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☐ Marsy's Law CVI FL Const. Art.1 § 16(b)		ARREST / NOTICE TO APPEAR Juvenile Referral Report		☐ Check if Supplement is Attached		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile ☐ N	
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 - 24-073434							
Charge Type: Check as many as apply ☐ 1. Felony ☐ 2. Traffic Felony		☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		If Weapon Seized Enter Type: NONE		Multiple Clearance Indicator 0 1					
Location of Arrest (including Name of Business) JOG RD & LANTANA RD, LAKE WORTH, FL, 33467		Location of Offense (Business Name, Address) JOG RD & LANTANA RD, LAKE WORTH, FL, 33467											
Date of Arrest 06/19/2024		Time of Arrest 23:34		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle Gardens Towing, 416 N.E. 6th Ave., Boynton Beach, FL 33435, (561) 585-9272	
Name (Last, First, Middle) Mcallister, Elizabeth, Ann		Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White B - Black		Sex W F		Date of Birth 1/30/1965		Height 5'01		Weight 118 LBS		Eye Color GREEN		Hair Color BLONDE	
Complexion LIGHT		Build SMALL											
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Mental Status Married		Religion CATHOLIC		Indication of: Alcohol Influence Drug Influence		☐ Y ☐ N ☐ Unk					
Local Address (Street, Apt. Number) 6889 Blue Skies Dr, Lake Worth, FL 33463		(City) (State) (Zip)		Mobile Phone (561) 719-2153		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2					
Permanent Address (Street, Apt. Number)		(City) (State) (Zip)		Phone ()		Address Source DRIVER'S LICENSE / VERBAL							
Business Address (Name, Street)		(City) (State) (Zip)		Phone ()		Occupation TEACHER							
D/L Number, State M242221655300, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) LOWVILLE, NEW YORK		Citizenship US					
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 ☐ Legal Custodian Other:		Name (Last) (First) (Middle)		Residence Phone ()									
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 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) 355-8511) informed of any change of address. ☐ Yes, by (Name) ☐ No (Reason)		School Attended		Grade									
Property Crime? ☐ Yes ☐ No		Description of Property		Value of Property									
Drug Activity 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. Amphetamine	
B. Barbiturate C. Cocaine F. Heroin		H. Hallucinogen M. Marijuana O. Opium/Derv.		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(C)(1)		Violation of ORD #					
Drug Activity N		Drug Type N		Amount / Unit		Offense # 24-073434		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			
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 JULY Day 25 Year 2024 Time 08:30 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) Elizabeth Mcallister		Date Signed 06/19/2024									
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 Inv. K. Barreras		Name Verification (Printed by Arrestee) JUN 20 2024 - GUN CLUB		Date 24 JUN 21 AM 8:22							
☐ Dangerous ☐ Suicidal		☐ Resisted Arrest ☐ Other		Name of Arresting Officer (Print) Inv. K. Barreras		I.D. # 36798		Agency PBSO		Witness here if subject signed with an "X"		1 OF 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19th DAY OF JUNE 20 24 AT 22:53 AM ☒ PM
SUBJECT: Mcallister, Elizabeth, Ann CASE NUMBER: 24-073434

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. K. Barreras

PERSONAL CONTACT

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

On June 19th, 2024, at approximately 22:58 hours, I was traveling east on Lantana Rd, just west of Jog Rd when I observed a car accident at the intersection. I activated my emergency lights and siren and blocked northbound traffic next to the accident. I observed a white Audi SUV (FL Tag: JNHT41) with heavy front right damage. I observed a blue Mazda (FL Tag: 97CESN) with heavy front damage. I observed a white female wearing a black dress standing next to the white SUV with a white male. I asked if they were okay and they both advised yes. I walked over and made contact with the blue Mazda driver, white female wearing black shirt with purple leggings, and she advised she was okay and did not need EMS. I made contact with the witness of the incident, Abner Alvarez, who witnessed the accident and observed the driver of the white Audi behind the wheel. Alvarez provided me with a sworn statement. (See Body Worn Camera for statement)

OBSERVATION OF DRIVER:

Upon making contact with the driver, who was identified by her Florida Driver's License as Elizabeth Ann Mcallister, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area. The odor intensified as I spoke to her. Mcallister was unsteady on her feet and held on to her husband for balance. Mcallister held on to her vehicle for balance. Mcallister had red, glassy, and watery eyes. Mcallister had slurred speech. Mcallister had difficulties remembering.

DRIVER'S STATEMENTS:

On scene/ Post Miranda: [REDACTED]

Mcallister consented to breath after implied consent was read and explained, Mcallister advised she understood.

Miranda Rights read a 2nd time at the Breath and Alcohol Testing facility and Mcallister refused to participate in the Q&A.

ODORS:

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

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: Polite, Calm, Cooperative

CLOTHING: black dress, black sandals

MEDICAL/OTHER: Mcallister advised she had high blood pressure and past injury(1 year ago) on her left hamstring.

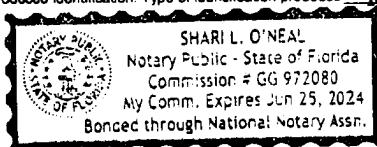
STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. K. Barreras
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of JUNE 20 24 by Inv. K. Barreras

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

Shari L. O'Neal (#6212)
Notary Public, Clerk of County Officer (F.S.S. 117.10)



SUBJECT: Mcallister, Elizabeth, Ann

CASE NUMBER 24-073434

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:

Mcallister was asked if she had contacts and she responded she did. Mcallister removed her shoes for the task. Mcallister was swaying during the task in a side to side motion. Mcallister had to be reminded numerous times to track the stimulus with her eyes only. Mcallister did not keep head still.

WALK & TURN:

I began to explain the Walk and Turn task to Mcallister. She was instructed to place her left foot on the yellow taped line, place her right foot directly in front her left, heel-to-toe touching, and keep her hands by her side. Mcallister could not maintain her balance and held on to me. Mcallister advised she wanted to consult with her husband before continuing the task. Mcallister advised she did not feel comfortable performing the task due to a prior injury to her leg.

Task was not performed due to prior medical injury.

ONE LEG STAND:

Task not performed due to prior medical injury.

FINGER TO NOSE:

I explained and demonstrated the instructions for the Finger to Nose Task to Mcallister, whom advised she understood. During the task, Mcallister was swaying in a side to side motion. Mcallister did not keep feet together. Mcallister did not touch the tip of nose with finger. Mcallister did not immediately bring hand back to her side. She raised incorrect hand. The sequence used in this task was L,R,L,R,R,L.

ROMBERG ALPHABET:

Mcallister lost her balance when asked to stand with her feet together. I explained and demonstrated the instructions for the Romberg Alphabet Task to Mcallister, whom advised she understood. During the task, (suspect) was swaying in a side to side manner. Mcallister keep her eyes closed. Mcallister recited the alphabet in the correct manner.

BREATH TEST RESULTS: 1) .177 2) .173 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. K. Barreras

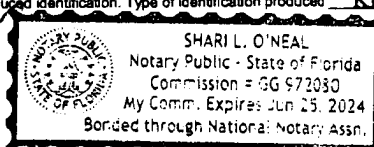
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of JUNE, 2024 by Inv. K. Barreras

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

Shari O'Neal (#6212)

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



TESTING FACILITY TASK REPORT

AGENCY: PBSO INV. BARRERAS #36798

SUBJECT: MCALLISTER, ELIZABETH A.

CASE NUMBER: 24-073434

DATE: 06-20-24

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:23 HRS

ENDING TIME: 00:35 HRS

BREATH TESTS RESULTS: 1) .177 TIME 00:29 A.M. ☒ P.M. ☐ 2) .173 TIME 00:32 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:

ATTITUDE: CALM, COOPERATIVE

CLOTHING: DRESS- BLACK

MEDICAL CONDITIONS: BLOOD PRESSURE, ALLERGIC TO PENCILIN

MEDICATIONS: FOR BLOOD PRESSURE

OTHER:

EYES: RED, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O BARRERAS #36798

A/O REQUESTED THE BREATH TEST.

D ASKED WHAT HAPPENED IF SHE REFUSED.

A/O READ THE IMPLIED CONSENT TO THE D. D UNDERSTOOD THE I/C AS READ.

D DECIDED TO SUBMIT TO THE BREATH TEST AFTER THE I/C WAS READ TO HER.

D COMPLETED THE TEST CORRECTLY.

C/W READ ON CAMERA TO THE D.

EXPLAINED THE BREATH RESULTS TO THE D.

D REFUSED Q&A.

SUBJECT: 100-300-0120-51 A CASE NUMBER: 24-0724-1

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? 1

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? NO WHAT?

ARE YOU SICK OR INJURED? YES 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:

PBSO #0129C REV. 9/93

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CSO
Instrument Serial Number: 80-006239 Software: 8100.27
Date of Test: 06/20/2024

Date of Last Agency Inspection: 06/14/2024

Observation Period Began: 00:00

Subject's Name: ELIZABETH ANN MCALLISTER

DOB: 01/30/1965 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	00:27
	Air Blank	0.000	00:27
	Control Test	0.079	00:28
	Air Blank	0.000	00:28
	Subject Sample #1	0.177	00:29
	Air Blank	0.000	00:29
	Air Blank	0.000	00:31
	Subject Sample #2	0.173	00:32
	Air Blank	0.000	00:32
	Control Test	0.079	00:33
	Air Blank	0.000	00:33
	Diagnostics Check	OK	00:33

Cylinder Lot: 14323080A3
Exp: 09/05/2025

State of Florida, County of Palm Beach

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

I SHARI L O'NEAL, 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: Shari O'Neal Date: 06/20/24
Signature

Sworn to (or affirmed) before me this 20 day of June, 2024

Signature of Notary Public-State of Florida Tom Barrera Printed Name of Notary Public-State of Florida

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



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

PBSO CASE # 24-073434 PBSO ZONE 6-21
AGENCY CASE # _____ CRASH CASE # 24-073429
TIME OF STOP/CRASH 22:53 DATE 06/19/2024 DAY Wednesday
SUBJECT'S NAME Mcallister, Elizabeth, Ann RACE W SEX F
HGT 5'01 WGT 118 LBS DOB 1/30/1965
LOCATION JOG RD & LANTANA RD, LAKE WORTH, FL, 33467
ARRESTING OFFICER'S NAME & ID Inv. K. Barreras (36798) AGENCY Palm Beach County Sheriff's Office
DIVISION: TRAFFIC/DUI NOTIFIED BY COMMO YES
ARRIVAL AT FACILITY 00:00 AM
ARREST TIME 23:34

BREATH RESULTS:

1)	<u>0.01</u>
2)	<u>0.02</u>
3)	
4)	

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

WITNESS LIST

CASE NUMBER: 24-073434

ARRESTING OFFICER: Inv. K. Barreras

ADDRESS: TRAFFIC DIV/DUI

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3400

CAN TESTIFY TO: FACTS OF THE CASE AND DUI INVESTIGATION.

NAME: C.S.A J. Foster #9097

ADDRESS: 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3400

CAN TESTIFY TO: INVESTIGATED THE TRAFFIC CRASH/REPORT

NAME: Abner Alvarez

ADDRESS 4190 Bent River Rd, Lake Worth, FL, 33467

PHONE NUMBERS (HOME) 561-904-1695 (WORK) _____

CAN TESTIFY TO: Witness to crash and wheel witness

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

IN 21 30

NOT A CERTIFIED



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☒	119.071(2)(e)	Confession	3
Public Info. Exemptions	☐	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)	
	☐	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	
	☒	119.0712(2)	Personal information contained in a motor vehicle record	12
	☒	316.650(11)	Driver information contained in a uniform traffic citation	5
	☐	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	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

REVIEW COMPLETED BY

Booking Number: 2024016695	Date: 6/21/2024
	Specialist Name/ID#: ANGELA PINKNEY/7796