

24 CT-19251

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
Agency ORI Number FLO 0500600		Agency Name PALM BEACH POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 76-24-001722					
Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator UK					
Location of Arrest (Including Name of Business) 200 Blk Royal Poinciana Way, Palm Beach, FL 33480				Location of Offense (Business Name, Address) 200 Blk Royal Poinciana Way, Palm Beach, FL 33480					
Date of Arrest 10/06/2024		Time of Arrest 0135		Booking Date		Booking Time		Jail Date	
Jail Time		Location of Vehicle Kauffs Towing							
Name (Last, First, Middle) Powell/Sardinas, Alexandra				Alias (Name, DOB, Soc. Sec. # Etc.) 06/20/1990					
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex f		Date of Birth 06/20/1990		Height 508		Weight 160	
Eye Color brown		Hair Color blonde		Complexion light		Build SMALL			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Married		Religion CATHOLIC		Indication of Alcohol Influence Drug Influence Y ☐ N ☐ Unk. ☐	
Local Address (Street, Apt. Number) 104 E CHANDLER ROAD				(City) ()		(State) ()		(Zip) ()	
Permanent Address (Street, Apt. Number) 104 E CHANDLER ROAD				(City) ()		(State) ()		(Zip) ()	
Business Address (Name, Street) ()				(City) ()		(State) ()		(Zip) ()	
D/I Number, State P426001907200				Soc. Sec. Number ()		INS Number ()		Place of Birth (City, State) FORT MYERS, FL	
Citizenship YES				Co-Defendant Name (Last, First, Middle) ()		Race ()		Sex ()	
Co-Defendant Name (Last, First, Middle) ()				Race ()		Sex ()		Date of Birth ()	
Parent Legal Custodian Other: ()				Residence Phone ()		Business Phone ()			
Address (Street, Apt. Number) ()				(City) ()		(State) ()		(Zip) ()	
Notified by: (Name) ()				Date ()		Time ()		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
Released To: (Name) ()				Relationship ()		Date ()		Time ()	
The above address provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by (Name) ☐ No (Reason) ()				School Attended ()		Grade ()			
Property Crime? ☐ Yes ☒ No				Description of Property ()		Value of Property ()			
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate	
2. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv		P. Paraphernalia/ Equipment S. Synthetics	
U. Unknown Z. Other		Charge Description Driving under the influence		Counts 1		Domestic Violence ☐ Y ☒ N		Statute Violation Number 316.193(1)A	
Violation of ORD #		Drug Activity N		Drug Type N		Amount / Unit ()		Offense # 24-001722	
Warrant / Capias Number		Charge Description Leave scene of accident		Counts 1		Domestic Violence ☐ Y ☒ N		Statute Violation Number 316.061(1)	
Violation of ORD #		Drug Activity N		Drug Type N		Amount / Unit ()		Offense # 24-001722	
Warrant / Capias Number		Charge Description ()		Counts ()		Domestic Violence ☐ Y ☒ N		Statute Violation Number ()	
Violation of ORD #		Drug Activity ()		Drug Type ()		Amount / Unit ()		Offense # ()	
Warrant / Capias Number		Charge Description ()		Counts ()		Domestic Violence ☐ Y ☒ N		Statute Violation Number ()	
Violation of ORD #		Drug Activity ()		Drug Type ()		Amount / Unit ()		Offense # ()	
Warrant / Capias Number		Location (Court, Room Number, Address) 3228 GUN CLUB RD, WPB 33406		Court Date and Time Month OCT Day 30 Year 2024 Time 0830 AM ☒ PM					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Signature of Defendant (or Juvenile and Parent /Custodian) ()		Date Signed 10/06/2024			
HOLD for other Agency Name: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other		Signature of Arresting Officer ()		Name of Arresting Officer (Print) GRATEREAUX		I.D. # 0361		Name Verification (Printed by Arrestee) ()	
Witness Deputy ()		Transporting Officer GRATEREAUX		ID # 0361		Agency PBPD		Witness here if subject signed with an "X" ()	
DISTRIBUTION: WHITE - COURT COPY 148 REV. 9/97		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY		GOLD - DEFENDANT (N.T.A.'s ONLY)	

0552886

1282

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 06th DAY OF OCTOBER 20 24, AT 0116 ✓ AM PM
SUBJECT: Powell Sardinas, Alexandra ~~Powel Sardinas~~ CASE NUMBER: 24-001722
AGENCY: PALM BEACH POLICE DEPARTMENT ARRESTING OFFICER: GRATEREAUX
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
TRAFFIC STOP CONDUCTED IN THE 200 BLK OF ROYAL POINCIANA WAY, PALM BEACH, FL 33480.
Driver was identified by her FL DL.

OBSERVATION OF DRIVER:

Upon initial contact with the operator, identified through her Florida driver's license as Powel Sardinas, Alexandra. I observed Powell Sardinas eyes to be glassy and slightly bloodshot, I was able to detect odor of unknown alcoholic beverage coming from her facial area, also Powell was asked to step out of the car and struggled to stand still and maintain her balance.

DRIVER'S STATEMENTS:

Powell Stated that she just finished dinner and was trying to get home.

ODORS:

None Alcoholic Beverage from facial Area

GENERAL OBSERVATIONS

SPEECH: Delayed/ Confused responses/

ATTITUDE: compliant

CLOTHING: Black dress black heels.

MEDICAL/OTHER: No medical conditions or prescription medications.

STATE OF FLORIDA
COUNTY OF PALM BEACH

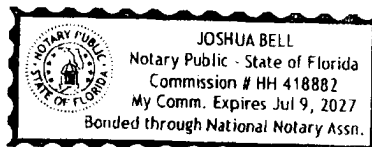
GRATEREAUX

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6 day of October, 2024 by GRATEREAUX

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced M. GRATEREAUX 0361

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



SUBJECT: Powell Sardinas, Alexandra CASE NUMBER 24-001722

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| ☐ LT EYE-LACK OF SMOOTH PURSUIT | ☐ RT EYE-LACK OF SMOOTH PURSUIT |
| ☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | ☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| ☐ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | ☐ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Could not keep his eyes open to complete Horizontal Gaze Nystagmus

WALK & TURN:

I explained and demonstrated the walk and turn task to Powell and she acknowledged that she understood the instructions. During this task, Powell was struggling to keep her balance, unable to keep her feet "heel to toe" and took 13 steps instead of 9 that were instructed.

ONE LEG STAND:

I explained and demonstrated the task to Powell and she acknowledged that she understood the instructions. When instructed to begin, she began to take steps while stumbling instead of raising her leg as instructed. I then instructed her to perform the one leg stand again. She was unable to keep one leg raised 6 inches off the ground while keeping her balance.

FINGER TO NOSE:

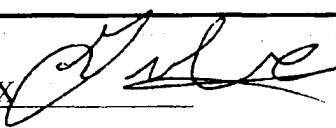
not requested

ROMBERG ALPHABET:

Not requested.

BREATH TEST RESULTS: 0.00 0.00

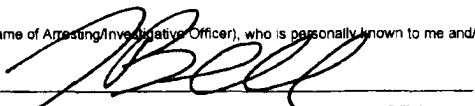
STATE OF FLORIDA
COUNTY OF PALM BEACH

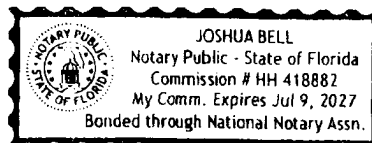
GRATEREAUX 

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6 day of October 24 by GRATEREAUX

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced M. GRATEREAUX 0361


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



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

I, GRATEREAUX, a duly certified Law Enforcement Officer or Correctional Officer,
 (Name of Officer reading Implied Consent Warning)

am a member of PBPD, and I do swear
 (Name of law enforcement agency)

or affirm that on or about the 26 day of September, 20 24, at 0135 ☐ P.M. ☒ A.M.

DRIVER Alexandra Powell Sardinas, Alexa Powell Sardinas
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# P426001907200, state of Florida, was placed under lawful arrest for

the offense of Driving under the influence by GRATEREAUX and
 (Name of Arresting Officer)

issued Citation # A20ZCBP 4151XBIx

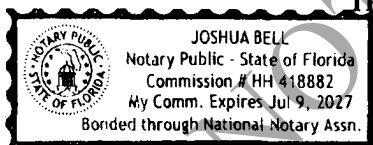
That on or about the 26 day of September, 20 24, at 2204 ☒ P.M. ☐ A.M.

in PALM BEACH County,

I requested that the driver submit to a ☒ **breath and/or** **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
 Signature of Law Enforcement Officer or
 Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 26 day of October, 20 24,

by GRATEREAUX,

who is personally known to me or who has produced

M. GRATEREAUX 0361 as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

[Signature]
 Signature of Attesting Officer

Title Officer

Date September 20th, 2024 Oct 16/2024

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.



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

PBSO CASE # 24-105186 PBSO ZONE 1-11

AGENCY CASE # 24-001722 CRASH CASE # _____

TIME OF STOP/CRASH 01:16 DATE 10/06/2024 DAY SUNDAY

SUBJECT'S NAME POWEL-SARDINAS, ALEXANDRA ANN RACE W SEX F

HGT 5'8 WGT 160 DOB 06/20/1990

LOCATION 200 BLK ROYAL POINCIANA WAY, PALM BEACH FLORIDA 33480

ARRESTING OFFICER'S NAME & ID M. GRATEREAUX #0361 AGENCY PBPD

DIVISION: PATROL

NOTIFIED BY COMMO _____

ARRIVAL AT FACILITY 02:10

BREATH RESULTS:

Arrest Time 01:35

1. REFUSED
2. REFUSED
3. REFUSED
4. REFUSED

TESTING OFFICER'S ID BELL 8656



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
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1. REFUSED
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TESTING OFFICER'S ID BELL 8656

TESTING FACILITY TASK REPORT

AGENCY: PBPD

SUBJECT: POWEL-SARDINAS, ALEXANDRA ANN

CASE NUMBER: 24-105186

DATE: Oct 6, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0238

ENDING TIME: 0243

BREATH TESTS RESULTS: 1) R TIME 0241 A.M. ☒ P.M. ☐ 2) XX TIME XX 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: EMOTIONAL

CLOTHING: BLACK DRESS, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0210 HOURS

SUBJECT STATED SHE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED SHE UNDERSTOOD I.C

SUBJECT AGIN STATED SHE WOULD NOT TAKE BREATH TEST

REFUSAL TIME 0241

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A

REFUSED

TESTING FACILITY TASK REPORT

AGENCY: PBDP

SUBJECT: POWEL-SARDINAS, ALEXANDRA ANN

CASE NUMBER: 24-105186

DATE: Oct 6, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0238

ENDING TIME: 0243

REFUSED

BREATH TESTS RESULTS: 1) R TIME 0241 A.M. ☒ P.M. ☐ 2) XX TIME XX 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: EMOTIONAL

CLOTHING: BLACK DRESS, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0210 HOURS

SUBJECT STATED SHE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED SHE UNDERSTOOD I.C.

SUBJECT AGAIN STATED SHE WOULD NOT TAKE BREATH TEST

REFUSAL TIME 0241

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A

REFUSED



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

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ARRESTING OFFICER'S NAME & ID M. GRATEREAUX #0361 AGENCY PBPD

DIVISION: PATROL

NOTIFIED BY COMMO _____

ARRIVAL AT FACILITY 02:10

BREATH RESULTS:

Arrest Time 01:35

1. REFUSED

2. REFUSED

3. REFUSED

4. REFUSED

TESTING OFFICER'S ID BELL 8656

TESTING FACILITY TASK REPORT

AGENCY: PBPD

SUBJECT: POWEL-SARDINAS, ALEXANDRA ANN

CASE NUMBER: 24-105186

DATE: Oct 6, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0238

ENDING TIME: 0243

BREATH TESTS RESULTS: 1) R TIME 0241 A.M. ☒ P.M. ☐ 2) XX TIME XX A.M. ☐ P.M. ☐
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

REFUSED

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: EMOTIONAL

CLOTHING: BLACK DRESS, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0210 HOURS

SUBJECT STATED SHE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED SHE UNDERSTOOD I.C

SUBJECT AGIN STATED SHE WOULD NOT TAKE BREATH TEST

REFUSAL TIME 0241

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A

REFUSED

**PALM BEACH COUNTY
SHERIFF'S OFFICE**

SHERIFF RIC L. BRADSHAW



DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: Alexandra Powell-Sardinas CASE NO: 24-001722

DATE OF ARREST: 10/06/24 TIME OF ARREST: 01:35

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

Will you take the test? YES ☐ NO ☒

NOTE: READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"

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

Do you understand what I have just read to you? YES ☒ NO ☐

Do you still refuse to submit to this test? YES ☒ NO ☐

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)

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

Do you understand what I have just read to you? YES ☐ NO ☐

Do you still refuse to submit to this test? YES ☐ NO ☐

Date read: 10/06/24 Time read: 02:40 Location read: PB50 Bat

LAW ENFORCEMENT OFFICER NAME (printed): Gratereaux ID: 0361

LAW ENFORCEMENT OFFICER SIGNATURE: [Signature]

WHITE: STATE ATTY.

YELLOW: DHS/MV

PINK: CENTRAL RECORDS

GOLD: JAIL

SUBJECT: Powel Sardinas, Alexandra CASE NUMBER: 24-1722

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ 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? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ 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? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WITNESS LIST

CASE NUMBER: 24-001722

ARRESTING OFFICER: GRATEREAUX

ADDRESS: 345 South County Road, Palm Beach 33480

PHONE NUMBERS (HOME): 561-838-5454 (WORK) 561-838-5454

CAN TESTIFY TO: All Events

NAME: Ofc. Castenares

ADDRESS: 345 South County Road, Palm Beach 33480

PHONE NUMBERS (HOME) 561-838-5454 (WORK) _____

CAN TESTIFY TO: All Events

NAME: Deputy Snelgrove (PBSO)

ADDRESS 3228 Gun Club Rd

PHONE NUMBERS (HOME) 5616883600 (WORK) _____

CAN TESTIFY TO: Collision

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

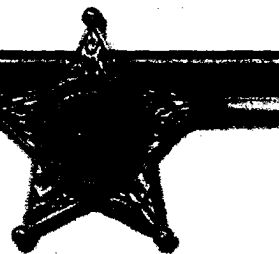
PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

PALM BEACH COUNTY
SHERIFF'S OFFICE

RIC L. BRADSHAW, SHERIFF

LABORATORY ANALYSIS REQUEST



This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis
PRINT LEGIBLY OR TYPE

Agency: **Palm Beach Police Department**

Case #: **24-001722**

Officer: **GRATEREAUX** ID#: **0361** District: **Patrol** Division: **T4** Phone #: **561-838-5454**

Email: **Mschwarz@palmbeachpolice.com**

Specimen Collected By: _____ Date: **October 6, 2024** Time: _____

Specimen Collected From: **., Powel Sardinias, Alexandra** Age: **39** Sex: **f** Hgt: **508** Wgt: **160**

Specimen Type: ☐ Blood ☐ Urine ☐ Beverage ☐ Other-Describe _____

Type of Case: ☐ Traffic Accident ☐ Fatality ☐ DW/DUI ☐ Other Date: _____ Time: _____

Was any medication administered by medical personnel prior to sample being drawn: ☐ Yes ☐ No

If yes, name of Medication(s): _____

Subject Arrested: ☒ Yes ☐ No

Breath Test Performed? ☐ Yes ☒ No Reading: **0.00** **0.00**

Tests requested: ☐ Blood Alcohol ☐ Blood Drug Screen ☐ Urine Drug Screen

NOTE: Blood Alcohol analysis is performed on all blood specimens. Requested Blood Drug Screen may not be performed based on the laboratory protocol. If you have any questions, please contact the Chemistry/Toxicology Manager at 561-688-4203.

DRE exam performed ☐ Yes ☒ No DRE Officer: _____ Agency: _____

DRE Opinion: _____

Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)

None



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

REVIEW COMPLETED BY

Booking Number: 2024026888	Date: 10/6/2024
	Specialist Name/ID#: MTools #8557