

50-2021-CT-011826-AMB

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1		Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-21-086592					
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) 130 Sparrow Dr, Royal Palm Beach, FL 33411						Location of Offense (Business Name, Address) 130 Sparrow Dr, Royal Palm Beach, FL 33411					
Date of Arrest 07/17/2021		Time of Arrest 0149		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Martinez, Vanessa,						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 9/16/1988		Height 5'00		Weight 110		Eye Color Brown	
								Hair Color Black		Complexion Med	
								Build Slm			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Back and right arm tattoo						Marital Status Single		Religion CATHOLIC		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number, City, State, Zip) 5067 120th Ave N, Royal Palm Beach, FL 33411						Phone (561) 388-1855		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2	
Permanent Address (Street, Apt. Number, City, State, Zip)						Phone		Address Source Defendant			
Business Address (Name, Street, City, State, Zip)						Phone		Occupation Manager			
D/L Number, State M635860888361, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) West Palm Beach, FL		Citizenship U.S.			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 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"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		Residence Phone			
		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone	
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated					
Released To: (Name)		Relationship		Date		Time					
The above address provided by defendant and / or defendant's parents. The child and / or parent was told to keep the juvenile court case confidential and / or informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No, (Reason)						School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property							
CODE		S. Sell N. N/A P. Possess		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Charge Description Driving Under the Influence		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(4)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit		Offense # 21-086592		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600											
Court Date and Time Month August Day 5th Year 2021 Time 8:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>											
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. 07/17/2021											
Signature of Defendant (or Juvenile and Parent / Custodian) [Signature] Date Signed											
HOLD for other Agency		Name of Arresting Officer J. Maldonado		I.D. # 37549		Name Verification (Printed by Arresting Officer)		(PRINT)		PAGE 1 OF 1	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) J. Maldonado		I.D. # 37549		Agency PRSO		Witness here if subject signed with an "X"	
Initials Deputy [Signature]		I.D. #		Pouch #		Transporting Officer J. Maldonado		ID # 37549		Agency PRSO	

0524674

780

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N
ADMIN	Agency ORI Number	Agency Name		Agency Report Number						
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE		06- 21-086592						
CHARGES	Charge Type: Check as many as apply.	Special Notes:								
	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other									
VICTIM	Name (Last, First, Middle)	Alias		Race	Sex	Date of Birth				
	Martinez	Vanessa		W	F	09/16/1988				
VICTIM	Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth				
	STATE OF FLORIDA									
	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source				
	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation				
<p>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.</p> <p><input checked="" 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.</p> <p><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.</p> <p>On the <u>17th</u> day of <u>July</u>, 20<u>21</u> at <u>1250</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>*****This is a supplemental P/C*****</p> <p>On 07/17/21 at approximately 0050 hours, I stopped a white Chevy Cruze, bearing Florida tag JGU E64, for failing to maintain a single lane. The vehicle was starting and stopping in the middle of the roadway in the 120 block of Sparrow Dr, within the village of Royal Palm Beach. The Chevy was driving north bound in the south bound lanes of Sparrow Dr. I activated my lights and siren of my PBSO issued unmarked vehicle. The Chevy came to a stop and I exited the vehicle to make an approached. The vehicle then began to drive away. I got back into my vehicle and turned my lights and siren on to make sure the driver knew I was stopping their vehicle. Approximately 100 yards down the road, the Chevy finally came to a stop, narrowly missing several mailboxes.</p> <p>The driver, identified by her Florida driver's license, was Vanessa Martinez. Martinez was asked for her license, registration, and proof of insurance. Martinez began yelling at her brother (the front passenger) for helping him. Martinez was asked to exit the vehicle and she began to cry. Martinez exited the vehicle and propped herself on the driver's side of the vehicle. I asked her to walk back to my vehicle and she slide her body down the side of her vehicle to the trunk. Martinez was asked where she came from and she stated that she was picking up her brother from the bar. At this time, the odor of alcohol was emanating from her breath, which grew stronger as she spoke.</p>										
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH Agt. <u>[Signature]</u> (ID # <u>[Redacted]</u>) (Signature of Arresting Investigative Officer)									
	The foregoing complaint was sworn to or affirmed and subscribed before me this <u>17th</u> day of <u>July</u> , 20 <u>21</u> by Agt. <u>[Redacted]</u> (Print name of Arresting Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u> <u>DEPUTY SHERIFF</u>									
	Notary Public, Clerk of Court, Office (F.S.S. 117.10) <u>[Redacted]</u>									
	PAGE 1 OF 1									

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17th DAY OF July 20 21, AT 0050 PM

SUBJECT: Martinez, Vanessa, CASE NUMBER: 21-086592

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: J. Maldonado

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

On July 17th, 2021 at approximately 0050 hours I responded to 130 Sparrow Dr, Royal Palm Beach, FL 33411 in reference to a possible impaired driver. Upon arrival, I made contact with, Agt. M. Guderyon 9720, who informed me of the following: On 07/17/21 at approximately 0050 hours, I stopped a white Chevy Cruze, bearing Florida tag JGU E64, for failing to maintain a single lane. The vehicle was starting and stopping in the middle of the roadway in the 120 block of Sparrow Dr, within the village of Royal Palm Beach. The Chevy was driving north bound in the south bound lanes of Sparrow Dr. I activated my lights and siren of my PBSO issued unmarked vehicle. The Chevy came to a stop and I exited the vehicle to make an approach. The vehicle then began to drive away. I got back into my vehicle and turned my lights and siren on to make sure the driver knew I was stopping their vehicle. Approximately 100 yards down the road, the Chevy finally came to a stop, narrowly missing several mailboxes.

The driver, identified by her Florida driver's license, was Vanessa Martinez. Martinez was asked for her license, registration, and proof of insurance. Martinez began yelling at her brother (the front passenger) for helping him. Martinez was asked to exit the vehicle and she began to cry. Martinez exited the vehicle and propped herself on the driver's side of the vehicle. I asked her to walk back to my vehicle and she slide her body down the side of her vehicle to the trunk. Martinez was asked where she came from and she stated that she was picking up her brother from the bar. At this time, the odor of alcohol was emanating from her breath, which grew stronger as she spoke.

OBSERVATION OF DRIVER:

Upon my arrival, Martinez was leaning again her vehicle. She had glassy eyes and obvious odor of an unknown alcoholic beverage on her breath. This odor intensified as she spoke. She had slurred speech. Martinez had a glass that was halfway full of an unknown alcohol beverage in the drivers door panel.

DRIVER'S STATEMENTS:

Martinez stated she was attempting to take her brother home. She denied having any medical conditions and stated she did not need EMS. I asked Martinez if she had consumed any alcohol today and she stated she did "a little". When I asked her what she meant by that she stated she already knew where this was going and that I was going to arrest her.

ODORS:

An obvious odor of an unknown alcoholic beverage on her breath.

GENERAL OBSERVATIONS

SPEECH: Slurred speech

ATTITUDE: Mood swings, crying.

CLOTHING: Tank top, pants

MEDICAL/OTHER: Stated None.

STATE OF FLORIDA
COUNTY OF PALM BEACH

J. Maldonado
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17th day of July 20 21 by J. Maldonado

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known to LEO

Renee Ragin (#16877)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SUBJECT: Martinez, Vanessa,

CASE NUMBER 21-086592

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

REFUSED

WALK & TURN:

REFUSED

I requested Martinez submit to Standardized Field Sobriety Tasks (SFST). Initially she would not respond with a yes or no. I requested she walk to the front of my car but refused several times. I again requested her to submit to SFST's and she would not comply. Cpl. Soloway 8586 advised Martinez if she failed to comply with SFST's it could be used against her in court and we would be forced to conclude our investigation and base our decision as to her impairment solely on the facts at hand. She continued to be non compliant in preforming of the SFST's.

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS:

1) .202	2) .197	3)	4)
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STATE OF FLORIDA
COUNTY OF PALM BEACH

J. Maldonado

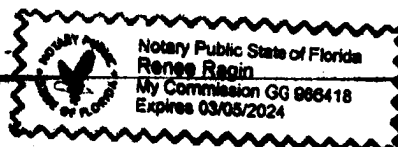
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17th day of July, 2021 by J. Maldonado

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known to LEO

Renee Ragin (#16877)

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



WITNESS LIST

CASE NUMBER: 21-086592

ARRESTING OFFICER: J. Maldonado

ADDRESS: PBSO

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: DUI investigation

NAME: Agt. [REDACTED]

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Stopping Deputy

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Martinez, Vanessa

CASE NUMBER: 21-086592

DATE: Jul 17, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:51

ENDING TIME: 03:03

BREATH TESTS RESULTS: 1) .202 TIME 02:56 A.M. ☒ P.M. ☐ 2) .197 TIME 02:59 A.M. ☒ P.M. ☐
3) N/A TIME ----- A.M. ☐ P.M. ☐ 4) N/A TIME ----- A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, Mumbled

ATTITUDE: Crying, hysterical, upset, moodswings

CLOTHING: Black jeans, black tank top, black sneakers

MEDICAL CONDITIONS: None

MEDICATIONS: Birth control Pills

OTHER:

Eyes are red and glassy
odor of unknown alcoholic beverage on breath

COMMENTS:

Arrived at center A/O started 20 minute observation period at 02:23 hrs.

Subject agreed to perform breath test.

A/O read rights.
Subject stated she understood rights.

Tech read breath test results.
Subject refused to answer if she understood breath test results.

Subject invoked the right to counsel.
No Q&A conducted.

SUBJECT: Martinez, Vanessa CASE NUMBER: 21-036592

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

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'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence 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 of a court appointed lawyer before you make any statements 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 and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Head on Camera

SUBJECT: Martinez, Vanessa CASE NUMBER: 21-086592

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE: EPILEPSY? _____
 GLASS EYE? _____
 FALSE TEETH? _____
 EAR INFECTION? _____
 INNER EAR TROUBLE? _____
 DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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: 80-006238 Software: 8100.27
Date of Test: 07/17/2021

Date of Last Agency Inspection: 07/16/2021

Observation Period Began: 02:23

Subject's Name: VANESSA MARTINEZ

DOB: 09/16/1988 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	02:54
	Air Blank	0.000	02:55
	Control Test	0.079	02:55
	Air Blank	0.000	02:55
	Subject Sample #1	0.202	02:56
	Air Blank	0.000	02:57
	Air Blank	0.000	02:59
	Subject Sample #2	0.197	02:59
	Air Blank	0.000	03:00
	Control Test	0.079	03:00
	Air Blank	0.000	03:01
	Diagnostics Check	OK	03:01

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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, RENEE M RAGIN, 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: _____ Date: 07/17/21
Signature

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

Signature of [Signature] Notary Public-State of Florida

D/S. J. Maldonado #37549
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**
Florida State Statute Exemption Sheet

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 checked="" type="checkbox"/>	119.071(4)(c)	Undercover personnel.	3,6
	<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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021017692	Date: 7/18/2021
	Specialist Name/ID: A. Pinkney/7796