2025CT-014006AMS 3:41

☐ Marsy's Law CVI FL. Const. Art.1 § 16(b)

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: N

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 25092658 ( )

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

If Weapon Seized: Enter Type NONE

Multiple Clearance Indicator: 0 1

Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address)
STATE ROAD 7 AND PALOMINO DRIVE, WELLINGTON, FL 33467	STATE ROAD 7 AND PALOMINO DRIVE, WELLINGTON, FL 33467

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/30/2025	22:08					GARDENS TOWING

DEFENDANT

Name (Last, First, Middle): MARIANO, MACKENZIE, ANN

Alias (Name, DOB, Soc. Sec. #, Etc.):

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	12/27/1992	5'03"	170	BROWN	BROWN	LIGHT	MEDIUM

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): TATTOOS - WAIST AND RIB CAGE

Marital Status: Single | Religion: CATHOLIC | Indication of: Alcohol Influence [Y] Drug Influence [Y] | N ☐ | Unk ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 8350 MARTINGALE DRIVE APT 203, LAKE WORTH, FL 33467

Mobile Phone: (954) 303-4544

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip):

Phone: ( )

Address Source: DEFENDANT - FL DL

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( )

Occupation: MARKETING MANAGER

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M223805088000, FL	[redacted]		CHARLOTTE, NC	US

CO-DEF

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

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) 355-6511) informed of any change of address.
☐ Yes, by: (Name) ☐ No (Reason) | School Attended | Grade

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/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI - .150 OR HIGHER	01	☐ Y ☒ N	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	25092658		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

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 SEPTEMBER Day 16TH Year 2025 Time 1:00 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/Guardian) | 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

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): INV. A. SENTMANAT I.D. # 24968

Transporting Officer: INV. A. SENTMANAT I.D. # 24968 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

SCANNED

PAGE 1 OF 1

PBSO #0148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

AUG 31 2025

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

OBTS Number

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | Juvenile

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 25092658

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

Special Notes: **Supplemental PC**

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Mariano Mackenzie		W	F	12/27/1992

CHARGES

D.U.I. 316.193(1)	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source

Business Address (Name, Street) (City) (State) (zip)	Phone	Occupation

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody

☒ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☐ was found to have commited the below acts, resulting from my (described) investigation.

On the 30th day of August 2025 at 2206 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

☐ Marsy's Law CVI
FL. Const. Art.1 § 16(b)

On 08/30/2025 at approximately 2122 hours, I was driving North on SR7 where I was notified by PBSO communications that there was a single vehicle crash involving a Tesla bearing FL Tag JGDS73 in my area around SR7 and Stribling Way with unknown injuries. Upon arrival, I saw a female in the driver seat wearing a black shirt, black pants and a red hat. The female was identified by her FL DL of Mackenzie Mariano. Mariano stated that she was driving and began to merge left for an unknown reason and that is when she crashed into the median. While Mariano was telling me this, she was slurring her words which caused suspicion of possibly being under the influence of an unknown substance. I contacted a DUI unit so they can further the investigation. Investigator Sentmanat #24968 responded to the scene and conducted a DUI investigation. See his report for further.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Moak (ID #) 42938
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of August 20 25 by D/S Moak 42938

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN Sentamanat #24968

Jav. A. Sentmanat 24968

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

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30TH DAY OF AUGUST 20 25 AT 21:20 AM ✓ PM

SUBJECT: MARIANO, MACKENZIE, ANN CASE NUMBER: 25092658

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. A. SENTMANAT

PERSONAL CONTACT

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

On Saturday August 30, 2025 at approximately 2120hrs I responded to State Rd 7 and Palomino Drive, Wellington, FL 33467 to a single vehicle crash; in reference to a DUI investigation on a possible impaired driver that had caused the crash (PBSO case #25092655). Upon arrival I spoke with D/S Moak #42938 that advised the following: "On 08/30/2025 at approximately 2122 hours, I was driving North on SR7 where I was notified by PBSO communications that there was a single vehicle crash involving a Tesla bearing FL Tag JGDS73 in my area around SR7 and Stribling Way with unknown injuries. Upon arrival, I saw a female in the driver seat wearing a black shirt, black pants and a red hat. The female was identified by her FL DL of Mackenzie Mariano. Mariano stated that she was driving and began to merge left for an unknown reason and that is when she crashed into the median. While Mariano was telling me this, she was slurring her words which caused suspicion of possibly being under the influence of an unknown substance. I contacted a DUI unit so they can further the investigation".

OBSERVATION OF DRIVER:

Upon making contact with the defendant who was standing near to her vehicle. I immediately smelled an obvious odor of an unknown alcoholic beverage coming from the defendant as she spoke. I observed the defendant's eyes to be glassy, watery, and red. I also observed the defendant slurring some of her words. The defendant had a pale and flushed face. The defendant was asked to speak with me in front of my patrol car, as she walked to my car; she appeared to have an unstable balance as she took big steps. I also observed the defendant to have a sway as she stood normally without walking. Every time the defendant spoke I immediately smelled an odor of an unknown alcoholic beverage coming from her mouth. Several times the defendant did not let me finish speaking without interrupting me.

DRIVER'S STATEMENTS:

The defendant stated she has no physical defects or injuries. She stated she has no medical conditions. She stated she is not taking any prescribed medications. She stated she has not hit her head recently. She stated she was on her way home, from Molle (Mexican Restaurant). She stated she was driving on Jog Rd and then said she was on State Rd 7. She stated she has not smoked marijuana or used any illegal drugs today. [redacted] She stated that they had no problems with their feet, legs, hips, back, and arms.

ODORS:

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

GENERAL OBSERVATIONS

SPEECH: **Slurred some words.**

ATTITUDE: **Cooperative. Very polite and was not confrontational.**

CLOTHING: **Black jump suit.**

MEDICAL/OTHER: **None.**

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. A. SENTMANAT
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of August 20 25 by INV. A. SENTMANAT

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

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

SHARI L. O'NEAL
MY COMMISSION # HH 512128
EXPIRES: June 25, 2028

NOT A CERTIFIED COPY

SUBJECT: MARIANO, MACKENZIE, ANN CASE NUMBER 25092658

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

The defendant was placed into the instructional stance for Horizontal Gaze Nystagmus. She verbally identified the red stimulus that I was holding up. She was told to follow the stimulus with her eyes only and not to move her head. I checked her eyes for equal pupil size, equal tracking, and resting nystagmus. I observed a lack of smooth pursuit in both eyes. I observed distinct and sustained nystagmus at maximum deviation in both eyes. I observed onset of nystagmus prior to 45 degrees in both eyes. She was reminded several times not to move her head. I did observe any vertical nystagmus in both eyes. She swayed from side to side throughout this process. She kept separating her feet to maintain her balance.

WALK & TURN:

I explained and demonstrated the instructions for the Walk & Turn to her. She stated she understood the instructions and had no questions for me. She failed to maintain the instructional stance by separating her feet help steady herself. She swayed from side to side. She did not walk heel to toe, stepped off the line, stopped to steady herself, took more than nine steps, did not count the steps out loud, made an improper turn. She raised her hands to her hips during the walk.

ONE LEG STAND:

I explained and demonstrated the instructions for the One Leg Stand to her. She stated she understood the instructions and had no questions for me. She failed to maintain the instructional stance by separating her feet to help steady herself. She swayed from side to side. She raised the right leg for this task. She lowered the foot several time, and did not count out loud. She had a slight bend to her knee on her raised left leg.

FINGER TO NOSE:

I explained and demonstrated the instructions for the Finger to Nose task to her. She stated she understood the instructions and had no questions for me. She failed to maintain the instructional stance by separating her feet to help steady himself. She missed all attempts with both the right and left hand. She used the pad of his fingers, touched under the nose, or to the side of the nose. When right was repeated she raised their left hand and suddenly used her right hand. She started this task after being told not to until I told her to start. I had to remind her to close her eyes throughout this task.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the Rhomberg Alphabet task to her. She stated she understood the instructions and had no questions for me. She failed to maintain the instructional stance by separating her feet to help steady herself. She swayed from side to side. She did not keep her eyes closed as instructed. She did not correctly recite the Alphabet.

BREATH TEST RESULTS: | 1) .173 | 2) .191 | 3) | 4) |

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. A. SENTMANAT
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of August 20 25 by INV. A. SENTMANAT

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

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

SHARI L. O'NEAL
MY COMMISSION # HH 512128
EXPIRES: June 25, 2028

NOT A CERTIFIED COPY

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

PBSO CASE # **25092658** PBSO ZONE **1-45**

AGENCY CASE # _____ CRASH CASE # **25092655**

TIME OF STOP/CRASH **21:20** DATE **08/30/2025** DAY **Saturday**

SUBJECT'S NAME **MARIANO, MACKENZIE, ANN** RACE **W** SEX **M**

HGT **5'03"** WGT **170** DOB **12/27/1992**

LOCATION **STATE ROAD 7 AND PALOMINO DRIVE, WELLINGTON, FL 33467**

ARRESTING OFFICER'S NAME & ID **INV. A. SENTMANAT (24968)** AGENCY **Palm Beach County Sheriff's Office**

DIVISION: **TRAFFIC/DUI**

NOTIFIED BY COMMO **YES**

ARRIVAL AT FACILITY **22:35**

ARREST TIME **22:08**

BREATH RESULTS:

1) **.173**
2) **.191**
3)
4)

NOT A CERTIFIED COPY

TESTING OFFICER'S ID _____ PBSO VIDEOTAPE # _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO INV. SENTMANAT #24968

SUBJECT: MARIANO, MACKENZIE A.

CASE NUMBER: 25-092658

DATE: 08-30-25

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:00 HRS

ENDING TIME: 23:18 HRS

BREATH TESTS RESULTS: 1) .173 TIME 23:09 A.M.☐ P.M.☒ 2) .191 TIME 23:12 A.M.☐ P.M.☒

3) TIME A.M.☐ P.M.☐ 4) TIME A.M.☐ P.M.☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

EYES:VERY RED, GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O SENTMANAT #24968

A/O REQUESTED THE BREATH TEST.
D SUBMITTED AT FIRST, THEN D ASKED ABOUT IF SHE SAID NO.
A/O READ THE IMPLIED CONSENT ON CAMERA.
D UNDERSTOOD THE I/C AS READ.
D STILL SUBMITTED AFTER THE I/C WAS READ TO HER.
D HAD A LITTLE DIFFICULTY BLOWING EXPLAINED TO HER SEVERAL TIMES HOW TO BLOW CORRECTLY, SHE EVENTUALLY BLEW CORRECTLY TO COMPLETE THE TEST.
C/W READ ON CAMERA
NO Q&A DONE PER A/O.

NOT A CERTIFIED COPY

PALM BEACH COUNTY
SHERIFF'S OFFICE
SHERIFF RIC L. BRADSHAW



DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: _____ CASE NO: _____

DATE OF ARREST: _____ TIME OF ARREST: _____

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

Will you take the test? YES_____ NO_____

NOTE: *READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"*

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_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

NOTE: *IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)*

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_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: _____

LAW ENFORCEMENT OFFICER SIGNATURE: _____

WHITE: STATE ATTY. YELLOW: DHSMV PINK: CENTRAL RECORDS GOLD: JAIL

FORM #0126BR REV 08/24

NOT A CERTIFIED COPY

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: _____

NOT A CERTIFIED COPY

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH COUNTY SO
Instrument Serial Number: 80-006477 Software: 8100.27
Date of Test: 08/30/2025

Date of Last Agency Inspection: 08/15/2025
Observation Period Began: 22:35
Subject's Name: MACKENZIE A MARIANO DOB: 12/27/1992 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	23:05
Air Blank	0.000	23:05
Control Test	0.078	23:05
Air Blank	0.000	23:06
Subject Sample #1	0.173	23:09
Air Blank	0.000	23:10
Air Blank	0.000	23:11
Subject Sample #2	0.191	23:12
Air Blank	0.000	23:13
Control Test	0.075	23:13
Air Blank	0.000	23:13
Diagnostics Check	OK	23:13

Cylinder Lot: 32324080A2
Exp: 12/05/2026

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 SHARI L O'NEAL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: S. O'Neal Date: 08-30-25
Signature

Sworn to (or affirmed) before me this 30 day of August, 2025

Inv. Sentmanat #24968
Signature of Notary Public-State of Florida

Inv. Sentmanat #24968
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.

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

NOT A CERTIFIED COPY

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	4
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 110 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	11
	☐	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	☐			
	☐			
	☐			
	☐			

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2025023328	**Date:** 8/31/2025
	Specialist Name/ID#: Joseph Kovach/44820