

JK# 0261188

21CT13552

P# 3324

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-21095864							
Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator		1	
Location of Arrest (Including Name of Business) LYONS RD / KIMBERLY BLVD, BOCA RATON, FL 33434						Location of Offense (Business Name, Address) LYONS RD / KIMBERLY BLVD, BOCA RATON, FL 33434							
Date of Arrest 08/13/2021		Time of Arrest 2304		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle CITY TOWING	
Name (Last, First, Middle) Clarke, Zoila, Georgina						Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 10/3/1952		Height 5'00		Weight 115		Eye Color BROWN		Hair Color BROWN	
Complexion MED		Build MED		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NO		Marital Status Single		Religion CATHOLIC		Indication of Alcohol Influence Drug Influence		Y N Unk.	
Local Address (Street, Apt. Number) 1048 Hythe C, Boca Raton, FL 33434						(City)		(State)		(Zip)		Phone (561) 414-3993	
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Business Address (Name, Street)						(City)		(State)		(Zip)		Address Source FL DL / VERBAL	
D/L Number, State C462987528631, FL						Soc. Sec. Number		INS Number		Place of Birth (City, State) PERU		Citizenship YES	
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 <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 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 Driving Under the Influence		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1)(A)		Violation of ORD #					
Drug Activity N		Drug Type N		Amount / Unit		Offense # 21095864		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) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996													
Court Date and Time Month SEPTEMBER Day 9 Year 2021 Time 08:30 AM X													
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.													
08/13/2021													
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"/> Judicial <input type="checkbox"/> Releated Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) Inv. Cisson ID# 24091				I.D. # 24091					
Transporting Officer Inv. Cisson				ID # 24091				Agency PBSO					
Pouch #				ID #				Agency					
I agree here if subject signed with an "X"													
PAGE 1 OF 1													

AUG 14 2021

AUG 14 AM 2:30

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile <input type="checkbox"/>	
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21-095864				
	Charge Type: Check as many as apply:		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 <input type="checkbox"/>		Special Notes:				
CHARGES	Name (Last, First, Middle) Clarke, Zoila, Georgina		Alias		Race H		Sex F		Date of Birth 10/3/1952
	Charge Description		Charge Description						
VICTIM	Victim's Name (Last, First, Middle) State of Florida, ,		Race		Sex		Date of Birth		
	Local Address (Street, Apt. Number) (City) (State) (zip)		Phone		Address Source				
PROBABLE CAUSE STATEMENT	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>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>13th</u> day of <u>August</u> 20 <u>21</u> at <u>2300</u> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p>On August 13th, 2021 at approximately 2141 hours I was dispatched to the intersection of Lyons Road and Kimberly Blvd located in unincorporated Boca Raton in reference to an accident with injuries.</p> <p>Upon arrival, I observed a gold Toyota Corolla bearing FL Tag# GXWD99 behind a silver Kia bearing FL Tag# LIJX64. I observed the driver, and sole occupant, of the Toyota behind the wheel who was identified by her FL DL as Zoila Clarke. As I spoke to Ms. Clarke she continuously asked me what she did and if she could leave. I explained to her that she rear-ended a vehicle and caused an accident. She then denied it and began crying and stating "please don't do this". Due to Ms. Clarke's actions of ask the same questions multiple times, asking to call her daughter in which she already did and acting belligerent toward PBCFR I asked her the following questions. I asked her if she had any medical issues, was on any medication or had any alcoholic beverages tonight. Ms. Clarke stated that she came from a friends house where she had a couple of drinks. As I spoke to Ms. Clarke I could smell the odor of an unknown alcoholic beverage coming from her breath that intensified as she spoke.</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		Signature of Arresting/Investigative Officer: <u>Julia Price</u>						
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>13th</u> day of <u>August</u> 20 <u>21</u> by <u>J PRICE 35678</u> ID/Badge		(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>SW W Arudon 9940</u>						
		Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		PAGE 1 OF 1 AUG 14 2021					

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13th DAY OF August 20 21 AT 2141 AM ☒ PM

SUBJECT: Clarke, Zoila, Georgina CASE NUMBER: 21095864

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Cisson ID# 24091

PERSONAL CONTACT

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

On Friday August 13th 2021 at approximately 2225 hours, I arrived on scene of a crash that occurred at Lyons Rd and Kimberly Blvd. Upon arrival Deputy Price relayed the following to me: On August 13th, 2021 at approximately 2141 hours I was dispatched to the intersection of Lyons Road and Kimberly Blvd located in unincorporated Boca Raton in reference to an accident with injuries. Upon arrival, I observed a gold Toyota Corolla bearing FL Tag# GXWD99 behind a silver Kia bearing FL Tag# LIJX64. I observed the driver, and sole occupant, of the Toyota behind the wheel who was identified by her FL DL as Zoila Clarke. As I spoke to Ms. Clarke she continuously asked me what she did and if she could leave. I explained to her that she rear-ended a vehicle and caused an accident. She then denied it and began crying and stating "please don't do this". Due to Ms. Clarke's actions of ask the same questions multiple times, asking to call her daughter in which she already did and acting belligerent toward PBCFR I asked her the following questions. I asked her if she had any medical issues, was on any medication or had any alcoholic beverages tonight. Ms. Clarke stated that she came from a friends house where she had a couple of drinks. As I spoke to Ms. Clarke I could smell the odor of an unknown alcoholic beverage coming from her breath that intensified as she spoke. This concludes her supplement.

OBSERVATION OF DRIVER:

I observed the defendant, Zoila Georgina Clarke who was wearing a black shirt, gray sweatpants and black flip flops. The defendant was sitting in the driver seat of the vehicle. She was alone. I asked the defendant to walk over to the front of my vehicle and speak with me. While walking over to my vehicle, the defendant was unsteady on her feet and staggered and stumbled. While standing stationary the defendant swayed and stumbled. She almost fell over. I could see the defendants eyes were bloodshot and glossy. She had an obvious odor of an unknown alcoholic beverage emitting from her breath that grew stronger as she spoke. I explained to her, the crash investigation was complete and I was now conducting a criminal investigation for DUI. I read her Miranda Warnings to which she stated she understood.

DRIVER'S STATEMENTS:

The defendant said she did have prior physical defects. She said she was disabled. She said she had shoulder, leg and knee pain/issues. She said she did not have diabetes or receive a bump on the head. She said she was wearing contacts. She takes sleeping medications. She did not take any drugs or smoke any Marijuana. She said she had 2 and 1 half glasses of wine. She said she did not eat tonight. She agreed to do roadside field sobriety tasks.

ODORS:

An obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slow, Slurred, Thick, Unclear

ATTITUDE: Calm, Compliant, Aggressive, Repetitive, Resistive (bipolar)

CLOTHING: Dirty, Disheveled

MEDICAL/OTHER: None

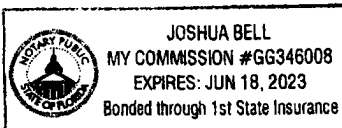
STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Cisson ID# 24091
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of August 2021 by Inv. Cisson ID# 24091

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

Joshua Bell (#8656)
Notary Public, Clerk of Court, Officer (F.S. 117.10)



SCANNED
AUG 14 2021

SUBJECT: Clarke, Zoila, Georgina

CASE NUMBER 21095864

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:

The defendant swayed while standing stationary. I placed her on the front push bumper and allowed to lean against it to keep her from falling over. I had to remind the defendant multiple times to not turn her head. She continued to turn her head anyway. I had to remind her to follow the red light with her eyes. She kept looking at me while I was moving the red light.

HAND COORDINATION:

Due to the defendants claims of her being disable, the Walk and Turn task was not completed. The Hand Coordination task was used in its place. The task was explained and demonstrated. The defendant could not follow my directions to stay in the instructional position after she acknowledged she understood. After explaining the instructions to her three times, it began to rain heavily. A location across the street provided a dry area to continue roadsides. The defendant agreed to ride across the street to continue. Once out of the rain, we continued roadsides. The defendant became resistive and did not want to continue. I said to the defendant, if you fail to submit to the roadside tasks I am requesting, it can be used against you in court. If you fail to submit to the roadside tasks I am requesting, I will be forced to conclude my investigation and base my decision as to your impairment solely on the facts at hand. During this time she continued to be interruptive and attempted to over talk me. I asked her to listen so I could explain it to her, she continued to talk and yell at me. She refused to continue and said "take me to jail". She was placed under arrest for DUI.

ONE LEG STAND:

Refused

FINGER TO NOSE:

Refused

ROMBERG ALPHABET:

Refused

BREATH TEST RESULTS: Refused Refused Refused Refused

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Cisson ID# 24091

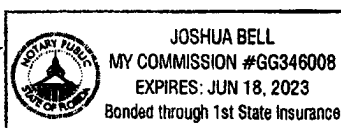
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of August 2021 by Inv. Cisson ID# 24091

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

Joshua Bell (#8656)

Notary Public, Clerk of Court, Officer (F.S.S 117.40)



SCANNED
AUG 14 2021



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

PBSO CASE # 21095864 PBSO ZONE 7-32
AGENCY CASE # _____ CRASH CASE # _____
TIME OF STOP/CRASH 2141 DATE 08/13/2021 DAY Friday
SUBJECT'S NAME Clarke, Zoila, Georgina RACE W SEX F
HGT 5'00 WGT 115 DOB 10/3/1952
LOCATION LYONS RD / KIMBERLY BLVD, BOCA RATON, FL 33434
ARRESTING OFFICER'S NAME & ID Inv. Cisson ID# 24091 (24091) AGENCY Palm Beach County Sheriff's Office
DIVISION: VCD / DUI
NOTIFIED BY COMMO YES
ARRIVAL AT FACILITY 0001
ARREST TIME 2304

BREATH RESULTS:

REFUSED

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # _____

SCANNED
AUG 14 2021

SUBJECT: CLARK, Zola George

CASE NUMBER: 21-09564

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) _____

SCANNED

AUG 14 2021

SUBJECT: CLARK, ZACHARY G. JR. CASE NUMBER: 21-09504

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: DK. INV. J. C. GILSON # 4791

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

I, Investigator JACKIE CISSON, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Palm Beach County Sheriffs Office, and I do swear
(Name of enforcement agency)


or affirm that on or about the THIRTEENTH day of August, 2021, at 11:04 PM

DRIVER ZOILA GEORGINA CLARKE
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # C462987528631, state of FL, was placed under lawful arrest for
the offense of DUI by Investigator JACKIE CISSON and
(Name of Arresting Officer)
issued Citation # AEA7NVE.

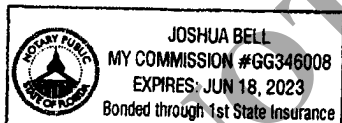
That on or about the FOURTEENTH day of August, 2021, at 12:29 AM
in Palm Beach County,

I requested that the driver submit to a ☒ breath and/or ☐ urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving 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 any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.



Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 14 day of August, 2021
by INV. J. CISSON
who is personally known to me or who has produced

known as identification.
Notary Public 

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

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.

SCANNED
AUG 14 2021

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #:	21-095864	ZONE:	7-32	SUSPECT:		DATE & TIME OF ORIGINAL EVENT/OFFENSE:	8-13-2021 12:30 PM
EVENT TYPE:	DUI	DEPUTY:	J. Price	ID#:	39078		

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY							
LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	RACE:	SEX:	
Moses		Jontate		N		F	
DATE OF BIRTH: (MM/DD/YYYY)		YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:		YOUR EYE COLOR:	
03/29/1988		54	197				
YOUR HOME ADDRESS:		<input type="checkbox"/> CHECK IF HOMELESS		CITY:	STATE:	ZIP:	
18811 La Costa Ln				Boca	FL	33496	
YOUR WORK NAME & ADDRESS:		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:	STATE:	ZIP:	
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL: <input type="checkbox"/> CHECK IF NONE				
()	(954) 918-6796	()					

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY	
YOUR NAME:	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
1 Jontate Moses	
<p>The gold toyota was driving in front of me coming from Yamato and Nuns. I was in the far right lane and she was to the left of me and went to the middle lane. I then sped up to go into the middle lane to avoid her from swerving and hitting me. I was in the middle lane stopped at the light. She came from the right lane to the middle lane and hit me. I heard firefighters say "ma'am open the door" and that is when I observed the female driver. While waiting for the report the female approached my car saying "really shifant"</p>	

READ AND SIGN	
I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC <input type="checkbox"/> FSS: 117.10
YOUR SIGNATURE: <i>Jontate Moses</i>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: 8-14-2021 TIME: 10:00 AM
	SIGNATURE: <i>J. Price</i> ID: 39078

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

AUG 14 2021

WITNESS LIST

CASE NUMBER: 21095864

ARRESTING OFFICER: Inv. Cisson ID# 24091

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: Facts of the case

NAME: Deputy Price ID# 35678

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

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

CAN TESTIFY TO: Indicators of impairment

NAME: Deputy Martinez A. ID# 36437

ADDRESS PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Crash Investigation

NAME: JONTATE MASES

ADDRESS 1881 LACOSTA LANE, BOCA RATON, FL 33496

PHONE NUMBERS (HOME) 954-918-6796 (WORK) _____

CAN TESTIFY TO: Wheel witness

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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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: PBSO

SUBJECT: CLAKE, ZOILA GEORGINA

CASE NUMBER: 21-095864

DATE: Aug 14, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0026

ENDING TIME: 0031

BREATH TESTS RESULTS: 1) R TIME 0029 A.M. ☒ P.M. ☐ 2) N/A TIME XX A.M. ☐ P.M. ☐

3) N/A TIME XX A.M. ☐ P.M. ☐ 4) N/A TIME XX A.M. ☐ P.M. ☐

REFUSED

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, UPSET

CLOTHING: BLACK TEE SHIRT, GREY PANTS, BLACK FLIP FLOPS

MEDICAL CONDITIONS: ARTHRITIS

MEDICATIONS: ATHRITIS

OTHER:

EYES: BLOODSHOT, GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0001 HOURS

SUBJECT STATED SHE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED SHE UNDERSTOOD I.C

SUBJECT AGAIN STATED SHE WOULD NOT TAKE BREATH TEST

REFUSAL TIME 0029 HOURS

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

SUBJECT ASKED FOR A LAWYER BEFORE QUESTIONING

SCANNED

AUG 14 2021

REFUSED



**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: 2021020171	Date: 8/14/2021
	Specialist Name/ID: M. Took #8557

SCANNED
AUG 14 2021