

0533030 22CF 5579AMB 872

☐ Marsy's Law CVI FL. Const. Art.1 § 16(b)

☐ Check if Supplement is Attached

|                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                               |  |                                                                                                       |  |                                                                                          |          |                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OBTS Number                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>ARREST / NOTICE TO APPEAR<br/>Juvenile Referral Report</b>                                                                                 |  | 1. Arrest<br>2. N.T.A.<br>3. Request for Warrant<br>4. Request for Capias                             |  | 1                                                                                        | Juvenile | N                                                                                                                                                                                                     |
| Agency ORI Number<br>FLO, 5, 0, 0, 0, 0, 0                                                                                                                                                                                                                                                                                                                                                                  |  | Agency Name<br>PALM BEACH COUNTY SHERIFF'S OFFICE                                                                                             |  | Agency Report Number (N.T.A.'s only)<br>0 6 1- 22-087986                                              |  |                                                                                          |          |                                                                                                                                                                                                       |
| Charge Type:<br><input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                                                                                                          |  | If Weapon Seized<br>Enter Type                                                                                                                |  | Multiple<br>Clearance<br>Indicator                                                                    |  | 0 4                                                                                      |          |                                                                                                                                                                                                       |
| Location of Arrest (Including Name of Business)<br>2741 S STATE ROAD 7, VILLAGE OF WELLINGTON / FL/33414                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                               |  | Location of Offense (Business Name, Address)<br>2741 S STATE ROAD 7, VILLAGE OF WELLINGTON / FL/33414 |  |                                                                                          |          |                                                                                                                                                                                                       |
| Date of Arrest<br>07/14/2022                                                                                                                                                                                                                                                                                                                                                                                |  | Time of Arrest<br>2343                                                                                                                        |  | Booking Date                                                                                          |  | Booking Time                                                                             |          | Jail Date                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                               |  |                                                                                                       |  |                                                                                          |          | Jail Time                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                               |  | Location of Vehicle<br>Priority Towing, 7153 Southern Blvd. WPB 33413, (561) 533-5573                 |  |                                                                                          |          |                                                                                                                                                                                                       |
| Name (Last, First, Middle)<br><b>SOSA CABALLERO, MAGELA,</b>                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                               |  |                                                                                                       |  |                                                                                          |          |                                                                                                                                                                                                       |
| Alias (Name, DOB, Soc. Sec. #, Etc.)                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                               |  |                                                                                                       |  |                                                                                          |          |                                                                                                                                                                                                       |
| Race<br>W - White<br>B - Black                                                                                                                                                                                                                                                                                                                                                                              |  | 1 - American Indian<br>O - Oriental/Asian                                                                                                     |  | Sex<br>W<br>F                                                                                         |  | Date of Birth<br>6/6/1998                                                                |          | Height<br>5'02"                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                               |  |                                                                                                       |  | Weight<br>115                                                                            |          | Eye Color<br>BRO                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                               |  |                                                                                                       |  | Hair Color<br>BLK                                                                        |          | Complexion<br>MED                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                               |  |                                                                                                       |  | Build<br>SMALL                                                                           |          |                                                                                                                                                                                                       |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>LEFT ARM</b>                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  | Marital Status<br>SINGLE                                                                              |  | Religion<br>NONE                                                                         |          | Indication of:<br>Alcohol Influence<br>Drug Influence                                                                                                                                                 |
| Local Address (Street, Apt. Number)<br><b>9501 FONTAINEBLEAU BLVD #506, MIAMI / FL / 33172</b>                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                               |  | (City)<br>MIAMI                                                                                       |  | (State)<br>FL                                                                            |          | (Zip)<br>33172                                                                                                                                                                                        |
| Permanent Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                               |  | (City)                                                                                                |  | (State)                                                                                  |          | (Zip)                                                                                                                                                                                                 |
| Business Address (Name, Street)                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                               |  | (City)                                                                                                |  | (State)                                                                                  |          | (Zip)                                                                                                                                                                                                 |
| D/L Number, State<br>S221540987060, FL                                                                                                                                                                                                                                                                                                                                                                      |  | Soc. Sec. Number                                                                                                                              |  | INS Number<br>A062295868                                                                              |  | Place of Birth (City, State)<br>CUBA                                                     |          | Citizenship<br>YES                                                                                                                                                                                    |
| Co-Defendant (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                          |  | Race                                                                                                                                          |  | Sex                                                                                                   |  | Date of Birth                                                                            |          | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |
| Co-Defendant (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                          |  | Race                                                                                                                                          |  | Sex                                                                                                   |  | Date of Birth                                                                            |          | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                              |  | Name (Last)                                                                                                                                   |  | (First)                                                                                               |  | (Middle)                                                                                 |          | Residence Phone                                                                                                                                                                                       |
| Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                                                                                               |  | (City)                                                                                                                                        |  | (State)                                                                                               |  | (Zip)                                                                                    |          | Business Phone                                                                                                                                                                                        |
| Notified by: (Name)                                                                                                                                                                                                                                                                                                                                                                                         |  | Date                                                                                                                                          |  | Time                                                                                                  |  | Juvenile Disposition<br>1. Handled/Processed within<br>Dept. and Released.               |          | 2. TOT HRS/DYS<br>3. Incarcerated                                                                                                                                                                     |
| Released To: (Name)                                                                                                                                                                                                                                                                                                                                                                                         |  | Relationship                                                                                                                                  |  | Date                                                                                                  |  | Time                                                                                     |          |                                                                                                                                                                                                       |
| The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told<br>to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)                                                      |  |                                                                                                                                               |  | School Attended                                                                                       |  | Grade                                                                                    |          |                                                                                                                                                                                                       |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                 |  | Description of Property                                                                                                                       |  |                                                                                                       |  | Value of Property                                                                        |          |                                                                                                                                                                                                       |
| Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                                                                                                                       |  | S. Sell<br>B. Buy<br>T. Traffic                                                                                                               |  | R. Smuggle<br>D. Deliver<br>E. Use                                                                    |  | K. Dispense/<br>Distribute                                                               |          | M. Manufacture/<br>Produce/<br>Cultivate                                                                                                                                                              |
| Z. Other                                                                                                                                                                                                                                                                                                                                                                                                    |  | Drug Type<br>N. N/A<br>A. Amphetamine                                                                                                         |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin                                                             |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.                                       |          | P. Paraphernalia/<br>Equipment<br>S. Synthetic                                                                                                                                                        |
| U. Unknown<br>Z. Other                                                                                                                                                                                                                                                                                                                                                                                      |  | Charge Description<br><b>DRIVING UNDER THE INFLUENCE</b>                                                                                      |  | Counts<br>1                                                                                           |  | Domestic<br>Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |          | Statute Violation Number<br>316.193(1) a1 WA                                                                                                                                                          |
| Drug Activity<br>N                                                                                                                                                                                                                                                                                                                                                                                          |  | Drug Type<br>N                                                                                                                                |  | Amount / Unit                                                                                         |  | Offense #<br>22-087986                                                                   |          | Warrant / Capias Number                                                                                                                                                                               |
| Bond                                                                                                                                                                                                                                                                                                                                                                                                        |  | Charge Description<br><b>POSSESSION OF ALPRAZOLAM</b>                                                                                         |  | Counts<br>6                                                                                           |  | Domestic<br>Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |          | Statute Violation Number<br>893.13(6)(a)                                                                                                                                                              |
| Drug Activity<br>P                                                                                                                                                                                                                                                                                                                                                                                          |  | Drug Type<br>O                                                                                                                                |  | Amount / Unit                                                                                         |  | Offense #<br>22-087986                                                                   |          | Warrant / Capias Number                                                                                                                                                                               |
| Bond                                                                                                                                                                                                                                                                                                                                                                                                        |  | Charge Description<br><b>POSSESSION OF OXYCODONE</b>                                                                                          |  | Counts<br>2                                                                                           |  | Domestic<br>Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |          | Statute Violation Number<br>893.13(6)(a)                                                                                                                                                              |
| Drug Activity<br>P                                                                                                                                                                                                                                                                                                                                                                                          |  | Drug Type<br>O                                                                                                                                |  | Amount / Unit                                                                                         |  | Offense #<br>22-087986                                                                   |          | Warrant / Capias Number                                                                                                                                                                               |
| Bond                                                                                                                                                                                                                                                                                                                                                                                                        |  | Charge Description<br><b>POSSESSION OF BUPRENORPHINE</b>                                                                                      |  | Counts<br>2                                                                                           |  | Domestic<br>Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |          | Statute Violation Number<br>893.13(6)(a)                                                                                                                                                              |
| Drug Activity<br>P                                                                                                                                                                                                                                                                                                                                                                                          |  | Drug Type<br>O                                                                                                                                |  | Amount / Unit                                                                                         |  | Offense #<br>22-087986                                                                   |          | Warrant / Capias Number                                                                                                                                                                               |
| Bond                                                                                                                                                                                                                                                                                                                                                                                                        |  | Location (Court, Room Number, Address)<br><b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b> |  |                                                                                                       |  |                                                                                          |          |                                                                                                                                                                                                       |
| Court Date and Time<br>Month _____ Day _____ Year 2022 Time 08:30 A.M. <input checked="" type="checkbox"/> P.M.                                                                                                                                                                                                                                                                                             |  |                                                                                                                                               |  |                                                                                                       |  |                                                                                          |          |                                                                                                                                                                                                       |
| 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<br>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<br>Signature of Defendant (If Juvenile and Parent/Custodian) _____ Date Signed 07/14/2022 |  |                                                                                                                                               |  |                                                                                                       |  |                                                                                          |          |                                                                                                                                                                                                       |
| HOLD for other agency                                                                                                                                                                                                                                                                                                                                                                                       |  | Signature of Arresting Officer<br>X <i>W. Amadon</i>                                                                                          |  | Name Verification (Printed) _____                                                                     |  | Date Signed _____                                                                        |          |                                                                                                                                                                                                       |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal<br><input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other:                                                                                                                                                                                                                                                      |  | Name of Arresting Officer (Print)<br>INV. W. AMADON                                                                                           |  | I.D. #<br>9440                                                                                        |  | (PRINT) JUL 15 2022 JUL 15 AM 3:22                                                       |          |                                                                                                                                                                                                       |
| Intake Deputy<br><i>Dunning</i>                                                                                                                                                                                                                                                                                                                                                                             |  | I.D. #                                                                                                                                        |  | Pouch #                                                                                               |  | Transporting Officer<br>INV. W. AMADON 9440                                              |          | Agency<br>PBSO                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                               |  |                                                                                                       |  | Witness here if subject signed with an "X"                                               |          | 1 OF 1                                                                                                                                                                                                |

PH 872

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                          | PROBABLE CAUSE AFFIDAVIT                                                                                                                                                                                                                                                           |  | 1. Arrest<br>2. N.T.A. |  | 3. Request for Warrant<br>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- 22-087986 |  |                |  |     |  |               |  |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Charge Type:<br>Check as many as apply.                                                                                                                                                                                                                                  | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  | Special Notes:         |  |                                                 |  |                      |  |               |  |                |  |     |  |               |  |            |  |
| DEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Name (Last, First, Middle)                                                                                                                                                                                                                                               | Sosa Cabllero                                                                                                                                                                                                                                                                      |  | Magela                 |  | Alias                                           |  | Race                 |  | W             |  | Sex            |  | F   |  | Date of Birth |  | 06/06/1998 |  |
| CHARGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D.U.I.                                                                                                                                                                                                                                                                   | 316.193(1)                                                                                                                                                                                                                                                                         |  |                        |  |                                                 |  |                      |  |               |  |                |  |     |  |               |  |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                    |  |                        |  |                                                 |  |                      |  |               |  |                |  |     |  |               |  |            |  |
| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Victim's Name (Last, First, Middle)                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                    |  |                        |  |                                                 |  |                      |  |               |  | 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     |  |     |  |               |  |            |  |
| <p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.<br/>The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.<br/><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 14th day of July 2022 at 23:10 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><input type="checkbox"/> Marry's Law CVI<br/>FL Const. Art.1 § 16(b)</p> <p>On July 14th 2022 at approximately 23:10 hrs I, D/S Bradley Shouse ID 34287, was at 2741 S State Road 7 Wellington, FL 333414 (Marathon gas station) when I observed a white female, later identified as Magela Sosa-Cabllero, enter the location. I observed Magela Sosa-Cabllero walking around the location unbalanced, stumbling, and uneasy on her feet. I also heard Magela Sosa-Cabllero talking to random customers inside the location and she exhibited slurred speech as she was talking with other patrons inside the location. Due to this behavior I believed that Magela Sosa-Cabllero was possible under the influence of an unknown substance or having a medical issue. I then observed Magela Sosa-Cabllero go out to a vehicle, a Gray Nissan bearing FL tag LZYZR30, and she then began to pump gas into the vehicle. Due to Magela Sosa-Cabllero possible being impaired I contacted Investigator W. Amadon ID 9440. I then observed Magela Sosa-Cabllero get in the driver seat of the above vehicle and she began to drive the vehicle away from the pump into a parking spot in front of the store. This is when Investigator W. Amadon and I made contact with Magela Sosa-Cabllero to check on her well being.</p> |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                    |  |                        |  |                                                 |  |                      |  |               |  |                |  |     |  |               |  |            |  |
| ADMINISTRATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STATE OF FLORIDA<br>COUNTY OF PALM BEACH<br>D/S Bradley Shouse (ID #) 34287<br>(Signature of Arresting/Investigative Officer)                                                                                                                                            |                                                                                                                                                                                                                                                                                    |  |                        |  |                                                 |  |                      |  |               |  |                |  |     |  |               |  |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of July 2022 by D/S Bradley Shouse 34287                                                                                                                                        |                                                                                                                                                                                                                                                                                    |  |                        |  |                                                 |  |                      |  |               |  |                |  |     |  |               |  |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN Law Enforcement Officer<br>JWW W AMADON 9440 JWW W Amadon<br>Notary Public, Clerk of Court, Officer (F.S.S. 117.10) |                                                                                                                                                                                                                                                                                    |  |                        |  |                                                 |  |                      |  |               |  |                |  |     |  |               |  |            |  |

| OBTS Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                           | PROBABLE CAUSE AFFIDAVIT |                                                                                                     | 1 Arrest<br>2 NTA |                                                                          | 3 Request for Warrant<br>4 Request for Capias |                                   | 1              |               | Juvenile |                           | N |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------|----------------|---------------|----------|---------------------------|---|--|
| ADMIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Agency ORI Number<br>FLO 5 0 0 0 0 0                                                                                                                      |                          | Agency Name<br>PALM BEACH COUNTY SHERIFF'S OFFICE                                                   |                   |                                                                          |                                               | Agency Report Number<br>22-087986 |                |               |          |                           |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Charge Type<br>Check as many as apply<br><input checked="" type="checkbox"/> 1 Felony<br><input type="checkbox"/> 2 Traffic Felony                        |                          | <input type="checkbox"/> 3 Misdemeanor<br><input checked="" type="checkbox"/> 4 Traffic Misdemeanor |                   | <input type="checkbox"/> 5 Ordinance<br><input type="checkbox"/> 6 Other |                                               | Special Notes                     |                |               |          |                           |   |  |
| DEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name (Last, First, Middle)<br>SOSA CABALLERO, MAGELA                                                                                                      |                          |                                                                                                     |                   | Alias                                                                    |                                               | Race<br>W                         |                | Sex<br>F      |          | Date of Birth<br>6/6/1998 |   |  |
| CHARGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Charge Description<br>DRIVING UNDER THE INFLUENCE<br>316.193(1)                                                                                           |                          |                                                                                                     |                   | Charge Description<br>POSSESSION OF ALPRAZOLAM<br>893.13(6)(a)           |                                               |                                   |                |               |          |                           |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Charge Description<br>POSSESSION OF OXYCODONE<br>893.13(6)(a)                                                                                             |                          |                                                                                                     |                   | Charge Description<br>POSSESSION OF BUPRENORPHINE<br>893.13(6)(a)        |                                               |                                   |                |               |          |                           |   |  |
| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Victim's Name (Last, First, Middle)<br>-STATE-OF-FLORIDA,,                                                                                                |                          |                                                                                                     |                   | Race                                                                     |                                               | Sex                               |                | Date of Birth |          |                           |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Local Address (Street, Apt Number)<br>(City) (State) (Zip)                                                                                                |                          |                                                                                                     |                   | Phone<br>( )                                                             |                                               | Address Source                    |                |               |          |                           |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Business Address (Name, Street)<br>(City) (State) (Zip)                                                                                                   |                          |                                                                                                     |                   | Phone<br>( )                                                             |                                               | Occupation                        |                |               |          |                           |   |  |
| <p>The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.<br/>The Person taken into custody:</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.<br/><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 14 day of JULY 20 22 at 2324 <input type="checkbox"/> A.M <input checked="" type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |                          |                                                                                                     |                   |                                                                          |                                               |                                   |                |               |          |                           |   |  |
| <p><input type="checkbox"/> Morsy's Law CVI<br/>FL. Const. Art.1 § 16(b)</p> <p>On the above listed date and time, I conducted a DUI Investigation resulting in the arrest of Magela Sosa Caballero (S22154098706), referred to as "Defendant" hereafter. An inventory search of the vehicle was conducted for completion of the required Tow Form. The following narcotics were found inside the defendant's purse. The drugs were found in four small individual clear baggies, and they contained the following. Inside one baggie, there were two white circular pills with "M" imprinted on one side and "30" imprinted on the other side, which poison control confirmed to be "Oxycodone 30mg schedule 2 substances." Two circular orange pills imprinted with "AN 415" on one side and nothing on the other side. Poison control confirms the pills to be "Buprenorphine 8mg naloxone 2mg schedule 3." The other two bags contained rectangular blue pills with an imprint of "B707" on all of them. One bag had three whole tablets, and the other had three but broken in half. Poison control confirmed the pills to be "Alprazolam 2mg schedule 4 substance". Poison control provided me with a case number for identifying the narcotics of # T4955692.</p> <p>Based on the above facts and information, I find Probable cause to charge the defendant with six counts of Possession of Alprazolam pursuant to F.S.S. 893.13.6A 2 counts of Possession of Oxycodone pursuant to F.S.S. 893.13.6A and two counts of Possession of Buprenorphine pursuant to F.S.S. 893.13.6A.</p> |                                                                                                                                                           |                          |                                                                                                     |                   |                                                                          |                                               |                                   |                |               |          |                           |   |  |
| ADMINISTRATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STATE OF FLORIDA<br>COUNTY OF PALM BEACH<br><i>INV. W. AMADON</i><br>(Signature of Arresting/Investigative Officer)                                       |                          |                                                                                                     |                   | INV. W. AMADON                                                           |                                               |                                   |                |               |          |                           |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of JULY 20 22 by INV. W. AMADON                                    |                          |                                                                                                     |                   |                                                                          |                                               |                                   |                |               |          |                           |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Print name of Arresting/Investigative Officer), who is personally known to me and produced identification. Type of identification produced: KNOWN L.E.O. |                          |                                                                                                     |                   |                                                                          |                                               |                                   |                |               |          |                           |   |  |
| Joshua Bell (#8656)<br>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |                          |                                                                                                     |                   |                                                                          |                                               |                                   | PAGE<br>1 OF 1 |               |          |                           |   |  |

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14 DAY OF JULY 20 22, AT 2324 AM PM

SUBJECT: SOSA CABALLERO, MAGELA, CASE NUMBER: 22-087986

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. W. AMADON

## PERSONAL CONTACT

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

On Thursday July 14, 2022 at approximately 2324 hours, I responded to 2741 S. State Road 7, located within The Village of Wellington, Palm Beach County Florida regarding a suspicious vehicle with a suspected impaired driver. Upon arrival I met with D/S B. Shouse #34287 who provided me with a signed, sworn written supplemental probable cause affidavit stating: " On July 14th 2022 at approximately 23:10 hrs I, D/S Bradley Shouse ID 34287, was at 2741 S State Road 7 Wellington, FL 333414 (Marathon gas station) when I observed a white female, later identified as Magela Sosa-Cabllero, enter the location. I observed Magela Sosa-Cabllero walking around the location unbalanced, stumbling, and uneasy on her feet. I also heard Magela Sosa-Cabllero talking to random customers inside the location and she exhibited slurred speech as she was talking with other patrons inside the location. Due to this behavior I believed that Magela Sosa-Cabllero was possible under the influence of an unknown substance or having a medical issue. I then observed Magela Sosa-Cabllero go out to a vehicle, a Gray Nissan bearing FL tag LZYZR30, and she then began to pump gas into the vehicle. Due to Magela Sosa-Cabllero possible being impaired I contacted Investigator W. Amadon ID 9440. I then observed Magela Sosa-Cabllero get in the driver seat of the above vehicle and she began to drive the vehicle away from the pump into a parking spot in front of the store. This is when Investigator W. Amadon and I made contact with Magela Sosa-Cabllero to check on her well-being".

## OBSERVATION OF DRIVER:

I observed the defendant to be unsteady on her feet. I observed the defendant to have a noticeable orbital sway as she stood. I observed the defendant's clothing was properly worn. The defendant's eyes were glassy. The defendant weaved as she walked from her vehicle to the front of mine. The defendant's movements were slow, and at times, uncoordinated.

## DRIVER'S STATEMENTS:

The defendant denied being prescribed any medications and denied consuming alcohol.

## ODORS:

## GENERAL OBSERVATIONS

SPEECH: slow / slurred / labored

ATTITUDE: polite / respectful

CLOTHING: green t shirt / blue jeans / blue slides

MEDICAL/OTHER: stated none \*\* A ROUTINE COMPUTER CHECK REVEALED THE DEFENDANT'S DRIVER LICENSE IS SUSPENDED FOR FTP TRAFFIC FINE ON 06/13/2022\*\*

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV. W. AMADON  
Signature of Arresting/Investigative Officer)

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of JULY 20 22 by INV. W. AMADON

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

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





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

PBSO CASE # 22-087986 PBSO ZONE 8-51  
AGENCY CASE # \_\_\_\_\_ CRASH CASE # \_\_\_\_\_  
TIME OF STOP/CRASH 2341 DATE 07/15/2022 DAY Friday  
SUBJECT'S NAME SOSA CABALLERO, MAGELA, RACE W SEX F  
HGT 5'02" WGT 115 DOB 6/6/1998  
LOCATION 2741 S STATE ROAD 7, VILLAGE OF WELLINGTON / FL/33414  
ARRESTING OFFICER'S NAME & ID INV. W. AMADON (9440) AGENCY Palm Beach County Sheriff's Office  
DIVISION: C.I.D. / D.U.I.  
NOTIFIED BY COMMO YES  
ARRIVAL AT FACILITY 0029  
ARREST TIME 2343

BREATH RESULTS:

1) .000  
2) .000  
3) N/A  
4) N/A

URINE **REFUSED**

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # \_\_\_\_\_

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14 DAY OF JULY 20 22, AT 2324 AM PM ✓

SUBJECT: SOSA CABALLERO, MAGELA, CASE NUMBER: 22-087986

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. W. AMADON

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CLOTHING: green t shirt / blue jeans / blue slides

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STATE OF FLORIDA  
COUNTY OF PALM BEACH

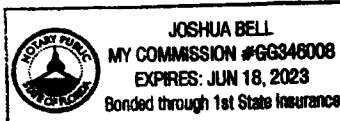
INV. W. AMADON  
Signature of Arresting/Investigative Officer

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of JULY 20 22 by INV. W. AMADON

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

Joshua Bell (#8656)

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



SUBJECT: SOSA CABALLERO, MAGELA, CASE NUMBER 22-087986

## ROADSIDE TASKS

### HORIZONTAL GAZE NYSTAGMUS:

- |                                                                                             |                                                                                             |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES                     | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES                     |

### Other Observations:

The defendant had a noticeable orbital sway during this task.

### WALK & TURN:

The second task performed was the Walk and Turn Task. The defendant was placed into the instructional stance and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling her to move. The defendant started before the instructions were complete. The defendant missed heel to toe, stepping on her own foot. The defendant took an incorrect number of steps. The defendant stopped walking. The defendant performed an improper turn. The defendant had a noticeable orbital sway during this task.

### ONE LEG STAND:

The third task performed was the One Leg Stand Task. The defendant was placed into the instructional stance and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling her to move. The defendant put her foot down more than three times within approximately thirty seconds. The defendant rear leg was trembling while she attempted to maintain balance. The defendant swayed trying to maintain balance. The defendant had a noticeable orbital sway during this task.

### FINGER TO NOSE:

The forth task performed was the Finger to Nose Task. The defendant was placed into the instructional stance and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling her to move. The defendant had to be reminded to keep her feet together. The defendant did not touch tip to tip as instructed. The defendant used the wrong hand. The defendant had a noticeable orbital sway during this task.

### ROMBERG ALPHABET:

The fifth task performed was the Romberg Alphabet Task. The defendant was placed into the instructional stance and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling her to move. The defendant said she did not know the English alphabet. The defendant incorrectly recited the Spanish alphabet.

BREATH TEST RESULTS: 1) 0.000 2) 0.000 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV. W. AMADON *W. Amadon*  
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of JULY, 2022 by INV. W. AMADON

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

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



SUBJECT: SOSA CABALLERO, MAGELA, CASE NUMBER 22-087986

## ROADSIDE TASKS

### HORIZONTAL GAZE NYSTAGMUS:

- |                                                                                             |                                                                                             |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES                     | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES                     |

### Other Observations:

The defendant had a noticeable orbital sway during this task.

### WALK & TURN:

The second task performed was the Walk and Turn Task. The defendant was placed into the instructional stance and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling her to move. The defendant started before the instructions were complete. The defendant missed heel to toe, stepping on her own foot. The defendant took an incorrect number of steps. The defendant stopped walking. The defendant performed an improper turn. The defendant had a noticeable orbital sway during this task.

### ONE LEG STAND:

The third task performed was the One Leg Stand Task. The defendant was placed into the instructional stance and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling her to move. The defendant put her foot down more than three times within approximately thirty seconds. The defendant rear leg was trembling while she attempted to maintain balance. The defendant swayed trying to maintain balance. The defendant had a noticeable orbital sway during this task.

### FINGER TO NOSE:

The fourth task performed was the Finger to Nose Task. The defendant was placed into the instructional stance and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling her to move. The defendant had to be reminded to keep her feet together. The defendant did not touch tip to tip as instructed. The defendant used the wrong hand. The defendant had a noticeable orbital sway during this task.

### ROMBERG ALPHABET:

The fifth task performed was the Romberg Alphabet Task. The defendant was placed into the instructional stance and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling her to move. The defendant said she did not know the English alphabet. The defendant incorrectly recited the Spanish alphabet.

BREATH TEST RESULTS: 1) 0.000 2) 0.000 3) 4)

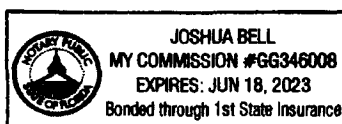
STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV. W. AMADON  
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of JULY, 2022 by INV. W. AMADON

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

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



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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006239 Software: 8100.27  
Date of Test: 07/15/2022

Date of Last Agency Inspection: 06/03/2022

Observation Period Began: 00:29

Subject's Name: MAGELA SOSA CABALLERO

DOB: 06/06/1998 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     | 00:56 |
|          | Air Blank         | 0.000  | 00:57 |
|          | Control Test      | 0.080  | 00:57 |
|          | Air Blank         | 0.000  | 00:58 |
|          | Subject Sample #1 | 0.000  | 00:58 |
|          | Air Blank         | 0.000  | 00:59 |
|          | Air Blank         | 0.000  | 01:01 |
|          | Subject Sample #2 | 0.000  | 01:01 |
|          | Air Blank         | 0.000  | 01:02 |
|          | Control Test      | 0.080  | 01:02 |
|          | Air Blank         | 0.000  | 01:03 |
|          | Diagnostics Check | OK     | 01:03 |

Cylinder Lot: 29821080A4  
Exp: 12/05/2023

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 JOSHUA J BELL, 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

Date: 07/15/22

Sworn to (or affirmed) before me this 15 day of July, 2022

Tim W. Amador

Signature of Notary Public-State of Florida

INV. W. Amador #9440

Printed Name of Notary Public-State of Florida

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.

**STATE OF FLORIDA**  
**AFFIDAVIT OF REFUSAL TO SUBMIT TO**  
**URINE TEST**

I, **INVESTIGATO** W. AMADON, a duly certified Law Enforcement Officer or Correctional Officer,  
(Person reading Implied Consent Warning)  
am a member of Palm Beach County Sheriffs Office, and I do swear  
(Name of enforcement agency)

or affirm that on or about the FOURTEENTH day of July, 2022, at 23:43

DRIVER MAGELA SOSA CABALLERO,  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

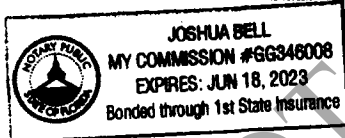
DL # S221540987060, state of FL, appeared for treatment at a hospital,  
clinic, or other medical facility pursuant to s. 316.1932(1)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the FIFTEENTH day of July, 2022, at 01:06  
in Palm Beach County,

I requested that the driver submit to a **URINE** test for the purpose of determining the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test 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, or if he or she had been previously fined under s. 327.35215, F.S., 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, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

W. Amadon  
Signature of Law Enforcement Officer or Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this 15 day of July, 2022.

by INV. W. Amadon

who is personally known to me or who has produced  
Known as identification.

Notary Public [Signature]

The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
Signature of Attesting Officer

Title \_\_\_\_\_

Date \_\_\_\_\_

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: SOSA CABALLERO, MAGELA

CASE NUMBER: 22-087986

DATE: Jul 15, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0054

ENDING TIME: 0114

BREATH TESTS RESULTS: 1) .000 TIME 0058 A.M. ☒ P.M. ☐ 2) .000 TIME 0101 A.M. ☐ P.M. ☐  
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: LATHARGIC, COOPERATIVE

CLOTHING: GREEN TEE SHIRT, BLUE JEANS, BLUE SLIDES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY

## COMMENTS:

A/O ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0029 HOURS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

TECH READ BREATH TEST RESULTS / SUBJECT STATED SHE UNDERSTOOD BREATH TEST RESULTS

A/O REQUESTED A URINE SAMPLE / SUBJECT STATED SHE WOULD NOT PROVIDE A URINE SAMPLE

A/O READ I.C / SUBJECT STATED SHE UNDERSTOOD I.C  
SUBJECT AGAIN STATED SHE WOULD NOT PROVIDE A URINE SAMPLE

REFUSAL TIME 0106 HOURS

A/O READ RIGHTS / SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

A/O CONDUCTED Q AND A  
SUBJECT ANSWERED Q AND A

# REFUSED

SUBJECT: Scott Caballero, Miguel CASE NUMBER: 22-087986

## **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 Tru W. Amador of the Palm Beach County Sheriff's Office

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 <or> NO Do you still refuse to submit to this test? YES <or> 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 <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS SIGNATURE: (X) Read on Camera

### **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

SUBJECT: Sheriff's Office, Morgan CASE NUMBER: 22-08774

## 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? YES

WHERE WERE YOU GOING? MY HOUSE

WHAT STREET OR HIGHWAY WERE YOU ON? OLD F.W.W

DIRECTION OF TRAVEL? X WHERE DID YOU START? FRONT 1st IN WESTON

WHAT TIME DID YOU START? NO SURE WHAT TIME IS IT NOW? NO SURE

WHAT IS TODAY'S DATE? 10/10/18 WHAT DAY OF THE WEEK IS IT? FRIDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? DECATUR PALM

WHEN DID YOU LAST EAT? NO WHAT DID YOU EAT? NO

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? NO

HOW MUCH DO YOU WEIGH? 115 HAVE YOU BEEN DRINKING? NO WHAT?

HOW MUCH? WHERE? WITH WHOM?

WHEN DID YOU HAVE YOUR FIRST DRINK? AND YOUR LAST DRINK?

HOW DID YOU CONSUME YOUR LAST TWO DRINKS?

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? ARE YOU UNDER THE INFLUENCE?

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? HOW MUCH?

WHAT? WHERE? WHEN?

WHAT LINE OF WORK ARE YOU IN? LEFT EMPLOYED WHEN DID YOU LAST WORK?

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT?

ARE YOU SICK OR INJURED? NO WHAT'S WRONG?

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN?

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? WHY?

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? WHEN?

DO YOU HAVE:

|                    |       |
|--------------------|-------|
| EPILEPSY?          | _____ |
| GLASS EYE?         | _____ |
| FALSE TEETH?       | _____ |
| EAR INFECTION?     | _____ |
| INNER EAR TROUBLE? | _____ |
| DIABETES?          | _____ |

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION?

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE?

INTERVIEWER: INV. W. Anderson #9440

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

# WITNESS LIST

CASE NUMBER: 22-087986

ARRESTING OFFICER: INV. W. AMADON

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

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: DUI INVESTIGATION

NAME: D/S B. LANDA #22055

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

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: EVIDENCE

NAME: D/S B. SHOUSE # 34287

ADDRESS 3228 Gun Club Road, West Palm Beach , FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: WHEEL WITNESS / IMPAIRMENT INDICATORS PRIOR TO CONTACT

NAME: D/S M. BARBUSIO #29006

ADDRESS 3228 Gun Club Road, West Palm Beach , FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 0

CAN TESTIFY TO: WHEEL WITNESS / IMPAIRMENT INDICATORS PRIOR TO CONTACT / PHOTOS

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: \_\_\_\_\_

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: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**Palm Beach County Sheriff's Office – Arrests Only**

|                                                             | X                                   | Florida State Statute                   | Description                                                                                                                                                                | Page Number(s) |
|-------------------------------------------------------------|-------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| L/E Exemptions                                              | <input type="checkbox"/>            | 119.071(2)(d)                           | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. |                |
|                                                             | <input type="checkbox"/>            | 943.053, 943.0525                       | NCIC/FCIC/FBI and in-state FDLE/DOC.                                                                                                                                       |                |
|                                                             | <input type="checkbox"/>            | 119.071(4)(c)                           | Undercover personnel.                                                                                                                                                      |                |
|                                                             | <input type="checkbox"/>            | 119.071(2)(f)                           | Confidential informants (CIs).                                                                                                                                             |                |
|                                                             | <input type="checkbox"/>            | 119.071(2)(e)                           | Confession.                                                                                                                                                                |                |
| Public Info. Exemptions                                     | <input type="checkbox"/>            | 985.04(1)                               | Juvenile offender records.                                                                                                                                                 |                |
|                                                             | <input type="checkbox"/>            | 119.071(h)(i)                           | Assets of a crime victim.                                                                                                                                                  |                |
|                                                             | <input type="checkbox"/>            | 395.3025(7)(a),<br>456.057(7)(a)        | Medical information.                                                                                                                                                       |                |
|                                                             | <input type="checkbox"/>            | 394.4615(7)                             | Mental health information.                                                                                                                                                 |                |
|                                                             | <input type="checkbox"/>            | 119.071(4)(d)(2)(a)                     | Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.                                            |                |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>(2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers.                                                                                                     | 2              |
|                                                             | <input type="checkbox"/>            | (viii) 394.4615(7)                      | Clinical records under the Baker Act.                                                                                                                                      |                |
|                                                             | <input type="checkbox"/>            | (xii) 741.30(3)(b)                      | The victim's address in a domestic violence action on petitioner's request.                                                                                                |                |
|                                                             | <input type="checkbox"/>            | (xiii) 119.071(2)(h),<br>119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.                                                                                                 |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
| Other                                                       | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |
|                                                             | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |

**REVIEW COMPLETED BY**

**Booking Number:** 2022018125

**Date:** 7/15/2022

**Specialist Name/ID:** Chantel Daniels/30347