

21CT 7440 SB

ARREST / NOTICE TO APPEAR

 1. Arrest (No Warrant) 3. Request for Warrant
 4. Arrest (Warrant) 4. Request for Capias
 2. N.T.A. 5. Juvenile Referral

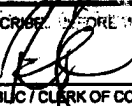
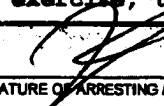
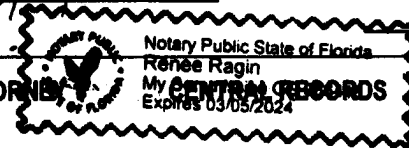
1

JUVENILE

A D M I N I S T R A T I O N	CBTS Number		Agency Old Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2021-005424	
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Rate Type None/not Applicable		Multiple Charges Indicator N	
	Location of Arrest (Including Name of Business) 5150 TOWN CENTER CIR, BOCA RATON, FL				Location of Offense (Business Name, Address) 5150 TOWN CENTER CIR, BOCA RATON, FL 33486			
	Date of Arrest 05/06/2021		Time of Arrest 02:11		Booking Date 05/06/2021		Booking Time 02:21	
D E F E N D A N T	Name (Last, First, Middle) CORAL, YAMILETH		Alias: Alias (Name, DOB, Sex, Race, etc.)		Date of Birth 11/29/1976		Height 5'05"	
	Race W - White		Sex F		Weight 120		Eye Color BROWN	
	Hair Color BROWN		Complexion MEDIUM		Build Small		Indication of: Alcohol Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 2692 NW 99TH AVE, CORAL SPRINGS, FL 33065		(City) (FL)		(Zip) 33065		Phone (954) 993-2217	
C O N D E M N A T E D	Permanent Address (Street, Apt. Number) 2692 NW 99TH AVE, CORAL SPRINGS, FL 33065		(City) (FL)		(Zip) 33065		Phone (954) 993-2217	
	Business Address (Name, Street) SPORTS MEDICINE, N/A		(City) (FL)		(Zip) 33065		Phone (954) 993-2217	
	DL Number, State C640968769291 / FL		Sec. Sec. Number [REDACTED]		INN Number [REDACTED]		Place of Birth (City, State) OUT OF STATE, US	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
J U V E N I L E	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone		Business Phone	
	Address (Street, Apt. Number)		(City)		(State)		(Zip)	
	Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated	
C H A R G E S	Released To: (Name)		Relationship		Date		Time	
	The above address was 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's Office (Phone 355-2526) informed of any change of address.		Property Criminal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		K. Smuggle D. Deliver E. Use		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/Opic	
C H A R G E S	F. Permethrin/ Equipment S. Synthetic		U. Unknown Z. Other		State Violation Number 316.193(1Y)		Violation of CRD #	
	Charge Description DUI		Drug Activity		Drug Type N		Amount / Unit	
	Offense #		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
	State Violation Number		Violation of CRD #		Drug Activity		Drug Type	
I N T A K E	Amount / Unit		Offense #		Counts <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
	State Violation Number		Violation of CRD #		Drug Activity		Drug Type	
	Amount / Unit		Offense #		Counts <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
	State Violation Number		Violation of CRD #		Drug Activity		Drug Type	
N O T I C E T O A P P E A R	Amount / Unit		Offense #		Counts <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
	State Violation Number		Violation of CRD #		Drug Activity		Drug Type	
	Amount / Unit		Offense #		Counts <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
	State Violation Number		Violation of CRD #		Drug Activity		Drug Type	
A D M I N	Health / Apparent Physical Condition of Defendant FAIR		Any knowledge of the following: <input type="checkbox"/> Misch. <input type="checkbox"/> Escape Risk <input type="checkbox"/> Mvt. <input type="checkbox"/> Information <input type="checkbox"/> Injury		Explains:		Released By VAN CAMP	
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Custodian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By VAN CAMP		Released To		Released By VAN CAMP	
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Custodian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By VAN CAMP		Released To		Released By VAN CAMP	
	Transported By VAN CAMP		Date Transported 05/06/2021		Time Transported 02:14		Other	
A D M I N	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 06/07/2021 08:30:00		No Photo Available	
	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) [Signature]		Date Signed		No Photo Available	
	HOLD for Other Agency		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestor) (PRINT)		Date of 1	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Retained Arrest <input type="checkbox"/> Seized <input type="checkbox"/> Other		Name of Arresting Officer (Print) VAN CAMP, J. A.		ID # 747		Date of 1	
Initials [Signature]		ID # 747		Agency BOCA		Witness here if subject signed with an "X".		

JH 0523/28

PH 39 03

OSTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE
Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-005424					
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		Special Notes:					
Name (Last, First, Middle) CORAL, YAMILETH				Race W		Sex F		Date of Birth 11/29/1976	
Charge Description 316.193(1) DUI				Charge Description					
Charge Description				Charge Description					
Victim's Name (Last, First, Middle) STATE OF FLORIDA,				Race U		Sex U		Date of Birth	
Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432				Phone (561) 338-1234		Address Source			
Business Address (Name, Street) (561) -				Phone (561) -		Completion			
<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>The Person taken into custody ...</p> <p><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.</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>6</u> day of <u>May</u>, <u>2021</u> at <u>00:33</u> (Specifically include facts constituting cause for arrest.)</p>									
<p>On 5-5-2021 at approximately 2353 hours, I was conducting a security check in the parking lot of 5050 Town Center Circle in Boca Raton, FL, when I observed a black Lexus SUV bearing FL Tag# EJ17 in the parking lot with its front and rear lights activated. I got closer to the Lexus and could see a H/F, later identified via FLDL as Yamileth Coral, sitting in the driver's seat of the vehicle with half of her body hanging out. I exited my police vehicle unit#381 and walked up on foot to check on the medical welfare of Coral, as I got closer, I saw vomit on the parking lot pavement, and I could smell a strong odor of an alcoholic beverage coming from Coral and the vomit. I asked Coral if she needed medical attention and she said that she was fine. I asked that she locate her FLDL so that I could identify her. Coral had a hard time locating her FLD and was fumbling through her documents, I saw her pass over the license, so I pointed it out to her and ran her information through FCIC/NCIC. It should be noted that the vehicle was turned on, Coral had actual physical control of her vehicle and she was in possession of the key to the vehicle. Throughout my initial interaction with Coral, I observed slurred speech, red/glossy eyes, a delayed reaction time and a strong odor of an alcoholic beverage coming from Coral's mouth. I asked her several times if she consumed any alcoholic beverages tonight. At times, Coral admitted to drinking alcoholic beverages but then later denied ever doing so. At one point I asked why she vomited, and she said that she ate something that upset her stomach. Ofc. Burnette and Ofc. Felix responded to the scene for a Spanish Translation.</p> <p>I then asked Coral if she would consent to the standard roadside exercises to dispel my alarm that she was impaired while in actual/physical control of the vehicle. Coral agreed to attempt the tasks but said that due to a recent back surgery she may not have good balance. The exercises were explained and demonstrated before she attempted them.</p> <p>I began explaining the Walk and Turn task but Coral informed me that because of her back surgery she would be in too much pain to attempt the exercise, therefore this task was</p>									
SWORN AND SUBSCRIBED IN MY PRESENCE  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) DATE <u>05/06/21</u>				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  VAN CAMP, JEFFERY ALAN (747) NAME OF OFFICER (PLEASE PRINT) DATE <u>05/06/2021</u>					
COURT STATE ATTORNEY 				JAIL		CRIME ANALYSIS		P.I.O.	

OETS Number 		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE	
Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-005424						
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) CORAL YAMILETH								Race W	Sex F	Date of Birth 11/29/1976

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

skipped, as well as the One Leg Stand.

The first task was the Finger to Nose (L-R-L-R-R-L). Coral could not follow instructions at all during the instruction phase. I had to re-explain the task several times. After explaining the task, Coral said that she did not want to close her eyes during the task because she is a "physical therapist" and could not provide any other explanation. She continued the task with her eyes open and continually missed the tip of her nose and had to re-direct it to the tip of her nose. She held her finger to nose on several occasions and had to be told numerous times to bring her index finger back to her side after touching her nose. She was also lifting her left leg at times during the task.

The second task was the Rhomberg Number sequence (30-60). She first started attempting this task in English on her own but could not complete the exercise correctly and misplaced several numbers. Ofc. Felix suggested that she say the numbers in Spanish and the task was re-started, counting in Spanish. She began the task and said the number 37 twice. She continued to count over 60 and then got to 79 before she started counting off random numbers in the 70s. She continued to display slurred speech and could not follow basic instructions.

The Final task was Horizontal Gaze Nystagmus. Coral could not complete the task. Coral could not follow the stimuli and just looked directly forward the entire. Based on this I was unable to see any signs of impairment using HGN.

Based on my observations, I placed Coral under arrest for DUI per F.S.S. 316.193(1). I transported Coral to the PBSO Bat Facility where I conducted the twenty-minute observation period. PBSO Breath Technician Ragin conducted the Intoxilyzer 8000. Coral provided the breath samples of .201 and .189. She was left into the custody of the Palm Beach County Jail without incident.

Coral's vehicle was left locked in the parking lot.

SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 		NOTARY PUBLIC / CLERK OF COURT / OFFICER (P.B.S. 17.10) Renee Ragin My Commission GG 986418 Expires 03/05/2024		NAME OF OFFICER (PLEASE PRINT) VAN CAMP, JEFFERY ALAN (747)	
DATE 05/06/21		DATE 05/06/2021		PAGE 2 OF 2			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

TESTING FACILITY TASK REPORT

AGENCY: BRPD

SUBJECT: Coral, Yamileth CASE NUMBER: 21-062553

DATE: May 6, 2021 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:38 ENDING TIME: 02:07

BREATH TESTS RESULTS: 1) .201 TIME 01:45 A.M. ☒ P.M. ☐ 2) .189 TIME 01:50 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: Spanish Speaking

ATTITUDE: Calm, Sleepy

CLOTHING: Blue jeans, brown and black shirt, NO shoes

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
Translated By Felix # 835

COMMENTS:

Arrived at center A/O started 20 minute observation period at 01:13 hrs.

Subject refused to perform breath test.

A/O read I/C and explained I/C.

Subject agreed to perform to take test.

A/O read rights.

Subject stated she understood rights.

Tech read breath test results and explained test results.

Subject acknowledged she understood breath test results.

A/O conducted Q&A

Subject answered Q&A.

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: 05/06/2021

Date of Last Agency Inspection: 04/09/2021
Observation Period Began: 01:13
Subject's Name: YAMILETH CORAL

DOB: 11/29/1976 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		01:43
Air Blank	0.000	01:43
Control Test	0.080	01:44
Air Blank	0.000	01:44
Subject Sample #1	0.201	01:45
Air Blank	0.000	01:46
Air Blank	0.000	01:48
Subject Sample #2	0.189	01:50
Air Blank	0.000	01:50
Control Test	0.080	01:51
Air Blank	0.000	01:51
Diagnostics Check OK		01:51

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, NEWELL 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: 05/06/21
Signature

Sworn to (or affirmed) before me this 06 day of May, 2021

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida Off. J. Van Camp #747

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 # 21-062553 PBSO ZONE 7-33

AGENCY CASE # 2021-5424 CRASH CASE # _____

TIME OF STOP/CRASH 2353 DATE 5-5-21 DAY Wednesday

SUBJECT'S NAME Coral Yamileth RACE W SEX F

HGT 5'5 WGT 115 DOB 11/29/76

LOCATION 5150 Town Center Cir, Boca Raton, FL

ARRESTING OFFICER'S NAME & ID VanCamp 797 AGENCY Boca Raton Police

DIVISION: _____

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 01:13

Arrest Time 0033

BREATH RESULTS:

1. .201
2. .189
3. N/A
4. N/A

TESTING OFFICER'S ID 16877

SUBJECT: Coral, Yamileth CASE NUMBER: _____

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) _____

Read on Camera

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

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT:

Coral, Yamileth

CASE NUMBER:

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? No

WHERE WERE YOU GOING? Boca Raton

WHAT STREET OR HIGHWAY WERE YOU ON? Not sure

DIRECTION OF TRAVEL? / WHERE DID YOU START? /

WHAT TIME DID YOU START? / WHAT TIME IS IT NOW? Not sure

WHAT IS TODAY'S DATE? May 5th WHAT DAY OF THE WEEK IS IT? Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? Not sure of County, Boca Raton

WHEN DID YOU LAST EAT? 3:00 PM 1:30 PM WHAT DID YOU EAT? Vegetable Soup

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Talking with daughter

HOW MUCH DO YOU WEIGH? / HAVE YOU BEEN DRINKING? Yes WHAT? /

HOW MUCH? One Margarita WHERE? Around the Area - Ponce's Place WITH WHOM? Sister

WHEN DID YOU HAVE YOUR FIRST DRINK? Not sure AND YOUR LAST DRINK? Not sure

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Straw

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? /

WHAT? / WHERE? / WHEN? /

WHAT LINE OF WORK ARE YOU IN? Physical Therapist WHEN DID YOU LAST WORK? Yesterday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? Back, Shoulder

ARE YOU SICK OR INJURED? Back Hurts WHAT'S WRONG? Surgery on Back

DO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? /

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? / WHY? /

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? / WHEN? /

DO YOU HAVE:

EPILEPSY?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>No</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>No</u>
DIABETES?	<u>No</u>

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

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? /

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No 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: 80-006240 Software: 8100.27
Date of Test: 05/06/2021

Date of Last Agency Inspection: 04/09/2021
Observation Period Began: 01:13
Subject's Name: YAMILETH CORAL

DOB: 11/29/1976 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		01:43
Air Blank	0.000	01:43
Control Test	0.080	01:44
Air Blank	0.000	01:44
Subject Sample #1	0.201	01:45
Air Blank	0.000	01:46
Air Blank	0.000	01:48
Subject Sample #2	0.189	01:50
Air Blank	0.000	01:50
Control Test	0.080	01:51
Air Blank	0.000	01:51
Diagnostics Check OK		01:51

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 N 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: 05/06/21

Signature

Sworn to (or affirmed) before me this 06 day of May, 2021

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**
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 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: 2021010931	Date: 5/6/21
	Specialist Name/ID: A. Pinkney/7796