24 CT - 19251

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 0500600	PALM BEACH POLICE DEPARTMENT	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: 2 (1. Yes 2. No)

Multiple Clearance Indicator: UK

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
200 Blk Royal Poinciana Way, Palm Beach, FL 33480	200 Blk Royal Poinciana Way, Palm Beach, FL 33480

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/06/2024	0135					Kauffs Towing

DEFENDANT

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)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	f	06/20/1990	508	160	brown	blonde	light	SMALL

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: Married

Religion: CATHOLIC

Indication of: Alcohol Influence Y ☒ N ☐ Unk. ☐; Drug Influence Y ☐ N ☐ Unk. ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): Phone ( )

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number): 104 E CHANDLER ROAD (City) (State) (Zip)

Phone: (239) 823-6118

Address Source: DL

Business Address (Name, Street) (City) (State) (Zip): Phone ( )

Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
P426001907200	[redacted]		FORT MYERS, FL	YES

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other:

Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip)

Business Phone ( )

Notified by: (Name) | Date | Time

Juvenile Disposition: 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) | Relationship | Date | Time

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

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other

Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving under the influence	1	☐ Y ☒ N	316.193(1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		24-001722		1,000

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Leave scene of accident	1	☐ Y ☒ N	316.061 (1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			24-001722		250

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☒ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☒ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): 3228 GUN CLUB RD, WPB 33406

Court Date and Time: Month OCT Day 30 Year 2024 Time 0830 AM X 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

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: X

Name of Arresting Officer (Print): GRATEREAUX I.D. #: 0361

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an -X-

Initials Deputy	ID #	Pouch #	Transporting Officer	ID #	Agency
			GRATEREAUX	0361	PBPD

SCANNED OCT 06 2024

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

148 REV. 8/97

0552558e

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, 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)

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

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 Powel and she acknowledged that she understood the instructions. During this task, Powell was struggling to keep her balance, unable to 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)

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

24-001722

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~~ 6 day of ~~September~~ Oct, 20 24, at 0135 ☐ P.M ☑ A.M.

DRIVER Alexandra ~~Powel 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 # ~~A2GZCBP~~ 4151xBIx

That on or about the 6 20 day of ~~September~~ Oct, 20 24, at 2204 ☑ P.M ☐ A.M.

in PALM BEACH County,

I requested that the driver submit to a X **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 of Law Enforcement Officer or Correctional Officer

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

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this ~~26~~ 06 day of ~~September~~ October, 20 24, by GRATEREAUX, who is personally known to me or who has produced M.GRATEREAUX 0361 as identification.

Notary Public

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title Officer

Date ~~September 26th, 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.

HSMV-BAR1001 (REV. 10/2016)

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

Arrest Time 01:35

BREATH RESULTS:

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

TESTING OFFICER'S ID BELL 8656

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

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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. ☐

REFUSED

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: 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 ANSWERE Q AND A

REFUSED

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

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 TECHNICAN: 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

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SUBJECT STATED SHE UNDERSTOOD I.C

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REFUSAL TIME 0241

A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

SUBJECT DECLINED TO ANSWERE Q AND A

REFUSED

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

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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

Arrest Time 01:35

BREATH RESULTS:

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

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. ☐

REFUSED

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: 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 ANSWERE 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 Powel-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 X

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 X NO____

Do you still refuse to submit to this test? YES X 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: PBSO Bat

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

LAW ENFORCEMENT OFFICER SIGNATURE: [signature]

WHITE: STATE ATTY. YELLOW: DHSMV PINK: CENTRAL RECORDS GOLD: JAIL

FORM #0126BR REV 08/24

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? No 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? No 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:
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PHONE NUMBERS (HOME) (WORK)
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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 Sardinas, Alexandra** Age: **39** Sex: **f** Hgt: **508** Wgt: **160**

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

Type of Case: ☐ Traffic Accident ☐ Fatality ☐ DWI/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 DREOfficer: _____ Agency: _____

DREOpinion: _____

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#: MTooks #8557