

Broward County Sheriff's Office

MQ 21-016762 M 4 10 A Booking Report



	20210006	0		BCCN	I #	94650	9		Bool	ing Sheet	Control Date	and Time	
OBTS	607298232		Print	Clearan	ce 11	1/22/21 03	01 36 Prints	yes Yes	11/	22/21 05	22 37		
Arrest #	PR 2100060		Offen	se Repo	ort#	17-2111	-001081		Ager	ncy P.	ARKLAND		
Last Name First Middle	t WAL	TON, C	RISTIN	A LIDI	IA				SSN	# =		.01	
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w	F	505	120	GRN	BLN	FAR	43	11/9/1978			ITALY	0	
Permanent Address	1675 NW 4T	H AVE A	Apt# UNI	Т919 В	OCA RA	ATON FL	33432		. <	Months of 26	Residence 34		
Arrest Date	e 11/21/21 2	2 55 00	Р	lace of A			RD & HERON E ARKLAND FL	BAY Arres	ing Offic	er 9446 F	FACCINI	_	
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^{*} End of Report *

BROWARD COUNTY

☐ COMPLAINT AFFIDAVIT

SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

☑ ARREST FORM

ARREST#											OBT	S#		
Filing Agency BROWAR	D COUN	TYSO		se Report 7-2111-0	01081	Local DC		FOLE		. (FB)		~~` SS€#		- 3-11
Defendant's Last			1		First	State of the state of	Middle	SUF		Alias/Street Name		***************************************		Citizenship
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Race Si	ex Hg	t Wgi	120	Hair BROW	Eyes BLU	Comp FAIR	Age	DOB 11/09/1	078	Birth Place				
Permanent Addre		00	120	BROW	BLU	LITAIK	1 7.	<u> </u>	7/0	Scars Marks TT			-	
1675 NW 4		E UNIT 9	919, B										_	
Residence Type	e (1) City (3) Florid	(2) Co	ounty ut of Stat					VE UNIT 9	19,	Place of Employm	ent			Length
		Breathaly				Place of A		FL 33432		, D-4-75 A	-11	I A	3/5 /-> 0.0	
How long defendate Broward County	antin	1 '	RAZIEI		Reading 204/20			HERON BA	V	Date/Time Arre		1	Officer(s) CC	:N <i>D.R (9446)</i>
Officer Injured Y	□N⊠		Zone	Beat	Shift	Trans Unit		PMD Y N		ransporting Office		Pick-up	/	me Arrived/BSO
			1702		ALPH	D.D				ADA				
TYPE / ACTI		Type N-N/A		E-Heroin H-Hallucin	ogen	P-Paraphernal Equipment	Ī	Activity N-N/A	T-Tra	affic M-I nuggle	Manufacture/ Produce/Cultivate		idication of Icohol Influent	Y N UK
$\ \ _{NI}$		A Amphetam B-Barbiturati		M-Marijuar O-Opium/E		S-Synthetic U-Unknown		P-Possess S-Sell	D De E-Us	eliver K-t	Dispense/ Distribute		rug Influence	
		C-Cocaine	* *******			Z-Other	E	B-Buy		Z-(Other	SECONDARY CONTRACTOR		
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Defenda	I S	Vehicle '	Towed	то <u><i>We</i></u>	stway To	owing				Tag#	. (Other Identi	fiers or cen	narks:
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Sp. Co-17720 29-17720 WC.18499

**** FILED: BROWARD COUNTY, FL Brenda D. Forman, CLERK 11/23/2021 11:54:01 AM.****

☐ COMPLAINT AFFIDAVIT

ARREST FORM

ODTC 4

BROWARD COUNTY ADDECT #

PROBABLE CAUSE AFFIDAVIT CONTINUATION

ARREST #				UB13#	
Filing Agency BROWARD COUNTY SO	Offense Report 17-2111-001081	local (D(7)	FDUE	FBI S	S(#
Defendant s Last Name	First	Middle	SUF	Alias/Street Name	Citizenship
WALTON	CRIS	STINA LIDIA			US
Name of victim(s) (if corporation exact	ct legal name and state of incorpo	ration)			
Count #	Offenses C	Charged		WC# / Citation # (if applicable)	FS or Capias/Warrant#
	*	* * SEE	PAC.	E 1 * * *	
		SEE .	LAU		
	-				

Before me this date personally appeared FACCINI, DAVID R (9446) who being first duly sworn deposes and says that on 2021 day of November (year) _ at _ _ (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows

Probable Gause Affidavit

involved in an accident at Pine Island Rd and Nob Hill Rd and that the victim followed the defendant and stopped her by signaling her with her high beam lights

The deputy further advised that the victim was stopped at that intersection facing west getting ready to turn right when she felt a bump to her vehicle and observed the defendant drive off turning left onto south bound Nob Hill Rd

Deputy stated that upon his arrival on scene the defendant was outside of her vehicle but identified as the driver by the victim The deputy further advised that upon contact with her she was disoriented thinking she was in Boca Raton, she had glassy/watery eyes, a strong odor of alcoholic beverages on her breath, slurred speech and while moving around she stumbled

I made contact with the victim who confirmed the crash, and she identified the defendant Upon my direction Deputy as the sole occupant in the vehicle recorded sworn statement from the victim

Based upon the crash investigation it was determined that the victim was stopped at that intersection in the right turn lane facing west when the defendant was westbound on the same roadway clipping the defendant's left rear with the defendant's oversized right wheel

I observed the victim's vehicle damage to her driver's side rear estimating it at \$2500 00 and no damage to the defendant's vehicle

	\sim \sim 1		* * _* *; Cor	ntinued * *	*
1	I swear the above statement is correct and true to the best	t of my knowledge and belief		72	
1	1 Me	FACCINI, DAVID R (9446)	Regional Tr	raffic Enforcement	<u>. </u>
	Officer/Affiant's Signature	Officer's Name/CCN	Officer's Division	< 3	
	STATE OF FLORIDA COUNTY OF BROWARD		r -	$S = \mathbb{R}$	
	Sworn to or affirmed) and subscribed before me this	21 day of November 2021 (yea (name and title), who is personally known to me or has produce as identification. Title/Rank and CCN	ed 33	MIII: 46	
	Print Type or Stamp Commissioned Name of Notary Public Seventeenth Judicial Circuit Broward County State of Florida BSO DB#2a (Revised 05/00)	FIRST APPEARANCE/ARREST FORM Commis	naya Frazier sion # GG210687 es 6 /30/2022 thru Aaron Notary	Orig - Court 2nd - State Attorne 3rd - Filing Agency 4th - Arresting Age	ý

**** FILED: BROWARD COUNTY, FL Brenda D. Forman, CLERK 11/23/2021 11:54:01 AM.****

☐ COMPLAINT AFFIDAVIT

☑ ARREST FORM

BROWARD COUNTY

State of Florida

BSO DB-#2a (Revised 05/00)

PROBABLE CAUSE AFFIDAVIT CONTINUATION

ARREST #			OBIS#	
Filing Agency BROWARD COUNTY SO	Offense Report 17-2111-001081	Localdon	(FB)	SS#
Defendant's Last Name	First	Middle SUF	Alias/Street Name	Citizenship
WALTON	CRIS	STINA LIDIA		US
Name of victim(s) (if corporation exact	ct legal name and state of incorpo	oration)		
Count #	Offenses (Charged	WC# / Citation # (if applicable)	FS or Capias/Warrant #
				
	<u>*</u>	* * <i>SEE PA</i>	CF 1 * * *	
		SEE FA	UE I	
		Carried Section	The same of the sa	

Propapie canze Viligavii Before me this date personally appeared FACCINI, DAVID R (9446)

who being first duly sworn deposes and says that on

2021 21 day of November (year) at the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows

(crime location)

Filing Agency

Arresting Agency

Bonded thru Aaron Notary

I made contact with the defendant who was waiting in the front passenger seat and while speaking to her I noticed a strong odor of alcoholic beverages on her breath, glassy/watery eyes, she was wearing high heel shoes, she stumbled as she walked and appeared unsteady on her feet I asked the defendant if she had other shoes inside her vehicle and elected to use her high heels

I advised the defendant that the crash investigation had been concluded advising that I was conducting a DUI investigation The defendant volunteered statements that she was driving and during my investigation she also stated that she hadn't drank for hours asked the defendant if she would perform roadside exercises and she stated that she would

I asked the defendant if she had any illnesses, injuries, disabilities and if she was The defendant first stated no to all of the above taking any medications

The exercises were performed on a flat road surface with a designated white line The road surface was wet from rain earlier

HGN I noticed an exaggerated sway during the exercise and she repeatedly placed her hands behind her back during testing Both eyes exhibited lack of smooth pursuit eyes exhibited sustained and distinct nystagmus at maximum deviation and onset of sustained and distinct nystagmus was at approximately 30 degree's VGN was not present

The defendant elected to remove her shoes for this exercise Walk & Turn

defendant was very unsteady while	attempting to gain/maintain her ba		
\bigcap \bigcap \bigcap		* * Con	tinued * * *
I swear the above statement is correct and true to the best of my know	owledge and belief	=======================================	圣 117
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The state of the s	FACCINI, DAVID R (9446)	<u> Regional Ira</u>	ffic Enforcement
Officer/Affiant's Signature Of	ficer's Name/CCN	Officer's Division	ω .
STATE OF FLORIDA		£	1.64
COUNTY OF BROWARD			> =
	day of November 2021 (year)		
F	day of		ニップ
by / FAQCINI, DAVID R	(name and title) who is personally known to me or has produced	722	<u> </u>
	as identification	C	and the same
		27:1	σ ΄
- Martin Martin	<u> </u>	7)0+	
Notary Public Deputy Clerk of the Court or Assistant State Attorney	Title/Rank and CCN	<i>O C i</i>	
Print Type or Stamp Commissioned Name of Notary Public	Ar A	aya Frazier	
Seventeenth Judicial Circuit	Commun	uya mazici	
Broward County	FIRST APPEARANCE/ARREST FORM:	sion # GG210687	Orig - Court 2nd - State Attorney
State of Florida	Expire	s 6/30/2022	2nd - State Attorney

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**** FILED: BROWARD COUNTY, FL Brenda D. Forman, CLERK 11/23/2021 11:54:01 AM.****

☐ COMPLAINT AFFIDAVIT

BROWARD COUNTY

PROBABLE CAUSE AFFIDAVIT CONTINUATION

ARREST FORM

ARREST # OBTS# BROWARD COUNTY SO 17-2111-001081 Defendant's Last Name WALTON CRISTINA LIDIA US Name of victim(s) (if corporation exact legal name and state of incorporation) Count # Offenses Charged WC# / Citation # (if applicable) FS or Capias/Warrant # SEE PAGE

Probable Cause Affidavit

Before me this date personally appeared __FACCINI, DAVID R (9446)

who being first duly sworn deposes and says that on

2021 day of November (year) at the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows

(crime location)

The defendant now stated that she was on Workman's Comp because of spider bite stating that it is affecting her central nervous system but stated she was not taking any medications and that she had to let it run it's course I concluded this exercise based on her statement I asked her if she would like to perform the next exercise and she agreed to do so

One Leg Stand Was not performed based on her statements

Finger to Nose The defendant used the pad of her finger on all of the selections Prior to beginning she stated that she gets dizzy when she closes her eyes and tilts her head back and I had informed her that it would only be tilted back slightly and demonstrated

The defendant walked towards the sidewalk to put her shoes on but not before walking onto the wet grass

While speaking about her spider bite she now stated that she was taking medications versus earlier stating that she was not taking anything The defendant also stated she had multiple concussions back in 2017 and 2021

I concluded my investigation formulating my opinion that the defendant was under the influence to the extent that her normal faculties were impaired placing her under arrest

I advised the ,defendant of her arrest and requested that she submit to the breath test * X * Continued * statement is correct and true to the best of my knowledge and belief 맞済 ₽o. FACCINI, DAVID R (9446) Regional Traffic Enforcement Officer Signature Officer's Name/CCN Officer's Division STATE OF FLORIDA [¥ } COUNTY OF BROWARD Sworn to (or affirmed) and subsoribed before me this _ November day of FACCIŅI, DAVID R (name and title), who is personally known to me or has produced by as identification Title/Rank and CCN y Public Deputy Cle k of the Court or Assistant State Attorne Print Type or Stamp Commissioned Name of Notary Public Anaya Frazier Seventeenth Judicial dircuit Commission # GG210687 Orig - Court FIRST APPEARANCE/ARREST FORME ★ Broward County Expires 6 /30/2022 State Attorney 2nd State of Plouda Bonded thru Aaron Notary 3rd 4th Filing Agency **COURT COPY** BSO DB-#2a (Revised 05/00)

**** FILED: BROWARD COUNTY, FL Brenda D. Forman, CLERK 11/23/2021 11:54:01 AM.**** ☐ COMPLAINT AFFIDAVIT PROBABLE CAUSE AFFIDAVIT CONTINUATION ARREST FORM **BROWARD COUNTY** ARREST # OBTS# Offense Report BŘOWARD COUNTY SO 17-2111-001081 Defendant's Last Name WALTON CRISTINA LIDIA US Name of victim(s) (if corporation exact legal name and state of incorporation) Count # Offenses Charged WC# / Citation # (if applicable) FS or Capias/Warrant # Probable Gause Affidavit Before me this date personally appeared __FACCINI, DAVID R (9446) who being first duly sworn deposes and says that on 2021 21 day of November (year) at (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows The defendant agreed to submit to testing Deputy Adams transported the defendant to the Breath Alcohol Testing Facility where Breath Tech conducted the observation and administered the breath test The defendant provided two valid breath samples 204% & 207% I was present during the administration of the breath test Deputy Adams transported the defendant to BSO JAIL for booking Deputy Adams also informed the victim regarding Marcey's Law pent/is correct and true to the best of my knowledge and belief FACCINI, DAVID R (9446) Regional Traffic Enforcement Officer(Affiant's Signature Officer's Name/CCN Officer's Division

STATE OF FLORIDA COUNTY OF BROWARD Sworn to (or affirmed) and subscribed before me this _ 21 day of ___ November (name and title) who is personally known to me or has produced Title/Rank and CCN Notary Public Deputy Clerk f the Court or Assistant State Attorney Plint Type or Stamp Commissioned Name of Notary Public Anava Frazier Commission # GG210687 Seventeenth Judicial Circuit FIRST APPEARANCE/ARREST FEMM Broward County

State of Florida

BSO DB-#2a (Revised 05/00)

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Expires 6 /30/2022

Bonded thru Aaron Notary

Oria - Court State Attorney 2nd Filing Agency Arresting Agency