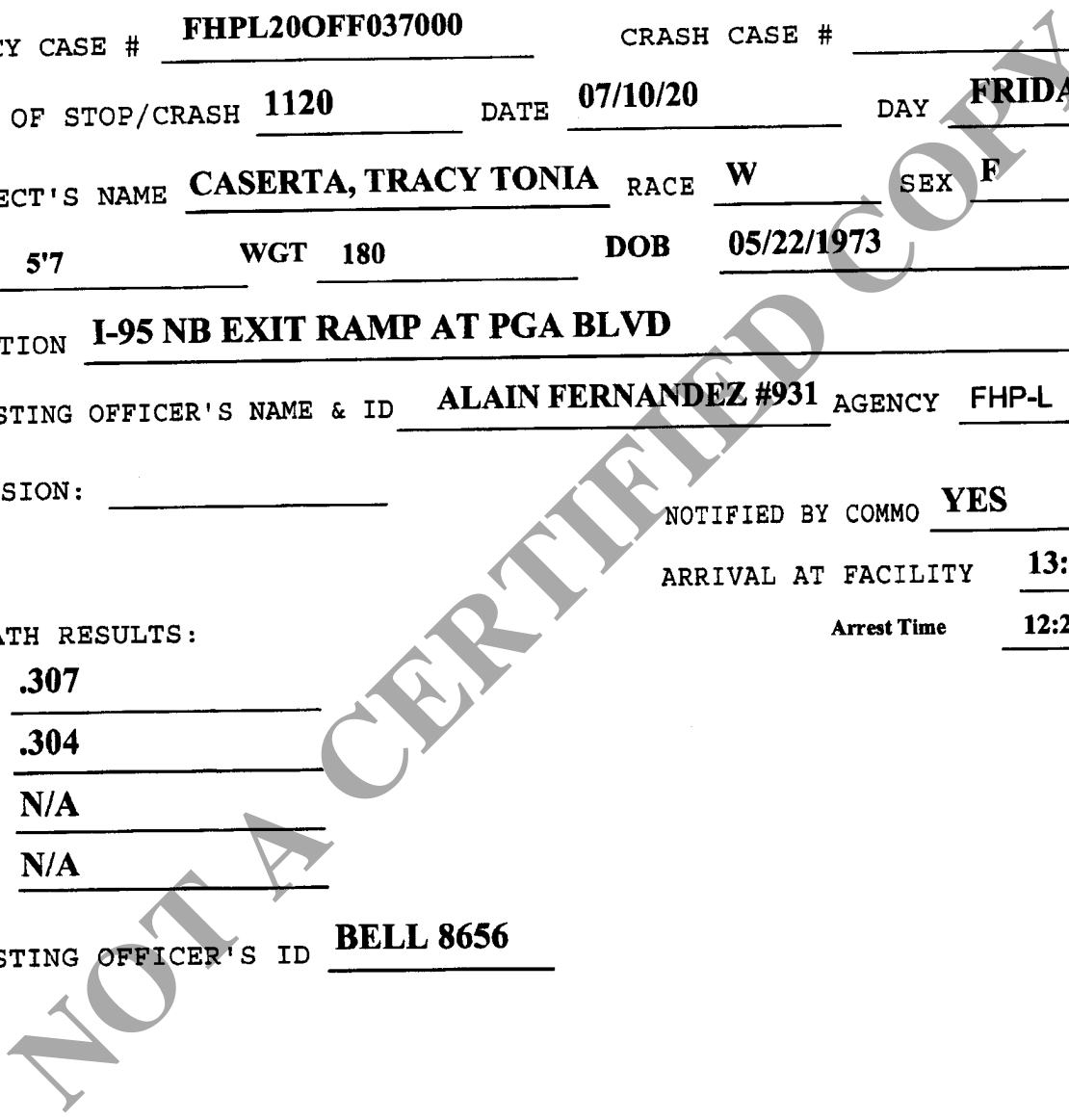
ARRIVAL AT FACILITY 13:20

Arrest Time 12:27

BREATH RESULTS:

- 1. .307
- 2. .304
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID BELL 8656



QUESTIONS AND ANSWERS

PLEASE ASK ANY QUESTIONS WITH THESE RIGHTS IN MIND. YOU MAY STOP AT ANY TIME.

WERE YOU IN A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT?

WHERE WERE YOU TRAVELING AT THE TIME?

WHERE DID YOU START?

WHAT TIME DID YOU START? WHAT TIME IS IT NOW?

WHAT DAY OF THE WEEK IS IT?

WHAT COUNTY AND CITY ARE YOU IN NOW?

WHAT DID YOU LAST EAT? WHAT DID YOU DRINK?

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS?

HAVE YOU BEEN DRINKING? WITH WHOM?

HOW MANY? AND YOUR LAST DRINK?

HOW MANY? AND YOUR LAST DRINK?

HOW MANY? AND YOUR LAST DRINK?

ARE YOU HAVING ANY PROBLEMS?

HAVE YOU BEEN DRIVING ANYONE ELSE'S VEHICLE?

WHAT? WHEN?

WHAT TIME OF THE DAY WAS IT? WHERE WAS THE ACCIDENT?

DO YOU HAVE ANY PROBLEMS WITH YOUR VEHICLE? WHAT?

ARE YOU SICK OR INJURED? WHO'S WRONG?

DO YOU LIVE? HAVE YOU BEEN ON THE ROAD RECENTLY?

WHERE YOU IN A MOTOR VEHICLE AT THE TIME?

HAVE YOU BEEN DRIVING ANYONE ELSE'S VEHICLE?

WHAT? WHEN?

WHAT? WHEN?

WHAT? WHEN?

WHAT? WHEN?

WHAT? WHEN?

WHAT? WHEN?

WHAT? WHEN?

DO YOU HAVE ANY PROBLEMS WITH YOUR VEHICLE THAT ARE NOT CORRECTED BY THE POLICE?

DO YOU TAKE MEDICATION? IF SO, WHAT KIND?

HAVE YOU EVER BEEN DRIVING ANYONE ELSE'S VEHICLE?

WHAT? WHEN?

WHAT? WHEN?

WHAT? WHEN?

WHAT? WHEN?

La Sierra, Irvine, CA

CASE NUMBER: F BY

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

THE FOLLOWING INFORMATION IS APPLICABLE TO THE TYPE OF TEST AND APPROPRIATE

I am hereby advised that you are consenting to a test of your BREATH for the purpose of determining the presence of alcohol or other substances.

OR

I am now requesting that you submit a sample of your URINE for the purpose of detecting the presence of alcohol or other substances.

OR

I am hereby advised that you are consenting to a test of your BLOOD for the purpose of determining the presence of alcohol or other substances.

PLEASE READ CAREFULLY THE FOLLOWING INFORMATION CONCERNING YOUR RIGHTS.

I am _____ of the _____

If you are not a resident of this state, you are advised of your privilege to consult with an attorney before making any statement or providing any sample. If you are a resident of this state, you are advised that you have the right to consult with an attorney before making any statement or providing any sample. If you are unable to afford an attorney, one will be appointed for you before any statement or sample is taken if you so request. If you have been previously arrested for a crime involving the operation of a motor vehicle while under the influence of alcohol or other substances, you are advised that your consent to a test of your breath, urine or blood is admissible in evidence in any criminal proceeding.

SUBJECT'S SIGNATURE

[Handwritten Signature]

ADDITIONAL WARNINGS

LAMARCA

1. You have the right to stop answering any questions.
2. You have the right to stop any physical or chemical tests before you make any statement or provide any sample.
3. Anything you say can be used against you in court.
4. You have the right to stop answering any questions at any time. You will still be required to answer any questions if you stop answering any questions.
5. You have the right to stop answering any questions at any time. You will still be required to answer any questions if you stop answering any questions.
6. You have the right to stop answering any questions at any time. You will still be required to answer any questions if you stop answering any questions.
7. You have the right to stop answering any questions at any time. You will still be required to answer any questions if you stop answering any questions.

[Handwritten Signature]



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<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.	
Public Info. Exemptions	<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.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020016627	Date: 07/11/2020
	Specialist Name/ID: AM/31562