

24CT4059 MB

0547585

2302

☐ Marsy's Law CVI FL Const. Art. 1 § 18(b)		ARREST / NOTICE TO APPEAR Juvenile Referral Report		☐ Check if Supplement is Attached		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N	
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 - 24-040830							
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		Multiple Clearance Indicator		0 1	
Location of Arrest (including Name of Business)		Lake Osborne Dr and Erie St, Lake Worth Beach, FL 33460		Location of Offense (Business Name, Address)		Lake Osborne Dr and Erie St, Lake Worth Beach, FL 33460							
Date of Arrest 03/06/2024		Time of Arrest 0056		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle	
Name (Last, First, Middle) Silvestri, Gabriella, C		Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White B - Black		I - American Indian O - Oriental/Asian		Sex W F		Date of Birth 1/2/2002		Height 5'00		Weight 100		Eye Color Bro	
Hair Color Bro		Complexion Light		Build Small									
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Martial Status Single		Religion Christian		Indication of: Alcohol Influence Drug Influence		☐ Y ☐ N ☐ Unk			
Local Address (Street, Apt. Number) 5890 Sandbrich Way, Lake Worth, FL 33463		(City) (State) (Zip)		Mobile Phone (561) 260-7485		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2					
Permanent Address (Street, Apt. Number)		(City) (State) (Zip)		Phone ()		Address Source FL DL							
Business Address (Name, Street)		(City) (State) (Zip)		Phone ()		Occupation Receptionist Dental Office							
D/L Number, State S412283025020, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Boca Raton, FL		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.		School Attended		Grade									
☐ Yes, by: (Name)		☐ No (Reason)											
Property Crime? ☐ Yes ☐ No		Description of Property		Value of Property									
CODE 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 E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Derv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other							
Charge Description Driving Under the Influence		Counts 01		Domestic Violence ☐ Y ☐ N		Statute Violation Number 316.193(1A)		Violation of ORD #					
Drug Activity N		Drug Type N		Amount / Unit		Offense # 24-040830		Warrant / Capias Number		Bond 1,000			
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 04 Year 2024 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)		Date Signed									
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) SCANNED									
☐ Dangerous ☐ Suicidal		☐ Resisted Arrest ☐ Other		Name of Arresting Officer (Print) Inv. C. Ward 16305		I.D. # 16305		(PRINT)		PAGE			
Intake Deputy Hanks G. Kel		I.D. # Pouch #		Transporting Officer Inv. C. Ward 16305		I.D. # Agency PBSO		Witness here if subject signs and X		MAR 07 2024		1 OF 1	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1		Juvenile			
ADMIN	Agency ORI Number FLO 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 24040823							
	Charge Type Check as many as apply ☐ 1 Felony ☐ 2 Traffic Felony ☒ 3 Misdemeanor ☐ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other			Special Notes Suppliment PC									
DEF	Name (Last, First, Middle) Silvestri, Gabriella					Alias		Race W		Sex F		Date of Birth 01/02/2002	
	Charge Description DUI W/ Property Damage					Charge Description							
CHARGES	Charge Description					Charge Description							
	Victim's Name (Last, First, Middle) State of Florida					Race		Sex		Date of Birth			
VICTIM	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> <div style="display: flex; justify-content: space-between;"> <div> ☐ committed the below acts in my presence. ☐ confessed to _____ admitting to the below facts. </div> <div> ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the _____ day of _____ 20____ at _____ ☐ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)</p>													
<p>☒ Marsy's Law CVI FL Const. Art.1 § 16(b)</p> <p>On Tuesday, March 5, 2024, at approximately 2358 hours, I was en route to a non-priority call for service, I was traveling southbound on Lake Osborne DR and Erie St, Lake Worth FL, 33460. I discovered two vehicles that were in a collision with vehicle debris scattered over the roadway. I approached a white male who was later identified as Pascual Francisco Felipe who advised that he was traveling northbound on Lake Osborne DR in his blue 2021 Toyota Rav4 bearing FL tag KQWX15. Mr. Francisco Felipe advised that he witnessed a black Chevy that was traveling in the opposite lane, southbound on Lake Osborne DR however, the black Chevy drifted into his lane. Mr. Francisco Felipe advised that he attempted to avoid the collision, however, the Black Chevy collided with his front driver-side fender and wheel bearing which had to ultimately be towed by Priority Towing Company.</p> <p>I spoke to Gabriella Silvestri who advised that _____ Ms. Silvestri advised that _____ after I asked her what direction she was coming from, I clarified my question to Ms. Silvestri and she advised _____ Ms. Silvestri advised that she was not hurt after the collision however I observed Ms. Silvestri stumbled slightly and she appeared slow and sluggish. The DUI unit was notified, and this will conclude my involvement at this time.</p> <p>BWC in use.</p>													
PROBABLE CAUSE STATEMENT	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>(Signature of Arresting/Investigative Officer)</p>												
	<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>6th</u> day of <u>March</u> 20<u>24</u> by <u>D. Duncan</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>PBSO ID</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>												
ADMINISTRATIVE	<p>PAGE <u>1</u> OF <u>1</u></p>												
	<p>DISTRIBUTION Court Copy State Attorney Agency</p>												

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Copies		1	Juvenile	N	
ADMIN	Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 24-040830						
	Charge Type Check as many as apply ☐ 1 Felony ☐ 2 Traffic Felony		☐ 3 Misdemeanor ☒ 4 Traffic Misdemeanor		☐ 5 Ordinance ☐ 6 Other		Special Notes				
CHARGES	Name (Last, First, Middle) Silvestri, Gabriella, C				Alias		Race W	Sex F	Date of Birth 1/2/2002		
	Charge Description Driving Under the Influence				316.193(1A)		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> <div style="display: flex; justify-content: space-between;"> <div> ☐ committed the below acts in my presence. ☐ confessed to _____ admitting to the below facts. </div> <div> ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☐ was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>5</u> day of <u>March</u> 20 <u>24</u> at <u>2358</u> ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)</p>											
<p>☐ Marsy's Law CVI FL. Const. Art. 1 § 16(b)</p> <p>I walked the defendant to the front of my PBSO patrol vehicle. I asked the defendant if her hip injury affect her walking and balancing and she stated that it did. At this time I had the defendant complete the seated field sobriety task. The area was flat and even to the naked eye. The area was dark and illuminated by the lights on my PBSO patrol vehicle. It was warm and not windy. I placed a folding chair in front of my PBSO patrol vehicle and had the defendant sit in the chair. The task were recorded using my Body Worn Camera as well as the dash cam in my PBSO Patrol vehicle.</p> <p>Horizontal Gaze Nystagmus (HGN): With he defendant sitting in the folding chair I had the defendant put her feet in front of her and her hands down by her side. I placed my stimulus (a pen light with a red bulb) in front of the defendant and asked if he could see it, to which he said, "Yes." I asked the defendant what color the stimulus was, and he answered "red." Upon commencing the task, the defendant moved her head side to side instead of following with her eyes only. During the task, I observed the defendant had equal pupil size and did not exhibit resting nystagmus. The defendant's eyes tracked equally. I did not observe a lack of smooth pursuit in either of the defendant's left or right eyes. I did not observe a distinct and sustained nystagmus while I held the stimulus maximum deviation in either the defendant's left or right eyes. I did not observe the onset of nystagmus with the stimulus held at 45 degrees in either of the defendant's left or right eyes.</p> <p>I checked the defendant for Vertical Gaze Nystagmus (V.G.N.). I did not observe a nystagmus in either of the defendant's left or right eyes.</p> <p>I checked the defendant for a Lack of Convergence (L.O.C.). I observed as both eyes traveled in a circle without issues. I observed a lack of convergence in the defendant's Right Eye.</p>											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH				Inv. C. Ward 16305						
	(Signature of Arresting/Investigative Officer)										
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>6</u> day of <u>March</u> 20 <u>24</u> by <u>Inv. C. Ward</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known LEO</u> Notary Public, Clerk of Court Officer (F.S.S. 17.10)										

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1		Juvenile		N										
ADMIN	Agency ORI Number		Agency Name				Agency Report Number															
	FLO. 5 0 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE				24-040830															
CHARGES	Charge Type		Check as many as apply		1 Felony		2 Traffic Felony		3 Misdemeanor		4 Traffic Misdemeanor		5 Ordinance									
													6 Other									
DEF	Name (Last, First, Middle)												Alias		Race		Sex		Date of Birth			
	Silvestri, Gabriella, C														W		F		1/2/2002			
VICTIM	Charge Description												Charge Description									
	Driving Under the Influence												316.193(1A)									
VICTIM	Victim's Name (Last, First, Middle)												Race		Sex		Date of Birth					
	State of Florida, ,																					
VICTIM	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>☐ committed the below acts in my presence.</p> <p>☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p>☐ confessed to _____ admitting to the below facts.</p> <p>☐ was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>5</u> day of <u>March</u> 20 <u>24</u> at <u>2358</u> ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)</p>																						
<p>☐ Marsey's Law CVI FL. Const. Art. 1 § 18(b)</p> <p>At this time, I found probable cause to believe that the defendant was impaired for the purposes of operating a motor vehicle or being in actual physical control of a motor vehicle pursuant to Florida State Statute 316.193(3C1). I handcuffed the defendant to the rear, checked the handcuffs for proper fit, and double-locked them. I placed the defendant in the rear of my PBSO patrol vehicle.</p> <p>An inventory search of the vehicle was conducted prior to tow per PBSO policy. There was nothing to mention located inside the vehicle. The driver seat was all the way forward and the driver side seatbelt was locked in the extended position. The passenger side seat belt was locked back in the taught position. Priority Towing towed the vehicle by rotation to their impound lot.</p> <p>I transported the defendant to the Palm Beach County Jail Breath Alcohol Testing (B.A.T.) center.</p> <p>Once at the Breath Alcohol Testing (B.A.T.) Center I placed the defendant in a centrally located position where I could easily monitor her. I observed the defendant for 20 uninterrupted minutes, during which time she did not ingest anything or regurgitate. After the 20-minute observation period, I escorted the defendant into an isolated video-recorded testing room. I requested a lawful sample of the defendant's breath for the purposes of determining its blood alcohol content. The defendant consented. The defendant gave two lawful samples of his breath, resulting in a B.A.C. of .000 and .000.</p> <p>Based on the B.A.C. not being consistent with the impairment level I perceived during the investigation, I requested a lawful urine sample from the defendant for the purposes of determining the presence of chemical and/or controlled substances. The defendant consented to give a lawful sample of her urine. The defendant was read implied consent on camera, which the defendant understood, before leaving the video-recorded room in case the defendant could not provide the lawful sample or decided not to. While walking out of the room the defendant stated that she did take her Clonazepam this morning. She also stated that she is prescribed Tramadol for her hip but she did not take that today. She stated that she did not take anything after the collision. Ofc E. Stroub # 1191 of the Delray Beach Police Department assisted by observing the defendant as she gave a lawful sample of her urine. The defendant gave a lawful urine sample. The urine sample was sealed and then placed in a sealed evidence bag.</p>																						
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH												Inv. C. Ward 16305									
	(Signature of Arresting/Investigative Officer)																					
<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>6</u> day of <u>March</u> 20 <u>24</u> by <u>Inv. C. Ward</u></p> <p>(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced) <u>Known LEO</u></p> <p>Notary Public, Clerk of Court Officer (P.S.S. 117.10)</p>																						



MADELIN GONZALEZ
Notary Public

State of Florida
Commission # HH225716
Expires 2/7/2026

SCANNED

PAGE
OF 2

MAR 07 2024

ON THE 5 DAY OF March 20 24, AT 2358 AM ☒ PM
SUBJECT: Silvestri, Gabriella, C CASE NUMBER: 24-040830

PERSONAL CONTACT

I was called to Lake Osborne Dr and Erie St, in the City of Lake Worth Beach, Palm Beach County to the scene of a Traffic Crash to conduct a Driving Under the Influence Investigation. I arrived on scene at approximately 0021 hours.

Upon my arrival I observed the defendant's vehicle, a Black Chevy UT bearing FL tag IE39ME, stopped in the roadway facing north west. The vehicle had heavy front end damage and was missing the front driver side tire. Vehicle 2, a Blue Toyota UT bearing FL tag KQW6X15 was stopped approximately fifteen to twenty feet north of the defendant's vehicle. The Blue Toyota had damage to the front driver side tire and fender. Based on my independent traffic crash investigation to include witness statements and physical evidence I found that vehicle 1 was travelling south bound on Lake Osborne Dr approaching the curve. Vehicle 2 was driving Northbound through the curve. The defendants vehicle left its lane of travel striking vehicle two prior to spinning and coming to rest south of the point of impact.

Witness, Pascual Francisco Felipe, completed a video recorded sworn statement that was recorded on my body worn camera which stated the following. The witness stated that he was traveling Northbound on Lake Osborne Dr. He stated that as he was travelling northbound the defendant's vehicle was travelling southbound. He stated that the defendant's vehicle left its lane striking his vehicle. He identified the driver of the other vehicle pointing to the defendant and advising that she was wearing an orange dress (See video recorded sworn statement for further).

D/S D. Duncan # 41512 completed a supplemental PC which stated the following: D/S Duncan was patrolling in the area of Lake Osborne drive going to another call when he drove up on the traffic collision. He stated that witness stated that the vehicle had been swerving and had swerved into his lane striking his vehicle. While speaking to the defendant D/S Duncan observed articulable signs of impairment and the DU1 unit was notified.

I observed the defendant, Gabriella Silvestri as identified by her Florida Driver's license, who was walking around by her vehicle. Her movements appeared to be slowed and sluggish and she swayed while walking and while standing. The defendant had a scrape on his right arm.

I identified myself to the defendant and explained that the traffic crash investigation had been completed and that I was conducting a criminal investigation. I read the defendant her Miranda rights from a preprinted form. The defendant stated that she understood and continued to speak with me. The defendant confirmed that her name as Gabriella Silvestri. She stated that she was not injured in the collision, other than her jaw feeling weird, and did not need to be seen by fire rescue. I asked her if she had any medical issues and she stated that she has Anxiety and a torn L4/L5 disk. She stated that she takes Clonazepam on February 28th. She stated that [REDACTED] which is registered to her father. When asked about the crash she stated that [REDACTED]. She stated that [REDACTED]. She stated that [REDACTED]. She stated that she did not take any illegal drugs. She stated that she has a medical marijuana card but she last ingest marijuana two days prior. The defendant stated that she did not drink any alcohol. She stated that [REDACTED].

At this time I asked the defendant to complete voluntary field sobriety task for the purposes of determining impairment. The defendant consented.

There was an obvious odor of an unknown alcoholic beverage, based on my training and life experiences, which intensified as the defendant spoke to me.

CLOTHING:

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. C. Ward 16305

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6 day of March 2024 by Inv. C. Ward 16305

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

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

SCANNED

MAR 07 2024

SUBJECT: Silvestri, Gabriella, CCASE NUMBER 24-040830**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:

See PC

FINGER TO NOSE:

I instructed the defendant to sit with her feet together in front of her and their hands down by their side. I instructed the defendant to remain in the position throughout the instructions and demonstration until I gave the indicator to begin, which she stated she understood. The defendant mimicked me by raising her arms prior to being told to begin. I instructed the defendant on the task and demonstrated the task, which the defendant understood. Once told to begin on the first left the defendant started to bring her right hand up prior to stopping and using the left hand. The defendant stopped approximately one inch prior to touching her nose. On Right two the defendant missed the tip of the nose with the tip of her finger. The defendant started to bring her hand down and stopped asking for further instructions about bring her hand down. She was reminded to bring her hand down immediately after touching the tip of her nose. On left two the defendant missed the tip of her nose with the tip of her finger stopping approximately one inch from the tip of her nose. On right three the defendant did not touch the tip of her nose with the tip of her finger. On left three the defendant searched for the tip of her nose prior to missing the tip of her nose with the tip of her finger.

PALM PAT:

I placed the defendant into the instructional position with her hand in front of her with her other hand on top. The defendant instructed to remain in this position throughout the instructions and demonstration of the task which she stated that she understood. The defendant was then instructed on the task which was also demonstrated. The defendant stated that she understood. Once the defendant was told to start the task the defendant had to be reminded to speed up. Once the defendant did speed up the defendant chopped her hands, rolled her hands and double patted her hands.

HAND COORDINATION:

I placed the defendant into the instructional position with her left fist to her chest and her right fist touching her left fist. The defendant was instructed to remain in this position through the instructions and demonstration. The defendant stated that she understood. The task was then instructed and demonstrated. The defendant stated that she understood. The defendant came out of the instructional stance mimicking my movements during the instructions. On the steps out the defendant did not properly step her hands as instructed. The defendant did not steps her hands properly back. The defendant did not bring her hands to her thighs to end the task as instructed but brought them to the side of her legs.

ROMBERG ALPHABET:

The defendant sat in the chair throughout the instructions and demonstration. The defendant stated that she understood. The defendant swayed while in the instructional position. The defendant stated that she knew her English alphabet from A to Z. I instructed and demonstrated the task to the defendant, which she stated he understood. The defendant then proceeded to hesitate after saying "x".

Modified Romberg:

The defendant sat with her feet together and hands down by her side. The defendant stated that half a minute was 30 seconds. I instructed and demonstrated the task which the defendant stated that she understood. Once told to begin the defendant estimated half a minute to be approximately 40 seconds.

BREATH TEST RESULTS: 1) .000 2) .0000 3) 4)STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. C. Ward 16305

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6 day of March 2024 by Inv. C. Ward 16305

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.00)

**MADELIN GONZALEZ**
Notary Public
State of Florida
Comm# HH225716
Expires 2/7/2026**SCANNED**

MAR 07 2024

WITNESS LIST

CASE NUMBER: 24-040830

ARRESTING OFFICER: Inv. C. Ward 16305

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33415

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

CAN TESTIFY TO: DUI investigation

NAME: D/S D Duncan # 41512

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33415

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

CAN TESTIFY TO: Crash First on Scene

NAME: Francisco Felipe, Pascual ,

ADDRESS 76 HOLIDAY DR, Lake Worht, FL 33461

PHONE NUMBERS (HOME) () (WORK) 0

CAN TESTIFY TO: Crash Wheel Witness

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: _____

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

MAR 07 2024

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 TECHNICAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:10 HRS.

SUBJECT: AGREE TO TAKE TEST.

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS.

A/O: ASKED FOR URINE SAMPLE (01:43 HRS)

SUBJECT: AGREE TO PROVIDE URINE SAMPLE

A/O: READ I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND AGREED TO PROVIDE URINE SAMPLE (01:44 HRS)

A/O: STATED READ RIGHTS ON SCENE

A/O: NO Q & A CONDUCTED

SUBJECT: PROVIDED A URINE SAMPLE AT 01:46 HRS
NO DRE CONDUCTED

SCANNED

MAR 07 2024

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) _____

SCANNED

MAR 07 2024

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

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

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

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

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

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

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

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

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

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED

MAR 07 2024

**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: 80-006029 Software: 8100.27
Date of Test: 03/06/2024

Date of Last Agency Inspection: 02/16/2024
Observation Period Began: 01:10
Subject's Name: GABRIELLA C SILVESTRI

DOB: 01/02/2002 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	01:36
	Control Test	0.080	01:36
	Air Blank	0.000	01:37
	Subject Sample #1	0.000	01:38
	Air Blank	0.000	01:38
	Air Blank	0.000	01:40
	Subject Sample #2	0.000	01:41
	Air Blank	0.000	01:41
	Control Test	0.081	01:41
	Air Blank	0.000	01:42
	Diagnostics Check	OK	01:42

Cylinder Lot: 06723080A5
Exp: 04/05/2025

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 MADELIN GONZALEZ, 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: _____

Signature

Date: 03/06/24

Sworn to (or affirmed) before me this 06 day of MARCH, 2024

Signature of Notary Public-State of Florida

INV. C. WARD

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.

SCANNED

MAR 07 2024



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, 7
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	
	☒	316.650(11)	Driver information contained in a uniform traffic citation	6
	☐	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: 2024006118	Date: 3/7/2024
	Specialist Name/ID#: T.HOWARD/7185

SCANNED

MAR 07 2024