

0538343

23CF1582AMB

3363

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number		Agency ORI Number <b>FLO 5 0 2 6 0 0</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number <b>78 - 23000974</b>	
Charge Type: Check as many as apply: <input checked="" 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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) <b>9477 HIGHWAY A1A ALT, WEST PALM BEACH, FL, 33403</b>				Location of Offense (Business Name, Address) <b>ALT A1A/ENTRADA, PALM BEACH GARDENS, FL, 33410</b>			
Date of Arrest <b>02/19/2023</b>	Time of Arrest <b>02:19</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407</b>	
Name (Last, First, Middle) <b>MCDADE, DANIELLE, NICOLE</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/04/1997</b>	Height <b>502</b>	Weight <b>140</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>	Complexion <b>LGT</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status	Religion	Indication of Alcohol Influence Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>900 DEL LAGO, APT 103, PALM BEACH GARDENS, FL 33410</b>		(City)	(State)	(Zip)	Phone <b>(561) 313-6080</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>	
Permanent Address (Street, Apt. Number) <b>900 DEL LAGO, APT 103, PALM BEACH GARDENS, FL 33410</b>		(City)	(State)	(Zip)	Phone <b>(561) 313-6080</b>	Address Source <b>VERBAL</b>	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation	
D/L Number, State <b>M233174975840 FL</b>	Soc. Sec. #	INS Number	Place of Birth (City, State) <b>WEST PALM BEACH, FL</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		
Parent Name (Last, First, Middle)		Residence Phone		Other:			
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone		
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 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity S. Sell N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamines
Charge Description <b>DRIVING UNDER THE INFLUENCE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(A)</b>		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense # <b>23000974</b>	Warrant / Capias Number		Bond	
Charge Description <b>DRUGS - CONTROLLED SUBST W/O PRESCRIPTION</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>893.13(6)(A)</b>		Violation of ORD #	
Drug Activity <b>P</b>	Drug Type <b>Z</b>	Amount / Unit <b>2</b>	Offense # <b>23000974</b>	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Location (Court Room Number, Address)		<b>TO BE SET</b>					
Court Date and Time		Month Day Year Time AM PM					
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		02/19/2023 FEB 19 AM 5:45					
Signature of Defendant (or Juvenile and Parent /Custodian)		Date Signed					
HOLD for other Agency Name:		Signature of Arresting Officer <b>N.BADOLATI</b>		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>N.BADOLATI</b>		I.D. # <b>552</b>		(PRINT)	
Inmate Deputy I.D. # Pouch #		Transporting Officer <b>N.BADOLATI</b>		ID # <b>552</b>		Agency <b>PBGPD</b>	
Witness here if subject signed with an -X-		PAGE <b>1</b> OF <b>1</b>					

SCANNED

FEB 20 2023

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL FLO502600</b>		Agency Name <b>Palm Beach Gardens Police Department</b>	Agency Report Number <b>7   8   23-000974</b>
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>MCDADÉ, DANIELLE NICOLE</b>	Alias <b>MCDADÉ, DANIELLE NICOLE</b>	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/04/1997</b>
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Charge Description <b>316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED</b>	Charge Description <b>893.13(6)(A) CONTROLLED SUBST W/O PRESCRIP</b>
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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	
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 ...  
 committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
 On the 19 day of February, 2023 at 02:05 (Specifically include facts constituting cause for arrest.)

On Sunday, February 19, 2023, at approximately 0205hrs I, Ofc. Badolati 552 responded to Pirate's Well located at 9477 Alt A1A, West Palm Beach FL, reference to a report of a drunk driver. Body worn camera was used.

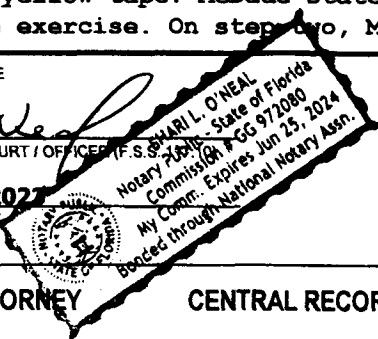
Upon arrival, I met with Ofc. Hennessy 409 who stated he observed a 2023 Toyota Camry, bearing FL registration 56DEWN traveling southbound on Alt A1A at an increased rate of speed. Ofc. Hennessy stated the vehicle was going 59 miles per hour in a 45 mile per hour zone. Ofc. Hennessy pulled behind the vehicle just before Lighthouse Dr and observed the vehicle drift onto the pavement shoulder that was demarcated by white-stripped lines. Ofc. Hennessy initiated a traffic stop on the vehicle and the vehicle pulled into the Pirates Well parking lot.

I then made contact with the driver, Danielle N McDade (OF), who was in actual physical control of the vehicle. McDade had glassy bloodshot eyes, slow and mumbled slurred speech, and the odor an unknown alcoholic beverage emitting from her breath that grew stronger as she spoke. I asked McDade how much did she have to drink tonight and she stated "Honestly, three drinks". McDade stated she was coming from Midget Wrestling and would participate in Standardized Field Sobriety Exercises. McDade exited her vehicle and stated she had no medical conditions which would affect the exercises performed.

The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used was Streamlight Stylus with a red illuminated tip. I observed equal tracking and a lack of smooth pursuit in both eyes. McDade had involuntary jerking in both eyes at maximum deviation and the onset of Nystagmus in both eyes prior to 45 degrees.

The second exercise conducted, was the Walk and Turn. The line used for the walk and turn was a strip of yellow tape. McDade stated she understood the instructions given and began to perform the exercise. On step two, McDade stepped off the line. On step three,

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<i>[Signature]</i>	<i>[Signature]</i>
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S.)	<b>BADOLATI, NICHOLAS (552)</b>
DATE: <b>02/19/2023</b>	NAME OF OFFICER (PLEASE PRINT)
<b>02/19/2023</b>	DATE
	PAGE 1 OF 2



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 FL0502600</b>		Agency Name <b>Palm Beach Gardens Police Department</b>	Agency Report Number <b>7   8   23-000974</b>
Charge Type: Check as many as apply.	Special Notes:			
<input checked="" 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		

Name (Last, First, Middle) <b>MCDADE, DANIELLE NICOLE</b>	Alias <b>MCDADE, DANIELLE NICOLE</b>	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/04/1997</b>
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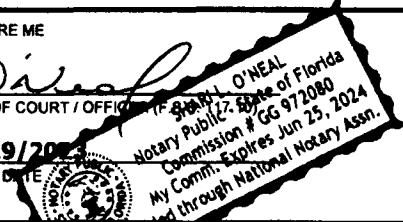
McDade stopped the exercise and was told to continue the steps. Steps three to nine, McDade's steps were not heel to toe and she extended her arms out more than six inches, to use them for balance. On the return, McDade's steps were not heel to toe and her arms were still extended more than six inches out to her side for balance. During the return steps, McDade stepped off the line three times.

The third exercise conducted, was the One-Leg Stand. McDade stated she understood the instructions given and began to perform the exercise. McDade began the exercise with "1002" and then corrected herself by starting over at 1001. At 15 seconds into the exercise, McDade extended her arms out more than six inches, to her side for balance. At 17 seconds, McDade began to sway side-to-side and lose her balance causing her to place her foot down. McDade restarted and completed the exercise.

Based on the results of the investigation, I placed Danielle N McDade under arrest at 0219hrs. While completing a tow inventory of McDade's vehicle, Ofc. Lovett 523 discovered a clear orange medication bottle in McDade's purse, with McDade's name printed on the label, located in on the rear driver side seat. Inside the medication bottle, I observed serval prescribed medications along with two unknown white oval pills, stamped G035 (Hydrocodone) and UUYI 101 (Tramadol). Ofc. Hennessy then read McDade her Miranda Warnings off his department issued Miranda card, which she stated she understood them and wished to speak to me. I then asked McDade about the two white oval pills, and she stated, "I didn't think you would find those". McDade stated she did not know what the pills were and are vitamins. I seized the pills as evidence and booked them into evidence.

I then transported McDade to PBSO BAT, to conduct the breath test. At PBSO BAT, I asked McDade if she was willing to submit a lawful test of her breath to determine its alcohol content, to which she refused. I then read McDade the Florida Implied Consent, to which she acknowledged and refused to provide a breath sample at 0325hrs. During video taped questioning of McDade, post-Miranda, McDade admitted to the Hydrocodone being prescribed two years ago and not being a current prescribed medication.

Based on the results of this investigation, I established probable cause showing Danielle N McDade was in actual physical control a motor vehicle, in the state of Florida, while under the influence of alcohol, to the extent her normal faculties were impaired, in violation of F.S.S 316.193 (1) (A). McDade had possession of a banned substance, in violation of F.S.S. 893.13(6) (A).

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	<i>[Signature]</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER	<i>[Signature]</i>
	<b>02/19/2023</b> DATE	<b>BADOLATI, NICHOLAS (552)</b> NAME OF OFFICER (PLEASE PRINT)
		<b>02/19/2023</b> DATE



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



PBSO Case #: 23-038205 PBSO Zone: 3-13

Agency Case #: 23000974 Crash Case #: \_\_\_\_\_

**Incident Information:**

Time of Stop/Crash: 0205 Date of Incident: 02/19/2023 Day: SUNDAY

Location of Incident: ALT A1A/ENTRADA, PALM BEACH GARDENS, FL, 33410

**Arrest Information:**

Time of Arrest: 02:19 Date of Arrest: 02/19/2023 Day: SUNDAY

Location of Arrest: 9477 HIGHWAY A1A ALT, WEST PALM BEACH, FL, 33403

Subject's Name: (L) MCDADE, (F) DANIELLE, (M) NICOLE

DOB: 03/04/1997 Race: W Sex: F Height: 502 Weight: 140 Hair BROWN Eye BLUE

Address: 900 DEL LAGO, APT 103, PALM BEACH GARDENS, FL 33410 Phone: (561) 313-6080

Arresting Officer's Name: N.BADOLATI ID#: 552

Agency: PBGPD Division: PATROL

**--BAT Use--**

BAT Notified: YES

Arrival Time at BAT: 02:59

Subject Arrest Time: 02:19

**Breath Results**

**REFUSED**

- 1) \_\_\_\_\_ at \_\_\_\_\_ hrs.
- 2) \_\_\_\_\_ at \_\_\_\_\_ hrs.
- 3) \_\_\_\_\_ at \_\_\_\_\_ hrs.
- 4) \_\_\_\_\_ at \_\_\_\_\_ hrs.

Breath Test Operator: ONEAL 6212  
PBSO

SUBJECT: Michael James

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 Michael James of the State of Michigan

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: Danielle McDade CASE NUMBER: 23000974

## 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: U. BADNATI 332

STATE OF FLORIDA  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
BREATH TEST

I, N.BADOLATI, a duly certified Law Enforcement or Correctional Officer, am a  
(Name of Officer reading Implied Consent Warning)

member of PALM BEACH GARDENS POLICE DEPARTMENT, and I do swear  
(Name of Law Enforcement Agency)

or affirm that on or about the 19 day of FEBRUARY, 2023, at 02:19  P.M.  A.M.

DRIVER DANIELLE NICOLE MCDADE  
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # M233174975840, state of FL, was placed under lawful arrest for

the offense of DRIVING UNDER THE INFLUENCE by N.BADOLATI and  
(Name of Arresting Officer)

issued citation # AGEUZ3E.

That on or about the 19 day of FEBRUARY, 2023, at 0325  P.M.  A.M.

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] 552  
Signature of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

[Signature] PB/GFD 514  
Signature of Attesting Officer

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me  
this 19 day of FEBRUARY, 2023,  
by N.BADOLATI, who is  
personally known to me or who has produced  
\_\_\_\_\_ as identification.  
Notary Public \_\_\_\_\_

Title Officer  
Date 2/19/2023

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.

# TESTING FACILITY TASK REPORT

AGENCY: PBG OFC. BADOLATI #552

SUBJECT: MCDADE, DANIELLE N.

CASE NUMBER: 23-038205

DATE: 02-19-23

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 03:22 HRS

ENDING TIME: 03:29 HRS

BREATH TESTS RESULTS:

**REFUSED**

1) [ ] R [ ] L TIME 03:25 A.M.  P.M.

2) [ ] TIME [ ] A.M.  P.M.

3) [ ] TIME [ ] A.M.  P.M.

4) [ ] TIME [ ] A.M.  P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, AGITATED, SARCASTIC

CLOTHING: DRESS-BLUE & WHITE PRINT NO SHOES

MEDICAL CONDITIONS: SEVERAL

MEDICATIONS: SEVERAL

## OTHER:

EYES: VERY RED, GLASSY

## COMMENTS:

20 MIN. OBSERVATION DONE BY A/O BADOLATI #552

A/O REQUESTED THE BREATH TEST.

D REFUSED THE BREATH REQUEST.

A/O READ THE IMPLIED CONSENT ON CAMERA.

D UNDERSTOOD THE I/C.

D STILL REFUSED AFTER THE I/C WAS READ TO HER.

C/W READ ON CAMERA.

Q&A CONDUCTED.



**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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2023004727	Date: 2/20/2023
	Specialist Name/ID: T.Howard/7185