| П             | OBTS Number                                                                                                                            | ARREST / NOT<br>Juvenile Ref                                   | ICE TO APPE<br>ferral Report        | AR                         | 1. Arrest<br>2. N.T.A.                    | Request for Warrant     Request for Capias    | 1                                    | Juvenile N                       |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------|----------------------------|-------------------------------------------|-----------------------------------------------|--------------------------------------|----------------------------------|
| ī<br>Ē        | Agency ORI Number Agency Name FLO 5 0 2 6 0 0 PALM BEACH GARDENS POLICE DEPARTMENT 78 - 23000072                                       |                                                                |                                     |                            |                                           |                                               |                                      |                                  |
| DMINISTRATIVE |                                                                                                                                        | Misdemeanor     Traffic Misdemeanor                            | 5. Ordinance<br>6. Other            |                            | Weapon Seized<br>2 1. Yes<br>2. No        |                                               | Multiple<br>Clearan<br>Indicate      | ce                               |
| OMIN          | Location of Arrest (Including Name of Business) FLA TURNPIKE NB JSO PGA BLVD, PALM                                                     | BEACH GARDENS, FL,                                             |                                     |                            | Business Name, Ad<br>A TURNPIKI           | <sup>idress)</sup><br>E, PALM BEACH (         | GARDE                                | NS, FL, 33410                    |
| Ì             | Date of Arrest                                                                                                                         | Booking Date Booking 1                                         | Time Jail Date                      | Jail 1                     |                                           | ion of Vehicle KAUFF'S TO<br>1 EAST AVENUE, ' |                                      |                                  |
| П             | Name (Last, First, Middle) FANELLI, AMA                                                                                                | NDA, ROSE                                                      | ·····                               | Ali                        | ias (Name, DOB, S                         | oc. Sec. #, Etc.)                             |                                      |                                  |
|               | Race W - White I - American Indian B - Black 0- Oriental/Asian W F                                                                     | e of Birth<br>08/08/1979                                       | Height 5'2                          | Weight<br>134              | Eye Color<br>BRO                          | Hair Color Co                                 | mplexion<br>LGT                      | Build<br>SML                     |
|               | Scars, Marks, Tatoos, Unique Physical Features (Location                                                                               | Type, Description)                                             |                                     | Marita                     | Status Relig                              | Alcohol Influ                                 | ience                                | N Urik.                          |
| DANT          |                                                                                                                                        | (Stale City) (Stale City) (Stale City)                         | . ,,                                | ) P                        | (562) 29                                  | z. County                                     | ype:<br>3. Flor<br>4. Out            |                                  |
| DEFEN         | Permanent Address (Street, Apt. Number) 1506 SW 4TH AVE, FOR                                                                           | T LAUDERDALE, I                                                |                                     | ) P                        | Phone                                     | Address Sou                                   | rce<br>VERB                          | AL                               |
|               | Business Address (Name, Street)                                                                                                        | (City) (Sta                                                    | ite) (Zı                            | )) P                       | hone                                      | Occupation                                    |                                      | -                                |
|               | D/L Number, State<br>F-540-016-79-788-1 FL                                                                                             | Sec. Number                                                    | ÎNST                                | lumber                     |                                           | Place of Birth (City, State<br>SALT LAKE CI   |                                      | Citizenship                      |
| DEF           | Co-Defendant Name (Last, First, Middle)                                                                                                | ســـــــــــــــــــــــــــــــــــــ                         | Race                                | Sex                        | Date of Birth                             | 1. Arrested 2. At Large                       | <b>Q</b> 4. (                        | elony<br>Misdemeanor<br>Juvenile |
| ន             | Co-Defendant Name (Lest, First, Middle)                                                                                                |                                                                | Race                                | Sex                        | Date of Birth                             | 1. Arrested 2. At Large                       | 3.1                                  |                                  |
|               | Parent Name (Last) Legal Custodian Other:                                                                                              | (First)                                                        |                                     | (Middle                    |                                           |                                               | Residence                            |                                  |
|               | Address (Street, Apt. Number)                                                                                                          | (City)                                                         |                                     | (State                     |                                           | (Zip)                                         | Business P                           | none                             |
| y.            | Notified by: (Name)  Date  Time Juvenile Disposition 1. Handled/ processed within 2. TOT HRS / DYS Dept. and Released. 3. Incarcerated |                                                                |                                     |                            |                                           |                                               |                                      |                                  |
| JUVEN         | Released To (Name)  Relationship  Dept. and Released. 3. Incarcerated  Date  Time                                                      |                                                                |                                     |                            |                                           |                                               |                                      |                                  |
|               | The above address provided by Udefendant and / or to keep the Juvenile Court Clerk (Phone 355-2526) info                               | defendant's parents The child<br>primed of any change of addre | d and / or parent wess.             | as told                    | School Attende                            | d                                             |                                      | Grade                            |
|               | Property Crime? Description of Property  Yes No                                                                                        |                                                                |                                     |                            | Value of Proper                           | rty                                           |                                      | <del></del>                      |
| 3000          | Drug Activity S. Sell R. Smuggle K. Dis<br>N. N/A B. Buy D. Deliver Dis<br>P. Possess T. Traffic E. Use                                | pense/ M. Manufacture/ Z.<br>tribute Produce/<br>Cultivate     | Other Drug Typ<br>N. N/A<br>A. Amph |                            | B. Barbiturate<br>C. Cocaine<br>E. Heroin | M. Marijuana                                  | Paraphema<br>Equipment<br>Synthetics | lia/ U. Unknown<br>Z. Other      |
| OE (C         | Charge Description DRIVING UNDER THE INFLUENC                                                                                          | Counts Don Viol                                                | mestic Statute                      | fiolation Num              |                                           |                                               |                                      | ation of ORD#                    |
| CHAR          | Drug Activity Drug Type Amount / Unit                                                                                                  | Offense #                                                      |                                     | Capias Num                 | ber                                       |                                               | Bond                                 | 062                              |
| 3,5           | Charge Description                                                                                                                     | Viol                                                           | mestic Statute                      | /iolation Num              | ber                                       |                                               | Vio                                  | lation of ORD #                  |
| CHARGE        | Drug Activity Drug Type Amount / Unit                                                                                                  | Offense #                                                      |                                     | Capias Numi                | ber                                       |                                               | Bond                                 | -                                |
| ij            | Charge Description                                                                                                                     | Counts Doi<br>Vio                                              | mestic Statute Volence              | iolation Num               | ber                                       |                                               | Viol                                 | ation of ORD#                    |
| CHAR          | Drug Activity Drug Type Amount I Unit                                                                                                  | Offense #                                                      |                                     | Capias Numl                | ber                                       |                                               | Bond                                 | ,                                |
| GE            | Charge Description                                                                                                                     | Vio                                                            | omestic Statute Volence             | iolation Numb              | ber                                       |                                               |                                      | lation of ORD #                  |
| CHARGE        | Drug Activity Drug Type Amount / Unit                                                                                                  | Offense #                                                      |                                     | / Capias Num               | ber                                       |                                               | Bond                                 | 1 6                              |
| Į,            | NORTH COUNTY COURTHOUSE                                                                                                                | , 3188 PGA BOULE                                               | VARD, PA                            | LM BEA                     | CH GARD                                   | ENS, FL 33410 -                               | PHL(5                                | 61) 662-6700                     |
| APPEAR        | Court Date and Time Month FEBRUARY Day 8                                                                                               | Year 2023                                                      | Time                                | 10:                        | 00 /                                      | $_{AM} \times$                                | РМ = □                               | Calculated and a second          |
| NOTICE 10     | I AGREE TO APPEAR AT THE TIME AND PLACE DESIG<br>FAIL TO APPEAR BEFORE THE COURT AS REQUIRED E                                         | NATED TO ANSWER THE OFFE                                       | ENSE CHARGED                        | OR TO PAY 1<br>LD IN CONTE | THE FINE SUBSC                            | AND A WARRANT POR ME                          | THAT SHO                             | ULD I MILFULLY<br>SHALL BEASSUED |
| Š             | Signature of Defendant (or Juvenile and Pare                                                                                           | nt /Custodia                                                   |                                     |                            | 01/04/2<br>Date                           | 2023<br>Signed                                | ္သ                                   |                                  |
|               | HOLD for other Agency                                                                                                                  | Signatu . A ga Officer                                         |                                     |                            | Name Verification                         | (Printed by Arrestee)                         |                                      |                                  |
| PARK          | ☐ Dangerous ☐ Resisted Arrest                                                                                                          | Name of Arresting Officer (Print)                              |                                     | I.D. #<br>514              | (PRINT)                                   | · ••••                                        |                                      | Dec.                             |
| Ĭ             | Intak Deputy 9LD.# Pouch#                                                                                                              | Transporting Officer A. FLINK                                  | ID#<br>514                          | Agency                     | Witness here if su                        | ubject signed with an -X"                     |                                      | PAGE<br>1 Ok 1                   |
|               | J. J. W. W. J. W. J.                                                                                                                   |                                                                |                                     | I                          |                                           | <del></del>                                   |                                      | <del>' / ``</del>                |

|             | OBTS Number                                                                                                                                                                 | SE AFFIDAVIT  1. Arrest 2. N.T.A. 4. Request for Caples  1 JUVENILE |                                |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                |                    |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------|-------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|--------------------|
| O<br>M      | Agency ORI Number Agency Name  FL FL0502600 Palm                                                                                                                            | ,<br>Beach Garden.                                                  | s Police De                    |                               | ty Report Number    | 0072                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                |                    |
| N           | Charge Type: 1. Felony 3. I                                                                                                                                                 | Misdemeanor [                                                       | 5. Ordinance                   | P27.03.03.13                  | Special Not         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                |                    |
| 0           | as apply. 2. Traffic Felony 2.4. 1 Name (Last, First, Middle)                                                                                                               | Traffic Misdemeanor                                                 | 6. Other                       |                               |                     | Race                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex I    | Date of Birth  |                    |
| 4           | FANELLI, AMANDA ROSE Charge Description                                                                                                                                     |                                                                     |                                | Charge Description            |                     | W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F        | 08/08/         | 1979               |
| H           | 316.193(1)(A) DUI - NORMAL FACUI                                                                                                                                            | LTIES IMPAIRED                                                      |                                | Charge Description            |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                |                    |
| Ē           | Charge Description                                                                                                                                                          |                                                                     |                                | Charge Description            |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                |                    |
| •           | Victim's Name (Last, First, Middle)                                                                                                                                         | <del> </del>                                                        |                                | <u> </u>                      |                     | Race                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex 1    | Date of Birth  |                    |
| Ÿ           | State Of Florida  Local Address (Street, Apt. Number) (Ci                                                                                                                   | hv.                                                                 | (State)                        | (Zip)                         | Phone               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TAddre   | isa Source     |                    |
| T           | Community (Community)                                                                                                                                                       |                                                                     | (Olesa)                        | (====)                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1        |                |                    |
| 4           | Business Address (Name, Street) (Ci                                                                                                                                         | ty)                                                                 | (State)                        | (Zip)                         | Phone               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Occu     | petion         |                    |
| 4           | The undersigned certifies and swears that he/she ha                                                                                                                         | is just and resonable group                                         | nds to believe, and d          | loes believe that the above n | amed Defendant cor  | nmitted the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | followin | g violation of | law.               |
|             | The Person taken into custody  Committed the below acts in my presence                                                                                                      |                                                                     | □ ume /                        | observed by                   |                     | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ,        | -              | who told           |
|             | confessed to                                                                                                                                                                | <b></b>                                                             |                                |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •        |                | It the below acts. |
| 1           | admitting to the below facts.                                                                                                                                               | 2022                                                                |                                | ound to have committed t      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | lescribed) in  | vestigation.       |
| ļ           | On the 4 day of January                                                                                                                                                     | ,                                                                   | at 23:29                       | (Specifically include fac     | ts constituting cau | ise for arre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | est.)    |                |                    |
|             | On 01/04/2023 at approxim                                                                                                                                                   | mately 2329                                                         | hours thi                      | s Officer was                 | travelin            | g nor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | th l     | bound o        | on                 |
| 1           | Florida`s Turnpike in the                                                                                                                                                   |                                                                     |                                |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                |                    |
| ᅵ           | carelessly. Body worn causing vehicle #16474.                                                                                                                               | amera, in ca                                                        | r video w                      | as unavailab                  | e since t           | his O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ffic     | cer was        | s not              |
| R           | using venicle #104/4.                                                                                                                                                       |                                                                     |                                |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                |                    |
| В           | This Officer observed the vehicle, a Ford utility (NLIS91/FL) in the outside through                                                                                        |                                                                     |                                |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                |                    |
| â           | lane. The vehicle drifted halfway into the inside through lane three times, almost                                                                                          |                                                                     |                                |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                |                    |
| 티           | colliding with both a Ford Mustang and a tractor trailer. Both uninvolved vehicles had to brake, with the Mustang entering the paved shoulder to avoid the utility vehicle. |                                                                     |                                |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                |                    |
| l           | This Officer initiated a traffic stop on same just south of the PGA Blvd exit, in the                                                                                       |                                                                     |                                |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                |                    |
| C           | city of Palm Beach Garden                                                                                                                                                   | ns. This Of                                                         | ficer mad                      | le contact wit                | th the dri          | ver a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nd s     | sole o         | ccupant            |
| υ           | identified via Florida D                                                                                                                                                    |                                                                     |                                |                               | -                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                | 1                  |
| Ē           | in actual physical control of same. This Officer did notice a very large Great Dane dog in the back seat of the vehicle.                                                    |                                                                     |                                |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                |                    |
| s           | In the back seat of the venicle.                                                                                                                                            |                                                                     |                                |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                |                    |
| ┰┃          | This Officer immediately                                                                                                                                                    |                                                                     |                                |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                |                    |
| -           | watery eyes, slow slurred speech, flushed red face and the strong obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance.       |                                                                     |                                |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                |                    |
| ᆈ           | Fanelli said her dog ate                                                                                                                                                    | T -                                                                 |                                |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                | 11i                |
| E  <br>N    | said she was on her way                                                                                                                                                     | A 1 A                                                               |                                |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                |                    |
| ┰┃          | safety and Fanelli's safe                                                                                                                                                   |                                                                     |                                |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                |                    |
|             | Officer by the quardrail As Fanelli exited the year                                                                                                                         |                                                                     |                                |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                |                    |
| ١           | driver side of the vehic                                                                                                                                                    |                                                                     |                                |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                |                    |
| 1           | the vehicle. Fanelli wa                                                                                                                                                     | lked to the                                                         | rear with                      | a very unste                  | eady gait,          | then                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | le       | aned a         | gainst             |
| ĺ           | the rear of her vehicle.                                                                                                                                                    |                                                                     |                                |                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                |                    |
|             | Fanelli denied consuming                                                                                                                                                    | alcohol on                                                          | this nigh                      | t and indicat                 | ted she ha          | d bee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n o      | n the          | phone              |
| â           | SWORN AND SUBSCRIBED BEFORE ME                                                                                                                                              | <b>~~~~</b>                                                         | <b>~~~~</b>                    | ~ N                           | ~ ·                 | The state of the s |          |                |                    |
| - N         | They                                                                                                                                                                        | Thomas F                                                            | tic State of Florida<br>Leahey | NATURE OF                     | ARRESTING / INVE    | TIGATING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OFFICE   | ER             |                    |
| S           | NOTARY PUBLIC CLERK OF COURT OF                                                                                                                                             | S SEXPINE OF                                                        | ssión GG 347108<br>20/2023     | FLINK                         | ANDREW S            | (514                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>)</b> |                |                    |
| R<br>A<br>T | 01/05/2023** DATE                                                                                                                                                           | <u>~~~~~</u>                                                        | <b>~~~~</b>                    |                               | OF OFFICER (PLEA    | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                | PAGE               |
| ¥           | DATE                                                                                                                                                                        |                                                                     |                                |                               | 01/05/2023<br>DATE  | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          | <del></del>    | 1 of 3             |

COURT STATE ATTORNEY **CENTRAL RECORDS** 

CRIME ANALYSIS

P. I. O.

JAIL

|             | OBTS Number  PROBABLE CAUSE AFFIDAVIT  1. Arrest 3. Request for Warrant SUPPLEMENT 2. N.T.A 4. Request for Capies                                                                                                                                         |  |  |  |  |  |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| A<br>D      | Agency ORI Number Agency Name Agency Report Number                                                                                                                                                                                                        |  |  |  |  |  |
| M           | FL FL0502600 Palm Beach Gardens Police Department 7 8 23-000072                                                                                                                                                                                           |  |  |  |  |  |
| N           | Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance Special Notes:                                                                                                                                                                                         |  |  |  |  |  |
| 0           | as apply.                                                                                                                                                                                                                                                 |  |  |  |  |  |
| E           | FANELLI, AMANDA ROSE W F 08/08/1979                                                                                                                                                                                                                       |  |  |  |  |  |
|             | with her attorney in her vehicle. Fanelli was unable to tell this Officer which city                                                                                                                                                                      |  |  |  |  |  |
|             | nor county she was located at the moment. This Officer then asked Fanelli to                                                                                                                                                                              |  |  |  |  |  |
| ١           | participate in Standardized Field Sobriety Exercises, to which she refused. This                                                                                                                                                                          |  |  |  |  |  |
|             | Officer advised Fanelli of her Taylor Warnings twice, to which she eventually                                                                                                                                                                             |  |  |  |  |  |
|             | acknowledged them and agreed to proceed with exercises. This Officer asked Fanelli if                                                                                                                                                                     |  |  |  |  |  |
| 1           | she had any medical conditions with her eyes to excluded glasses, she replied "Yes I wear glasses". Fanelli said she had no other conditions with her eyes. Athis Officer                                                                                 |  |  |  |  |  |
|             | then asked Fanelli if she could walk a straight line, to which she replied, "no, because                                                                                                                                                                  |  |  |  |  |  |
|             | I wear glasses". This Officer then instructed Fanelli to sit on the push bumper of the                                                                                                                                                                    |  |  |  |  |  |
| 1           | marked unit.                                                                                                                                                                                                                                              |  |  |  |  |  |
| 1           |                                                                                                                                                                                                                                                           |  |  |  |  |  |
| ł           | The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used was                                                                                                                                                                    |  |  |  |  |  |
| P           | a Stylus Streamlight with an illuminated red tip. This Officer observed a lack of smooth pursuit in both eyes and sustained involuntary jerking in both eyes at maximum                                                                                   |  |  |  |  |  |
| R<br>O      | deviation. Fanelli also had the onset of Nystagmus prior to 45 degrees in both eyes.                                                                                                                                                                      |  |  |  |  |  |
| 8           |                                                                                                                                                                                                                                                           |  |  |  |  |  |
| å           | The second exercise conducted, was the Finger to Nose. While this Officer was                                                                                                                                                                             |  |  |  |  |  |
| ١           | explaining the instructions for the exercise, Fanelli stood up and asked if Officers                                                                                                                                                                      |  |  |  |  |  |
| E           | would just give her a ride home. When this Officer said that was not possible Fanelli                                                                                                                                                                     |  |  |  |  |  |
| ျ           | then said she had just given someone else a ride home which is why she was in the area, but would not account for why she was traveling the opposite direction of her destination. After being told to begin, Fanelli tilted her head back and closed her |  |  |  |  |  |
| اڻ          |                                                                                                                                                                                                                                                           |  |  |  |  |  |
| s           | eyes. Fanelli then tilted her head forward and opened her eyes. The first command of                                                                                                                                                                      |  |  |  |  |  |
| -           | Left, Fanelli hesitated as she raised her hand then touched under the tip of her nose.                                                                                                                                                                    |  |  |  |  |  |
| s           | Fanelli then tilted her head forward and opened her eyes. The first command of Right,                                                                                                                                                                     |  |  |  |  |  |
| Ĭ           | Fanelli touched under the tip of her nose, opened her eyes and tilted her head forward.  The second command of Left, Fanelli touched under the tip of her nose and opened her                                                                             |  |  |  |  |  |
| T E         | eyes. The second command of Right, Fanelli touched her nose with the pad of her finger                                                                                                                                                                    |  |  |  |  |  |
| м           | and opened her eyes. The third command of Right, Fanelli touched her nose with the pad                                                                                                                                                                    |  |  |  |  |  |
| E           | of her finger. The final command of Left, Fanelli hesitated as she raised her hand and                                                                                                                                                                    |  |  |  |  |  |
| τ           | touched under the tip of her nose.                                                                                                                                                                                                                        |  |  |  |  |  |
| 1           | The third evencing to be tarthed and the Dala Dat. This Offices employed and                                                                                                                                                                              |  |  |  |  |  |
|             | The third exercise to be conducted, was the Palm Pat. This Officer explained and demonstrated the exercise, to which Fanelli became argumentative. Fanelli said "Jesus                                                                                    |  |  |  |  |  |
| 1           | fucking Christ are you serious right now?" and claimed this Officer was unable to do the                                                                                                                                                                  |  |  |  |  |  |
| 1           | exercise, despite this Officer demonstrating the exercise in front of her.                                                                                                                                                                                |  |  |  |  |  |
|             |                                                                                                                                                                                                                                                           |  |  |  |  |  |
|             | The third exercise actually conducted, was the Rhomberg Alphabet. During the instructions for the exercise, Fanelli continued being vulgar toward this Officer.                                                                                           |  |  |  |  |  |
|             | Fanelli recited the alphabet A through K, then combined L,M,N,O,P. Fanelli then recited                                                                                                                                                                   |  |  |  |  |  |
| -           | H,I,J,K and again combined L,M,N,O,P. Fanelli then continued to V and stopped and                                                                                                                                                                         |  |  |  |  |  |
|             | opened her eyes looking at this Officer.                                                                                                                                                                                                                  |  |  |  |  |  |
|             | CO CV                                                                                                                                                                                                                                                     |  |  |  |  |  |
| â           | SWORN AND SUBSCRIBED BEFORE ME Notary Public State of Florida                                                                                                                                                                                             |  |  |  |  |  |
| 11          | Thomas H Leshey                                                                                                                                                                                                                                           |  |  |  |  |  |
| 2-5         | NOTARY PUBLIC/CLEDW OF COURT / OFICE RIPS S 117 30)                                                                                                                                                                                                       |  |  |  |  |  |
| S<br>T<br>R | 01/05/2023 FLINK, ANDREWS (514) NAME OF OFFICER (PLEASE PRINT)                                                                                                                                                                                            |  |  |  |  |  |

COURT

01/05/2023

01/05/2023 DATE

2 of 3

PAGE

|     | OBTS Number                     | 1                                   | PROBABLE CAUSE                                  | AFFIDAVIT        | 1. Arrest 3   | Request for Wa   | urrant [       |
|-----|---------------------------------|-------------------------------------|-------------------------------------------------|------------------|---------------|------------------|----------------|
| ۸   |                                 |                                     | SUPPLEMEN                                       |                  |               | . Request for Ca |                |
| Ĝ   | Agency ORt Number               | Agency Name                         |                                                 | Agency Rep       | ort Number    |                  |                |
| ١   | FL FL0502600                    | Palm Reach G                        | ardens Police Depai                             | rtment 7 8       | 23-000        | 2072             |                |
| 'n  | Charge Type: 1 Felony           | 3. Misdemeanor                      | 5. Ordinance                                    |                  | Special Note  |                  |                |
|     | Check as many 2. Traffic Felony | 3. Misdemeanor  4. Traffic Misdemea | =                                               |                  |               |                  |                |
| 0   | Name (Lest, First, Middle)      | WE 7. HATTIC MISCHITTES             | Alias                                           |                  |               | Race Sex         | Date of Birth  |
| Ē   | FANELLI, AMANDA RO              | SF                                  |                                                 |                  |               | WF               | t .            |
| 4   |                                 |                                     |                                                 |                  |               |                  | 337 337 33 3   |
| - 1 | Based on this Offic             |                                     |                                                 | -                |               |                  |                |
| ı   | the front passenger             |                                     |                                                 |                  | _ ,           |                  |                |
| ١   | wine. The bottle w              | ras cool to th                      | ne touch and the                                | liquid conta     | ined wi       | thin h           | ad the odor of |
| -   | an alcoholic bevera             | ge. At PBSO                         | BAT, this Offic                                 | er requested     | Fanelli       | provi            | de a breath    |
| 1   | sample for the purp             | ose of determ                       | ining its alcoh                                 | ol content, t    | o which       | she in           | nitially       |
| -   | consented then refu             |                                     | •                                               |                  |               |                  | <del>-</del>   |
| - 1 | which she acknowled             |                                     |                                                 |                  |               |                  |                |
| ١   |                                 | - ,                                 |                                                 |                  | De noc        | eu, ra           | Herry Has a    |
| ł   | prior DUI conviction            | on in this cou                      | nich dared nalni                                | /2017.           |               |                  | 7              |
| ŀ   |                                 |                                     |                                                 |                  |               |                  |                |
| 1   | Based on the result             |                                     |                                                 |                  | _             |                  | •              |
| 1   | Amanda Fanelli oper             | ated a motor                        | vehicle, in the                                 | county of Pa     | lm Beac       | h, in            | the state of   |
| 1   | Florida, while unde             | er the influen                      | ice to the exten                                | t her normal     | facultion     | es wer           | e impaired, in |
| ١   | violation of FSS 31             |                                     |                                                 |                  |               | J                |                |
| P   |                                 |                                     |                                                 |                  |               |                  |                |
| R   |                                 |                                     |                                                 |                  |               |                  |                |
| B   |                                 |                                     |                                                 |                  |               |                  |                |
| Ă   |                                 |                                     |                                                 |                  |               |                  |                |
| в   |                                 |                                     |                                                 |                  |               |                  |                |
| 티   |                                 |                                     |                                                 |                  |               |                  |                |
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| s   |                                 |                                     |                                                 |                  |               |                  |                |
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| ٳ   |                                 |                                     |                                                 |                  |               |                  |                |
| S   |                                 |                                     | 7                                               |                  |               |                  |                |
| ٨   |                                 |                                     | V. /                                            |                  |               |                  |                |
| Ţ   |                                 |                                     |                                                 |                  |               |                  |                |
| E   |                                 |                                     | <b>X</b> )'                                     |                  |               |                  |                |
| Ē   |                                 |                                     |                                                 |                  |               |                  |                |
| N   |                                 |                                     | )                                               |                  |               |                  |                |
| r   |                                 |                                     |                                                 |                  |               |                  |                |
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| ۱   |                                 | ~ L                                 |                                                 |                  |               | `                |                |
|     |                                 | ,                                   |                                                 |                  |               |                  |                |
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|     |                                 | 7                                   |                                                 |                  |               |                  |                |
| 1   | 4                               |                                     |                                                 |                  |               |                  |                |
| 1   |                                 |                                     |                                                 |                  |               |                  |                |
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|     |                                 |                                     |                                                 |                  |               |                  |                |
| 1   | <b>&gt;</b>                     | •                                   |                                                 |                  |               |                  |                |
|     |                                 |                                     |                                                 | •                |               |                  |                |
|     |                                 |                                     |                                                 | /A               |               | 1                |                |
| +   |                                 |                                     | ***************************************         | <del>₩1///</del> |               | 48-              |                |
|     | SWORN AND SUBSCRIBED BEFORE     | WE STAN                             | Notary Public State of Flor                     | ~ ~ ~ ~ ~        |               | 7                |                |
|     | Thees                           | 3 5                                 | % Thomas Hipshav                                |                  | STING / INVES | GATING OF        | FICER          |
|     | NOTARY PUBLIC / CLERK OF C      | ONRT / OFFICED AS                   | Any Commission GG 34719<br>10Expires 06/20/2023 | ~ `              |               | •                | rout           |
|     |                                 | S                                   | M. IOERPROS GOVERNOS OF                         |                  | NDREW S       |                  | <del></del>    |
| ۱   | 01/05/                          |                                     |                                                 | NAME OF O        | FFICER (PLEAS | E PRINT)         | PAGE           |
| ij  | DA                              | TE                                  |                                                 | 01,              | /05/2023      |                  | 3 of           |
| Ĕ   |                                 |                                     | <del></del>                                     |                  | DATE          |                  |                |

COURT

STATE ATTORNEY

**CENTRAL RECORDS** 

JAIL

**CRIME ANALYSIS** 

P. I. O.



## PALM BEACH GARDENS POLICE DEPARTMENT DUI TESTING FACILITY INFORMATION SHEET



| PBSO Case #: 23 - 022445                                                   | PBSO Zone: 3-13               |  |  |  |  |  |  |
|----------------------------------------------------------------------------|-------------------------------|--|--|--|--|--|--|
| 0.000.000                                                                  | sh Case #:                    |  |  |  |  |  |  |
| Incident Information                                                       | n:                            |  |  |  |  |  |  |
| Time of Stop/Crash: 2329 Date of Incident: 01                              | /04/2023 Day: WEDNESDAY       |  |  |  |  |  |  |
| Location of Incident: MM108 NB FLA TURNPIKE, PALM BEACH GARDENS, FL, 33410 |                               |  |  |  |  |  |  |
| Arrest Information                                                         | :                             |  |  |  |  |  |  |
| Time of Arrest: 23:53 Date of Arrest: 01/0                                 | 04/2023 Day: WEDNESDAY        |  |  |  |  |  |  |
| Location of Arrest: FLA TURNPIKE NB JSO PGA BLVD,                          | PALM BEACH GARDENS, FL, 33410 |  |  |  |  |  |  |
| Subject's Name: (L) FANELLI , (F) AMANDA , (M) ROSE                        |                               |  |  |  |  |  |  |
| DOB: 08/08/1979 Race: W Sex: F Height: 5'2 V                               | Veight: 134 Hair BRO Eye BRO  |  |  |  |  |  |  |
| Address: 1506 SW 4TH AVE, FORT LAUDERDALE, FL                              | 33315 Phone: (562) 293-8966   |  |  |  |  |  |  |
| Arresting Officer's Name: A. FLINK                                         | ID#: 514                      |  |  |  |  |  |  |
| Agency: PBGPD Division: TRAFFIC U                                          | UNIT                          |  |  |  |  |  |  |
|                                                                            |                               |  |  |  |  |  |  |
|                                                                            | BAT Use                       |  |  |  |  |  |  |
| Breath Results                                                             | BAT Notified: YES             |  |  |  |  |  |  |
| nFUSE to 0100 hrs.                                                         | Arrival Time at BAT: 0035     |  |  |  |  |  |  |
| 2)athrs.                                                                   | Subject Arrest Time: 23:53    |  |  |  |  |  |  |
| 3)athrs.<br>4) at hrs.                                                     |                               |  |  |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·                                      | •                             |  |  |  |  |  |  |

Breath Test Operator: LEAHEY 19183
PBSO

### **TESTING FACILITY TASK REPORT**

|                                                                           | AGENCY: PBG                              |  |  |  |  |  |  |
|---------------------------------------------------------------------------|------------------------------------------|--|--|--|--|--|--|
| SUBJECT: Fanelli, Amanda R                                                | CASE NUMBER: 23-022445                   |  |  |  |  |  |  |
| DATE: Jan 5, 2023                                                         | VIDEO DVD NUMBER: n/a                    |  |  |  |  |  |  |
| BEGINNING TIME: 0057                                                      | ENDING TIME: 0101                        |  |  |  |  |  |  |
| BREATH TESTS RESULTS: 1) R TIME 0100 A.M. ✓ F                             | P.M.   2)   n/a   TIME   0   A.M.   P.M. |  |  |  |  |  |  |
| 3) n/a TIME 0 A.M. F                                                      | P.M. 4) n/a TIME 0 A.M. P.M.             |  |  |  |  |  |  |
| BREATH OPERATOR: Thomas H Leahey #19183                                   |                                          |  |  |  |  |  |  |
| MAINTENANCE TECHNICAN: Jason Karlecke #6467                               |                                          |  |  |  |  |  |  |
| TESTING OFFICER'S OBSERVATIONS                                            |                                          |  |  |  |  |  |  |
| SPEECH: slurred, thick                                                    |                                          |  |  |  |  |  |  |
| ATTITUDE: fidgety, cooperative                                            |                                          |  |  |  |  |  |  |
| CLOTHING: gray yoga pants, black shirt, black flip flops                  |                                          |  |  |  |  |  |  |
| MEDICAL CONDITIONS: anxiety, depression                                   |                                          |  |  |  |  |  |  |
| MEDICATIONS: xanax, 1 pill name unknown                                   |                                          |  |  |  |  |  |  |
| OTHER:                                                                    |                                          |  |  |  |  |  |  |
| eyes were glassy & bloodshot odor of unknown alcoholic beverage on breath | REFUSED                                  |  |  |  |  |  |  |
|                                                                           |                                          |  |  |  |  |  |  |
| COMMENTS:                                                                 |                                          |  |  |  |  |  |  |
| arrived at center A/O conducted 20 observation                            |                                          |  |  |  |  |  |  |
| subject agreed to perform breath test - refuse                            | ed to perform breath test                |  |  |  |  |  |  |
| A/O read I/C 2X & subject understood I/C                                  | REFUSED                                  |  |  |  |  |  |  |
| subject refused to perform breath test                                    | WELOSED                                  |  |  |  |  |  |  |
| A/O called refusal @ 0100                                                 |                                          |  |  |  |  |  |  |
| A/O read rights & subject understood rights                               |                                          |  |  |  |  |  |  |
| A/O attempted Q&A                                                         |                                          |  |  |  |  |  |  |
| subject declined to answer questions                                      |                                          |  |  |  |  |  |  |

# STATE OF FLORIDA AFFIDAVIT OF REFUSAL TO SUBMIT TO BREATH TEST

| I. A. FL      | JNK                                            | , a duly c         | ertified Law Enforc   | ement or Correct                      | ional Offic    | er, am a    |
|---------------|------------------------------------------------|--------------------|-----------------------|---------------------------------------|----------------|-------------|
| (Name         | of Officer reading Implied Consent             | Warning)           |                       |                                       |                |             |
| member        | of PALM BEA                                    | CH GARDENS PO      | LICE DEPARTMEN        | ſΤ                                    | , and I d      | io swear    |
|               | (Name of Law)                                  | Enforcement Agency | )                     | · · · · · · · · · · · · · · · · · · · |                |             |
| or affirm     | that on or about the 4TH                       | day of JANUAR      | Y 20_23               | at 23:53                              | ☑P.M.          | □ам.        |
| DRIVER        | AMANDA                                         | RO                 | SE                    | FANE                                  | LLI            |             |
|               | FIRST NAME                                     | MIDDLE OR M        | AIDEN NAME            | LAST                                  | NAME           |             |
| DL#           | F-540-016-79-788-1                             | . state of         | FL                    | , was placed und                      | er lawful a    | rrest for   |
| . ~           | CORMANO LINDER THE IN                          | ELUENCE . A        | EI INK                |                                       |                | <b>y</b>    |
| the offen     | se of <b>DRIVING UNDER THE IN</b>              | PLUENCE by A.      | (Name of Arr          | esting Officer)                       |                | and ·       |
| issued cit    | tation # AGEUFWE                               | <del></del>        | (2.000)               |                                       | ) /            |             |
|               | That on or about the 5TH                       | day of JANUAF      | RY 20 23 at 0         | 100 □P.M                              | . <b>Д</b> а.м | <b>(</b> .  |
| in <u>PAL</u> | I BEACH County,                                |                    |                       |                                       |                |             |
| Treque        | sted that the driver submit                    | to a RDFATH        | test for the num      | nose of determ                        | ining ite      | alcohol     |
|               | . I informed the driver that                   |                    |                       |                                       |                |             |
|               | or her driving privilege for                   |                    |                       |                                       |                |             |
|               | n (18) months if his or her                    |                    |                       |                                       |                |             |
|               | en previously fined under                      |                    |                       |                                       |                |             |
|               | est. I also informed the driv                  |                    |                       |                                       |                |             |
|               | vful test as requested above                   |                    |                       |                                       |                |             |
|               | or she has been previously                     |                    |                       |                                       |                |             |
|               | his or her breath, urine, o                    |                    |                       |                                       |                |             |
| request       |                                                | r blood. Tronce    | arciess, the three    | i iciasca to s                        | do to          | uic iesi    |
| request       | eu.                                            | <i>&gt;</i>        |                       | ~ 1                                   |                |             |
|               |                                                |                    |                       | 7                                     |                | ¥           |
|               |                                                | Signa              | e of Law Enforc       | ement Office or                       | Correction     | al Officer  |
| •             | PROMOGRAMMARIA                                 | BENOTARIZ          | ED OR ATTEST          | ED TO (s. 117.                        | 10, F.S.)      |             |
| 3             | Notary Public State of Flor<br>Thomas H Leshey | ide 🔰 Th           | e foregoing instrumen | t was swom and su                     | bscribed be    | fore me:    |
| ζ             | My Commissión GG 3471                          |                    |                       |                                       |                | 1019 1110.  |
| <b>\</b>      | Expires 06/20/2023                             | - کمم              | Signatur              | re of Attesting Office                | ·····          | <del></del> |
| •             | (AFFIX SEAL)                                   | •••                |                       | or removing Oir                       |                |             |
|               | oing instrument was sworn and sub              |                    | Title                 |                                       |                |             |
| this57        |                                                |                    | Date 01/05/2023       |                                       |                |             |
| by A. F       | ly known to me or who has prod                 | , who is           |                       | or hand deliver to                    |                |             |
| Portorial     |                                                | entification.      |                       | Iministrative Rev                     |                |             |
| Notary P      | <del></del>                                    |                    |                       | of Highway Safet                      |                | or          |
| -             | 7/2                                            | <del></del>        |                       | th the driver's lice topy of the UTC, |                | shahla      |
| •             |                                                |                    | appropriate           |                                       | and me bu      | DOTOIC      |

| SUBJECT: CASE NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 <b>BREATH</b> for the purpose of determining its alcohol content.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| I am now requesting that you submit to a lawful test of your <i>URINE</i> 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 of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 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 <i>breath</i> , <i>urine</i> 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)</or></or></or></or> |
| CONSTITUTIONAL WARNINGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <ol> <li>You have the right to remain silent and not answer any questions.</li> <li>Any statement must be freely and voluntarily given.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <ul><li>3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.</li><li>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.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <ol> <li>I can make no threats or promises to induce you to make a statement. This must be of your own free will.</li> <li>Any statement can and will be used against you in a court of law.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| SUSPECT'S SIGNATURE: (X)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

| SUBJECT: CASE NUMBER:                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| QUESTIONS AND ANSWERS                                                                                                                                  |
| I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, C<br>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? WHEN DID YOU LAST WORK?                                                                                                             |
| 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?                                                                                        |
|                                                                                                                                                        |



### Palm Beach County Sheriff's Office - Arrests Only

|                                                             | х | Florida State Statute                   | Description                                                                                                                                                                | Page Number(s) |
|-------------------------------------------------------------|---|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|                                                             |   | 119.071(2)(d)                           | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. |                |
| ions                                                        |   | 943.053, 943.0525                       | NCIC/FCIC/FBI and in-state FDLE/DOC.                                                                                                                                       |                |
| L/E Exemptions                                              |   | 119.071(4)(c)                           | Undercover personnel.                                                                                                                                                      |                |
| L/E E                                                       |   | 119.071(2)(f)                           | Confidential informants (CIs).                                                                                                                                             |                |
|                                                             |   | 119.071(2)(e)                           | Confession.                                                                                                                                                                |                |
| suc                                                         |   | 985.04(1)                               | Juvenile offender records.                                                                                                                                                 |                |
| mptio                                                       |   | 119.071(h)(i)                           | Assets of a crime victim.                                                                                                                                                  |                |
| Public Info. Exemptions                                     |   | 395.3025(7)(a),<br>456.057(7)(a)        | Medical information.                                                                                                                                                       |                |
| blic In                                                     |   | 394.4615(7)                             | Mental health information.                                                                                                                                                 |                |
| ηd                                                          |   | 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.                                            |                |
|                                                             | Ø | (iii) 119.0714(1)(i)-(j),<br>(2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers.                                                                                                     | 2              |
|                                                             |   | (viii) 394.4615(7)                      | Clinical records under the Baker Act.                                                                                                                                      |                |
| of 23}                                                      |   | (xii) 741.30(3)(b)                      | The victim's address in a domestic violence action on petitioner's request.                                                                                                |                |
| (Rule                                                       |   | (xiii) 119.071(2)(h),<br>119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.                                                                                                 |                |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) |   |                                         |                                                                                                                                                                            |                |
| l Administr                                                 |   |                                         |                                                                                                                                                                            |                |
| es of Judicia                                               |   |                                         |                                                                                                                                                                            |                |
| Florida Rule                                                |   |                                         |                                                                                                                                                                            |                |
|                                                             |   |                                         | <b>y</b>                                                                                                                                                                   |                |
| Other                                                       |   |                                         | Other:                                                                                                                                                                     |                |
| <u>δ</u>                                                    |   | Y                                       | Other:                                                                                                                                                                     |                |

#### REVIEW COMPLETED BY

| Booking Number: 2023000410 | Date: 1/6/2023                    |
|----------------------------|-----------------------------------|
|                            | Specialist Name/ID: T.Howard/7185 |