

23CT13452 SB

ARREST NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2023-009551		
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 UNARMED		Multiple Clearance Indicator		
Location of Arrest (Including Name of Business) 3400 ST ANDREWS BLVD BOCA RATON, FL 33431			Location of Offense (Business Name, Address) 3400 ST ANDREWS BLVD, BOCA RATON, FL 33431				
Date of Arrest 07/30/2023	Time of Arrest 22:57	Booking Date 07/30/2023	Booking Time 23:07	Jail Date 07/31/2023	Jail Time 00:43	Location of Vehicle TOWED BY EMERALD	
Name (Last, First, Middle) ALMONTE, GINA ISaura			Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White B - Black O - Oriental Asian W	Sex F	Date of Birth 12/07/1968	Height 5'05	Weight 140	Eye Color GREEN	Hair Color BLONDE	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status M		Religion CATHOLIC		
Local Address (Street, Apt. Number) 4277 NW 26 WAY, BOCA RATON, FL 33434			(City) (FL)		(State) FL		
Permanent Address (Street, Apt. Number) 4277 NW 26 WAY, BOCA RATON, FL 33434			(City) (FL)		(State) FL		
Business Address (Name, Street) Stay At Home			(City) (FL)		(State) FL		
D.L. Number, State A455289689470 / FL		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) NEW YORK CITY, NY, US	
Co-Defendant Name (Last, First, Middle) [REDACTED]		Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile		
Co-Defendant Name (Last, First, Middle) [REDACTED]		Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile		
☐ Parent ☐ Legal Custodian		Name (Last, First, Middle)				Residence Phone	
Address (Street, Apt. Number) [REDACTED]		(City) [REDACTED]				Business Phone	
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 ☐ defendant and/or ☐ 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	
☐ Yes, by: ☐ No:				☐ Yes ☒ No		Value of Property	
Drug Activity N - N.A. P - Possess S - Sell B - Buy T - Traffic R - Smuggle D - Deliver E - Use K - Disperses 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 Dens P - Paraphernalia Equipment S - Synthetic U - Unknown Z - Other		Statute Violation Number 316.193(1A)			
Charge Description DRIVE UNDER INFLUENCE ALC		Amount Unit		Violation of ORD #			
Drug Activity	Drug Type	Amount	Unit	Offense #	Counts	Domestic Violence	
N	N				1	☐ Y ☒ N	
Charge Description		Amount Unit		Violation of ORD #			
Drug Activity	Drug Type	Amount	Unit	Offense #	Counts	Domestic Violence	
						☐ Y ☐ N	
Charge Description		Amount Unit		Violation of ORD #			
Drug Activity	Drug Type	Amount	Unit	Offense #	Counts	Domestic Violence	
						☐ Y ☐ N	
Health - Apparent Physical Condition of Defendant NORMAL				Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries			
Check which applies: ☐ Released O.R. ☐ Released to Parent Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health				PROPERTY - Received By HORNE			
Transported By HORNE				Date Transported 07/31/2023	Time Transported 00:44	Released To TOT CJ	
☒ INSTRUCTION NO. 1 - Mandatory appearance in court ☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444			
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 08/31/2023 00:00:00			
Signature of Defendant (or Juvenile and Parent Custodian)				Date Signed 7/31/23			
HOLD for Other Agency		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) 7M			
☐ Dangerous ☐ Suicidal ☐ Referred Arrest ☐ Other		Name of Arresting Officer (Print) HORNE, A.		ID # 791			
Intake Deputy [Signature]		Pouch #		Witness here if subject signed with an "X"			
ID #		Transporting Officer HORNE		ID # 791			
Agency BOCA		Page 1 OF 1					

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

 FILED PBC - GUN CLUB
 23 JUL 31 AM 10G

3794

OBTS Number		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	Agency ORI Number FL FLO500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2023-009551		
	Charge Type: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Special Notes				
D E F E N D A N T	Name (Last, First, Middle) ALMONTE, GINA ISAURA				Race W	Sex F	Date of Birth 12/07/1968
	Charge Description 316.193(1A)		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) STATE OF FLORIDA,				Race U	Sex U	Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432				Phone (561) 338-1234		
	Business Address (Name, Street) (City) (State) (Zip)				Address Source		
					Occupation		
<p>The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody . . .</p> <p>☐ committed the below acts in my presence. ☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.</p> <p>☐ confessed to _____</p> <p>☒ was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 30 day of July, 2023 at 22:57 (Specifically include facts constituting cause for arrest.)</p>							
P R O B A B L E	<p>On 7/30/2023, at approximately 2239 hours, I was driving north on St Andrews Blvd and crossed the intersection of W Glades Rd. While passing the intersection, I saw a black sedan turning north from W Glades Rd onto St Andrews Blvd. I noticed the vehicle swerving outside its lane and driving in the middle of the road, which is a two-lane road. I turned on my emergency lights, and the vehicle almost hit the curb before stopping in the 3400 block of St Andrews Blvd. I approached the driver's side and met the sole occupant, Gina Almonte, who was driving a black BMW with Florida license plate QUWS89. I asked her if she was okay due to her erratic driving, and she said that she was talking to her friend. I asked for her insurance and vehicle registration, but Gina couldn't find either. While talking to her, I noticed a strong smell of an unknown alcoholic beverage emanating from her person and saw that her eyes were red and watery. Based on these observations, I asked Gina to participate in Field Sobriety Exercises (FSEs), which she agreed to. It's worth noting that Gina said she had no issues with standing or bending.</p>						
	Horizontal Gaze Nystagmus (HGN)						
	I identified the stimulus as blue to the defendant. The defendant had equal pupil size and equal tracking in both eyes. In conducting the exercise, I was able to observe a Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, and the onset of Nystagmus prior to 45 degree. During this exercise, the defendant turned her head on several passes instead of using just her eyes as instructed.						
	Walk and Turn						
<p>The surface was flat and hard. The defendant attempted to do the exercise with her shoes on. The line used was a painted yellow line. I made sure the defendant knew the line she would be using and the color of that line. I began the exercise by instructing and</p>							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div> CODLING, TODD NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 07/31/2023 DATE </div> <div> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER HORNE, ASHTON (791) NAME OF OFFICER (PLEASE PRINT) 07/31/2023 DATE </div> </div>						
	<div style="text-align: right;"> PAGE 1 of 2 </div>						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		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	Agency ORI Number FL FL0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2023-009551						
Charge Type: Check as many as apply		☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other		Special Notes					
Name (Last, First, Middle) ALMONTE, GINA ISaura		Alias		Race W	Sex F	Date of Birth 12/07/1968			
<p>demonstrating to the defendant how to complete the exercise. While giving instructions, the defendant lost balance and failed to stay in the starting position. In conducting the exercise, the defendant walked an improper number of steps (six steps on the way down the line and ten steps back), was unable to walk Heal-to-Toe, did not count out loud as instructed to do so, and did an improper turn.</p> <p>One Leg Stand</p> <p>The surface was flat and hard. The defendant attempted to do the exercise with her shoes on. The defendant raised her right leg. During the exercise, the defendant did not count how she was instructed and used her arms for balance. I reiterated the instructions and the defendant counted up to eleven before she placed her feet on the ground and became off balance. The defendant could not complete the exercise correctly.</p> <p>Due to the totality of the circumstances and my training/experience, I felt the defendant was unable to perform simple tasks during the exercises due to her impairment. I felt the defendant was too impaired to operate a motor vehicle safely. The defendant was placed under arrest at 2257 hours for driving under the influence. Gina was placed in handcuffs that were checked for tightness and double-locked.</p> <p>Emerald Towing towed the vehicle.</p> <p>Gina was transported to the BRPD DUI Room. Officer Ricciardi operated the Intoxilyzer. After completing the 20-minute observation, I requested a breath sample.</p> <p>Reference Intoxilyzer 8000 S# 80-006622 results were (.127/.125)</p> <p>Gina was transported to Palm Beach County Jail after being medically cleared without incident.</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p style="text-align: center;">2760 CODLING, TODD</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p style="text-align: center;">07/31/2023 DATE</p> </div> <div style="width: 45%;"> <p style="text-align: center;"> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p style="text-align: center;">HORNE, ASHTON (791) NAME OF OFFICER (PLEASE PRINT)</p> <p style="text-align: center;">07/31/2023 DATE</p> </div> </div>									
								PAGE 2 OF 2	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

Case # 23-9551
10-15 - 2257
10-32 - 2312

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 30th day of JULY, at 2314 AM/PM
Subject: Gina Almonte Case Number: 2023009551

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

Horizontal Gaze Nystagmus:

- | | |
|--|---|
| ☐ Left eye does not follow smoothly | ☐ Right eye does not follow smoothly |
| ☐ Left eye jerks at 45 degrees angle or less | ☐ Right eye jerks at 45 degrees angle or less |
| ☐ Distinct jerking left eye maximum deviation | ☐ 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: .127, .125

State of Florida, County of Palm Beach
Sworn and subscribed before me this A. Ricciardi (date) by 7/30/23

[Signature] 7/30/23
Notary/Clerk of Court Officer (FSS 117.10) Date

[Signature] A. Horne
Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: A. Horn

Name: Ricciardi Phone # / Work # 5613381234

Address: 100 NW 2nd Ave, Boca Raton FL 33432

Can testify to: Traffic Stop / Breath Test

Name: Martel Phone # / Work # 5613381234

Address: 100 NW 2nd Ave, Boca Raton FL 33432

Can testify to: TOW

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: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2023009551

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Sunday, JULY, 30, 2023.
(day) (month) (date) (year)

B. The time is now approximately 2334 AM/PM.

C. The following is in reference to case number 2023009551.

D. Present at this time is A. Horne of the Boca Raton Police Department.
(Officer's Name)

E. Officer Horne, have you arrested Gina Almonte 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. Almonte, I am required to inform you these
proceedings are being video recorded.

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

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. _____ has refused to submit to a breath test.

The date is _____, _____, _____, and the time is _____ 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: _____

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: Reed on Camera Date: _____ Time: _____

Request lawyer

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 2344 AM (PM).

The date is July (month), 30 (day), 2023 (year).



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Gina Almonte

CASE #: 2023009551 DATE: 7/30/23

BREATH TEST RESULTS

1) TIME 2339^{.127} AM/PM 2) TIME 2342^{.125} AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: A. Ricciardi

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: slowed, slurred.

ATTITUDE: calm

CLOTHING: Bathing suit, floral two piece coverup,

clear heel sandals.
MEDICAL CONDITION: None.

OTHER: strong odor of alcohol coming from person,
glassy eyes.

COMMENTS: _____

**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: 07/30/2023

Date of Last Agency Inspection: 07/11/2023
Observation Period Began: 23:12
Subject's Name: GINA I ALMONTE

DOB: 12/07/1968 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	23:37
	Air Blank	0.000	23:38
	Control Test	0.079	23:38
	Air Blank	0.000	23:39
	Subject Sample #1	0.127	23:39
	Air Blank	0.000	23:40
	Air Blank	0.000	23:42
	Subject Sample #2	0.125	23:42
	Air Blank	0.000	23:43
	Control Test	0.079	23:43
	Air Blank	0.000	23:44
	Diagnostics Check	OK	23:44

Cylinder Lot: 29122080A2
Exp: 12/05/2024

State of Florida, County of palm beach,

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

I AMANDA J. 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: Ammande Ricciardi

Signature

Date: 7/30/23

Sworn to (or affirmed) before me this 30 day of July, 2023

Signature of Notary Public-State of Florida

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**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(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	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2023019827

Date: 7/31/2023

Specialist Name/ID: R.Castro/40259