

50. 2023-MM-004927 AMB  
0541256

365

Marsy's Law CVI FL Const. Art. I § 18(b)

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

☐ Check if Supplement is Attached

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

1

Juvenile

N

|                  |                                                                                                                                                                                                                                                                                                                |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  |                                                                                                                             |  |                                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------|--|------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|--|--|--|--|--|--|--|--|
| ADMINISTRATIVE   | OBS Number                                                                                                                                                                                                                                                                                                     |  | Agency ORI Number<br>FLO: 5 0 0 0 0 0 0                                          |  |                                                                                                       |  | Agency Name<br>PALM BEACH COUNTY SHERIFF'S OFFICE                          |  |                                          |  | Agency Report Number<br>0 6 1 - 23079209                                                                                    |  |                                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | Charge Type:<br>Check as many as apply                                                                                                                                                                                                                                                                         |  | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony |  | <input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor |  | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  | If Weapon Seized                         |  | Multiple Clearance Indicator                                                                                                |  |                                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | Location of Arrest (Including Name of Business)                                                                                                                                                                                                                                                                |  | RIVER BRIDGE BLVD & ARBOR LAKES RD, GREENACRES, FL 33417                         |  |                                                                                                       |  | Location of Offense (Business Name, Address)                               |  |                                          |  | RIVER BRIDGE BLVD & ARBOR LAKES RD, GREENACRES, FL 33417                                                                    |  |                                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | Date of Arrest<br>06/15/2023                                                                                                                                                                                                                                                                                   |  | Time of Arrest<br>23:13                                                          |  | Booking Date                                                                                          |  | Booking Time                                                               |  | Jail Date                                |  | Jail Time                                                                                                                   |  | Location of Vehicle<br>Priority Towing                                                |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
| DEFENDANT        | Name (Last, First, Middle)<br>MALONEY, AMANDA, ROSE                                                                                                                                                                                                                                                            |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | Alias (Name, DOB, Soc. Sec. #, Etc.)                                                                                        |  |                                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | Race<br>W - White<br>B - Black                                                                                                                                                                                                                                                                                 |  | I - American Indian<br>O - Oriental/Asian                                        |  | Sex<br>W<br>F                                                                                         |  | Date of Birth<br>2/15/1992                                                 |  | Height<br>5'02"                          |  | Weight<br>165                                                                                                               |  | Eye Color<br>GREEN                                                                    |  | Hair Color<br>BROWN                                                                                          |  | Complexion<br>Light                                                          |  | Build<br>Med                                                                                                          |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br>Tattoos - Right wrist                                                                                                                                                                                                         |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | Marital Status<br>Single                                                                                                    |  | Religion<br>CATHOLIC                                                                  |  | Indication of:<br>Alcohol Influence<br>Drug Influence                                                        |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | Local Address (Street, Apt. Number)<br>8272 GARDEN CATALINA, LAKE WORTH, FL 33417                                                                                                                                                                                                                              |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | (City)                                                                                                                      |  | (State)                                                                               |  | (Zip)                                                                                                        |  | Mobile Phone<br>(561) 718-3418                                               |  | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State                                              |  |                                         |  |  |  |  |  |  |  |  |  |
| CO-DEF           | Permanent Address (Street, Apt. Number)                                                                                                                                                                                                                                                                        |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | (City)                                                                                                                      |  | (State)                                                                               |  | (Zip)                                                                                                        |  | Phone                                                                        |  | Address Source<br>Defendant - Verbal                                                                                  |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | Business Address (Name, Street)                                                                                                                                                                                                                                                                                |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | (City)                                                                                                                      |  | (State)                                                                               |  | (Zip)                                                                                                        |  | Phone                                                                        |  | Occupation<br>Unemployed                                                                                              |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | D/L Number, State<br>M450 016925550                                                                                                                                                                                                                                                                            |  | Soc. Sec. Number                                                                 |  |                                                                                                       |  | INS Number                                                                 |  |                                          |  | Place of Birth (City, State)<br>WFB, FL                                                                                     |  |                                                                                       |  | Citizenship<br>US                                                                                            |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | Co-Defendant (Last, First, Middle)                                                                                                                                                                                                                                                                             |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | Race                                                                                                                        |  | Sex                                                                                   |  | Date of Birth                                                                                                |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |                                         |  |  |  |  |  |  |  |  |  |
| JUVENILE         | Co-Defendant (Last, First, Middle)                                                                                                                                                                                                                                                                             |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | Race                                                                                                                        |  | Sex                                                                                   |  | Date of Birth                                                                                                |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other                                                                                                                                                                                                  |  | Name (Last, First, Middle)                                                       |  |                                                                                                       |  |                                                                            |  |                                          |  |                                                                                                                             |  | Residence Phone                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                  |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | (City)                                                                                                                      |  | (State)                                                                               |  | (Zip)                                                                                                        |  | Business Phone                                                               |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | Notified by: (Name)                                                                                                                                                                                                                                                                                            |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | Date                                                                                                                        |  | Time                                                                                  |  | Juvenile Disposition<br>1. Handled/Processed within Dept. and Released.<br>2. TOT HRS/DYS<br>3. Incarcerated |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
| CHARGE           | Released To: (Name)                                                                                                                                                                                                                                                                                            |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | Relationship                                                                                                                |  | Date                                                                                  |  | Time                                                                                                         |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parent. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-5511) informed of any change of address.                                                  |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | School Attended                                                                                                             |  | Grade                                                                                 |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)                                                                                                                                                                                                                                  |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | Property Crime?                                                                                                             |  | Description of Property                                                               |  | Value of Property                                                                                            |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                       |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  |                                                                                                                             |  |                                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
| CHARGE           | Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                          |  | S. Sell<br>B. Buy<br>T. Traffic                                                  |  | R. Smuggle<br>D. Deliver<br>E. Use                                                                    |  | K. Dispense/<br>Distribute                                                 |  | M. Manufacture/<br>Produce/<br>Cultivate |  | Z. Other                                                                                                                    |  | Drug Type<br>N. N/A<br>A. Amphetamine                                                 |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin                                                                    |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.                           |  | P. Paraphernalia/<br>Equipment<br>S. Synthetic                                                                        |  | U. Unknown<br>Z. Other                  |  |  |  |  |  |  |  |  |  |
|                  | Charge Description<br>D.U.I.                                                                                                                                                                                                                                                                                   |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | Counts<br>01                                                                                                                |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  | Statute Violation Number<br>316.193(4)                                                                       |  | Violation of ORD #                                                           |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | Drug Activity<br>N                                                                                                                                                                                                                                                                                             |  | Drug Type<br>N                                                                   |  | Amount / Unit<br>N/A                                                                                  |  | Offense #<br>23079209                                                      |  | Warrant / Capias Number                  |  | Bond                                                                                                                        |  |                                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | Charge Description<br>RESISTING WITHOUT VIOLENCE                                                                                                                                                                                                                                                               |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | Counts<br>01                                                                                                                |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  | Statute Violation Number<br>843.02                                                                           |  | Violation of ORD #                                                           |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
| CHARGE           | Drug Activity<br>N                                                                                                                                                                                                                                                                                             |  | Drug Type<br>N                                                                   |  | Amount / Unit<br>N/A                                                                                  |  | Offense #<br>23079209                                                      |  | Warrant / Capias Number                  |  | Bond                                                                                                                        |  |                                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | Charge Description                                                                                                                                                                                                                                                                                             |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | Counts                                                                                                                      |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  | Statute Violation Number                                                                                     |  | Violation of ORD #                                                           |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | Drug Activity                                                                                                                                                                                                                                                                                                  |  | Drug Type                                                                        |  | Amount / Unit                                                                                         |  | Offense #                                                                  |  | Warrant / Capias Number                  |  | Bond                                                                                                                        |  |                                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | Charge Description                                                                                                                                                                                                                                                                                             |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | Counts                                                                                                                      |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  | Statute Violation Number                                                                                     |  | Violation of ORD #                                                           |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
| CHARGE           | Drug Activity                                                                                                                                                                                                                                                                                                  |  | Drug Type                                                                        |  | Amount / Unit                                                                                         |  | Offense #                                                                  |  | Warrant / Capias Number                  |  | Bond                                                                                                                        |  |                                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | Charge Description                                                                                                                                                                                                                                                                                             |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | Counts                                                                                                                      |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  | Statute Violation Number                                                                                     |  | Violation of ORD #                                                           |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | Drug Activity                                                                                                                                                                                                                                                                                                  |  | Drug Type                                                                        |  | Amount / Unit                                                                                         |  | Offense #                                                                  |  | Warrant / Capias Number                  |  | Bond                                                                                                                        |  |                                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | Charge Description                                                                                                                                                                                                                                                                                             |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | Counts                                                                                                                      |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  | Statute Violation Number                                                                                     |  | Violation of ORD #                                                           |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
| NOTICE TO APPEAR | Location (Court, Room Number, Address)<br>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600                                                                                                                                                                         |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | Court Date and Time<br>Month JULY Day 13TH Year 2023 Time 08:30 A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> |  |                                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | Signature of Defendant (or Juvenile and Parent/Custodian)<br>Amanda Maloney                                                 |  |                                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose.                               |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | Date Signed<br>06/15/2023                                                                                                   |  |                                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
|                  | Signature                                                                                                                                                                                                                                                                                                      |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  |                                                                                                                             |  |                                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  |                                         |  |  |  |  |  |  |  |  |  |
| ADMIN            | HOLD for other agency                                                                                                                                                                                                                                                                                          |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | Signature of Arresting Officer<br>X                                                                                         |  |                                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  | Name Verification (Printed by Arrestee) |  |  |  |  |  |  |  |  |  |
|                  | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal                                                                                                                                                                                                                                        |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other                                                  |  |                                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  | (PRINT)                                 |  |  |  |  |  |  |  |  |  |
|                  | Intake Deputy<br>Jung 686                                                                                                                                                                                                                                                                                      |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | I.D. #<br>24968                                                                                                             |  |                                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  | Pouch #                                 |  |  |  |  |  |  |  |  |  |
|                  | INV. A. SENTMANAT                                                                                                                                                                                                                                                                                              |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                          |  | Transporting Officer<br>INV. A. SENTMANAT 24968                                                                             |  |                                                                                       |  |                                                                                                              |  |                                                                              |  |                                                                                                                       |  | Agency<br>PBSO                          |  |  |  |  |  |  |  |  |  |

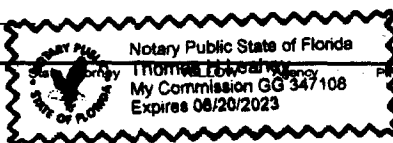
| OBT Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PROBABLE CAUSE AFFIDAVIT |                                                                                          | 1 Arrest<br>2 NTA |                                                                          | 3 Request for Warrant<br>4 Request for Capias |                | 1        | Juvenile                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------|-----------------------------------------------|----------------|----------|-----------------------------|
| ADMIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Agency ORI Number<br>FLO 5 0 0 0 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | Agency Name<br>PALM BEACH COUNTY SHERIFF'S OFFICE                                        |                   | Agency Report Number<br>23079209                                         |                                               |                |          |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Charge Type<br>Check as many as apply<br><input type="checkbox"/> 1 Felony<br><input type="checkbox"/> 2 Traffic Felony                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | <input type="checkbox"/> 3 Misdemeanor<br><input type="checkbox"/> 4 Traffic Misdemeanor |                   | <input type="checkbox"/> 5 Ordinance<br><input type="checkbox"/> 6 Other |                                               | Special Notes  |          |                             |
| DEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name (Last, First, Middle)<br>Maloney, Amanda                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                          |                   | Alias                                                                    |                                               | Race<br>W      | Sex<br>F | Date of Birth<br>02/15/1992 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Charge Description<br>DUI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | 316.193 (4)                                                                              |                   | Charge Description<br>Resist without Violence                            |                                               | 843.02         |          |                             |
| CHARGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                          |                   | Charge Description                                                       |                                               |                |          |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                          |                   | Charge Description                                                       |                                               |                |          |                             |
| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Victim's Name (Last, First, Middle)<br>State of Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                          |                   |                                                                          |                                               | Race           | Sex      | Date of Birth               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Local Address (Street, Apt Number)<br>(City) (State) (Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                                          |                   | Phone                                                                    |                                               | Address Source |          |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Business Address (Name, Street)<br>(City) (State) (Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                          |                   | Phone                                                                    |                                               | Occupation     |          |                             |
| <p>The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.</p> <p>The Person taken into custody:</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>16th</u> day of <u>June</u>, 20<u>23</u> at <u>1224</u> <input checked="" type="checkbox"/> A.M <input type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p> <p><input type="checkbox"/> Marsy's Law CVI<br/>FL Const. Art.1 § 16(b)</p> <p>The following incident occurred in the City of Greenacres, Palm Beach County, Florida:</p> <p>On Thursday, June 15, 2023, at approximately 2229 hours, I responded to 133 Hammocks Ct located in the River Bridge gated neighborhood. The caller advised that a Red Ford bearing Florida Tag 06AQLY followed vehicles through the gate looking for a phone. It should be noted that this was the second call about this vehicle being on the property.</p> <p>Once I arrived, Deputy Baynham and I located the vehicle. The vehicle drove off from the area and D/S Baynham conducted a traffic stop on the vehicle at the intersection of Arbor Lakes Rd and River Bridge Blvd. I made contact with the driver Amanda Maloney.</p> <p>Ms. Maloney was attempting to show me her "Find my iPhone" app to show me where her son's phone was pinging. As I looked at her phone I noticed it was the map app and not "Find my iPhone" I asked Ms. Maloney multiple times what she was showing me, she did not make any sense. At one point I asked Ms. Maloney for her identification. She started to grab it from her purse before stopping and staring off out the front windshield. While I was speaking to Ms. Maloney, she had a slow speech and glossy eyes. I asked Ms. Maloney how many drinks did she have tonight since she informed me that she was coming from Duffy's Restaurant. She replied "Are you really doing that" and "I called the police tonight to report my son's missing phone". It should be noted that she did not call the police but the neighborhood security did.</p> <p>At that point, Deputy Sentmanat responded to conduct a DUI investigation. Once Ms. Maloney was out of the vehicle, I smelled a strong odor of an alcoholic beverage coming from Ms. Maloney. Ms. Maloney refused to comply with D/S Sentmanat's instructions and was arrested. While being placed in handcuffs, Ms. Maloney pulled away from deputies multiple times.</p> <p>D/S Sentmanat placed Ms. Maloney in his vehicle. This investigation was turned over to D/S Sentmanat.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                          |                   |                                                                          |                                               |                |          |                             |
| ADMINISTRATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>STATE OF FLORIDA<br/>COUNTY OF PALM BEACH</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>16th</u> day of <u>June</u>, 20<u>23</u> by <u>D/S J. Scott</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known</u></p> <p><u>Det. A. Sentmanat #24969</u> <u>AJS</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S.) 117.10</p> |                          |                                                                                          |                   |                                                                          |                                               |                |          |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p style="text-align: right;">PAGE<br/>1 OF 1</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                          |                   |                                                                          |                                               |                |          |                             |

| OBTS Number              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PROBABLE CAUSE AFFIDAVIT |                                                          | 1. Arrest<br>2. N.T.A. |                                              | 3. Request for Warrant<br>4. Request for Capias |                          | 1 |                  | Juvenile |                 |  |                                    |  |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------|------------------------|----------------------------------------------|-------------------------------------------------|--------------------------|---|------------------|----------|-----------------|--|------------------------------------|--|
| ADMIN                    | Agency ORI Number<br><b>FLO 500000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b> |                        | Agency Report Number<br><b>06- 23-079209</b> |                                                 |                          |   |                  |          |                 |  |                                    |  |
|                          | Charge Type:<br>Check as many as apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | 1. Felony<br>2. Traffic Felony                           |                        | 3. Misdemeanor<br>4. Traffic Misdemeanor     |                                                 | 5. Ordinance<br>6. Other |   | Special Notes:   |          |                 |  |                                    |  |
| CHARGES/DEF              | Name (Last, First, Middle)<br><b>Maloney</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | <b>Amanda</b>                                            |                        | <b>Rose</b>                                  |                                                 | Alias                    |   | Race<br><b>W</b> |          | Sex<br><b>F</b> |  | Date of Birth<br><b>02/15/1992</b> |  |
|                          | <b>D.U.I.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | <b>316.193(1)</b>                                        |                        | <b>Resist w/o Violence</b>                   |                                                 |                          |   |                  |          | <b>843.02</b>   |  |                                    |  |
| VICTIM                   | Victim's Name (Last, First, Middle)<br><b>State of Florida</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                          |                        |                                              |                                                 | Race                     |   | Sex              |          | Date of Birth   |  |                                    |  |
|                          | Local Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | (City)                                                   |                        | (State)                                      |                                                 | (zip)                    |   | Phone            |          | Address Source  |  |                                    |  |
|                          | Business Address (Name, Street)<br><b>3228 Gun Club Rd West Palm Beach, FL 33401</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | (City)                                                   |                        | (State)                                      |                                                 | (zip)                    |   | Phone            |          | Occupation      |  |                                    |  |
| PROBABLE CAUSE STATEMENT | The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.<br>The Person taken into custody<br><input checked="" type="checkbox"/> committed the below acts in my presence.<br><input type="checkbox"/> confessed to admitting to the below facts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                          |                        |                                              |                                                 |                          |   |                  |          |                 |  |                                    |  |
|                          | <input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.<br><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                          |                        |                                              |                                                 |                          |   |                  |          |                 |  |                                    |  |
|                          | On the <u>15th</u> day of <u>June</u> 20 <u>23</u> at <u>2305</u> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                          |                        |                                              |                                                 |                          |   |                  |          |                 |  |                                    |  |
|                          | <input type="checkbox"/> <b>Marsy's Law CVI</b><br>FL Const. Art. I § 16(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                          |                        |                                              |                                                 |                          |   |                  |          |                 |  |                                    |  |
|                          | <p>On Thursday, 6/15/23 at approximately 2229 hours, I responded to the area of 133 Hammocks Ct in the City of Greenacres in reference to a red vehicle that tailgated another vehicle through the front gate. Dispatch advised that security was out with the vehicle with a W/F driver and the vehicle was a Red Ford bearing FL Tag# 06AQLY. This was Deputies second time getting a call in reference to the specific vehicle.</p> <p>Upon my arrival, I observed a Red Ford bearing FL Tag# 06AQLY driving south on Hammocks Dr away from 133 Hammocks Ct. The red ford then proceeded East bound Arbor Lakes Dr. While on Arbor Lakes Dr, I observed the Red Ford drive in the oncoming lane when it got to the intersection of Arbor Lakes Dr and River Bridge Blvd. I conducted a traffic stop on the vehicle. I utilized my red and blue emergency lights and the Red Ford came to a stop on River Bridge Blvd. I got out of my fully marked patrol vehicle and I approached the driver's window. I made contact with a W/F in the driver seat and two juveniles that were in the back seat. I identified myself as a Palm Beach County Sheriff's Deputy. The W/F was later identified as Amanda Maloney. Maloney advised she was looking for her son phone that she believes was stolen from Duffy's just down the road. Maloney advised she was tracking it to 133 Hammocks Ct but was not making much sense on how it was tracking to that specific location. While Maloney would speak she had slurred speech.</p> <p>Investigator Sentmanat #24968 responded to the scene due to my observations and D/S Scott's observations (See Supplement). The investigation was turned over to Inv. Sentmanat and Maloney was ultimately arrested for Driving Under the influence. While placing Maloney into handcuff she attempted to pull away from Deputies.</p> <p>My BWC was utilized during the vent above.</p> <p>This concludes my involvement with this case.</p> |                          |                                                          |                        |                                              |                                                 |                          |   |                  |          |                 |  |                                    |  |
|                          | STATE OF FLORIDA<br>COUNTY OF PALM BEACH<br><b>D/S L. BAYNHAM</b> (ID #) <b>36838</b><br>(Signature of Arresting/Investigative Officer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                          |                        |                                              |                                                 |                          |   |                  |          |                 |  |                                    |  |
|                          | The foregoing instrument was sworn to or affirmed and subscribed before me this <u>15th</u> day of <u>June</u> 20 <u>23</u> by <u>D/S L. BAYNHAM</u> <b>36838</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                          |                        |                                              |                                                 |                          |   |                  |          |                 |  |                                    |  |
|                          | (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u> <b>INV. SENTMANAT #24968</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                          |                        |                                              |                                                 |                          |   |                  |          |                 |  |                                    |  |
|                          | <u>Inv. A. Sentmanat 24968</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                          |                        |                                              |                                                 |                          |   |                  |          |                 |  |                                    |  |
|                          | Notary Public, Clerk of Court, Officer (F.S.S. 117.10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                          |                        |                                              |                                                 |                          |   |                  |          |                 |  |                                    |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                          |                   |                                                         |                   |                             |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------|-------------------|---------------------------------------------------------|-------------------|-----------------------------|-----------------------------------|
| OBT# Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>PROBABLE CAUSE AFFIDAVIT</b> |                                                          | 1 Arrest<br>2 NTA | 3 Request for Warrant<br>4 Request for Copies           | <b>1</b>          | Juvenile                    | <b>N</b>                          |
| ADMIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Agency ORI Number<br>FLO. 5.0.0.0.0.0                                                                                                                                                                                                                                                                                                                                                                                          |                                 | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b> |                   | Agency Report Number<br><b>23079209</b>                 |                   |                             |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Charge Type<br>Check as many as apply<br><input type="checkbox"/> 1 Felony<br><input type="checkbox"/> 2 Traffic Felony<br><input checked="" type="checkbox"/> 3 Misdemeanor<br><input checked="" type="checkbox"/> 4 Traffic Misdemeanor<br><input type="checkbox"/> 5 Ordinance<br><input type="checkbox"/> 6 Other                                                                                                          |                                 | Special Notes                                            |                   |                                                         |                   |                             |                                   |
| DEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Name (Last, First, Middle)<br><b>MALONEY, AMANDA, ROSE</b>                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                          |                   | Alias                                                   | Race<br><b>W</b>  | Sex<br><b>F</b>             | Date of Birth<br><b>2/15/1992</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Charge Description<br><b>D.U.I.</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                 | 316.193(1)(C)                                            |                   | Charge Description<br><b>RESISTING WITHOUT VIOLENCE</b> |                   | 843.02                      |                                   |
| CHARGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Charge Description                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | Charge Description                                       |                   |                                                         |                   |                             |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Charge Description                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | Charge Description                                       |                   |                                                         |                   |                             |                                   |
| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Victim's Name (Last, First, Middle)<br><b>STATE OF FLORIDA, ,</b>                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                          |                   | Race<br><b>N/A</b>                                      | Sex<br><b>N/A</b> | Date of Birth<br><b>N/A</b> |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Local Address (Street, Apt Number)<br>(City) (State) (Zip)                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                          |                   | Phone                                                   | Address Source    |                             |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Business Address (Name, Street)<br>(City) (State) (Zip)                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                          |                   | Phone                                                   | Occupation        |                             |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                          |                   |                                                         |                   |                             |                                   |
| <p>The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.<br/>The Person taken into custody:</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>15TH</b> day of <b>JUNE</b>, 20 <b>23</b>, at <b>22:27</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                          |                   |                                                         |                   |                             |                                   |
| <p><input type="checkbox"/> <b>Marsy's Law CVI</b><br/>FL. Const. Art.1 § 16(b)</p> <p style="text-align: center;"><b>Supplemental Probable Cause Affidavit</b></p> <p>Upon making contact with the defendant who was seated in the driver seat of her vehicle. I immediately smelled an obvious odor of an unknown alcoholic beverage coming from within the vehicle. I observed the defendant's eyes to be glassy, watery, and red. I also observed the defendant to have a slow and slurred speech. As the defendant spoke with me I immediately smelled a strong odor of an unknown alcoholic beverage coming from her breath. The defendant was asked to step out of her vehicle and speak with me in front of my patrol car. The defendant at first refused to exit her vehicle to speak with me. She said that her two children were in the vehicle (one was 7 years of age and the other was 7 years of age). I had explained that I was there to conduct an investigation on her possible driving impaired. After a few back and forth she exited the vehicle. She exit the vehicle and it appeared she staggered back against the body of her vehicle. She stayed leaning against her vehicle while she spoke with me.</p> <p>After asking her some questions and based on the indicators of impairment she was exhibiting I asked her to perform the Standardized Field Sobriety and she refused. I explained to the defendant if she refused to submit to the Roadside Tasks that I was asking her I would be forced to conclude my investigation and determine whether or not to arrest her based on the totality of my investigation, and the following signs of impairment I had observed. I also explained to her that her refusal could be used against her in court. She verbally at first said that she understood and then wanted me to tell her if I was going to arrest if she said no. I again explained the Taylor Warnings. I then asked her if she was willing to do the Roadside Tasks with that in mind, she still refused. I asked the defendant to turn around to handcuff her and she refused. She attempted to pull her hands away and began yelling that she would do the Roadside Tasks. I needed the assistance of another deputy to handcuff her.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                          |                   |                                                         |                   |                             |                                   |
| ADMINISTRATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STATE OF FLORIDA<br>COUNTY OF PALM BEACH                                                                                                                                                                                                                                                                                                                                                                                       |                                 | INV. A. SENTMANAT                                        |                   |                                                         |                   |                             |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (Signature of Arresting/Investigative Officer)                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                          |                   |                                                         |                   |                             |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>16th</u> day of <u>JUNE</u>, 20 <u>23</u> by <u>INV. A. SENTMANAT</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u></p> <p>Thomas Leahey (#19183)</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> |                                 |                                                          |                   |                                                         |                   |                             |                                   |



| OBTS Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                            | PROBABLE CAUSE AFFIDAVIT |                                                           | 1 Arrest<br>2 NTA                                |  | 3 Request for Warrant<br>4 Request for Capias |                      | 1                          | Juvenile       | N |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------|--------------------------------------------------|--|-----------------------------------------------|----------------------|----------------------------|----------------|---|--|
| ADMIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Agency ORI Number<br>FLO 5 0 0 0 0 0 0                                                                                                                                                                                                                                                                     |                          | Agency Name<br>PALM BEACH COUNTY SHERIFF'S OFFICE         |                                                  |  | Agency Report Number<br>23079209              |                      |                            |                |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Charge Type<br>Check as many as apply<br><input type="checkbox"/> 1 Felony<br><input type="checkbox"/> 2 Traffic Felony<br><input checked="" type="checkbox"/> 3 Misdemeanor<br><input type="checkbox"/> 4 Traffic Misdemeanor<br><input type="checkbox"/> 5 Ordinance<br><input type="checkbox"/> 6 Other |                          |                                                           | Special Notes                                    |  |                                               |                      |                            |                |   |  |
| DEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name (Last, First, Middle)<br><b>MALONEY, AMANDA, ROSE</b>                                                                                                                                                                                                                                                 |                          |                                                           | Alias                                            |  | Race<br>W                                     | Sex<br>F             | Date of Birth<br>2/15/1992 |                |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Charge Description<br>D.U.I. 316.193(1)(C)                                                                                                                                                                                                                                                                 |                          |                                                           | Charge Description<br>RESISTING WITHOUT VIOLENCE |  |                                               | 843.02               |                            |                |   |  |
| CHARGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Charge Description                                                                                                                                                                                                                                                                                         |                          |                                                           | Charge Description                               |  |                                               | Charge Description   |                            |                |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Charge Description                                                                                                                                                                                                                                                                                         |                          |                                                           | Charge Description                               |  |                                               | Charge Description   |                            |                |   |  |
| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Victim's Name (Last, First, Middle)<br>STATE OF FLORIDA, ,                                                                                                                                                                                                                                                 |                          |                                                           | Race<br>N/A                                      |  | Sex<br>N/A                                    | Date of Birth<br>N/A |                            |                |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Local Address (Street, Apt Number)<br>(City) (State) (Zip)                                                                                                                                                                                                                                                 |                          |                                                           | Phone                                            |  | Address Source                                |                      |                            |                |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Business Address (Name, Street)<br>(City) (State) (Zip)                                                                                                                                                                                                                                                    |                          |                                                           | Phone                                            |  | Occupation                                    |                      |                            |                |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                            |                          |                                                           |                                                  |  |                                               |                      |                            |                |   |  |
| <p>The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.</p> <p>The Person taken into custody:</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>15TH</u> day of <u>JUNE</u> 20 <u>23</u> at <u>22:27</u> <input type="checkbox"/> A.M <input checked="" type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p> <p><input type="checkbox"/> <b>Marsy's Law CVI</b><br/>FL. Const. Art.1 § 18(b)</p> <p><b>I explained to her that she was under arrest for a DUI pursuant to F.S. 316.193(4). I secured her in handcuffs which were checked for proper fit, tightness, and double locked. I then escorted her to the backseat of my patrol car with rear facing camera engaged. The children on the scene were hysterical especially the youngest. At one point the youngest began gagging and trying to throw up. The defendant's sister arrived on the scene and the defendant had given permission for her sister to take care of the children; and they were released into her custody. The defendant kept saying things that did not make sense. She said that she was scared of law enforcement because she and her children had been raped by a "police officer".</b></p> |                                                                                                                                                                                                                                                                                                            |                          |                                                           |                                                  |  |                                               |                      |                            |                |   |  |
| ADMINISTRATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STATE OF FLORIDA<br>COUNTY OF PALM BEACH                                                                                                                                                                                                                                                                   |                          |                                                           | INV. A. SENTMANAT                                |  |                                               |                      |                            |                |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Signature of Arresting/Investigative Officer)                                                                                                                                                                                                                                                             |                          |                                                           |                                                  |  |                                               |                      |                            |                |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | The foregoing instrument was sworn to or affirmed and subscribed before me this <u>16th</u> day of <u>JUNE</u> 20 <u>23</u> by <u>INV. A. SENTMANAT</u>                                                                                                                                                    |                          |                                                           |                                                  |  |                                               |                      |                            |                |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u>                                                                                                                                                |                          |                                                           |                                                  |  |                                               |                      |                            |                |   |  |
| Thomas Leahey (#19183)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                            |                          | Notary Public, Clerk of Court, Officer (F.S.S. 11 7, 1 0) |                                                  |  |                                               |                      |                            | PAGE<br>2 OF 2 |   |  |



# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15TH DAY OF JUNE 20 23, AT 22:27 AM ☒ PM  
SUBJECT: MALONEY, AMANDA, ROSE CASE NUMBER: 23079209

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. A. SENTMANAT

## PERSONAL CONTACT

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

On Thursday June 15, 2023 at approximately 2245hrs I responded to River Bridge Blvd and Arbor Lakes Rd, Greenacres, FL 33413 in reference to a D.U.I. investigation on a possible impaired driver. Upon arrival to the scene I spoke with DS Baynham #36838 that advised the following: On Thursday, 6/15/23 at approximately 2229 hours, I responded to the area of 133 Hammocks Ct in the City of Greenacres in reference to a red vehicle that tailgated another vehicle through the front gate. Dispatch advised that security was out with the vehicle with a W/F driver and the vehicle was a Red Ford bearing FL Tag# 06AQLY. This was Deputies second time getting a call in reference to the specific vehicle.

Upon my arrival, I observed a Red Ford bearing FL Tag# 06AQLY driving south on Hammocks Dr away from 133 Hammocks Ct. The red ford then proceeded East bound Arbor Lakes Dr. While on Arbor Lakes Dr, I observed the Red Ford drive in the oncoming lane when it got to the intersection of Arbor Lakes Dr and River Bridge Blvd. I conducted a traffic stop on the vehicle. I utilized my red and blue emergency lights and the Red Ford came to a stop on River Bridge Blvd. I got out of my fully marked patrol vehicle and I approached the driver's window. I made contact with a W/F in the driver seat and two juveniles that were in the back seat. I identified myself as a Palm Beach County Sheriff's Deputy. The W/F was later identified as Amanda Maloney. Maloney advised she was looking for her son phone that she believes was stolen from Duffy's just down the road. Maloney advised she was tracking it to 133 Hammocks Ct but was not making much sense on how it was tracking to that specific location. While Maloney would speak she had slurred speech.

Investigator Sentmanat #24968 responded to the scene due to my observations and D/S Scott's observations (See Supplement). The investigation was turned over to Inv. Sentmanat and Maloney was ultimately arrested for Driving Under the Influence. While placing Maloney into handcuff she attempted to pull away from Deputies.

## OBSERVATION OF DRIVER:

See attached Probable Cause Affidavit.

## DRIVER'S STATEMENTS:

The defendant stated she has no physical defects or injuries. She stated she has no medical conditions. She stated she was not taking any prescribed medications. She stated she has not hit her head recently. She stated she was driving around a gated community (she followed a vehicle in) looking for her son's "stolen" cellphone. She stated she had not smoked marijuana or used any illegal drugs today. She said that she had only drank one cocktail while eating at Duffy's Bar & Grill.

## ODORS:

An obvious odor of an unknown alcoholic beverage coming from her breath which intensified as she spoke with me.

## GENERAL OBSERVATIONS

SPEECH: Slow, slurred, thick and at times difficult to understand.

ATTITUDE: Uncooperative

CLOTHING: White dress, black heels.

MEDICAL/OTHER: None

STATE OF FLORIDA  
COUNTY OF PALM BEACH

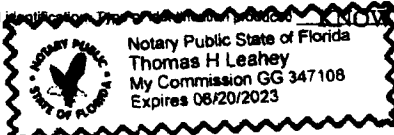
INV. A. SENTMANAT  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16th day of JUNE 20 23 by INV. A. SENTMANAT

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. The defendant is known to me.

Thomas Leahey (#19183)

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



# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Maloney, Amanda R

CASE NUMBER: 23-079209

DATE: Jun 16, 2023

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 2352

ENDING TIME: 0002

BREATH TESTS RESULTS: 1) .159 TIME 2356 A.M. ☒ P.M. ☐ 2) .153 TIME 2359 A.M. ☒ P.M. ☐  
3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: agitated, talkative/uncooperative

CLOTHING: white/floral dress, black sandals

MEDICAL CONDITIONS: none

MEDICATIONS: none

## OTHER:

eyes were glassy & bloodshot  
odor of unknown alcoholic beverage on breath

## COMMENTS:

arrived at center A/O conducted 20 observation period at 2329 hrs

subject agreed to perform breath

subject completed breath test

A/O read rights & subject became uncooperative and answered no to understanding rights

tech read breath test results & subject did not understand the results

A/O did not attempt Q&A

subject became uncooperative

**SUBJECT:** 100-443888-10 **CASE NUMBER:** 100-443888-10

## **IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE**

**NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.**

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

**OR**

I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

I am \_\_\_\_\_ 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 **breath, urine** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

**Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.**

Do you understand what I have just read to you? YES <or> NO      Do you still refuse to submit to this test? YES <or> NO

**NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING.**

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

Do you understand what I have just read to you? YES <or> NO      Do you still refuse to submit to this test? YES <or> NO

SUBJECTS SIGNATURE: (X)

## CONSTITUTIONAL WARNINGS

**I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:**

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) *[Handwritten signature]*

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, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

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

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

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

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

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

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

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:   EPILEPSY? \_\_\_\_\_  
                  GLASS EYE? \_\_\_\_\_  
                  FALSE TEETH? \_\_\_\_\_  
                  EAR INFECTION? \_\_\_\_\_  
                  INNER EAR TROUBLE? \_\_\_\_\_  
                  DIABETES? \_\_\_\_\_

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

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

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

INTERVIEWER: \_\_\_\_\_

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006238 Software: 8100.27  
Date of Test: 06/16/2023

Date of Last Agency Inspection: 05/19/2023

Observation Period Began: 23:29

Subject's Name: AMANDA R MALONEY

DOB: 02/15/1992 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

| Results: | Test              | g/210L | Time  |
|----------|-------------------|--------|-------|
|          | Diagnostics Check | OK     | 23:53 |
|          | Air Blank         | 0.000  | 23:54 |
|          | Control Test      | 0.080  | 23:54 |
|          | Air Blank         | 0.000  | 23:55 |
|          | Subject Sample #1 | 0.159  | 23:56 |
|          | Air Blank         | 0.000  | 23:56 |
|          | Air Blank         | 0.000  | 23:58 |
|          | Subject Sample #2 | 0.153  | 23:59 |
|          | Air Blank         | 0.000  | 00:00 |
|          | Control Test      | 0.079  | 00:00 |
|          | Air Blank         | 0.000  | 00:01 |
|          | Diagnostics Check | OK     | 00:01 |

Cylinder Lot: 29122080A1  
Exp: 12/05/2024

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who (☒) is personally known to me or (☐) produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I THOMAS H LEAHEY, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: T. Leahey Date: 06/16/2023  
Signature

Sworn to (or affirmed) before me this 16 day of June, 2023

A. Sentmanat Inw A Sentmanat #24968  
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



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

PBSO CASE # 23079209 PBSO ZONE 16-12

AGENCY CASE # \_\_\_\_\_ CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 22:27 DATE 06/15/2023 DAY Thursday

SUBJECT'S NAME MALONEY, AMANDA, ROSE RACE W SEX F

HGT 5'02" WGT 165 DOB 2/15/1992

LOCATION RIVER BRIDGE BLVD & ARBOR LAKES RD, GREENACRES, FL 33417

ARRESTING OFFICER'S NAME & ID INV. A. SENTMANAT (24968) AGENCY Palm Beach County Sheriff's Office

DIVISION: CID/DUI NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 23:29

ARREST TIME 23:13

BREATH RESULTS:

|    |      |
|----|------|
| 1) | .159 |
| 2) | .153 |
| 3) | N/A  |
| 4) | N/A  |

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A



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

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

|                                                             | X                                   | Florida State Statute                   | Description                                                                                                                                                                | Page Number(s) |
|-------------------------------------------------------------|-------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| L/E Exemptions                                              | <input type="checkbox"/>            | 119.071(2)(d)                           | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. |                |
|                                                             | <input type="checkbox"/>            | 943.053, 943.0525                       | NCIC/FCIC/FBI and in-state FDLE/DOC.                                                                                                                                       |                |
|                                                             | <input type="checkbox"/>            | 119.071(4)(c)                           | Undercover personnel.                                                                                                                                                      |                |
|                                                             | <input type="checkbox"/>            | 119.071(2)(f)                           | Confidential informants (CIs).                                                                                                                                             |                |
|                                                             | <input type="checkbox"/>            | 119.071(2)(e)                           | Confession.                                                                                                                                                                |                |
| Public Info. Exemptions                                     | <input type="checkbox"/>            | 985.04(1)                               | Juvenile offender records.                                                                                                                                                 |                |
|                                                             | <input type="checkbox"/>            | 119.071(h)(i)                           | Assets of a crime victim.                                                                                                                                                  |                |
|                                                             | <input type="checkbox"/>            | 395.3025(7)(a),<br>456.057(7)(a)        | Medical information.                                                                                                                                                       |                |
|                                                             | <input type="checkbox"/>            | 394.4615(7)                             | Mental health information.                                                                                                                                                 |                |
|                                                             | <input type="checkbox"/>            | 119.071(4)(d)(2)(a)                     | Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.                                            |                |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>(2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers.                                                                                                     | 2              |
|                                                             | <input type="checkbox"/>            | (viii) 394.4615(7)                      | Clinical records under the Baker Act.                                                                                                                                      |                |
|                                                             | <input type="checkbox"/>            | (xii) 741.30(3)(b)                      | The victim's address in a domestic violence action on petitioner's request.                                                                                                |                |
|                                                             | <input type="checkbox"/>            | (xiii) 119.071(2)(h),<br>119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.                                                                                                 |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
| Other                                                       | <input checked="" type="checkbox"/> | 316.650(b)                              | Other: Driver information contained in a uniform traffic citation.                                                                                                         | 15-16          |
|                                                             | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |

**REVIEW COMPLETED BY**

**Booking Number:** 2023015762

**Date:** 6/16/2023

**Specialist Name/ID:** R.Castro/40259