

J# 0514088 20CT 5657 AMBS P# 1219

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile <b>N</b>	
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number (N.T.A.'s only) <b>06-20060761</b>					
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 2 1. Yes 2. No N/A		Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business) <b>FOREST HILL BLVD/ TUCKER RD PALM SPRINGS, FL, 333406</b>						Location of Offense (Business Name, Address) <b>FOREST HILL BLVD/ TUCKER RD, PALM SPRINGS/ FL/ 33406</b>					
Date of Arrest <b>04/22/2020</b>		Time of Arrest <b>03:05</b>		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) <b>Martell Leyva, Yaime,</b>											
Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White   - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth <b>11/17/1984</b>		Height <b>5'03</b>		Weight <b>130</b>		Eye Color <b>BRN</b>	
Hair Color <b>BLK</b>		Complexion <b>MED</b>		Build <b>SMALL</b>		Marital Status <b>Single</b>		Religion		Indication of: Alcohol Influence Drug Influence	
Local Address (Street, Apt. Number) <b>1961 Tucker Rd, West Palm Beach, FL 33021</b>						Phone <b>(561) 900-5039</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2	
Permanent Address (Street, Apt. Number)						Phone		Address Source <b>FL DL</b>		Occupation <b>MEDICAL ASSISTANT</b>	
Business Address (Name, Street)						Phone		Place of Birth (City, State) <b>CUBA</b>		Citizenship <b>NO</b>	
D/L Number, State <b>M634960849170, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship		NO	
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	
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 <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) 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					
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description <b>DUI</b>		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>316.193(1A)</b>		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit		Offense # <b>20060761</b>		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input 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 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 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) <b>3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>											
Court Date and Time Month <b>7</b> Day <b>2</b> Year <b>2020</b> Time <b>0830</b> AM <input checked="" type="checkbox"/> PM											
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											
Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed <b>04/22/2020</b>					
HOLD for other Agency Name:		Signature of Arresting Officer <b>X</b>				Name Verification (Printed by Arrestee) (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>INV G. LYNCH 8568</b>		I.D. # <b>8568</b>		Agency <b>PBSO</b>		PAGE <b>1</b> OF <b>1</b>	
Intake Deputy		I.D. #		Pouch #		Transporting Officer <b>INV G. LYNCH 8568 8568</b>		ID # <b>8568</b>		Agency <b>PBSO</b>	
Witness here if subject signed with an 'X'										<b>1</b> OF <b>1</b>	



# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22 DAY OF APR 2020, AT 02:32  AM  PM

SUBJECT: Martell Leyva, Yaime, CASE NUMBER: 20060761

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV G. LYNCH 8568

## PERSONAL CONTACT

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

On 4/22/20 I responded to Forest Hill Blvd/ Tucker Rd, in Palm Beach County, in reference to a traffic stop, with a possibly impaired driver. Upon arrival I observed a black Mercedes C300, bearing Florida temporary tag CKQ4777, facing south on Tucker Rd. Both driver side tires of the car were flat. I met with D/S Juardo id 20332, who conducted the stop.

D/S Juardo advised while conducting a business check at the cedar square plaza located at 2112 S Congress Ave. he observed a black car, a Mercedes, bearing Florida temporary tag CRQ4777, traveling at a high rate of speed north bound on S Congress Ave. D/S Juardo exited the plaza in an attempt to stop the car. As D/S Juardo proceeded north bound he observed the car make a U-turn and head back south bound in the number 2 lane, once again at a high rate of speed. The car made an abrupt stop at the intersection of S Congress Ave and Forest Hill Blvd, and then proceeded to make a right hand turn from the center lane heading west bound on Forest Hill Blvd. The vehicle then made a left hand turn onto Tucker Rd and came to a complete stop. D/S Juardo then observed both the driver and passenger doors open. D/S Juardo observed the driver, later identified as Yaime Martell Leyva, exit the driver seat, walked around and re-entered the vehicle from the passenger side. Simultaneously D/S Juardo observed the passenger later identified as Jose Lobina Alvarez, exit the front passenger seat and took a seat in the driver's seat. D/S Juardo pulled behind the vehicle and initiated a traffic stop by turning on his emergency lights. D/S Juardo observed that both left side tires appeared to be popped from an impact to a curb. D/S Juardo advised Yaime that he had observed her driving, to which she stated she was. While speaking to Yaime D/S Juardo noticed that her eyes were blood shot and glassy, her speech was slowed and slurred and she was swaying back and forth. D/S Juardo could also smell the odor of an unknown alcoholic beverage emanating from Yaime breath and person. Yaime advised that she had been drinking wine earlier in the night and knew that she was speeding. When I asked why she was speeding she advised that she "had just purchased the vehicle and was testing it out".

## OBSERVATION OF DRIVER:

I met with Yaime, who was leaning on the rear of her car. I had Yaime stand in front of my patrol car. While standing still Yaime exhibited a sway. I could smell an odor of an unknown alcoholic beverage coming from her breath, which got stronger when she spoke. Yaime's eyes were glassy and bloodshot. I asked Yaime about her vehicle and she could not advise what she had struck or how her tires got flattened. Yaime stated that she had not been drinking but then stated she had a couple glasses of wine approximately 3 hours prior. Based on my observations and Yaime's admission to drinking I asked her to perform standard field sobriety tasks, which she refused. I explained Taylor warnings to Yaime, which she advised she understood. I gave Yaime a second opportunity to perform standard field sobriety tasks, to which she agreed.

## DRIVER'S STATEMENTS:

Yaime stated that she had a couple glasses of wine approximatly 3 hours prior.

## ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

## GENERAL OBSERVATIONS

## SPEECH:

ATTITUDE: Calm/ Cooperative

CLOTHING: Black dress/ Black sandals

MEDICAL/OTHER: NONE

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV G. LYNCH 8568

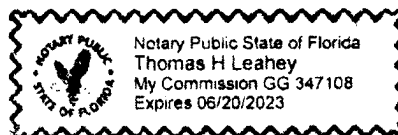
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of APR 2020 by INV G. LYNCH 8568

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

Thomas Leahey (#19183)

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



SUBJECT: Martell Leyva, Yaime,

CASE NUMBER 20060761

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LT EYE-LACK OF SMOOTH PURSUIT, RT EYE-LACK OF SMOOTH PURSUIT, LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION, RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION, LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES, RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Yaime was asked to stand with her feet together and place her hands by her sides. Yaime was asked to focus on the stimulus and follow it with her eyes. Yaime was told not to move her head to assist in following the stimulus. Yaime showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation and onset of Nystagmus prior to 45 degrees in both eyes. I did not observed vertical nystagmus in either of Yaime's eyes. Yaime exhibited a sway throughout the task and had to be reminded not to move her head several times.

WALK & TURN:

I utilized yellow duct tape to make a straight level line, free of debris, that Yaime advised she could see. I explained and demonstrated the task to Yaime. During the instructions Yaime attempted to begin the task prior to being instructed to do so. Yaime failed to maintain the instructional stance, stepping out of the position, multiple times. After completing the instructions Yaime advised she understood and had no questions. During the task Yaime missed heel-to-toe steps and stepped off the line multiple times. Yaime used her arms for balance and paused to regain her balance. Yaime did not turn as instructed. Yaime took the incorrect number of steps, taking 16 steps down, walking past the end of the tape, and 17 steps back. After completing the task I confirmed the Yaime understood the instructions and she confirmed she knew she was supposed to take only 9 steps down and back.

ONE LEG STAND:

I explained and demonstrated the task to Yaime. After completing the instructions Yaime advised she understood and had no questions. During the task Yaime exhibited a sway. Yaime put her foot down multiple times prior to 30 seconds elapsing. Yaime had to be reminded to continue until I told her to stop.

FINGER TO NOSE:

I explained and demonstrated the task to Yaime. After completing the instructions Yaime advised she understood and had no questions. During the task Yaime missed touching the tip of her nose several times, and used the pad of her finger to touch her nose several times. Yaime failed to return her hand to her side after touching her nose, multiple times, despite being reminded several times to bring her hand down without instruction. On the third right Yaime began to use her left hand first. Yaime exhibited a sway, throughout the task. While her eyes were closed I observed Yaime to exhibit eyelid tremors.

ROMBERG ALPHABET:

Prior to beginning Yaime confirmed she knew the entire alphabet in Spanish, in order, without issue. I explained and demonstrated the task to Yaime. After completing the instructions Yaime advised she understood and had no questions. During the task Yaime began to recite the alphabet in English and was reminded to recite it in Spanish. Yaime failed to recite the alphabet correctly stating "M, S" and making several errors. Yaime then switched back to reciting the alphabet in English prior to completing the alphabet.

BREATH TEST RESULTS: 1) .136 2) .136 3) 4)

STATE OF FLORIDA COUNTY OF PALM BEACH

INV G. LYNCH 8568

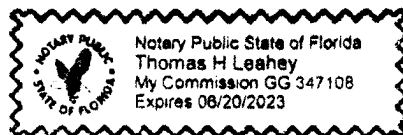
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of APR 2020 by INV G. LYNCH 8568

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

Thomas Leahey (#19183)

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



# WITNESS LIST

CASE NUMBER: 20060761

ARRESTING OFFICER: INV G. LYNCH 8568

ADDRESS: HQ

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S J. JURADO 20332

ADDRESS: DIST 1

PHONE NUMBERS (HOME) 0 (WORK) 561 688 3000

CAN TESTIFY TO: TRAFFIC STOP

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 0

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: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

SUBJECT: Martell Leyva, Yajime CASE NUMBER: 20-060761

## 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) Read on camera

SUBJECT: Martell Leyva, Yaima CASE NUMBER: 20-060761

## 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

# TESTING FACILITY TASK REPORT

SUBJECT: Martell Leyva, Yaime  
DATE: Apr 22, 2020  
BEGINNING TIME: 0342

AGENCY: PBSO  
CASE NUMBER: 20-060761  
VIDEO DVD NUMBER: n/a  
ENDING TIME: 0354

BREATH TESTS RESULTS: 1) .136 TIME 0347 A.M.  P.M.  2) .136 TIME 0350 A.M.  P.M.   
3) n/a TIME 0 A.M.  P.M.  4) n/a TIME 0 A.M.  P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, accent

ATTITUDE: calm, cooperative

CLOTHING: black dress w/white stripe, black flip flops

MEDICAL CONDITIONS: none

MEDICATIONS: none

## OTHER:

eyes are glassy & bloodshot  
odor of unknown alcoholic beverage on breath

## COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0320 hrs  
subject agreed to perform breath test  
Tech read breath test results & subject stated she understood breath test results  
A/O read rights & subject stated he understood rights  
A/O attempted Q&A  
subject declined to answer 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: 80-006240 Software: 8100.27  
Date of Test: 04/22/2020

Date of Last Agency Inspection: 04/17/2020  
Observation Period Began: 03:20  
Subject's Name: YAIME MARTELL LEVVA  
DOB: 11/17/1984 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	03:44
	Air Blank	0.000	03:45
	Control Test	0.081	03:45
	Air Blank	0.000	03:45
	Subject Sample #1	0.136	03:47
	Air Blank	0.000	03:48
	Air Blank	0.000	03:49
	Subject Sample #2	0.136	03:50
	Air Blank	0.000	03:51
	Control Test	0.080	03:51
	Air Blank	0.000	03:52
	Diagnostics Check	OK	03:52

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 THOMAS H LEAHEY, 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: 04/22/2020  
Signature

Sworn to (or affirmed) before me this 22nd day of April, 2020

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida Inv G. Lynch #

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 # 20060761 PBSO ZONE 1-12

AGENCY CASE # / CRASH CASE #

TIME OF STOP/CRASH 02:32 DATE 04/22/2020 DAY Wednesday

SUBJECT'S NAME Martell Leyva, Yaime, RACE W SEX F

HGT 5'03 WGT 130 DOB 11/17/1984

LOCATION FOREST HILL BLVD/ TUCKER RD PALM SPRINGS, FL, 333406

ARRESTING OFFICER'S NAME & ID INV G. LYNCH 8568 (8568) AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 03:20

ARREST TIME 03:05

BREATH RESULTS:

1) .136

2) .136

3) N/A

4) N/A

TESTING OFFICER'S ID 19183

PBSO VIDEOTAPE # N/A



**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 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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020011033	Date: 04/22/2020
	Specialist Name/ID: T Howard/7185