ARREST / NOTICE TO APPEAR

3. Request for Warrant
4. Request for Capias

3 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400

Agency Name: Delray Beach Police Department

Agency Report Number (N.T.A.'s only): 4 | 0 | 21-010540

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized — Enter Type: UNARMED

Multiple Clearance Indicator: 3

Location of Arrest (Including Name of Business): WARRANT REQUEST

Location of Offense (Business Name, Address): 16211 S MILITARY TRL, DELRAY BEACH, FL 33445

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

DEFENDANT

Name (Last, First, Middle): ALTIERI, ALEXANDRIA A

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, Q - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	11/30/1989	5'09	140	HAZEL	BROWN	LIGHT	MEDIUM

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

Marital Status: S

Religion:

Indication of: Alcohol Influence ☐ Yes ☒ No ☐ Unk; Drug influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 61 NE 45TH ST, FORT LAUDERDALE, FL 33334

Phone: (401) 301-0254

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 61 NE 45TH ST, FORT LAUDERDALE, FL 33334

Phone: (401) 301-0254

Address Source:

Business Address (Name, Street) (City) (State) (Zip): DUNKIN DONUTS, W ATLANTIC AVE

Phone:

Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
2720446 / RI	[redacted]			US

CO-DEF

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

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian — Name (Last, First, Middle)

Residence Phone

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

Business Phone

Notified by: (Name) Date Time

JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address was provided by ☐ defendant and/or ☐ defendant's parents.
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.
☐ Yes, by: ☐ No:

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. Disperses/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. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
POSS HARMFUL NEW LEGEND DRUG W/O PRESCRIPTION	499.03(1)			N	/	21-010540	1	☐ Y ☒ N		
POSSESSION OF RX DRUGS W/UNLABELED CONTAINER	499.03(2)			N	/	21-010540	2	☐ Y ☒ N		
DRIVING WHILE UNDER INFLUENCE	316.193(1)A			N	/	21-010540	1	☐ Y ☒ N		

INTAKE

Health / Apparent Physical Condition of Defendant

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries

Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported | Time Transported | Other

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach FL 33444

Court Date and Time

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

FILED
2021 DEC -8 AM 8:38
PALM BEACH COUNTY FL
CLERK
CIRCUIT COURT
CRIMINAL DIV.

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer 1194

Name of Arresting Officer (Print): HERNANDEZ, EDWIN I.D. # 1194

Intake Deputy I.D. # Pouch #

Transporting Officer I.D. # Agency

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

PROBABLE CAUSE AFFIDAVIT

3. Request for Warrant
4. Request for Capias

3

JUVENILE

ADMIN

OBTS Number			

Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	40 21-010540

Charge Type. Check as many as apply.
- [X] 1. Felony
- [ ] 2. Traffic Felony
- [ ] 3. Misdemeanor
- [X] 4. Traffic Misdemeanor
- [ ] 5. Ordinance
- [ ] 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ALTIERI, ALEXANDRIA A		W	F	11/30/1989

CHARGES

Charge Description	Charge Description
499.03(2) POSSESSION OF RX DRUGS W/UNLABELED	499.03(1) POSS HARMFUL NEW LEGEND DRUG W/O PRESCRI
Charge Description: 316.193(1)A DRIVING WHILE UNDER INFLUENCE	Charge Description:

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

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody . . .

- [ ] committed the below acts in my presence.
- [ ] confessed to _____ admitting to the below facts.
- [ ] was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.
- [X] was found to have committed the below acts, resulting from my (described) investigation.

On the 6 day of November, 2021 at 02:26 (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, County of Palm Beach, State of Florida.

On September 4th, 2021, at approximately 11:43am, I was dispatched to a motor vehicle accident at 16211 S Military Trl. Upon arrival, I observed that the at fault driver, Alexandria Ann Altieri, still seated in the driver's seat of her Hyundai passenger car bearing Florida tag GXUN27. When she exited the vehicle, Altieri was extremely fidgety and had an unstable gait. When Altieri spoke, her speech was slurred, and I noticed that her eyes darted around as if she couldn't control it. I asked Altieri to lean against the front of my vehicle and she had difficulty balancing while leaning, almost falling over at one point. Altieri had difficulty focusing and following directions.

After the crash investigation was completed, I advised Altieri that I was now conducting a DUI investigation and any statements made prior could not be used at a part of the investigation. I then read Altieri her rights from my department issued Miranda card and she stated that she understood her rights. Altieri advised that she arrived in Delray Beach from Pompano at approximately 6:30am, when she spoke with her manager at Dunkin Donuts on west Atlantic Ave. Altieri advised that she then went to Publix and a gas station over the next 5 hours. Altieri could not account for any other actions during that time frame.

As part of the crash, the vehicle was inventoried and impounded. During the inventory, several prescription medications were found. Inside of one container that no longer had a label, two different types of tablets were found. The tablets were identified as Baclofen and Cyclobenzaprine Hydrochloride, both of which are classified as non-controlled muscle relaxants. Altieri did state that she takes muscle relaxers as prescribed on an as needed basis but has not taken any in several days. Altieri also stated that she has a history of drug abuse with Xanax and Subutex. Altieri stated that

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GRAMMATICO, JOSEPH
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

11/06/2021
DATE

1194
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HERNANDEZ, EDWIN (1194)
NAME OF OFFICER (PLEASE PRINT)

11/06/2021
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	3. Request for Warrant 4. Request for Capias	3	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 21-010540

Charge Type: Check as many as apply. ☒ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

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Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ALTIERI, ALEXANDRIA A		W	F	11/30/1989

PROBABLE CAUSE STATEMENT

she had not consumed any alcohol or taken any prescription or illegal drugs on the date of the accident. Altieri did advise that she took two capsules of an herbal substance called Kraton. A page from drugabuse.gov advised Kraton can have a psychotropic affect.

During the interview with Altieri, she remained very fidgety and had difficulty balancing. Altieri was wearing a Dunkin Donuts t-shirt with long jeans and sandals. Her clothing was soiled and disheveled and her hands were dirty with scrapes and scratches.

Believing that Altieri was impaired while driving, I requested that she perform the standardized field sobriety tasks to dispel my suspicion. Altieri agreed and the following observations were made:

It should be noted that Altieri advised that she had no relevant medical conditions and was taking only the medications described above.

HORIZONTAL GAZE NYSTAGMUS: 2 of 6 clues
Altieri`s eyes were checked for pupil size and equal tracking; the pupils were small. I observed lack of smooth pursuit in both eyes. Altieri had to be reminded to keep her head still during this task. It should be noted that Altieri swayed in all directions during this task.

WALK & TURN: 7 of 8 clues
Altieri was given all instructions and advised that he understood before starting this task. Altieri was unable to maintain his balance during the instructions. Altieri missed heel-to-toe steps and/or stepped off-line on every step. Altieri turned improperly and raised her arms for balance during the entire task. Altieri also took the incorrect number of steps and stopped walking at the turn before taking the return steps. It should be noted that Altieri was given the option for footwear and chose to perform this task barefoot. She was then allowed an attempt while wearing sneakers and after losing her balance on the first few steps, chose not to continue.

ONE LEG STAND: 4 of 4 clues
Altieri was given all instructions and advised that she understood before starting this task. Altieri made several attempts to start this task due to her difficulty balancing. Altieri had to be reminded again to extend her leg and raise her foot 6 inches off the ground. Altieri was unable to balance for even one second during this task.

The remaining tasks were not conducted as Altieri requested medics be called back to the scene due to her dehydration. It should be noted that Altieri initially declined medical attention when medics were first dispatched. Medics transported Altieri to Delray Medical Center for further evaluation. While at the medical center, Altieri

ADMINISTRATIVE

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1194
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HERNANDEZ, EDWIN (1194)
NAME OF OFFICER (PLEASE PRINT)

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COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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OBTS Number

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT

est 3. Request for Warrant
N.T.A. 4. Request for Capias

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JUVENILE

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Special Notes

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Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ALTIERI, ALEXANDRIA A		W	F	11/30/1989

PROBABLE CAUSE STATEMENT

exhibited signs of an altered mental state such as speaking and humming to herself as well as continuing the constant fidgeting. Medical staff advised that Altieri would not be released for an extended period, at which time I chose to request a blood sample for the purpose of determining the alcohol content and the presence of chemical or controlled substances. Altieri agreed to provide a sample, and it was drawn by nurse Shamarah Pinnock at 1447 hours. The sample was sealed and labeled to be submitted to evidence.

On 10/27/2021, I received the toxicology report from the Palm Beach County Sheriff`s Office lab. The report was signed by Xiaoqin Shan, Ph. D. - Senior Forensic Scientist. According to the report the following was found in the blood sample: acetone, Benzoylecgonine (cocaine metabolite_ at 238 +/- 48 ng/mL, Clonazopam at 60 +/- 15 ng/mL, Mitragynine, and Pentylone.

Based on the above facts, probable cause does exist to arrest Alexandria A. Altieri for DUI pursuant to FSS 316.193(1B), two counts of prescriptions not in a labeled container pursuant to FSS 499.03(2), and possession of a prescription drug without a prescription pursuant to FSS 499.03(1).

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