

J# 0525176

21CT 13550

P#1984

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile
OBTS Number		Agency Report Number (N.T.A.'s only)		
Agency ORI Number		Agency Name		21-000920
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 41K
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)		
900 North Ocean Blvd. Palm Beach		900 South Ocean Blvd. Palm Beach		
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date
8/6/21	0346			
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Carola Garcia Yoscara				
Race	Sex	Date of Birth	Height	Weight
W - White I - American Indian B - Black O - Oriental/Asian	W F	2/9/83	504	150
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Mental Status	Religion	Indication of Alcohol Influence Drug Influence
Tet wrist		Single	NONE	<input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)
Business Address (Name, Street)		(City)	(State)	(Zip)
D/L Number, State		Soc. Sec. Number	INS Number	Place of Birth (City, State)
C 642 960 83 5490				Dominican Republic
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth
Parent Legal Custodian Other:		Residence Phone		
Address (Street, Apt. Number)		(City)	(State)	(Zip)
Business Phone				
Notified by (Name)		Date	Time	Juvenile Disposition
				1. Handed / 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.		School Attended		Grade
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property
Drug Activity N. N/A S. Sell B. Buy P. Possess 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		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number
DUI Refusal		1		316.193(1)(A)
Drug Activity		Drug Type	Amount / Unit	Offense #
				21-000920
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number
Drug Activity		Drug Type	Amount / Unit	Offense #
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number
Drug Activity		Drug Type	Amount / Unit	Offense #
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number
Drug Activity		Drug Type	Amount / Unit	Offense #
Location (Court, Room Number, Address)		Court Date and Time		
3228 Gyn Club Road, West Palm Beach		Month Sept Day 23 Year 21 Time 8:30 AM		
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		
HOLD for other Agency Name		Signature of Arresting Officer		Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		x Thomas 0059 ABPD		(PRINT) AUG 12 AM 5:54
I.D. #		Pouch #		WITNESS here if subject signed with an "X"
0059		0059		1 OF 1

March 0059

SUBJECT: Yoscarin Carek Garcia CASE NUMBER 21-000928

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

WALK & TURN Did not walk heel to toe on any step.

ONE LEG STAND: Stated she understood instructions, began walking away.

FINGER TO NOSE: Not demonstrated

ROMBERG ALPHABET: Not demonstrated

BREATH TEST RESULTS: _____

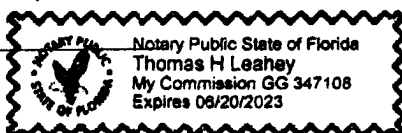
STATE OF FLORIDA
COUNTY OF PALM BEACH

THM
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of August 2021 by Off T March #0059

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

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



SCANNED
AUG 14 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12 DAY OF August 20 21, AT 0329 AM PM
SUBJECT: Yoscaris Carola Garcia CASE NUMBER: 21-000920
AGENCY: Palm Beach Police Department ARRESTING OFFICER: Thomas March

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

Garcia was sitting behind drivers seat with the keys in the ignition and the vehicle running.

OBSERVATION OF DRIVER: Red glassy eyes, slurred speech, angry,

DRIVER'S STATEMENTS: Stated she was "Home" when in fact she was in Town of Palm Beach.
Rather than West Palm Beach. I was coming from "La Bar" I had two drinks

ODORS: Alcoholic beverage emanating from facial area

GENERAL OBSERVATIONS

SPEECH: Slurred, yelling

ATTITUDE: Angry

CLOTHING: Blue dress

MEDICAL/OTHER: None

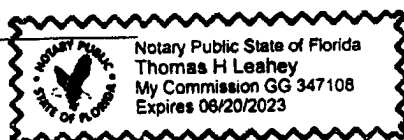
STATE OF FLORIDA
COUNTY OF PALM BEACH

Thomas March
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of August 20 21 by Officer T March #0059

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

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



SCANNED
AUG 14 2021



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

PBSO CASE # 21-095180 PBSO ZONE 1-11

AGENCY CASE # 21-000920 CRASH CASE # _____

TIME OF STOP/CRASH 0329 DATE 8/12/21 DAY Thursday

SUBJECT'S NAME Yosiana Coral Garcia RACE White SEX Female

HGT 5'04 WGT 150 DOB 2/9/83

LOCATION 900 North Ocean Blvd.

ARRESTING OFFICER'S NAME & ID Thomas March 6059 AGENCY PBPD

DIVISION: Patrol

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0418

BREATH RESULTS:

ARREST TIME 0346

1. **REFUSED**
2. _____
3. _____
4. _____

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # n/a

SCANNED
AUG 14 2021

WITNESS LIST

CASE NUMBER: 21-000920

ARRESTING OFFICER: Thomas Murel

ADDRESS: 345 South County Road

PHONE NUMBERS (HOME): 361-838-5454 (WORK) _____

CAN TESTIFY TO: Arrest

NAME: Dasilva

ADDRESS: 345 South County Road

PHONE NUMBERS (HOME): 361-838-5454 (WORK) _____

CAN TESTIFY TO: SPST's

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: _____

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

AUG 14 2021

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. ☒ P.M. ☐ 2) TIME A.M. ☐ P.M. ☐

3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

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

REFUSED

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0418 hrs

subject refused to perform breath test

subject read I/C & subject understood I/C

subject refused to perform breath test

A/O read rights & subject did not understand rights

A/O did not attempt Q&A

subject invoked right to counsel

REFUSED

SCANNED

AUG 14 2021

SUBJECT:

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)

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.

SCANNED

AUG 14 2024

SUSPECT'S SIGNATURE: (X)

SUBJECT: _____ 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? _____

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: _____

AUG 14 2021

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF
REFUSAL TO SUBMIT TO BREATH, URINE, OR BLOOD TEST

I, Thomas March, a duly certified Law Enforcement Officer or Correctional
(Person reading Implied Consent Warning)
Officer, am a member of Palm Beach Police Department, and I do swear
(Name of enforcement agency)
or affirm that on or about the 12 day of August, 2021, at 0444 P.M. AM
(Circle One)
NAME Y650916 Carela Garcia
(Type or Print) FIRST MIDDLE OR MAIDEN LAST
DL# C642-960-83-549-0, state of FLORIDA, was placed under lawful arrest for
the offense of DUI by Thomas March and
(Name of Arresting Officer)
issued Citation # 3434-XDV

That on or about the 12 day of August, 2021, at 0444 P.M. AM
(Circle One)
in, PALM BEACH COUNTY, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said
person to submit to a ☒ breath, ☐ urine, or ☐ blood test to determine the content of alcohol in his or her blood or breath or the presence of
chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or
her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of
such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits a misdemeanor, if
said person refuses to submit to a lawful test as requested above, and his or her driving privilege has been previously suspended for a prior refusal to submit to
submit to a lawful test of his or her breath, urine, or blood. In cases involving a Commercial Motor Vehicle, I did inform the driver that this refusal will
result in the disqualification of the driver's Commercial Driver's License/privilege for a period of one (1) year in the case of a first refusal or
permanently if he or she has previously been disqualified as a result of a refusal to submit to such test.
Said person did at that time and place refuse to submit to such test or tests.

Thomas March
Signature of Law Enforcement Officer or
Correctional Officer



The foregoing instrument was sworn and subscribed before me:

me this 12 day of August, 2021,
by Off T March #0059

who is personally known to me or who has produced
Known as identification.

Notary Public T Leahey

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the
driver's license, the appropriate copy of the UTC, and the probable cause affidavit. If no DUI arrest is made, attach HSMV 72005 (Notice of
Commercial Driver's License/Privilege Disqualification).

HSMV 78054 (REV. 08/08) S

SCANNED
AUG 14 2021



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

REVIEW COMPLETED BY

Booking Number: 2021019969	Date: 8/13/2021
	Specialist Name/ID: M. Took #8557

SCANNED
AUG 14 2021