

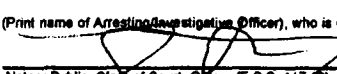
0536462 22CT20257MB

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

Juvenile ☒ N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 22136076	
	Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Weapon Seized / Type ☒ 1. Yes ☐ 2. No		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) 2000 Aero Club Dr Wellington, FL 33414				Location of Offense (Business Name, Address) 2000 Aero Club Dr. Wellington, FL 33414			
	Date of Arrest 12/05/22	Time of Arrest 0420	Booking Date	Booking Time	Jail Date	Jail Time	Priority Towing	
DEFENDANT	Name (Last) CIOFFI		Name (First) ERIN		Name (Middle) , CATHERINE		Alias (Name, DOB, Soc. Sec. #, Etc.) 07/23/1979	
	Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 07/23/79	Height 5'06	Weight 140	Eye Color BLUE	Hair Color BLONDE	Complexion PALE
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A				Marital Status Divorced	Religion Christianity	Indication of: Alcohol Influence ☐ Drug Influence ☐ Y ☐ N ☐ Unk. ☐	
	Local Address (Street, Apt. Number) 1336 Madison Chase Apt 5		(City) West Palm Beach, FL 33411	(State)	(Zip)	Phone 203-598-6564	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	
CO-DEF	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FL DL	
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation PUBLUSING CO.	
	D/L Number, State N520425899520, FL		INS Number		Place of Birth (City, State) BRIDPORT/CO		Citizenship USA	
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile		
JUVENILE	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile		
	Parent Legal Other: Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence 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		
CHARGE	The above address provided by ☐ defendant and / or ☐ 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. ☐ Yes, by (Name) ☐ No (Reason)				School Attended		Grade	
	Property Crime? ☐ Yes ☐ 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 D.U.I.		Counts 1	Domestic Violence ☐ Y ☒ N	Statute Violation Number 316.193(1) A		Violation of ORD #	
CHARGE	Drug Activity N		Drug Type N	Amount / Unit	Offense # 22136076	Warrant / Capias Number		
	Charge Description		Counts	Domestic Violence ☐ Y ☒ N	Statute Violation Number		Violation of ORD #	
	Drug Activity N		Drug Type N	Amount / Unit	Offense # 22136076	Warrant / Capias Number		
	Charge Description		Counts	Domestic Violence ☐ Y ☒ N	Statute Violation Number		Violation of ORD #	
CHARGE	Drug Activity N		Drug Type N	Amount / Unit	Offense # 22136076	Warrant / Capias Number		
	Charge Description		Counts	Domestic Violence ☐ Y ☒ N	Statute Violation Number		Violation of ORD #	
	Drug Activity N		Drug Type N	Amount / Unit	Offense # 22136076	Warrant / Capias Number		
	Charge Description		Counts	Domestic Violence ☐ Y ☒ N	Statute Violation Number		Violation of ORD #	
CHARGE	Drug Activity N		Drug Type N	Amount / Unit	Offense # 22136076	Warrant / Capias Number		
	Charge Description		Counts	Domestic Violence ☐ Y ☒ N	Statute Violation Number		Violation of ORD #	
	Drug Activity N		Drug Type N	Amount / Unit	Offense # 22136076	Warrant / Capias Number		
	Charge Description		Counts	Domestic Violence ☐ Y ☒ N	Statute Violation Number		Violation of ORD #	
NOTICE TO APPEAR	Location (Court, Room Number, Address) Criminal Justice Complex - 3228 Gun Club Road, West Palm Beach FL. 33406							
	Court Date and Time Month 01 Day 05 Year 2023 Time 830 AM ☒ PM ☐							
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED							
	Signature of Defendant (or Juvenile and Parent / Custodian) [Signature]				Date Signed 12/05/22			
ADMIN	HOLD for other Agency Name		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) [Signature]			
	☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:		Arresting Officer (Print) J. RAMIREZ		I.D. # 37537		(PRINT)	
	I.D. #		Pouch #		Transporting Officer J. RAMIREZ		I.D. # 37537	
	Agency PBSO		Witness here if subject signed with an "X"		1		PAGE	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 22-136076					
	Charge Type: Check as many as apply.		☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Special Notes:					
DEF	Name (Last, First, Middle) Cioffi		Erin		Catherine		Race W		Sex F	Date of Birth 07/23/1979
	D.U.I.		316.193(1)							
CHARGES	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		
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone		Occupation		
VICTIM	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. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☐ confessed to _____ ☐ was found to have committed the below acts, resulting from my (described) investigation. admitting to the below facts.									
	On the <u>5TH</u> day of <u>DECEMBER</u> , 20 <u>22</u> at <u>0341</u> ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)									
☐ Marsy's Law CVI FL Const. Art.1 § 16(b)										
WHILE CONDUCTING PROACTIVE PATROL ON THE AREA OF AERO CLUB , I OBSERVED A BLUE NISSAN BEARING FL TAG OF 16AFDC DRIVING SOUTHBOUND ON AERO CLUB DR APPROCHING S CLUB DR. I OBSERVED THE VEHICLE STRUGULING TO MAINTAIN THE LANE. I THEN GOT DIRECTLY BEHIND THE VEHICLE. THE VEHICLE AT THIS TIME FAILED TO STOP AT A 4 WAY STOP SIGN AT THE INTERSECTION OF AERO CLUB DR AND S CLUB DR WHICH IS A VIOLATION OF F.S.S 316.123(2)(a) I THEN CONDUCTED A TRAFFIC STOP AT THE 2000 BLOCK OF AERO CLUB DR, WELLINGTON, FL 33415. THE DRIVER WAS IDENTIFIED BY HER FLORIDA DRIVERS LICENSE AS ERIN C CIOFFI. I ADVISED CIOFFI WHY I HAD CONDUCTED THE TRAFFIC STOP FOR RUNNING THE STOP SIGN. CIOFFI ADVISED THAT SHE DID NOT SEE ANY STOP SIGN. I ASKED CIOFFI TO PRODUCE HER DRIVERS LICENSE AND CIOFFI FUMBLER AROUND THE VEHICLE AND PURSE BEFORE HE OBTAINED THE LISENCE OUT OF HER WALLET. CIOFFI WAS SLURRING HER SPEECH ADVISING THAT SHE NEVER SAW THE STOP SIGN AND I COULD SMELL AN ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM CIOFFIB BREATH AND VEHICLE. AT THIS POINT, I BELIEVED CIOFFI HAD INDICATORS OF IMPAIRMENT DUE TO THE DRIVING PATTERNS, ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE AND SLURRED SPEECH. DUE TO THESE INDICATORS, D/S RAMIREZ RESPONDED TO CONDUCT A DUI INVESTIGATION.										
PROBABLE CAUSE STATEMENT	STATE OF FLORIDA COUNTY OF PALM BEACH  D/S R. Crispin (ID # 34263) (Signature of Arresting/Investigative Officer)									
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>5TH</u> day of <u>DECEMBER</u> , 20 <u>22</u> by <u>D/S R. Crispin</u> 34263 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u>									
	 32537 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)									
	PAGE OF									

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5TH DAY OF DECEMBER 20 18 , AT 0341



SUBJECT: CIOFFI ERIN CATHERINE CASE NUMBER: 22136076

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: J. RAMIREZ 37537

PERSONAL CONTACT

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

DEPUTY R. CRISPIN WHILE CONDUCTING PROACTIVE PATROL ON THE AREA OF AERO CLUB, I OBSERVED A BLUE NISSAN BEARING FL TAG OF 16AFDC DRIVING SOUTHBOUND ON AERO CLUB DR APPROCHING S CLUB DR. I OBSERVED THE VEHICLE STRUGULING TO MAINTAIN THE LANE. I THEN GOT DIRECTLY BEHIND THE VEHICLE. THE VEHICLE AT THIS TIME FAILED TO STOP AT A 4 WAY STOP SIGN AT THE INTERSECTION OF AERO CLUB DR AND S CLUB DR WHICH IS A VIOLATION OF F.S.S 316.123(2)(a) I THEN CONDUCTED A TRAFFIC STOP AT THE 2000 BLOCK OF AERO CLUB DR, WELLINGTON, FL 33415.

THE DRIVER WAS IDENTIFIED BY HER FLORIDA DRIVERS LICENSE AS ERIN C CIOFFI. I ADVISED CIOFFI WHY I HAD CONDUCTED THE TRAFFIC STOP FOR RUNNING THE STOP SIGN. CIOFFI ADVISED THAT SHE DID NOT SEE ANY STOP SIGN. I ASKED CIOFFI TO PRODUCE HER DRIVERS LICENSE AND CIOFFI FUMBLER AROUND THE VEHICLE AND PURSE BEFORE HE OBTAINED THE LISENCE OUT OF HER WALLET. CIOFFI WAS SLURRING HER SPEECH ADVISING THAT SHE NEVER SAW THE STOP SIGN AND I COULD SMELL AN ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM CIOFFI'S BREATH AND VEHICLE. AT THIS POINT, I BELIEVED CIOFFI HAD INDICATORS OF IMPAIRMENT DUE TO THE DRIVING PATTERNS, ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE AND SLURRED SPEECH. DUE TO THESE INDICATORS, I DS RAMIREZ RESPONDED TO CONDUCT A DUI INVESTIGATION.

OBSERVATION OF DRIVER:

Upon arrival at the scene I made contact with a white female sitting in the driver seat, who was verbally identified as Erin Cioffi, I immediately detected a strong odor of an unknown alcoholic beverage emitting from her person and face area. The odor intensified as I spoke to her. While talking to Cioffi her eyes were red, watery and glossy. her cheeks were flushed and she appears to be crying. I asked Cioffi if she had any medical conditions, taking any medication and she said no. I asked Cioffi, to step out of the vehicle at which time she used the driver door to step out of the vehicle by holding herself. I asked Cioffi to walked towards my patrol vehicle, she had an unsteady gate while walking to my patrol vehicle and had difficulties following directions.

DRIVER'S STATEMENTS:

On scene Cioffi, advised she had several beers and was going home to 270 crestwood Cir Royal Pam Beach. she also said it was down the street from were the traffic stop took place. Cioffi at first said she had three beers and then she said only two beers Michelob Ultra bottle.

ODORS:

I could smell a strong odor of unknown alcoholic beverage emitting from her breath

GENERAL OBSERVATIONS

SPEECH: Slurred.

ATTITUDE: Crying, Calm, Argumentative, Belligerent.

CLOTHING: appear normal

MEDICAL/OTHER: None, wear glasses for everyday use.

STATE OF FLORIDA
COUNTY OF PALM BEACH

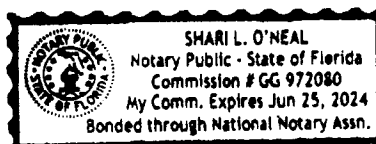
J. RAMIREZ 37537
(Signature of Arresting/Investigative Officer)

37537

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of December 20 18 by J. RAMIREZ 37537

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

S. O'Neal
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SUBJECT: CIOFFI

ERIN

CASE NUMBER 22136076

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS / LIGHTED PEN STIMULUS TASK: SFST☒ LT EYE-LACK OF SMOOTH PURSUIT☒ RT EYE-LACK OF SMOOTH PURSUIT☒ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION☒ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION☒ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES☒ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREESOther Observations:

Cioffi was swaying during the task in a front to back motion. Cioffi had to be reminded numerous times to track the stimulus with her eyes only. Cioffi did not keep feet together, closed eyes, did not keep hands at sides, did not keep head still, and cut me off multiple times while reading her instructions.

WALK & TURN: SFST

I positioned Cioffi facing my patrol vehicle with her right foot heel against the toe of her left foot. I instructed her that she was to keep her hands at her side and stay in this position until I instructed her to do otherwise. I explained and demonstrated the instructions for the Walk and Turn Task, whom advised she understood. Cioffi was having trouble and could not maintain her balance while listening to instructions. Cioffi started the task too soon, took and incorrect number of steps, stop while walking, did not touch heel to toe in numerous occasions. Cioffi was swaying in a side to side manner while using her arms to balance by raising them over 6 inches. Cioffi performed an improper turn other than which was demonstrated, she also did not count at loud each step.

ONE LEG STAND: SFST

I positioned Cioffi with her feet together and arms at her side. I explained demonstrated the task as I verbally instructed her to raise one of her feet approximately six inches off the ground, point her tow towards me, look at the raised foot, and count aloud until told to stop. I asked her if she understood the instructions and demonstration I provided, whom advised she understood. During the instruction and demonstration, I observed he swayed while standing stationary in the instructional stance did not keep her feet together. Cioffi started early, move her left foot forward and did not raise her foot from the ground. Cioffi did not count in appropriate manner. I had to stop the exercise early for Cioffi's safety since she was having trouble keeping her balance, even while using her arms for balance.

FINGER TO NOSE:

I positioned Cioffi with her feet together and arms at her side. I explained and demonstrated the instructions for the Finger to Nose Task, whom advised she understood. During the task, Cioffi was swaying in a front to back manner. Cioffi did not keep feet together, did not keep arms at sides with index fingers pointed out. Cioffi did not close eyes. I instructed her to start the task as explained. she used the pad of her finger and did not touch the tip of nose with finger numerous times, Cioffi also hovers numerous times and tilts her head forward. Cioffi used the incorrect hand, she did not follow instruction correctly and had to repeat the instruction an additional time.

ROMBERG ALPHABET:

I verbally inquired what level of education Cioffi had. Cioffi responded with some college. I asked if Cioffi could recite the entire English alphabet. She stated he was able to recite the English alphabet and I instructed her to place her feet together with her arms at her side and stay in this position until told to do otherwise. I instructed her that upon starting she was to tilt her head back and close her eyes. I asked her if she understood the instructions and she verbally replied she understood. During the instructions, she swayed while standing stationary in the instructional stance. I instructed her to start the task as explained. Cioffi did not recite alphabet in a correct manner, she did not stop the task before reaching "Z" and also repeated same

BREATH TEST RESULTS: REFUSE

STATE OF FLORIDA
COUNTY OF PALM BEACH

J. RAMIREZ 37537

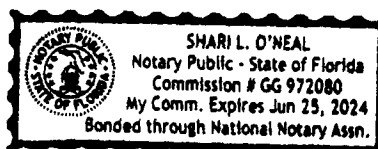
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of December 18, 2018 by J. RAMIREZ 37537

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

KNOWN

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





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

PBSO CASE # 22136076 PBSO ZONE 8-11
AGENCY CASE # N/A CRASH CASE # N/A
TIME OF STOP/CRASH 0400 DATE 12/05/22 DAY 2
SUBJECT'S NAME CIOFFI ERIN CATHERINE
LAST FIRST MID
DOB 12/12/1989 HGT 5'06 WGT RACE H SEX F
LOCATION 2000 Aero Club Dr. Wellington, FL 33414
ARRESTING OFFICER'S NAME & ID J. RAMIREZ 37537 Palm Beach County Sheriff's Office
DIVISION: Road Patrol AGENCY
BREATH RESULTS: NOTIFIED BY COMMO ✓
ARRIVAL AT FACILITY 0505 HRS
ARREST TIME 0420

REFUSED

S. O'Neal 16212
BAT TECH. OFFICER NAME & ID

/
PBSO VIDEOTAPE #

WITNESS LIST

CASE NUMBER: 22126076

ARRESTING OFFICER: J. Ramirez

ADDRESS: _____

PHONE NUMBERS (HOME): D/S R. CRSIPIN (WORK) 561-688-3400

CAN TESTIFY TO: INITIAL TRAFFIC STOP AND CONTACT WITH DRIVER

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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CAN TESTIFY TO: _____

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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: _____

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

I, **J. RAMIREZ** **37537**, a duly certified Law Enforcement Officer or Correctional Officer,
 (Name of Officer reading Implied Consent Warning)

am a member of **Palm Beach County Sheriff's Office**, and I do swear
 (Name of law enforcement agency)

or affirm that on or about the **5TH** day of **DECEMBER**, 20 **22**, at **0420** ☐ P.M. ☒ A.M.

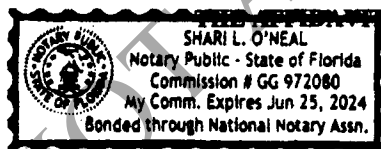
DRIVER **ERIN** **CATHERINE** **CIOFFI**
 FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **N520425899520**, state of **FL**, was placed under lawful arrest for
 the offense of **D.U.I.** by **J. RAMIREZ** **37537** and
 issued Citation # _____
 (Name of Arresting Officer)

That on or about the **5TH** day of **DECEMBER**, 20 **22**, at **0539** ☐ P.M. ☐ A.M.
 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 one (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.

37537
 Signature of Law Enforcement Officer or
 Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this **5th** day of **December**, 20 **18**,

by **J. RAMIREZ** **37537**,

who is personally known to me or who has produced

KNOWN as identification

Notary Public **S. O'Neal**

HSMV-BAR1001 (REV. 10/2016)

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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title **Deputy Sheriff**

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.

TESTING FACILITY TASK REPORT

AGENCY: PBSO D/S RAMIREZ #37537

SUBJECT: CIOFFI, ERIN C.

CASE NUMBER: 22-136076

DATE: 12-05-22

VIDEO DVD NUMBER:

BEGINNING TIME: 05:29 HRS

ENDING TIME: 05:48 HRS

BREATH TESTS (TCU) (TCU)

REFUSED

TIME 05:29

A.M. ☒ P.M. ☐

2)

TIME

A.M. ☐ P.M. ☐

3)

TIME

A.M. ☐ P.M. ☐

4)

TIME

A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: EMOTIONAL, CRYING, COOPERATIVE, MOODSWINGS, UPSET, SARCASTIC, ARGUMENTATIVE, PROFANE, DIFFICULT

CLOTHING: SHIRT- BLACK PANTS- BLUE JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: VERY RED, WATERY FROM CRYING
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O RAMIREZ #37537
A/O REQUESTED THE BREATH TEST.
D REFUSED THE BREATH REQUEST.
A/O READ THE IMPLIED CONSENT ON CAMERA 2 X'S.
D WAS BEING DIFFICULT AND ARGUMENTATIVE.
D STILL REFUSED THE BREATH REQUEST.
A/O READ THE C/W ON CAMERA.
Q&A CONDUCTED.

SUBJECT: Cioffi, Eric C.

CASE NUMBER: 22-126076

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 determining the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am Det. S. Ramirez #37537 of the PRSO

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor; in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES ☒ NO ☐ Do you still refuse to submit to this test? YES ☒ NO ☐

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING.

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES ☒ NO ☐ Do you still refuse to submit to this test? YES ☒ NO ☐

SUBJECT'S SIGNATURE: (X) Read on Camera 2's

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on Camera 4

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

SUBJECT: Cioffi, Erin C.CASE NUMBER: 22-136076

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? YesWHERE WERE YOU GOING? HomeWHAT STREET OR HIGHWAY WERE YOU ON? C. 1st St. and 1st Ave. to 1st St. and 1st Ave.DIRECTION OF TRAVEL? South WHERE DID YOU START? 1st St. and 1st Ave.

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? 01-11-21 WHAT DAY OF THE WEEK IS IT? 3WHAT COUNTY AND CITY ARE YOU IN NOW? Alameda Co. OaklandWHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? FoodWHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? At homeHOW MUCH DO YOU WEIGH? 130 HAVE YOU BEEN DRINKING? Yes WHAT? BeerHOW MUCH? 1/2 WHERE? At home WITH WHOM? AloneWHEN DID YOU HAVE YOUR FIRST DRINK? 1st AND YOUR LAST DRINK? 7HOW DID YOU CONSUME YOUR LAST TWO DRINKS? At homeCAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? YesHAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Yes HOW MUCH? 1/2

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Asst. Mgr. WHEN DID YOU LAST WORK? 11/10/20DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? _____ARE YOU SICK OR INJURED? Yes WHAT'S WRONG? _____DO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? YesWERE YOU IN AN ACCIDENT TODAY? YesHAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Yes WHEN? _____HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? Yes WHO? _____ WHY? _____ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? _____ WHEN? _____

DO YOU HAVE:

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

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? YesDO YOU TAKE INSULIN? Yes IF SO, WHEN WAS YOUR LAST INJECTION? _____HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? CA

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



**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: 2022031385	Date: 12/06/2022
	Specialist Name/ID: C. Smith/39657