

22CT20586 SB

ARREST / NOTICE TO APPEAR		1 Arrest (No Warrant) 3 Request for Warrant 2 Arrest (Warrant) 4 Request for Capias 3 N.T.A. 5 Juvenile Referral		1	JUVENILE
OBT Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department	
Agency Report Number (N.T.A.'s only) 3 2 2022-015798		Charge Type: Check as many as apply: ☐ 1 Felony ☐ 2 Traffic Felony ☒ 3 Misdemeanor ☐ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other		If Weapon Seized Enter Type UNARMED	
Location of Arrest (Including Name of Business) 1200 W CAMINO REAL, BOCA RATON, FL 33486		Location of Offense (Business Name, Address) 1200 W CAMINO REAL, BOCA RATON, FL 33486			
Date of Arrest 12/11/2022	Time of Arrest 00:42	Booking Date 12/11/2022	Booking Time 00:52	Jail Date 12/11/2022	Jail Time 01:47
Name (Last, First, Middle) TOSCANINI, ELIZABETH		Alias (Name, DOB, Soc. Sec. #, Etc.) None			
Race W - White B - Black O - Oriental Asian W	Sex F	Date of Birth 07/05/1981	Height 5'06	Weight 180	Eye Color BROWN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status M	Religion NONE	Complexion LIGHT	Build Medium
Local Address (Street, Apt. Number) 1256 NW 4TH ST, BOCA RATON, FL 33486		Phone (562) 922-4799		Indication of Alcohol Influence Yes ☒ No ☐ Unk ☐	
Permanent Address (Street, Apt. Number) 1256 NW 4TH ST, BOCA RATON, FL 33486		Phone (562) 922-4799		Residence Type: 1 City 3 Florida 2 County 4 Out of State FL ID	
Business Address (Name, Street) UNEMPLOYED		Phone		Occupation Unemployed	
D.L. Number, State T255220817450 / FL		Sex, Soc. Number		INS Number	
Place of Birth (City, State) MONTEREY PARK, CA		Citizenship U.S.			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	☐ 1 Arrested ☐ 3 Felony ☐ 5 Juvenile
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	☐ 2 At Large ☐ 4 Misdemeanor ☐ 5 Juvenile
☐ Parent ☐ Other		Name (Last, First, Middle)			Residence Phone
☐ Legal Custodian		Address (Street, Apt. Number)			Business Phone
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1 Handled/Processed within Department and Released 2 TOT/FAU 3 Incarcerated	
Released To: (Name)		Relationship	Date	Time	
The above address was provided by ☐ defendant and/or ☐ 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. ☐ Yes, by: ☐ No:					
Drug Activity N - N/A P - Possess		S - Sell B - Buy T - Traffic	R - Smuggle D - Deliver E - Use	K - Disposes D - Distribute	M - Manufacture P - Produce C - Cultivate
Drug Type N - N/A A - Amphetamine		B - Barbiturate C - Cocaine E - Heroin	H - Hallucinogen M - Marijuana O - Opium Deriv	P - Paraphernalia E - Equipment S - Synthetic	U - Unknown Z - Other
Charge Description DRIVE UNDER INFLUENCE ALC		Statute Violation Number 316.193(1A)		Violation of ORD #	
Drug Activity	Drug Type	Amount Unit	Offense #	Counts	Domestic Violence
N	N			1	☐ Y ☒ N
Charge Description		Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount Unit	Offense #	Counts	Domestic Violence
					☐ Y ☐ N
Charge Description		Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount Unit	Offense #	Counts	Domestic Violence
					☐ Y ☐ N
Health - Apparent Physical Condition of Defendant GOOD		Any knowledge of the following Explain: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries			
Check which applies ☐ Released OR ☐ Released to Parent Guardian ☐ Posted Bond ☐ South County Mental Health		☒ TOT County Jail		PROPERTY - Received By 868	
Transported By 868		Date Transported 12/11/2022		Time Transported 01:48	
INSTRUCTION NO. 1 - Mandatory appearance in court 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			
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.		Court Date and Time 01/09/2023 08:30:00			
Signature of Defendant (or Juvenile and Parent Custodian)		Date Signed			
HOLD for Other Agency ☐ Dangerous ☐ Suicidal		Signature of Arresting Officer WILLIAMS, D.		Name Verification (Printed by Arrestor) WILLIAMS, D.	
Intake Deputy TK 9283		Transporting Officer WILLIAMS, DAVID		Witness here if subject signed with an "X"	

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ F.D. ☐ DEFENDANT

0536648

2969

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A.		3 Request for Warrant 4 Request for Capias		1	JUVENILE	
A D M I N I S T R A T I V E	Agency ORI Number	Agency Name		Agency Report Number						
	FL FL0500200	BOCA RATON POLICE DEPARTMENT		3 2 2022-015798						
	Charge Type: Check as many as apply	☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other			Special Notes:					
	Name (Last, First, Middle)			Alias	Race	Sex	Date of Birth			
	TOSCANINI, ELIZABETH				W	F	07/05/1981			
C H A R G E S	Charge Description		Charge Description							
	316.193(1A) DUI									
	Charge Description		Charge Description							
V I C T I M	Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth			
	STATE OF FLORIDA,				B	M				
	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source			
	100 NW 2ND AVE, BOCA RATON, FL 33432				(561) 338-1234					
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation			
					(561) -					
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. The Person taken into custody ... ☐ committed the below acts in my presence. ☐ confessed to _____ admitting to the below facts. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the 11 day of December, 2022 at 00:42 (Specifically include facts constituting cause for arrest.) On 12/11/2022, at 0021 hours, I was dispatched to 1199 W Camino Real in reference to a subject that passed out in their vehicle. Upon arrival, I observed a silver Toyota (CA 81207P1) stopped facing northbound on SW 12th Ave within the intersection of W Camino Real. The driver, Elizabeth Toscanini, was observed asleep inside the driver's seat with the vehicle still running. I parked my patrol car in front of the vehicle to prevent Elizabeth from accidentally accelerating into the intersection and hurting someone. Shortly thereafter BRFD arrived on the scene and placed blocks on the tires. With the vehicle secured we knocked on the window and woke Elizabeth up. Elizabeth opened the driver's side window and was surprised when I informed her, she was sleeping in the intersection. Elizabeth advised she was driving home from a friend's house. Elizabeth confirmed multiple times that she had no medical need and that BRFD could leave. While speaking with Elizabeth I was able to smell the odor of alcohol emanating from her breath as well as her to have Bloodshot and watery eyes. Elizabeth's speech was slow and slurred. Based upon all the observations made I requested Elizabeth participate in Field Sobriety Exercises (FSEs) to which she complied. The FSEs were conducted as follows. Horizontal Gaze Nystagmus (HGN) The defendant identified the stimulus as red. The defendant had equal pupil size and equal tracking in both eyes. The defendant's eyes continued to jump as she attempted to follow the stimulus. In conducting the exercise, I was able to observe a Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, the onset of Nystagmus prior to 45 degrees, and Vertical Nystagmus. While giving the instructions the defendant continued to sway.										
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER					
	VAN CAMP, JEFFERY ALAN				WILLIAMS, DAVID (868)					
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)				NAME OF OFFICER (PLEASE PRINT)					
	12/11/2022 DATE				12/11/2022 DATE					

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1 Arrest 2 N.T.A.	3 Request for Warrant 4 Request for Capias	1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2022-015798		
	Charge Type: Check as many as apply: ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other		Special Notes:				
Name (Last, First, Middle) TOSCANINI, ELIZABETH				Race W		Sex F	Date of Birth 07/05/1981
Walk and Turn The surface was flat and hard. The defendant attempted to do the exercise with shoes. The line used was a painted white line. I made sure the defendant both knew the line she would be using and the color of that line. I began the exercise by instructing and demonstrating to the defendant how to complete the exercise. While giving instructions the defendant failed to stay in the starting position. In conducting the exercise, the defendant made an improper turn, failed to walk Heal-to-Toe, walked off the line, and would pause to steady herself. One Leg Stand The surface was flat and hard. The defendant attempted to do the exercise with shoes. The defendant raised her left leg. During the exercise, the defendant continued to sway and placed her foot down multiple times Finger to nose The surface was flat and hard. The defendant conducted the exercise with shoes. The defendant failed to touch the tip of her finger to the tip of her nose multiple times. During the exercise, the defendant continued to sway. Modified Romberg The surface was flat and hard. The defendant conducted the exercise with shoes. During the exercise, the defendant continued to sway. The defendant notified me of the completion of the exercise after 29 seconds. Lack of Convergence During the exercise, the defendant continued to sway and a lack of convergence was observed. Due to the totality of the circumstances and my training/experience, I felt the defendant was unable to perform simple tasks during the exercises due to being impaired. I felt the defendant is too impaired to operate a motor vehicle safely. The defendant was placed under arrest at 0042 hours, for driving under the influence. Elizabeth was placed in handcuffs that were checked for tightness and double-locked. The vehicle was towed by Westway towing. The tow log was completed and submitted by officer Cox.							
SWORN AND SUBSCRIBED BEFORE ME VAN CAMP, JEFFERY ALAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 12/11/2022 DATE SIGNATURE OF ARRESTING / INVESTIGATING OFFICER WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT) 12/11/2022 DATE							
						PAGE 2 OF 3	

COURT

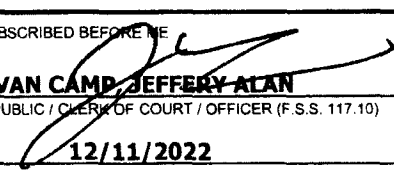
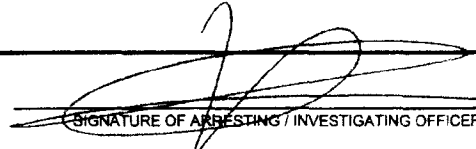
STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1 Arrest 2 N.T.A.	3 Request for Warrant 4 Request for Capias	1	JUVENILE
A D M I N	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2022-015798		
	Charge Type: Check as many as apply. ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other		Special Notes				
D E F	Name (Last, First, Middle) TOSCANINI, ELIZABETH				Race W	Sex F	Date of Birth 07/05/1981
	Elizabeth was transported to the BRPD DUI Room. Officer Walker operated the Intoxilyzer. After completing the 20-minute observation and checking her mouth we attempted to obtain a breath sample. Elizabeth requested to know what would happen if she failed to provide a sample and as such was read her Implied Consent Warnings at 0115 hours. After acknowledging she understood Elizabeth provided a sample. Reference Intoxilyzer 8000 S#80-006622 results were (.089/.087) Elizabeth was transported to Palm Beach County Jail.						
P R O B A B L E C A U S E S T A T E M E N T NOT A CERTIFIED COPY							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  VAN CAMP, JEFFERY ALAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 12/11/2022 DATE				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT) 12/11/2022 DATE		
					PAGE 3 OF 3		

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

Toscanini, Elizabeth
2022 - 015798
0642
0054

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 11th day of December, at 1255 AM PM:
Subject: Elizabeth Toscanini Case Number: 2022-15798

PERSONAL CONTACT

Driving Pattern: see PC

Observation of Driver: see PC

Driver's Statement: see PC

Odors: see PC

GENERAL OBSERVATIONS

Speech: see PC

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

Horizontal Gaze Nystagmus:

- | | |
|--|---|
| ☐ Left eye does not follow smoothly | ☐ Right eye does not follow smoothly |
| ☐ Left eye jerks at 45 degrees angle or less | ☐ Right eye jerks at 45 degrees angle or less |
| ☐ Distinct jerking left eye maximum deviation | ☐ Distinct jerking right eye maximum deviation |

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: .009, .007

State of Florida, County of Palm Beach

Sworn and subscribed before me this DEC 11 22 (date) by Officer Walker

[Signature]
Notary/Clerk of Court/ Officer (FSS 117.10)

12/11/22
Date

[Signature]
Signature of Arresting Officer

Williams David
Name of Officer (print)

ARRESTING OFFICER: D. Williams

Name: K. Walker Phone # _____ Work # _____

Address: _____

Can testify to: Breath tech

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 22-15798

I INTRODUCTION (Instrument Operator faces video camera)

A. The day is Sunday, December, 11, 2022.
(day) (month) (date) (year)

B. The time is now approximately 114 AM/PM.

C. The following is in reference to case number 22-15798.

D. Present at this time is Officer Williams of the Boca Raton Police Department.
(Officer's Name)

E. Officer Williams, have you arrested Elizabeth Toscanini in violation of
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr./Mrs./Ms. Toscanini, I am required to inform you these
proceedings are being video recorded.

Operator Note: Video record breath request, breath sample, and interview.

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

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 Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____, _____, _____, and the time is _____ AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT
JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.
Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)

Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)

You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*

(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)

If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*

(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*

(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)

I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*

(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)

Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*

(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)

Do you understand these rights as I have read them to you, and do you wish to speak to me?

ned: _____ Date: _____ Time: _____



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Elizabeth Toscanini

CASE #: 22-15798 DATE: 12/11/22

BREATH TEST RESULTS

1) TIME 089 119 AM/PM 2) TIME VNM 125 AM/PM
3) TIME 089 129 AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: K. Walker 861

MAINTENANCE TECHNICIAN: A. Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: quiet

ATTITUDE: N/A

CLOTHING: Falling off shoulders

MEDICAL CONDITION: _____

OTHER: _____

COMMENTS: _____

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain: _____

Are you sick or injured? ☐ Yes ☐ No If yes, explain: _____

Do you limp? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☐ No Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 0131 AM/PM

The date is November 11th 2022
(month) (day) (year)

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 12/11/2022

Date of Last Agency Inspection: 11/14/2022

Observation Period Began: 00:52

Subject's Name: ELIZABETH TOSCANINI

DOB: 07/05/1981 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	01:16
Air Blank	0.000	01:17
Control Test	0.079	01:17
Air Blank	0.000	01:17
Subject Sample #1	0.087	01:19
Air Blank	0.000	01:20
Air Blank	0.000	01:22
Subject Sample #2	VNM*	01:25
Air Blank	0.000	01:26
Air Blank	0.000	01:28
Subject Sample #3	0.089	01:28
Air Blank	0.000	01:29
Control Test	0.077	01:30
Air Blank	0.000	01:30
Diagnostics Check	OK	01:30

*Volume Not Met (0.087 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 02422080A1
Exp: 02/05/2024

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 KIANA E. WALKER, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator [Signature]

Signature

Date: 12/11/22

Sworn to (or affirmed) before me this 11 day of December, 2022

Signature of Notary Public-State of Florida [Signature]

Printed Name of Notary Public-State of Florida Davis Williams 868

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022031956

Date: 12/11/2022

Specialist Name/ID: Chantel Daniels/30347