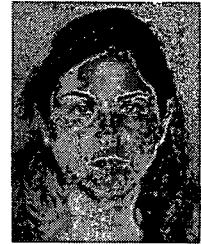




# Broward County Sheriff's Office

220005 MULOA MP

## Booking Report



|                                     |                        |                 |                |                                        |                  |                   |              |                       |                |                                     |             |                   |  |
|-------------------------------------|------------------------|-----------------|----------------|----------------------------------------|------------------|-------------------|--------------|-----------------------|----------------|-------------------------------------|-------------|-------------------|--|
| CIS #                               | <b>592200001</b>       |                 |                |                                        | BCCN #           | <b>947781</b>     |              |                       |                | Booking Sheet Control Date and Time |             |                   |  |
| OBTS                                | 607300105              |                 |                |                                        | Print Clearance  | 01/01/22 08 10 30 |              |                       |                | Prints                              | Yes         |                   |  |
|                                     |                        |                 |                |                                        |                  |                   |              |                       |                | <b>01/01/22 10 44 28</b>            |             |                   |  |
| Arrest #                            | DN 2200001             |                 |                |                                        | Offense Report # | 022201000020      |              |                       |                | Agency                              | DANIA BEACH |                   |  |
| Last Name<br>First<br>Middle        |                        |                 |                |                                        |                  |                   |              |                       |                | SSN #                               |             |                   |  |
| <b>ROSALLES, LIZBETH YARELI</b>     |                        |                 |                |                                        |                  |                   |              |                       |                |                                     |             |                   |  |
| Race                                | Sex                    | Height          | Weight         | Eyes                                   | Hair             | Comp              | Age Admitted | DOB                   | Place of Birth | State                               | FDLE        |                   |  |
| W                                   | F                      | 411             | 140            | BRO                                    | BRO              | LGT               | 33           | 6/13/1988             | ZACATECAZ      | MEXICO                              | 0           |                   |  |
| Permanent Address                   |                        |                 |                |                                        |                  |                   |              |                       |                | Months of Residence                 |             |                   |  |
| 4560 COLONIAL CIR TRINITY NC 27370  |                        |                 |                |                                        |                  |                   |              |                       |                | 0                                   |             |                   |  |
| Arrest Date                         |                        |                 |                | 01/01/22 05 45 00                      |                  |                   |              | Place of Arrest       |                |                                     |             | OLD GRIFFIN RD/ N |  |
| Arresting Officer                   |                        |                 |                | 16817 ARMSTRONG                        |                  |                   |              |                       |                |                                     |             |                   |  |
| Inmate Logged Date                  |                        |                 |                | 01/01/22 07 38 01                      |                  |                   |              | Inmate Log Type       |                |                                     |             | FULL INTAKE       |  |
| Place Admitted                      |                        |                 |                | MAIN                                   |                  |                   |              |                       |                |                                     |             |                   |  |
| Intake Comments                     |                        |                 |                | SP/CO-9672                             |                  |                   |              | 29/54-6972            |                |                                     |             | WC-15548          |  |
| Alias Last name, First, Middle, DOB |                        |                 |                |                                        |                  |                   |              |                       |                |                                     |             |                   |  |
| Warrants Officer Id bs15548         |                        |                 |                |                                        |                  |                   |              |                       |                |                                     |             |                   |  |
| Scars, Marks, Tattoos               |                        |                 |                |                                        |                  |                   |              |                       |                |                                     |             |                   |  |
| Tattoos                             |                        | Chest           |                | ROSE                                   |                  |                   |              |                       |                |                                     |             |                   |  |
| Tattoos                             |                        | Foot Left       |                | BUTTERFLY                              |                  |                   |              |                       |                |                                     |             |                   |  |
| Tattoos                             |                        | Shoulder, left  |                | ROSE                                   |                  |                   |              |                       |                |                                     |             |                   |  |
| Tattoos                             |                        | Arm, right      |                | SLEEVE                                 |                  |                   |              |                       |                |                                     |             |                   |  |
| Tattoos                             |                        | Shoulder, right |                | ROSE                                   |                  |                   |              |                       |                |                                     |             |                   |  |
| Tattoos                             |                        | Thigh, right    |                | GARDER BELT                            |                  |                   |              |                       |                |                                     |             |                   |  |
| Release Date/Time                   |                        |                 |                | Release Reason                         |                  |                   |              | Release Authorized By |                |                                     |             |                   |  |
| Charge No                           | Charge Initiation Date | Statute         | Warrant/Capias | Level                                  | M C              | B Type            | Bond Amount  |                       |                |                                     |             |                   |  |
| 1                                   | 01/01/22 08 54         | 316 193-2a2a    |                | 4M                                     | Y                | BOND              | \$500 00     |                       |                |                                     |             |                   |  |
| Charges                             |                        |                 |                | DUI ALCOHOL OR DRUGS 1ST OFFENSE       |                  |                   |              |                       |                |                                     |             |                   |  |
| Comments                            |                        |                 |                |                                        |                  |                   |              |                       |                |                                     |             |                   |  |
| Booking Off ID                      |                        |                 |                | bs18414                                |                  |                   |              | County                |                |                                     |             |                   |  |
| Judge                               |                        |                 |                |                                        |                  |                   |              |                       |                |                                     |             |                   |  |
| Charge No                           | Charge Initiation Date | Statute         | Warrant/Capias | Level                                  | M C              | B Type            | Bond Amount  |                       |                |                                     |             |                   |  |
| 2                                   | 01/01/22 08 54         | 316 193-3c1     |                | 4M                                     | Y                | BOND              | \$1,000 00   |                       |                |                                     |             |                   |  |
| Charges                             |                        |                 |                | DUI W/DAM TO PROP OR PERSON OF ANOTHER |                  |                   |              |                       |                |                                     |             |                   |  |
| Comments                            |                        |                 |                |                                        |                  |                   |              |                       |                |                                     |             |                   |  |
| Booking Off ID                      |                        |                 |                | bs18414                                |                  |                   |              | County                |                |                                     |             |                   |  |
| Judge                               |                        |                 |                |                                        |                  |                   |              |                       |                |                                     |             |                   |  |
| Charge No                           | Charge Initiation Date | Statute         | Warrant/Capias | Level                                  | M C              | B Type            | Bond Amount  |                       |                |                                     |             |                   |  |
| 3                                   | 01/01/22 08 55         | 316 193-3c1     |                | 4M                                     | Y                | BOND              | \$1,000 00   |                       |                |                                     |             |                   |  |
| Charges                             |                        |                 |                | DUI W/DAM TO PROP OR PERSON OF ANOTHER |                  |                   |              |                       |                |                                     |             |                   |  |
| Comments                            |                        |                 |                |                                        |                  |                   |              |                       |                |                                     |             |                   |  |
| Booking Off ID                      |                        |                 |                | bs18414                                |                  |                   |              | County                |                |                                     |             |                   |  |
| Judge                               |                        |                 |                |                                        |                  |                   |              |                       |                |                                     |             |                   |  |

\* End of Report \*

T & M CENTRAL  
 2022 JAN -3 AM 11:03  
 CLERK OF COURT  
 BROWARD COUNTY FLORIDA

**COMPLAINT AFFIDAVIT**  
SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

BROWARD COUNTY

☒ ARREST FORM

ARREST #

OBTS #

|                                                                                  |                 |                                                                                                                              |                     |                                                            |                     |                                                                      |                  |                                                                      |                          |                                                                                                                             |              |             |
|----------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------|---------------------|----------------------------------------------------------------------|------------------|----------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------|-------------|
| Filing Agency<br><b>BROWARD COUNTY SO</b>                                        |                 | Offense Report<br><b>02-2201-000020</b>                                                                                      |                     | Local ID #                                                 |                     | FDLE                                                                 |                  | FBI                                                                  |                          | SS#                                                                                                                         |              |             |
| Defendant's Last Name<br><b>ROSALES</b>                                          |                 |                                                                                                                              |                     | First<br><b>LIZBETH YARELI</b>                             |                     | Middle<br><b>SUF</b>                                                 |                  | Alias/Street Name                                                    |                          |                                                                                                                             |              | Citizenship |
| Race<br><b>W</b>                                                                 | Sex<br><b>F</b> | Hgt<br><b>4'11</b>                                                                                                           | Wgt<br><b>140</b>   | Hair<br><b>BROW</b>                                        | Eyes<br><b>BROW</b> | Comp<br><b>LIGHT</b>                                                 | Age<br><b>33</b> | DOB<br><b>06/13/1988</b>                                             |                          | Birth Place                                                                                                                 |              |             |
| Permanent Address<br><b>4560 COLONIAL CIR, TRINITY, NC 27370</b>                 |                 |                                                                                                                              |                     |                                                            |                     |                                                                      |                  | Scars Marks TT                                                       |                          |                                                                                                                             |              |             |
| Residence Type                                                                   |                 | (1) City                                                                                                                     |                     | (2) County                                                 |                     | Local Address<br><b>4560 COLONIAL CIR, TRINITY, NC 27370</b>         |                  | Place of Employment                                                  |                          | Length                                                                                                                      |              |             |
| How long defendant in Broward County                                             |                 | Breathalyser By/CCN                                                                                                          |                     | Reading                                                    |                     | Place of Arrest<br><b>OLD GRIFFIN RD/N</b>                           |                  | Date/Time Arrested<br><b>01/01/2022 05 45</b>                        |                          | Arresting Officer(s) CCN<br><b>ARMSTRONG, BRITTANY</b>                                                                      |              |             |
| Officer Injured Y <input type="checkbox"/> N <input checked="" type="checkbox"/> |                 | Unit<br><b>DUI</b>                                                                                                           | Zone<br><b>0204</b> | Beat                                                       | Shift<br><b>DUI</b> | Trans Unit                                                           |                  | PMD Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | Transporting Officer/CCN |                                                                                                                             | Pick-up Time |             |
| <b>TYPE / ACTIVITY</b>                                                           |                 | Type<br>N N/A<br>A-Amphetamine<br>B-Barbiturate<br>C-Cocaine                                                                 |                     | E-Heroin<br>H-Hallucinogen<br>M-Marijuana<br>O Opium/Deriv |                     | P-Paraphernalia/<br>Equipment<br>S Synthetic<br>U-Unknown<br>Z Other |                  | Activity<br>N-N/A<br>P-Possess<br>S Sell<br>B Buy                    |                          | T-Traffic<br>A-Smuggle<br>D-Deliver<br>E-Use<br>M-Manufacture/<br>Produce/Cultivate<br>K-Dispense/<br>Distribute<br>Z-Other |              |             |
|                                                                                  |                 | Indication of Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UK |                     |                                                            |                     |                                                                      |                  |                                                                      |                          |                                                                                                                             |              |             |
|                                                                                  |                 | Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UK                             |                     |                                                            |                     |                                                                      |                  |                                                                      |                          |                                                                                                                             |              |             |

Attach  
Defendant's  
Photo

Defendant's Vehicle Make **HYUN** Type **01** Year **2013** Color **BLK** VIN# \_\_\_\_\_  
Vehicle Towed To **Mac's Towing** Tag# \_\_\_\_\_ Other Identifiers or remarks \_\_\_\_\_

| Count # | Offenses Charged                       | WC# / Citation # (if applicable) | FS or Capias/Warrant # |
|---------|----------------------------------------|----------------------------------|------------------------|
| 1       | DUI ALCOHOL OR DRUGS 1ST OFFENSE       | AFDYIOE                          | 316 193-2A24           |
| 1       | DUI W/DAM TO PROP OR PERSON OF ANOTHER | AFDYIRE                          | 316 193-3CI            |
| 1       | DUI W/DAM TO PROP OR PERSON OF ANOTHER | AFDYISE                          | 316 193-3CI            |

**Probable Cause Affidavit**

Before me this date personally appeared **ARMSTRONG, BRITTANY (16817)** who being first duly sworn deposes and says that on 1 day of January, (year) 2022 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

En-Route 0501 | Arrest 0543 | En-Route to BAT 0557 | Arrival at BAT 0607 | Video BWC/  
Dash Camera  
Requested by Deputy Colominas #19223  
Responded to Old Griffin Road/ N Federal Highway, Dania Beach

On 01/01/2022, a Deputy involved traffic crash occurred at the above listed location,

\* \* \* Continued \* \* \*

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated therein are true and correct to the best of my knowledge and belief

Officer/Affiant's Signature

**ARMSTRONG, BRITTANY (16817)**  
Officer's Name/CCN

**Regional Traffic Enforcement**  
Officer's Division

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 1 day of January, 2022 (year)  
by **ARMSTRONG, BRITTANY** (name and title), who is personally known to me or has produced

\_\_\_\_\_ as identification

Notary Public Deputy Clerk of the Court or Assistant State Attorney

**DEP 15192**  
Title/Rank and CCN

Print Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit  
Broward County  
State of Florida

FIRST APPEARANCE/ARREST FORM

(SHOULD ADDITIONAL SPACE BE NEEDED, USE THE PROBABLE CAUSE AFFIDAVIT CONTINUATION (BSO DB#2a))

BSO DB-#2 (Revised 05/00)

Orig - Court  
2nd - State Attorney  
3rd - Filing Agency  
4th - Arresting Agency

**COURT COPY**

SP/co-6972      29/54-6972      WC-15548

BROWARD COUNTY

ARREST #

☐ COMPLAINT AFFIDAVIT  
PROBABLE CAUSE AFFIDAVIT CONTINUATION

☒ ARREST FORM

OBTS #

|                                                                                |                                         |                                  |      |                        |             |
|--------------------------------------------------------------------------------|-----------------------------------------|----------------------------------|------|------------------------|-------------|
| Filing Agency<br><b>BROWARD COUNTY SO</b>                                      | Offense Report<br><b>02-2201-000020</b> | Local ID#                        | FOLE | FBI                    | SS#         |
| Defendant's Last Name<br><b>ROSALES</b>                                        | First<br><b>LIZBETH YARELI</b>          | Middle                           | SUF  | Alias/Street Name      | Citizenship |
| Name of victim(s) (if corporation exact legal name and state of incorporation) |                                         |                                  |      |                        |             |
| Count #                                                                        | Offenses Charged                        | WC# / Citation # (if applicable) |      | FS or Capias/Warrant # |             |
|                                                                                | * * * <b>SEE PAGE 1</b> * * *           |                                  |      |                        |             |

**Probable Cause Affidavit**

Before me this date personally appeared ARMSTRONG, BRITTANY (16817) who being first duly sworn deposes and says that on

1 day of January, (year) 2022 at [REDACTED] (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 at-fault driver was suspected of being impaired and I was requested to the scene to conduct a DUI investigation Upon arrival, I made contact with [REDACTED] advised he was in his fully marked BSO patrol vehicle with his emergency lights activated in order to block traffic and he was rear ended [REDACTED] exited his vehicle and observed a female driver behind the wheel of the vehicle that rear ended him As [REDACTED] spoke with the female driver he observed the following indicators of impairment, bloodshot watery eyes and slurred speech

I made contact with [REDACTED] who's investigating the traffic crash [REDACTED] advised when he made contact with the female driver he observed the following indicators of impairment, slurred speech, red/glassy eyes and flushed face The female driver was identified to be Lizbeth Rosales

I made contact with Rosales and advised that the crash investigation was completed and I would be conducting a separate DUI investigation I asked Rosales if she would be willing to conduct field sobriety exercises, she stated yes

I then asked the following questions and received the following answers

Are you Diabetic? No  
Are you Epileptic? No  
Take any medications? No  
Glasses or Contacts? No  
Any eye problems at all? No  
Problems with Walking? Fractured ankle in September  
Any illnesses/injuries? No

\* \* \* Continued \* \* \*

I swear the above statement is correct and true to the best of my knowledge and belief

[Signature]  
Officer/Affiant's Signature

ARMSTRONG, BRITTANY (16817)  
Officer's Name/CCN

Regional Traffic Enforcement  
Officer's Division

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 1 day of January, 2022 (year),  
by ARMSTRONG, BRITTANY (name and title) who is personally known to me or has produced  
BSO as identification

Notary Public Deputy Clerk of the Court, or Assistant State Attorney

[Signature]  
Title/Rank and CCN

Print Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit  
Broward County  
State of Florida

FIRST APPEARANCE/ARREST FORM

COURT COPY

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

Orig - Court  
2nd - State Attorney  
3rd - Filing Agency  
4th - Arresting Agency

2022 JAN -3 AM 11:03  
T&M CENTRAL

☐ **COMPLAINT AFFIDAVIT**

PROBABLE CAUSE AFFIDAVIT CONTINUATION

☒ **ARREST FORM**

BROWARD COUNTY

ARREST #

OBTs #

|                                                                                |                                         |                                  |      |                        |             |
|--------------------------------------------------------------------------------|-----------------------------------------|----------------------------------|------|------------------------|-------------|
| Filing Agency<br><b>BROWARD COUNTY SO</b>                                      | Offense Report<br><b>02-2201-000020</b> | Local ID #                       | FOLE | FBI                    | SS #        |
| Defendant's Last Name<br><b>ROSALES</b>                                        | First<br><b>LIZBETH YARELI</b>          | Middle                           | SUF  | Alias/Street Name      | Citizenship |
| Name of victim(s) (if corporation exact legal name and state of incorporation) |                                         |                                  |      |                        |             |
| Count #                                                                        | Offenses Charged                        | WC# / Citation # (if applicable) |      | FS or Capias/Warrant # |             |
|                                                                                | <b>*** SEE PAGE 1 ***</b>               |                                  |      |                        |             |

**Probable Cause Affidavit**

Before me this date personally appeared ARMSTRONG, BRITTANY (16817) who being first duly sworn deposes and says that on 1 day of January, (year) 2022 at [REDACTED] (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows

Have you had any recent surgeries? No

While speaking with Rosales, I observed the following indicators of impairment, swaying, red/glassy eyes and an odor of an alcoholic beverage emitting from her breath  
Next, I demonstrated and explained the following Field Sobriety Exercises,

Horizontal Gaze Nystagmus (HGN) | 6 out of 6 clues

(Checked for equal pupil size, resting Nystagmus, and equal tracking)

-Lack of Smooth Pursuit (Left & Right Eyes)

-Distinct and Sustained Nystagmus and Maximum Deviation (Left & Right Eyes)

-Onset of Nystagmus Prior to Forty-Five (45) Degrees (Left & Right Eyes)

\*\*Rosales swayed as she stood

WALK AND TURN | 4 out of 8 clues

During this exercise, the subject is instructed to place their left foot on the line and then place their right foot on the line, ahead of the left, touching heel-to-toe They are then instructed to keep their arms down by their sides and to maintain this position until specifically instructed to begin The subject is then told to take nine heel-to-toe steps along the line, turn around in a prescribed manner, and return nine heel-to-toe steps along the line The turn is to be made by leaving the front foot on the line and turn around by making a series of small steps with the back foot The steps and turn are demonstrated for the subject The subject is told to keep their arms down by their sides, watch their feet at all times, and count their steps out loud throughout the exercise The subject is then told that once they start walking, they are not to stop until the exercise is completed

\*\*\* Continued \*\*\*

I swear the above statement is correct and true to the best of my knowledge and belief

[Signature]  
Officer/Affiant's Signature

ARMSTRONG, BRITTANY (16817)  
Officer's Name/CCN

Regional Traffic Enforcement  
Officer's Division

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 1 day of January, 2022 (year),  
by ARMSTRONG, BRITTANY (name and title) who is personally known to me or has produced  
as identification

Notary Public Deputy Clerk of the Court or Assistant State Attorney

[Signature]  
Title/Rank and CCN

Print Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit  
Broward County  
State of Florida

FIRST APPEARANCE/ARREST FORM

**COURT COPY**

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

Orig - Court  
2nd - State Attorney  
3rd - Filing Agency  
4th - Arresting Agency

2022 JAN -3 AM 11:03  
 T & M CENTRAL  
 BROWARD COUNTY  
 FLORIDA

☐ **COMPLAINT AFFIDAVIT**

PROBABLE CAUSE AFFIDAVIT CONTINUATION

☒ **ARREST FORM**

BROWARD COUNTY

ARREST #

OBTS #

|                                                                                |                                         |                                  |      |                        |             |
|--------------------------------------------------------------------------------|-----------------------------------------|----------------------------------|------|------------------------|-------------|
| Filing Agency<br><b>BROWARD COUNTY SO</b>                                      | Offense Report<br><b>02-2201-000020</b> | LOCAL ID#                        | FOLE | FBI                    | SS#         |
| Defendant's Last Name<br><b>ROSALES</b>                                        | First<br><b>LIZBETH YARELI</b>          | Middle                           | SUF  | Alias/Street Name      | Citizenship |
| Name of victim(s) (if corporation exact legal name and state of incorporation) |                                         |                                  |      |                        |             |
|                                                                                |                                         |                                  |      |                        |             |
| Count #                                                                        | Offenses Charged                        | WC# / Citation # (if applicable) |      | FS or Capias/Warrant # |             |
|                                                                                | <b>*** SEE PAGE 1 ***</b>               |                                  |      |                        |             |
|                                                                                |                                         |                                  |      |                        |             |
|                                                                                |                                         |                                  |      |                        |             |
|                                                                                |                                         |                                  |      |                        |             |

**Probable Cause Affidavit**

Before me this date personally appeared ARMSTRONG, BRITTANY (16817) who being first duly sworn deposes and says that on 1 day of January (year) 2022 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

- Couldn't keep balance while listening to instructions/Left Starting Positions
- Missed heel-to-toe
- Used arms for balance (raises arms over six inches)
- Stops walking

One-Leg-Stand|1 out of 4 clues

During this exercise, the subject is told to stand with their feet together and their arms down by their sides They are told to raise either foot that choose approximately six inches off the ground, keeping their legs straight and foot pointed out parallel to the ground They are told to keep their eyes on the elevated foot and count out loud in the following manner one thousand-one, one thousand-two, one thousand-three, and so on, until told to stop The exercise is conducted for thirty seconds

- Sways while balancing
- \*\*Rosales had body tremors

It was at this point in time, I made the determination there was enough probable cause to arrest Rosales for DUI I then placed her in handcuffs and asked if she would take the breath test, she hesitated to answer so I read her the Florida Implied Consent After reading the Florida Implied Consent, she consented to take the breath test Rosales was transported to the Breath Alcohol Testing Facility (BAT)

Once at the BAT, I started my 20 minute observation During the observation Rosales slept Rosales provided me with (2) valid breath samples of 000 and 000 I asked

\*\*\* Continued \*\*\*

I swear the above statement is correct and true to the best of my knowledge and belief

B  
Officer/Affiant's Signature

ARMSTRONG, BRITTANY (16817)  
Officer's Name/CCN

Regional Traffic Enforcement  
Officer's Division

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 1 day of January, 2022 (year) by ARMSTRONG, BRITTANY (name and title) who is personally known to me or has produced BSO 18 as identification

Notary Public Deputy Clerk of the Court or Assistant State Attorney

DCP/15125  
Title/Rank and CCN

Print Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit  
Broward County  
State of Florida

FIRST APPEARANCE/ARREST FORM

**COURT COPY**

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

**T & M CENTRAL**  
**2022 JAN -3 AM 11:03**  
Orig - Court  
2nd - State Attorney  
3rd - Filing Agency  
4th - Arresting Agency

☐ **COMPLAINT AFFIDAVIT**  
PROBABLE CAUSE AFFIDAVIT CONTINUATION

BROWARD COUNTY

☒ **ARREST FORM**

ARREST #

OBTS #

|                                                                                |                                         |                                  |      |                        |             |
|--------------------------------------------------------------------------------|-----------------------------------------|----------------------------------|------|------------------------|-------------|
| Filing Agency<br><b>BROWARD COUNTY SO</b>                                      | Offense Report<br><b>02-2201-000020</b> | Local ID#                        | FOTB | FBI                    | SS#         |
| Defendant's Last Name<br><b>ROSALES</b>                                        | First<br><b>LIZBETH YARELI</b>          | Middle                           | SUF  | Alias/Street Name      | Citizenship |
| Name of victim(s) (if corporation exact legal name and state of incorporation) |                                         |                                  |      |                        |             |
|                                                                                |                                         |                                  |      |                        |             |
| Count #                                                                        | Offenses Charged                        | WC# / Citation # (if applicable) |      | FS or Capias/Warrant # |             |
|                                                                                | <b>* * * SEE PAGE 1 * * *</b>           |                                  |      |                        |             |
|                                                                                |                                         |                                  |      |                        |             |
|                                                                                |                                         |                                  |      |                        |             |
|                                                                                |                                         |                                  |      |                        |             |

**Probable Cause Affidavit**

Before me this date personally appeared ARMSTRONG, BRITTANY (16817) who being first duly sworn deposes and says that on 1 day of January, (year) 2022 at [REDACTED] (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows

Rosales would she provide me with a urine sample and she stated yes Rosales provided me with a urine sample at 0655 hours Rosales was transported to BSO Main Jail

The urine sample was submitted to the medical examiner's office for further analysis

**T & MCENTRAL**  
**2022 JAN -3 AM 11:03**  
**BROWARD COUNTY, FLORIDA**

I swear the above statement is correct and true to the best of my knowledge and belief

[Signature]  
Officer/Affiant's Signature

ARMSTRONG, BRITTANY (16817)  
Officer's Name/CCN

Regional Traffic Enforcement  
Officer's Division

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 1 day of January, 2022 (year),  
by ARMSTRONG, BRITTANY (name and title), who is personally known to me or has produced  
B.D. / 10 as identification

[Signature]  
Notary Public, Deputy Clerk of the Court or Assistant State Attorney  
P. FLORENCE

DC / 15125  
Title, Rank and CCN

Print Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit  
Broward County  
State of Florida

FIRST APPEARANCE/ARREST FORM

**COURT COPY**

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

Orig - Court  
2nd - State Attorney  
3rd - Filing Agency  
4th - Arresting Agency