0548015 24 CT 5242-5B 802

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.'s only): 3 2 2024-003467

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: 01

Location of Arrest (Including Name of Business): 449 PLAZA REAL, BOCA RATON, FL 33432
Location of Offense (Business Name, Address): 449 PLAZA REAL, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/22/2024	2146					

DEFENDANT

Name (Last, First, Middle): GAZERRO, LISA ANN
Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	05/21/1965	5'03	105	HAZEL	BLACK	LIGHT	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):
Marital Status: S
Religion: CATHOLIC
Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk; Drug Influence ☐ Yes ☐ No ☒ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): 5125 TOSCANA TRL, BOYNTON BEACH, FL 33437
Phone: (561) 369-8518
Residence Type (1. City 2. County 3. Florida 4. Out of State): 3

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 5125 TOSCANA TRL, BOYNTON BEACH, FL 33437
Phone: (561) 369-8518
Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip): SALON 21,
Phone:
Occupation: Stylist

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
G260521656810 / FL	[redacted]		PROVIDENCE, RI,	US

CODEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian
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 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.
☐ Yes, by: ☐ No
School Attended | Grade
Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

CODE

Drug Activity: S. Sell, B. Buy, P. Possess, R. Smuggle, D. Deliver, T. Traffic, K. Disperses/Distribute, E. Use, 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/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DRIVE UNDER INFLUENCE ALC	316.193(1A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	24-3467	1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

FILED PBC - GUN CLUB '24 MAR 29 AM 8:42

INTAKE

Health / Apparent Physical Condition of Defendant
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:
Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health
PROPERTY - Received By | Released By | Released To
Transported By | Date Transported | Time Transported | Other

NOTICE TO APPEAR

☐ 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
Court Date and Time: 04/22/2024 08:30:00

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed: 3-22-24

No Photo Available

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Deputy | I.D. # | Pouch #
Signature of Arresting Officer: 876
Name of Arresting Officer (Print): STEPHENSON, M. D. | I.D. # 876
Transporting Officer: Stephenson | I.D. # | Agency: BRPD
Name Verification (Printed by Arrestee) (PRINT)
Witness here if subject signed with an "X".

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

JUVENILE:

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2024-003467

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
GAZERRO, LISA ANN		W	F	05/21/1965

CHARGES

Charge Description	Charge Description
316.193(1A) DUI	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA,	U	U	

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
100 NW 2ND AVE, BOCA RATON, FL 33432	(561) 338-1234	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	(561) -	

PROBABLE CAUSE STATEMENT

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.

The Person taken into custody . . .

☐ committed the below acts in my presence.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ 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 22 day of March, 2024 at 21:28 (Specifically include facts constituting cause for arrest.)

On March 22nd, 2024, at approximately 2042 hours, I responded to 449 Plaza Real (Mizner Park) in reference to a traffic crash.

Upon arrival, I observed a white 2022 BMW (FL Tag#GMQV96) stopped directly behind a white 2017 Kia (FL Tag# QGZU01). I observed a white female/defendant who was identified by FL DL, Lisa Gazerro, sitting in the driver seat of the BMW. Then, I met with the driver of the Kia who was identified by FL DL as Abigele Adam. While speaking to Gazerro, she stated numerous times that she was not involved in a traffic crash. While speaking to Gazerro, I could smell an overwhelming odor of alcohol emanating from her breath and I also observed her eyes to be bloodshot and watery. Next, Officer Almeida conducted the crash investigation. See his crash report for further.

Adam advised while driving on E Plaza Real, Gazerro rear ended her vehicle two times. Adam stated that Gazerro was the sole occupant of the vehicle and that she attempted to drive away from the scene, however, a male witness was able to turn of Gazerro`s vehicle.

Once Officer Almeida finished his crash investigation, I explained to Gazerro that the crash investigation was complete and I would be conducting the criminal DUI investigation. I read Gazerro her Constitutional Warnings from my BRPD issued card and she stated she understood. Gazerro stated she was in a restaurant called Kapow and was eating dinner. Gazerro stated she had two vodka soda cocktails while at Kapow. Gazerro also advised she had Ahi Tuna tacos along with rice. Based upon Gazerro`s statements and multiple indications of heavy intoxication, I requested she participate in Field Sobriety Exercises (FSEs) to which she complied.

Gazerro stated she is healthy with no medical conditions. Gazerro advised she has not had any traumatic brain injuries and is not diagnosed with diabetes. She stated she was

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

BAERGA, KEVIN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/22/2024
DATE

876
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

STEPHENSON, MATTHEW DAVID (876)
NAME OF OFFICER (PLEASE PRINT)

03/22/2024
DATE

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

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2024-003467

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
GAZERRO, LISA ANN		W	F	05/21/1965

PROBABLE CAUSE STATEMENT

comfortable completing the exercises in her shoes. Gazerro completed the FSEs as follows.

In the Horizontal Gaze Nystagmus (HGN), Gazerro identified the stimulus as the tip of my finger. She had equal pupil size and equal tracking in both eyes. Her eyes continued to jump as she attempted to follow the stimulus. 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 degrees. The exercise was conducted various times due to Gazerro stopping in the middle of the exercise.

In the walk and turn, the line used was a straight black line on a hard and flat surface. I began the exercise by instructing and demonstrating to the defendant how to complete the exercise. While giving instructions Gazerro failed to stay in the starting position. In conducting the exercise, she failed to walk heel-to-toe, could not keep balance during instructions, didn`t touch heel-to-toe, steps off the line, used arms to balance, and performed an improper turn.

In the one leg stand, Gazerro raised her right leg. During the exercise, she continued to sway, used her arms for balance, and put her foot down.

Lastly, I conducted the finger to nose exercise. Gazerro struggled to explain which pointer finger was her left and right hand. She failed to follow instructions and failed to only touch the tip of her finger to the tip of her nose.

Based on the totality of the circumstances, I placed Gazerro under arrest for violating F.S.S. 316.193 (1A) DUI. Gazerro was transported to the BRPD DUI room where she consented to provide a breath sample. At 2215 hours, she provided a breath sample of 0.166 and at 2219 hours, she provided a sample of 0.162. It should be noted BRPD Ofc. Ricciardi conducted the breath test.

Gazerro was transported to Boca Regional for medical clearance then Palm Beach County Jail.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

BAERGA, KEVIN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/22/2024
DATE

Matt 876
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

STEPHENSON, MATTHEW DAVID (876)
NAME OF OFFICER (PLEASE PRINT)

03/22/2024
DATE

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

1032 2148
1015 2128
case# 24-3467

DUI INFLUENCE REPORT

NOT A CERTIFIED COPY

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

Revised: July 9, 2018

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

On the 22 day of March, at _____ AM/PM:

Subject: LISA GAZERRO Case Number: 2024-003407

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: see PC

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

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Horizontal Gaze Nystagmus:

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

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? see PC

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of ~~Palm Beach~~,
Sworn and subscribed before me this 3/22/24 (date) by A. Ricciardi.

_____ 3/22/24
Notary/Clerk of Court/ Officer (FSS 117.10) Date

_____ M. Stephenson
Signature of Arresting Officer Name of Officer (print)

NOT A CERTIFIED COPY

ARRESTING OFFICER: M. Stephenson

Name: Bagwell Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: Ricciardi Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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-END OF PART ONE-

BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2024-003407

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday (day), maron (month), 22 (date), 2024 (year).

B. The time is now approximately 2211 AM/PM.

C. The following is in reference to case number 2024-003407.

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

E. Officer stephenson, have you arrested LISA GAZERRO 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.) LISA GAZERRO, I am required to inform you these proceedings are being video recorded.

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

NOT A CERTIFIED COPY

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

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

A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.

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

IMPLIED CONSENT WARNINGS

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

I am _____ of the _____.

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

Subject Signature: _____

Note: Also read for CDL holders:

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

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

(IF REFUSAL THEN)

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

The date is _____ (month), _____ (day), _____ (year), and the time is _____AM/PM.

A refusal form will be completed by the arresting officer.

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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: _____

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BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Lisa Gazerro

CASE #: 2024003467 DATE: 3/22/24

BREATH TEST RESULTS

1) TIME 1644 2214 AM/PM 2) TIME 1652 2219 AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Ricciardi

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: Loud,

ATTITUDE: Friendly

CLOTHING: pink tank top, white jean pants, sandals

MEDICAL CONDITION: insomnia, THC gummies

OTHER: _____

COMMENTS: odor of alcohol coming from person, glassy, bloodshot eyes, mascara running

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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: _____ Date: _____ Time: _____

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QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? NO

Where were you going? Home to Boynton Beach

What street or highway were you on? In Mizner Park

Direction of travel? "Wasn't driving"

Where did you start driving from? In Boca

What city (county) were you stopped in? Boca

What time did you start? After 5 AM/(PM) What time is it now? Not sure

What is today's date? 3/22 What day of the week is it? Friday

When did you last eat? 6:30pm What did you eat? Rice, Tacos (Ahi tuna)

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

How much do you weigh? 105lbs Have you been drinking? Yes What were you drinking? Vodka w/ soda water

How much? 2 drinks Where? Kapow With whom were you drinking? friends from work

When did you have your first drink? 5:30 AM/(PM) When did you stop drinking? Time of police arrival AM/PM

How did you consume your last two drinks? cocktail through straw

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? hair dresser

When did you last work? today

Do you have any physical defects or injuries? ☒ Yes ☐ No If yes, explain:
arthritis in hands and feet

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? Never

Have you taken any drugs or smoked marijuana today? no

What? ~ When? ~

Have you seen a doctor or dentist today? ☐ Yes ☒ No Who?

Are you taking any prescription medications? ☒ Yes ☐ No What? Hydrochlorothiazide When? One a week (7 pills)

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? no

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? no

I am now ending this video recording. The time is now approximately 2227 hours AM/PM.

The date is March (month), 22 (day), 2024 (year).

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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: 03/22/2024

Date of Last Agency Inspection: 02/16/2024
Observation Period Began: 21:48
Subject's Name: LISA A GAZERRO DOB: 05/21/1965 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.

Printout:

Test	g/210L	Time
Diagnostics Check	OK	22:1-
Air Blank	0.000	22:1-
Control Test	0.080	22:14
Air Blank	0.000	22:15
Subject Sample #1	0.166	22:16
Air Blank	0.000	22:1-
Air Blank	0.000	22:19
Subject Sample #2	0.162	22:19
Air Blank	0.000	22:20
Control Test	0.079	22:20
Air Blank	0.000	22:21
Diagnostics Check	OK	22:2-

Operator Log: 2012208622
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 [redacted], 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: 3/22/24
Signature

Sworn to (or affirmed) before me this 22 day of March, 2024

[signature]
Signature of Notary Public-State of Florida

M Stephenson
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 1.7.10, 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 316.1932(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.

FDLE/AFP FORM 38 - MARCH 2004, Ref. 11D-8.007

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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	
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	
	☐	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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2024007796	**Date:** 3/23/2024
	Specialist Name/ID#: C. Daniels/ 30347