

24CT16364ASB

# 0551813

# 3419-5

ARREST / NOTICE TO APPEAR

- 1. Arrest (No Warrant)
- 2. N.T.A.
- 3. Request for Warrant
- 4. Request for Cepias
- 5. Juvenile Referral

1 JUVENILE N


OBTS Number	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3   2   2024-009951</b>	
Charge Type: Check as many as apply:	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized		Enter Type <b>UNARMED</b>
Location of Arrest (Including Name of Business) <b>725 S OCEAN BLVD, BOCA RATON, FL 33432</b>			Location of Offense (Business Name, Address) <b>725 S OCEAN BLVD, BOCA RATON, FL 33432</b>			
Date of Arrest <b>08/24/2024</b>	Time of Arrest <b>01:51</b>	Booking Date <b>08/24/2024</b>	Booking Time <b>02:01</b>	Jail Date <b>08/24/2024</b>	Jail Time <b>02:29</b>	Location of Vehicle <b>TOWED BY GUARDIAN</b>
Name (Last, First, Middle) <b>SEDANO, CINDY PAULA</b>			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White   A - American Indian B - Black   O - Oriental/Asian <b>W</b>			Sex <b>F</b>	Date of Birth <b>06/07/1998</b>	Height <b>5'07</b>	Weight <b>155</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT BACK BACK / PARENTS NAMES; TATT BACK BACK / ANIME</b>			Marital Status <b>S</b>	Religion <b>CHRISTIAN</b>	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>600 NW 67TH TER, MARGATE, FL 33063</b>			Phone <b>(954) 934-5143</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>3</b>	
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>600 NW 67TH TER, MARGATE, FL 33063</b>			Phone <b>(954) 934-5143</b>		Address Source <b>VERBAL</b>	
Business Address (Name, Street) (City) (State) (Zip) <b>CORAL SPRINGS ANIMAL HOSPITAL,</b>			Phone		Occupation <b>Vet Tech</b>	
D/L Number, State <b>S350115987070 / FL</b>		Soc. Sec. Number	INS Number		Place of Birth (City, State) <b>MARGATE, FL, United</b>	Citizenship <b>US</b>
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)			Residence Phone			
<input type="checkbox"/> Legal Custodian			Business Phone			
Address (Street, Apt. Number) (City) (State) (Zip)						
Notified by: (Name)			Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
Released To: (Name)			Relationship	Date	Time	
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.			School Attended		Grade	
<input type="checkbox"/> Yes, by: _____			Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property <b>CONCRETE BARRIER/GUARD RAIL</b>		Value of Property <b>\$4,500</b>
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispenses/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine
Charge Description <b>DUI- PROPERTY DAMAGE</b>			Statute Violation Number <b>316.193(3C1)</b>	Violation of ORD #		
Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense #	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Cepias Number
Charge Description			Statute Violation Number	Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Cepias Number
Charge Description			Statute Violation Number	Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Cepias Number
Health / Apparent Physical Condition of Defendant <b>POOR</b>			Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: <b>NOG 24 AM 7:18</b>			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			PROPERTY - Received By <b>LEE</b>		Released By <b>LEE</b>	
Transported By			Date Transported <b>//</b>	Time Transported	Other <b>RELEASED TO TDCJ '24 AUG 25 AM 8:08</b>	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>			No Photo Available
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.			Court Date and Time <b>09/23/2024 08:30:00</b>			
Signature of Defendant (or Juvenile and Parent/Custodian) <i>[Signature]</i>			Date Signed <b>08/24/24</b>			
HOLD for Other Agency			Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) <b>(PRINT) Cindy Sedano</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>LEE, D. K.</b>	
Intake Deputy <i>[Signature]</i>			Pouch #		ID.# <b>893</b>	
Transporting Officer <i>[Signature]</i>			ID.# <b>665</b>		Agency	
Witness here if subject signed with an "X".			PAGE <b>1 OF 1</b>			

M CERlain # 665

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBTN Number		Agency ORI Number <b>FL FLO500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2024-009951</b>			
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						Special Notes:			
D E F E N D E R	Name (Last, First, Middle) <b>SEDANO, CINDY PAULA</b>						Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/07/1998</b>
	Charge Description <b>316.193(3C1) DUI- PROPERTY DAMAGE</b>		Charge Description							
C H A R G E S	Charge Description		Charge Description							
	Charge Description		Charge Description							
V I C T I M	Victim's Name (Last, First, Middle) <b>State Of Florida</b>						Race	Sex	Date of Birth	
	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source			
M	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation			
	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. The Person taken into custody... <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. <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. On the <u>24</u> day of <u>August</u> , 2024 at <u>01:51</u> (Specifically include facts constituting cause for arrest.)									
P R O B A B L E	On 8/24/2024, at approximately 0108 hours, I responded to the area of 725 S Ocean Blvd in reference to a single vehicle crash. Upon arrival, I observed a gray Honda CRV (FL tag - DRI5464) with heavy damage on top of the S Ocean Blvd (A1A)/Boca Inlet bridge. The vehicle had significant damage to the front, was missing the entire front driver side wheel, and the rear driver side wheel was off the rim. There was also debris from the vehicle scattered in the roadway. It was obvious that the vehicle had been involved in a crash and became disabled at this location with its passenger wheels on top of the sidewalk. After conducting a walkthrough of the scene, examining the roadway evidence, and the damage to the vehicle, it was determined that the vehicle was traveling southbound on S Ocean Blvd when it left its lane, traversed across the northbound lane, struck the curb on the east (northbound) side of the bridge, and then violently struck the concrete retaining wall and guardrail on the east (northbound) side of the bridge. The vehicle was then redirected into the travel lanes and came to final rest, disabled, at the location it was currently at. I also observed a white female subject crouched down on the sidewalk behind the vehicle. The female was speaking with BRPD Officer Almeida and BRFR personnel. BRFR responded to the scene and treated the female for minor abrasions/lacerations on her arms. Officer Almeida conducted a crash investigation and completed a HSMV crash report (See HSMV Crash Report #26595929).									
	While Officer Almeida was conducting his investigation, I spoke with the bridge tender, Brandon Walker, who advised he witnessed the vehicle traveling southbound on Ocean Blvd before driving across the northbound lanes and then striking the concrete retaining wall and guardrail on the east (northbound) side of the bridge, just as described before. Walker stated that he immediately exited his office and ran over to the vehicle, made contact with a white female subject who was in the driver seat and the sole occupant of the vehicle, and helped the female get out of the vehicle. Walker pointed out the female who I had seen crouched down behind the vehicle as the female he helped exit the vehicle. The female was later identified via D.A.V.I.D. as Cindy Sedano. Walker swore to									
S W O R N	SWORN AND SUBSCRIBED BEFORE ME									
	<b>CARNEY DANIEL CHARLES</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>08/24/2024</u> DATE					 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>LEE, DYLAN KANE (893)</b> NAME OF OFFICER (PLEASE PRINT) <u>08/24/2024</u> DATE				
A D M I N I S T R A T I V E									PAGE 1 OF 3	

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL FLO500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2024-009951</b>
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:
Name (Last, First, Middle) <b>SEDANO, CINDY PAULA</b>			Alias	Race <b>W</b> Sex <b>F</b> Date of Birth <b>06/07/1998</b>

his statement which was captured on my BWD and classified as evidence.

I then stood by and waited for Officer Almeida to complete his crash investigation. While waiting, Officer Almeida informed me that he could smell the odor of an unknown alcoholic beverage emanating from Sedano's breath when she spoke.

Upon completion of Officer Almeida's investigation, he informed Sedano that his crash investigation was over, and I informed her that I would be conducting a criminal DUI investigation. I then informed Sedano of her constitutional warnings (Miranda) and she stated she understood. It should be noted that Sedano was constantly looking through a small bag that was strapped around her torso and manipulating her phone while I was informing her of her constitutional warnings. Sedano appeared more concerned about her phone and locating her I.D. than the investigation.


According to Sedano, she was heading northbound on S Ocean Blvd when her Honda CR-V struck the concrete barrier and guard rail. Sedano confessed to coming from Packy's which is a bar. Sedano claimed she had only consumed one Stella beer this evening.

While speaking with Sedano, I observed that her eyes were red and glassy, and I could smell a strong odor of an unknown alcoholic beverage emanating from her breath when she spoke. Sedano advised that she took anti-depressant medication at 7:00pm tonight but was unable to tell me the name of the medication. According to Sedano she does not have any injuries that would interfere with her balance, and she does not suffer from epilepsy or seizures.

Based on the manner of collision, my observations, and Sedano's confession of having consumed alcohol, I suspected that, at the time of the crash, Sedano may have been operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. I then asked Sedano to submit to Standardized Field Sobriety Exercises to dispel any suspicion that she was driving impaired, and she agreed to participate.

The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Sedano stated that she understood. I first ensured that Sedano's eyes had equal pupil sizes and tracked equally. I then continued with the exercise. Sedano displayed lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and onset of nystagmus prior to 45 degrees in both eyes.

The second exercise was the Walk and Turn. I administered the instructions and demonstrated how the exercise should be completed. Sedano stated that she understood. Sedano had difficulty getting into the starting position and broke the starting position while I was demonstrating the exercise. During the exercise, Sedano stepped off the line, missed heel to toe on every step, and stopped after the first set of nine steps.

SWORN AND SUBSCRIBED BEFORE ME  <u>CARNEY, DANIEL CHARLES</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  <u>08/24/2024</u> DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <u>LEE, DYLAN KANE (893)</u> NAME OF OFFICER (PLEASE PRINT)  <u>08/24/2024</u> DATE	PAGE <b>2 OF 3</b>
--	---	-----------------------

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL FL0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3 2 2024-009951</b>
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor
	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other		

Name (Last, First, Middle) <b>SEDANO, CINDY PAULA</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/07/1998</b>
--	-------	------------------	-----------------	------------------------------------

Sedano never turned around and confirmed with me that she was done when I asked.

The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how the exercise should be completed. Sedano stated she understood. Sedano swayed and failed to follow instructions by not counting.

The fourth exercise was the Finger to Nose. I confirmed that Sedano knew her left from her right by asking him to show me her left hand and then her right hand. I then administered the instructions and Sedano stated she understood. The pattern was L-R-L-R-R-L.

L - Held her finger on under her nose.  
R - No obvious issues. Held her finger on under her nose.  
L - Missed the tip of her nose. Held her finger on under her nose.  
R - Missed the tip of her nose. Held her finger on under her nose.  
R - Missed the tip of her nose. Held her finger on under her nose.  
L - Missed the tip of her nose. Held her finger on under her nose.

The final exercise was a modified Romberg balance exercise. I administered the instructions and conducted the exercise. Sedano estimated the passage of 30 seconds in 32 seconds.

Based on my investigation, and the totality of the circumstances, I found probable cause to believe that, at the time of the crash, Sedano was operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. Sedano was placed under arrest for DUI per F.S.S. 316.193(3c1).

Sedano was transported to BRPD booking for post arrest processing and the administration of a breath test. Officer Ricciardi (ID817) (Breath Test Operator) responded to BRPD booking and assisted with the BAT room procedures. Sedano was asked to provide a sample of her breath for the purpose of determining the alcohol content and she refused to submit. Sedano was then informed of Implied Consent, and she stated she understood. Sedano continued to refuse to submit to a breath test. Sedano was then informed of her constitutional warnings (Miranda), and she stated she understood. Sedano did not wish to answer any of my questions. See DUI Influence Report for further.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<b>CARNEY, DANIEL CHARLES</b>	<b>LEE, DYLAN KANE (893)</b>
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)
<b>08/24/2024</b>	<b>08/24/2024</b>
DATE	DATE

**STATE OF FLORIDA**  
**DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES**  
**AFFIDAVIT OF REFUSAL TO SUBMIT TO**  
**BREATH AND/OR URINE TEST**

I, OFC. D. LEE, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of BOCA RATON POLICE SERVICES DEPARTMENT, and I do swear  
(Name of law enforcement agency)


or affirm that on or about the 24TH day of AUGUST, 2024, at 0151  P.M.  A.M.

DRIVER CINDY PAULA SEDANO  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S350115987070, state of FLORIDA, was placed under lawful arrest for  
the offense of DUI by OFC. D. LEE and  
issued Citation # AJVGN5E  
(Name of Arresting Officer)

That on or about the 24TH day of AUGUST, 2024, at 0240  P.M.  A.M.  
in PALM BEACH County,

I requested that the driver submit to a  breath and/or  urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

 813  
\_\_\_\_\_  
Signature of Law Enforcement Officer or  
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

  
\_\_\_\_\_  
Signature of Attesting Officer

Title OFC. J. CASAS ID818

Date 8/24/2024

(AFFIX SEAL)  
The foregoing instrument was sworn and subscribed before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_,  
who is personally known to me or who has produced  
\_\_\_\_\_ as identification

Notary Public \_\_\_\_\_

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.

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: BOCA RATON PD  
Instrument Serial Number: 80-006622 Software: 8100.27  
Date of Test: 08/24/2024

Date of Last Agency Inspection: 08/15/2024  
Observation Period Began: 02:12  
Subject's Name: CINDY P SEDANO

DOB: 06/07/1998 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	02:43
	Air Blank	0.000	02:43
	Control Test	0.078	02:43
	Air Blank	0.000	02:44
	Subject Sample #1	REF*	02:44
	Air Blank	0.000	02:44
	Control Test	0.079	02:45
	Air Blank	0.000	02:45
	Diagnostics Check	OK	02:45

\*Subject Test Refused

Cylinder Lot: 08223080A3  
Exp: 06/05/2025

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 AMANDA L RICCIARDI, 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 *Amanda Ricciardi*

Signature

Date: 8/24/24

Sworn to (or affirmed) before me this 24 day of AUGUST, 2024

*[Signature]*  
Signature of Notary Public-State of Florida

D. LEE  
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.

Case # - 24-9951  
Observation 0212  
10-15-0151

## DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2<sup>nd</sup> Avenue  
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART I

On the 24 day of August, at \_\_\_\_\_ AM/PM:

Subject: Cindy Sedano Case Number: 2024009951

PERSONAL CONTACT

Driving Pattern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Observation of Driver: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's Statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Odors: \_\_\_\_\_  
\_\_\_\_\_

GENERAL OBSERVATIONS

Speech: \_\_\_\_\_

Attitude: \_\_\_\_\_

Clothing: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

NOT A CERTIFIED COPY  
see PC

Horizontal Gaze Nystagmus:

- Left eye does not follow smoothly
- Left eye jerks at 45 degrees angle or less
- Distinct jerking left eye maximum deviation
- Right eye does not follow smoothly
- Right eye jerks at 45 degrees angle or less
- Distinct jerking right eye maximum deviation

Can not do, Why? \_\_\_\_\_

Walk and turn: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

One leg stand: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Finger to nose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Alphabet (speech pattern): \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Breath/Blood test results: \_\_\_\_\_

State of Florida, County of Palm Beach,  
Sworn and subscribed before me this 8/24/24 (date) by A. Ricciardi

[Signature]  
Notary/Clerk of Court/ Officer (FSS 117.10) Date 8/24/24

[Signature] 893 Signature of Arresting Officer D. Lee Name of Officer (print)

ARRESTING OFFICER: D. Lee

Name: J. Casas Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: A. Ricciardi Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

NOT A CERTIFIED COPY



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2024009951

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is saturday, August, 24, 2024.  
(day) (month) (date) (year)

B. The time is now approximately 238  AM/PM.

C. The following is in reference to case number 2024009951.

D. Present at this time is ofc. lee & ofc. casas of the Boca Raton Police Department.  
(Officer's Name)

E. Officer lee, have you arrested gindy sedano in violation of  
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? yes

G. Mr./Mrs./Ms. sedano, I am required to inform you these  
proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

NOT A CERTIFIED COPY

**II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.**

*Note: Read only the paragraph applicable to the type of test you are requesting.*

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. 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.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

**IMPLIED CONSENT WARNINGS**

*Note: Read only if the subject does not comply with your request.*

I am \_\_\_\_\_ of the \_\_\_\_\_.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject Signature: \_\_\_\_\_

*Note: Also read for CDL holders:*

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

*Note: After reading the implied consent warning, the arresting officer must request a breath sample again.*

**(IF REFUSAL THEN)**

At this time Mr./Mrs./Ms. sedano has refused to submit to a breath test.

The date is AUGUST, 24, 2024, and the time is 240 AM/PM.  
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT  
JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.**

**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*  
*(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*  
*(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*  
*(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*  
*(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*  
*(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*  
*(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*  
*(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



BOCA RATON POLICE SERVICES DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Cindy Sedano

CASE #: 2024009951 DATE: 8/24/24

BREATH TEST RESULTS

1) TIME Refused AM/PM 2) TIME \_\_\_\_\_ AM/PM  
3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: Ricciardi

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_

ATTITUDE: Friendly

CLOTHING: Red crop top, light blue jeans, barefoot

MEDICAL CONDITION: None

OTHER: odor of alcohol coming from person, flushed face

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed:           *refused*  
*on camera*           Date: \_\_\_\_\_ Time: \_\_\_\_\_

**QUESTIONS AND ANSWERS**

Were you operating a motor vehicle at the time of the accident/stop? \_\_\_\_\_

Where were you going? \_\_\_\_\_

What street or highway were you on? \_\_\_\_\_

Direction of travel? \_\_\_\_\_

Where did you start driving from? \_\_\_\_\_

What city (county) were you stopped in? \_\_\_\_\_

What time did you start? \_\_\_\_\_ AM/PM What time is it now? \_\_\_\_\_

What is today's date? \_\_\_\_\_ What day of the week is it? \_\_\_\_\_

When did you last eat? \_\_\_\_\_ What did you eat? \_\_\_\_\_

What have you been doing the past three hours prior to this stop/accident? \_\_\_\_\_

How much do you weigh? \_\_\_\_\_ Have you been drinking? \_\_\_\_\_ What were you drinking? \_\_\_\_\_

How much? \_\_\_\_\_ Where? \_\_\_\_\_ With whom were you drinking? \_\_\_\_\_

When did you have your first drink? \_\_\_\_\_ AM/PM When did you stop drinking? \_\_\_\_\_ AM/PM

How did you consume your last two drinks? \_\_\_\_\_

Are you under the influence of alcohol now?  Yes  No

Can you feel the effects of alcohol?  Yes  No

Have you consumed alcohol since the accident?  Yes  No

Can you feel the effects of alcohol?  Yes  No

Have you consumed alcohol since the accident?  Yes  No How much? \_\_\_\_\_

What? \_\_\_\_\_ Where? \_\_\_\_\_

What line of work are you in? \_\_\_\_\_

When did you last work? \_\_\_\_\_

Do you have any physical defects or injuries?  Yes  No If yes, explain: \_\_\_\_\_

Are you sick or injured?  Yes  No If yes, explain: \_\_\_\_\_

Do you limp?  Yes  No Did you get a bump on the head?  Yes  No

Were you in an accident today? \_\_\_\_\_

Have you taken any drugs or smoked marijuana today? \_\_\_\_\_

What? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today?  Yes  No Who? \_\_\_\_\_

Are you taking any prescription medications?  Yes  No What? \_\_\_\_\_ When? \_\_\_\_\_

Do you have: Epilepsy?  Yes  No Inner ear trouble?  Yes  No

Glass eye?  Yes  No Ear infection?  Yes  No

False teeth?  Yes  No Diabetes?  Yes  No

Any problems not correctable by glasses or contact lenses? \_\_\_\_\_

Do you take insulin?  Yes  No If yes, when was your last injection? \_\_\_\_\_

Have you ever had a driver's license in any other state? \_\_\_\_\_

I am now ending this video recording. The time is now approximately 2:40 AM/PM.

The date is August (month), 24 (day), 2024 (year).



# Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<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"/>	(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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2024022888	Date: 8/25/2024
	Specialist Name/ID#: Joe Kovach 44820