

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

Juvenile N

OBTS Number _____

Agency ORI Number: FLO: 5 | 0 | 0 | 0 | 0 | 0 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 0 | 6 | - | 23049673

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Location of Arrest (including Name of Business): S. JOG RD / NORTHTREE BLVD, BOYNTON BEACH, FL 33467 Location of Offense (Business Name, Address): S. JOG RD / NORTHTREE BLVD, BOYNTON BEACH, FL 33467

Date of Arrest: 03/23/2023 Time of Arrest: 0043 Booking Date: _____ Booking Time: _____ Jail Date: _____ Jail Time: _____ Location of Vehicle: PALM BEACH AUTO DISPOSAL

Name (Last, First, Middle): Vo, Bang, Thi Alias (Name, DOB, Soc. Sec. #, Etc.): _____

Race: W - White B - Black I - American Indian O - Oriental/Asian Sex: W F Date of Birth: 4/10/1967 Height: 5'00 Weight: 106 Eye Color: BRN Hair Color: BLK Complexion: MED Build: MED

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): _____ Marital Status: Divorced Religion: NONE Indication of Alcohol Influence Drug Intoxication: Y N Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): 22734 Royal Crown Ter E, Boca Raton, FL 33433 Mobile Phone: (561) 334-3020 Residence Type: 1. City 2. County 3. Florida 4. Out of State 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): _____ Phone: _____ Address Source: VERBAL - FL DL

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

D/L Number, State: V000078676300, FL Soc. Sec. Number: _____ INS Number: _____ Place of Birth (City, State): VIETNAM Citizenship: YES

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

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

Parent Name (Last) (First) (Middle): _____ Residence Phone: _____

Legal Custodian Name (Last) (First) (Middle): _____ Business Phone: _____

Other: _____

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

Notified by: (Name) (Date) (Time) Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address was provided by defendant and / or defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address.

Yes, by: (Name) No (Reason)

Property Crime? Yes No Description of Property Value of Property

Drug Activity: N. N/A S. Sell B. Buy P. Possess R. Smuggle D. Deliver T. Traffic K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other

Charge Description: Driving Under the Influence Counts: 1 Domestic Violence: Y N Statute Violation Number: 316.193(1)(A) Violation of ORD #: _____

Drug Activity: U Drug Type: U Amount / Unit: _____ Offense #: 23049673 Warrant / Capias Number: _____ Bond: OK

Charge Description: _____ Counts: _____ Domestic Violence: Y N Statute Violation Number: _____ Violation of ORD #: _____

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

Charge Description: _____ Counts: _____ Domestic Violence: Y N Statute Violation Number: _____ Violation of ORD #: _____

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

Charge Description: _____ Counts: _____ Domestic Violence: Y N Statute Violation Number: _____ Violation of ORD #: _____

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

Location (Court, Room Number, Address): Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

Court Date and Time: Month: APRIL Day: 20th Year: 2023 Time: 0830 A.M. P.M.

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): X Refused Date Signed: 03/23/2023

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.

Signature: _____

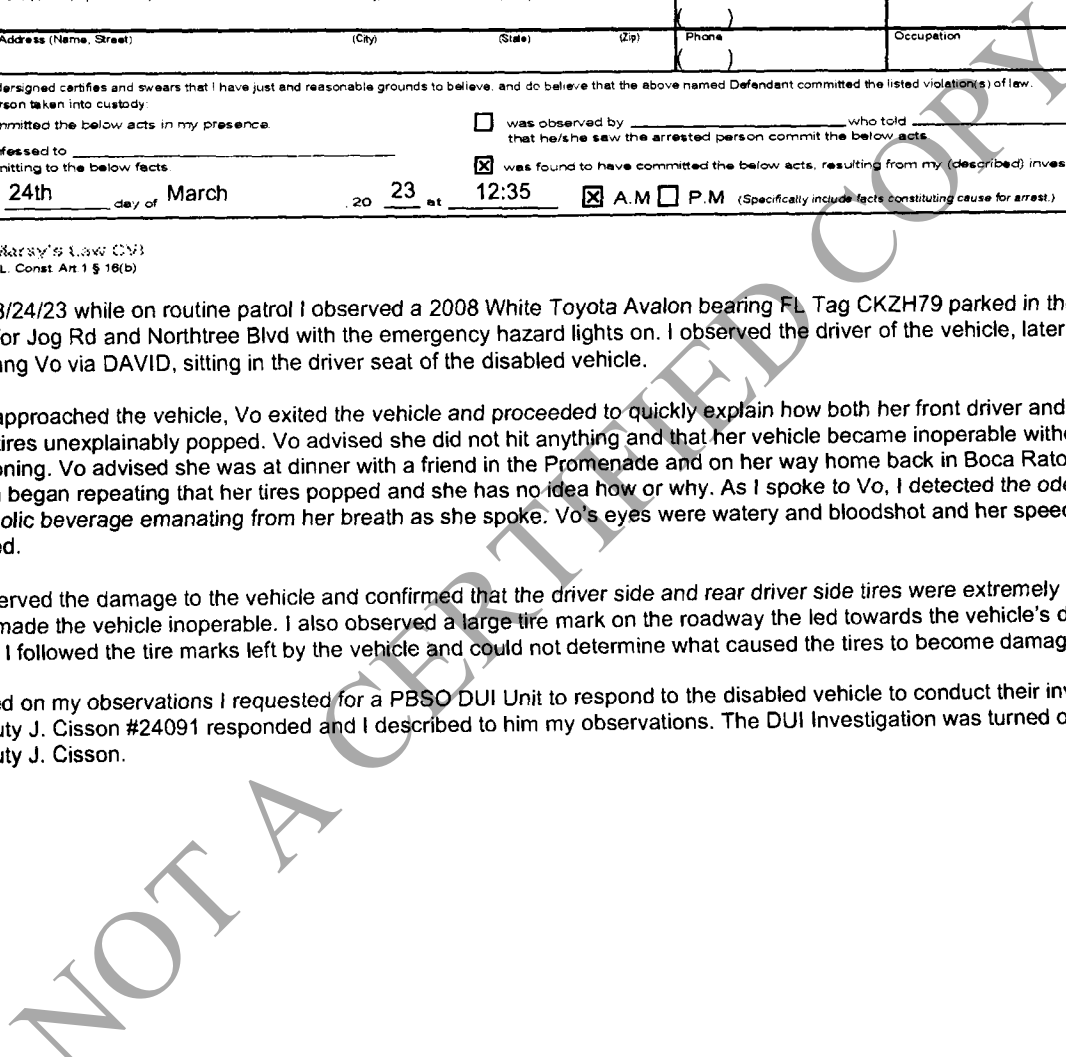
HOLD for other agency: _____ Signature of Arresting Officer: X Name Verification (Printed by Arrestee): _____

Dangerous Resisted Arrest Name of Arresting Officer (Print): Inv. Cisson J. I.D. #: 24091 (PRINT) PAGE _____

Suicidal Other: _____ Transporting Officer: Inv. Cisson J. I.D. #: 24091 Agency: PBSO Witness here if subject signed with an "X" _____ OF 1

		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request for Warrant	1	Juvenile	
ADMIN	OBTS Number	Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number		
	Charge Type Check as many as apply	<input type="checkbox"/> 1 Felony	<input checked="" type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 3 Misdemeanor	<input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance	<input type="checkbox"/> 6 Other	Special Notes Supp PC
DEF	Name (Last, First, Middle) Vo, Bang		Alias		Race O	Sex F	Date of Birth 04/10/1967	
	Charge Description DUI		316.193(1)(a)		Charge Description			
CHARGES	Charge Description		Charge Description		Charge Description			
	Charge Description		Charge Description		Charge Description			
VICTIM	Victim's Name (Last, First, Middle) State of Florida		Race		Sex	Date of Birth		
	Local Address (Street, Apt Number)		(City)	(State)	(Zip)	Phone		Address Source
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation
<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. <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 24th day of March, 2023 at 12:35 <input checked="" type="checkbox"/> A.M <input type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p> <p><input type="checkbox"/> Marry's Law (N) FL Const Art 1 § 18(b)</p> <p>On 03/24/23 while on routine patrol I observed a 2008 White Toyota Avalon bearing FL Tag CKZH79 parked in the left turn lane for Jog Rd and Northtree Blvd with the emergency hazard lights on. I observed the driver of the vehicle, later identified as Bang Vo via DAVID, sitting in the driver seat of the disabled vehicle.</p> <p>As I approached the vehicle, Vo exited the vehicle and proceeded to quickly explain how both her front driver and rear driver side tires unexplainably popped. Vo advised she did not hit anything and that her vehicle became inoperable without any reasoning. Vo advised she was at dinner with a friend in the Promenade and on her way home back in Boca Raton. Vo then again began repeating that her tires popped and she has no idea how or why. As I spoke to Vo, I detected the odor of an alcoholic beverage emanating from her breath as she spoke. Vo's eyes were watery and bloodshot and her speech was slurred.</p> <p>I observed the damage to the vehicle and confirmed that the driver side and rear driver side tires were extremely damaged and made the vehicle inoperable. I also observed a large tire mark on the roadway the led towards the vehicle's damaged tires. I followed the tire marks left by the vehicle and could not determine what caused the tires to become damaged.</p> <p>Based on my observations I requested for a PBSO DUI Unit to respond to the disabled vehicle to conduct their investigation. Deputy J. Cisson #24091 responded and I described to him my observations. The DUI Investigation was turned over to Deputy J. Cisson.</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		(Signature of Arresting/Investigative Officer)		20 23 by D/S U RAZI 4096			
	The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of March		(Print name of Arresting/Investigative Officer, who is personally known to me and who produced identification)		Type of identification produced		PAGE 1 OF 1	
Inv. Cisson 24091		Notary Public, Clerk of Court Officer (F.S.S.) 117.10		Known Law Enforcement Officer				

ANNEX
R 24 2023





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

PBSO CASE # 23049673 PBSO ZONE 6-31

AGENCY CASE # N/A CRASH CASE # N/A

TIME OF STOP/CRASH 2342 DATE 03/23/2023 DAY Thursday

SUBJECT'S NAME Vo, Bang, Thi RACE W SEX F

HGT 5'00 WGT 106 DOB 4/10/1967

LOCATION S. JOG RD / NORTHTREE BLVD, BOYNTON BEACH, FL 33467

ARRESTING OFFICER'S NAME & ID Inv. Cisson J. (24091) AGENCY Palm Beach County Sheriff's Office

DIVISION: CID - DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0109

ARREST TIME 0043

BREATH RESULTS:

REFUSED

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23rd DAY OF March 20 23, AT 2342 AM PM

SUBJECT: Vo, Bang, Thi CASE NUMBER: 23049673

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Cisson J.

PERSONAL CONTACT

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

On Thursday March 23rd 2023 at approximately 2348 hours, I responded to a disabled vehicle at S. Jog Rd and Northtree Blvd, in unincorporated Boynton Beach, FL 33467 (Palm Beach County). Upon arrival at 0003 hours, I spoke with Deputy Razi ID# 40962 who relayed the following to me: On 03/24/23 while on routine patrol I observed a 2008 White Toyota Avalon bearing FL Tag CKZH79 parked in the left turn lane for Jog Rd and Northtree Blvd with the emergency hazard lights on. I observed the driver of the vehicle, later identified as Bang Vo via DAVID, sitting in the driver seat of the disabled vehicle. As I approached the vehicle, Vo exited the vehicle and proceeded to quickly explain how both her front driver and rear driver side tires unexplainably popped. Vo advised she did not hit anything and that her vehicle became inoperable without any reasoning. Vo advised she was at dinner with a friend in the Promenade and on her way home back in Boca Raton. Vo then again began repeating that her tires popped and she has no idea how or why. As I spoke to Vo, I detected the odor of an alcoholic beverage emanating from her breath as she spoke. Vo's eyes were watery and bloodshot and her speech was slurred. I observed the damage to the vehicle and confirmed that the driver side and rear driver side tires were extremely damaged and made the vehicle inoperable. I also observed a large tire mark on the roadway the led towards the vehicle's damaged tires. I followed the tire marks left by the vehicle and could not determine what caused the tires to become damaged. Based on my observations I requested for a PBSDUI Unit to respond to the disabled vehicle to conduct their investigation. Deputy J. Cisson #24091 responded and I described to him my observations. The DUI Investigation was turned over to Deputy J. Cisson. This concludes his supplement.

OBSERVATION OF DRIVER:

I observed the defendant, Bang Thi Vo who was wearing a tan sweater and a yellow dress with red shoes. The defendant was standing outside the vehicle speaking with Deputy Razi. I asked the defendant to walk over to the front of my vehicle and speak with me. While walking over to my vehicle, the defendant was unsteady on her feet and staggered as she walked. While standing stationary the defendant swayed. I could see the defendant's eyes were bloodshot and glossy. She had an obvious odor of an unknown alcoholic beverage emitting from her breath that grew stronger as she spoke. The defendant's speech was slurred.

DRIVER'S STATEMENTS:

The defendant said she did not have any physical defects or preexisting injuries, diabetes. She said she was not wearing her glasses when she was driving. The defendant said she had no alcohol to drink but then said she had one glass of white wine to drink. There was a cup in her center console with ice. The cup smelled of an unknown alcoholic beverage and when I used the portable breath test pass function, the container tested positive for alcohol. The defendant said she was coming from Pompano and going Boca Raton. She was currently in Boynton Beach headed northbound on Jog Rd. She said she was driving eastbound. She did not know the name of the road she was driving on. I asked the defendant to submit to roadside field sobriety tasks to which she agreed.

ODORS:

An obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, Compliant, Repetitive, Inattentive

CLOTHING: Neat, Clean

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Cisson J.

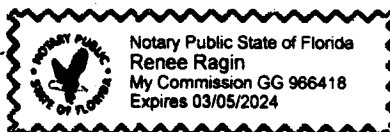
Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of March 20 23 by Inv. Cisson J.

Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known LEO ID# 24091

Renee Ragin (#16877)

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



SUBJECT: Vo, Bang, Thi

CASE NUMBER 23049673

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

The defendant swayed while standing stationary. I had to remind the defendant to not turn her head multiple times. I had to remind the defendant to follow the red light.

WALK & TURN:

The task was explained and demonstrated. The defendant stated she understood the instructions. During the task the defendant failed to maintain the instructional stance. The defendant swayed while standing stationary. The defendant did not touch heel to toe multiple times, stepped off the line, stopped to regain balance, and took the incorrect number of steps.

ONE LEG STAND:

The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant put her foot down multiple times before 30 seconds elapsed. She attempted to do the task several times before actually starting the task.

FINGER TO NOSE:

The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant just raised her left hand and did not attempt to touch her nose. She missed the tip of her nose multiple times. She opened her eyes during the task. She argued the instructions after she said she understood them and became interruptive.

ROMBERG ALPHABET:

She said she did not know the English alphabet. She said she could count from 1 to 26. The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant sped up and started counting fast.

BREATH TEST RESULTS: Refused Refused

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Cisson J.

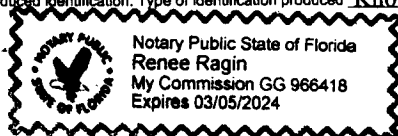
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of March, 2023 by Inv. Cisson J.

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known LEO ID# 24091

Renee Ragin (#16877)

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



TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

Eyes are red
Odor of unknown alcoholic beverage on breath
Subject stated in testing room she had wine.

COMMENTS:

Arrived at center A/O started 20 minute observation period at 01:09 hrs.

Subject agreed to perform breath test.

Subject asked what if she refused to perform breath test.

A/O read I/C 2x and explained I/C.

Subject talking over A/O.

A/O called refusal.

No rights and Q&A conducted.

SUBJECT: _____

CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

I am now requesting that you submit to a lawful test of your **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) _____

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: 80-006240 Software: 8100.27
Date of Test: 03/24/2023

Date of Last Agency Inspection: 03/10/2023
Observation Period Began: 01:09
Subject's Name: BANG T VO

DOB: 04/10/1967 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	01:36
	Air Blank	0.000	01:37
	Control Test	0.081	01:37
	Air Blank	0.000	01:37
	Subject Sample #1	NSP*	01:41
	Air Blank	0.000	01:41
	Air Blank	0.000	01:43
	Subject Sample #2	NSP*	01:46
	Air Blank	0.000	01:47
	Control Test	0.080	01:47
	Air Blank	0.000	01:47
	Diagnostics Check	OK	01:48

*No Sample Provided

Cylinder Lot: 08622080A1
Exp: 06/05/2024

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 RENEE M RAGIN, 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: _____ Date: 03/24/23
Signature

Sworn to (or affirmed) before me this 24 day of March, 2023

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida Inv. J. Cisson #24091

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.

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, INV JACKIE CISSON, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Palm Beach County Sheriffs Office, and I do swear
(Name of enforcement agency)

or affirm that on or about the TWENTY-FOURTH day of March, 2023, at 12:43 AM

DRIVER BANG THI VO
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # V000078676300, state of FL, was placed under lawful arrest for

the offense of DUI by INV JACKIE CISSON and
(Name of Arresting Officer)

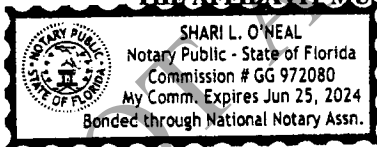
issued Citation # AGY7NZE

That on or about the TWENTY-THRID day of March, 2023, at 1:48 AM
in Palm Beach County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

Signature of Law Enforcement Officer or Corrcional Officer

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



(AFFIX SEAL)

The foregoing insturment was sworn and subscribed before
me this 24 day of March, 2023

by _____
who is personally known to me or who has produced

_____ as identification.
Notary Public Shari L. O'Neal

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

WITNESS LIST

CASE NUMBER: 23049673

ARRESTING OFFICER: Inv. Cisson J.

ADDRESS: PBSO 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-3000

CAN TESTIFY TO: Facts of the case

NAME: DEPUTY Razi ID# 40962

ADDRESS: PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: TRAFFIC STOP, INDICATORS OF IMPAIRMENT

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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NOT A CERTIFIED COPY

SGM
MAR 24 2023



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), 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), 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), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
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	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2023007762	Date: 3/24/2023
	Specialist Name/ID: R.Castro/40259