0538487 23CT3644 2412

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 N

ADMINISTRATION

OBTS Number

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0500200	Boca Raton Police Department	3 | 2 | 2023-002696

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)	Location of Offense (Business Name, Address)
499 E CAMINO REAL, 499 E CAMINO REAL, BOCA RATON, FL	499 E CAMINO REAL, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/24/2023	23:34	02/24/2023	23:44			EMERALD

DEFENDANT

Name (Last, First, Middle): ORSINI, MARIE

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

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	03/08/1947	5'00	120	BLUE	BROWN	LIGHT	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): NONE

Marital Status: S Religion: CATHOLIC

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 701 E CAMINO REAL 7F, BOCA RATON, FL 33432

Phone: (973) 202-3177

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 701 E CAMINO REAL 7F, BOCA RATON, FL 33432

Phone: (973) 202-3177

Address Source: DEFENDANT

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

Phone:

Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
076305190053474 / FL	[redacted]		NEWARK, NJ, United	US

CO-DEF

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

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI	316.193(1)A	

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

(1)

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		

INTAKE

Health / Apparent Physical Condition of Defendant: GOOD

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain: NONE

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By: BAUMGARTEN — Released By: SUBOYU — Released To: CJ

Transported By: SUBOYU — Date Transported: 02/25/2023 — Time Transported: 02:11 — 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: 04/06/2023 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

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Issuing Deputy — I.D. # — Pouch #

Signature of Arresting Officer 870

Name of Arresting Officer (Print): BAUMGARTEN, C. M. — I.D. # 870

Transporting Officer: SUBOYU — I.D. # 871 — Agency BRPD

Name Verification (Printed by Arrestee) (PRINT) FEB 25 AM 4:01

Witness here if subject signed with an "X"

PAGE 1 OF 1

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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 2023-002696

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
ORSINI, MARIE		W	F	03/08/1947

CHARGES

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

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 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 24 day of February, 2023 at 23:34 (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

On February 25, 2023, at approximately 2244 hours, officers responded to 499 E Camino Real in reference to a crash. The call notes advised that one of the drivers was possibly intoxicated. I responded to the scene to investigate the possible intoxicated driver. When I arrived on scene, I observed one of the drivers later identified as, Marie Orsini, operating a 2019 White Hundai 4D FL Tag: 97AGTL. After investigation, it was determined that a crash had not occurred due to there being no collision damage. I then asked Orsini to step out of the vehicle and advised her that I would be conducting a criminal investigation on whether she was intoxicated. I read Orsini her Constitutional Rights to which she stated she understood. I asked Orsini what had occurred tonight. Orsini advised that she had taken her foot off the brake and looked in the mirror and then the collision had occurred. Orsini stated at one point that she thought the other driver had hit her (vehicle). Orsini stated that the other driver came up to her vehicle and said, "you`re drunk," and Orsini stated "okay." Orsini then said she probably did hit the other vehicle, she stated that she rolled into his car, and she heard a bump.

I then asked Orsini what time it was, and she stated 11:30 or a quarter to 12. The time was 11:13pm (2313 hours). I asked Orsini what time she had her first drink and she stated at 1930 hours. Orsini stated that she just had the one drink. Orsini stated she had one cosmopolitan. Orsini would interject repeatedly and state that the other driver was a very mean man. Orsini stated she takes no medications, has no medical or physical conditions, no recent brain injuries, is not diagnosed with diabetes and did not take any legal or illegal drugs. Orsini stated she ate 3 sushi rolls at dinner with her friends.

I then began HGNmade contact with Abigail and I could smell a strong odor of alcohol coming from her person. I also observed that Abigail`s eyes were bloodshot, watery, glassy and that her pupils were dilated. I advised Abigail at this point that I would be

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

RADFORD, STEPHEN THOMAS
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

02/25/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 870

BAUMGARTEN, CHAYA M (870)
NAME OF OFFICER (PLEASE PRINT)

02/25/2023
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 Capias

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-002696

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
ORSINI, MARIE		W	F	03/08/1947

PROBABLE CAUSE STATEMENT

conducting a criminal investigation and would be proceeding with SFST`s. I then read Abigail her constitutional rights to which she stated she understood.

Orsini advised that she was coming from dinner at the "hotel" and was on her way home. Orsini stated that she had vision in both of her eyes and that she did not wear glasses or contact lenses.

I then began the SFST`s. The first task was the Horizontal Gaze Nystagmus. I observed that Orsini`s eyes were bloodshot, watery and glassy. Orsini did not display any resting nystagmus. Orsini`s eyes had equal tracking and equal pupil size. Orsini had 4 clues in the eyes to include the following: lack of smooth pursuit in both eyes, distinct and sustained nystagmus at maximum deviation in both eyes in both eyes. I did not observe vertical gaze nystagmus in Orsini`s eyes.

The second task was the Walk and Turn exercise. Orsini displayed 4 of the 8 clues from the walk and turn. One during the instruction stage and three during the walking stage. The clues Orsini displayed included: failing to maintain balance during the instruction stage, and stepping off the line, doing an improper turn, stepped off the line and took the wrong number of steps.

The third task was the One Leg Stand. Orsini displayed three out of four clues for the one leg stand to include, putting her foot down, hopping, and using her arms for balance.

I then asked Orsini to count down from the number 76 until the number 53. Orsini missed the number 66, counted down until 30, missed the number 44 and counted the number 43 twice. I then asked Orsini what number I had asked her to count down until and she stated 57.

I then asked Orsini to recite the alphabet from the letter E to the letter X without singing. Orsini could not state the alphabet in order and recited at one-point EFGHIJKLMNOUSTUEVWXYEZ. Orsini started over a couple of times though she still could not follow the instructions.

Based on the totality of the circumstances and all the information I had gathered, I placed Orsini under arrest for driving under the influence (DUI). I observed Orsini operating a vehicle within this state on a roadway that the public has access to. I believe Orsini was affected to the extent that she had lost her normal faculties and was too impaired to be operating a vehicle and violating F.S.S. 316.193(1a) - Driving Under the Influence.

I transported Orsini to BRPD booking and the BRPD BAT facility. There, I requested a sample of Orsini`s breath to which she consented to provide. Orsini was able to provide

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

777

RADFORD, STEPHEN THOMAS
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

02/25/2023
DATE

870

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BAUMGARTEN, CHAYA M (870)
NAME OF OFFICER (PLEASE PRINT)

02/25/2023
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 Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-002696

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
ORSINI, MARIE		W	F	03/08/1947

PROBABLE CAUSE STATEMENT

one sample of .048. Orsini attempted multiple times to provide additional samples with negative results. I confiscated Orsini`s driver`s license due to her failure to be able to provide 2 sufficient breath samples.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

RADFORD, STEPHEN THOMAS
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

02/25/2023
DATE

870
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BAUMGARTEN, CHAYA M (870)
NAME OF OFFICER (PLEASE PRINT)

02/25/2023
DATE

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

2023002696
2334
2357
ORSINI, MARIE

DUI INFLUENCE REPORT

NOT CERTIFIED COPY

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 _____ day of _____, at _____ AM/PM:

Subject: _____ Case Number: _____

PERSONAL CONTACT

Driving Pattern: _____

_____

_____

_____

_____

_____

Observation of Driver: _____

_____

_____

_____

_____

_____

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? _____

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 _____ (date) by _____.

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

_____ _____
Signature of Arresting Officer Name of Officer (print)

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ARRESTING OFFICER: OFC. BAUMGARTEN

Name: OFC. BAUMGARTEN Phone # 561.368621 Work # _____

Address: 100 NW 2ND AVE, BOCA RATON, FL, 33432

Can testify to: DUI INVESTIGATION

Name: OFC. SUBJU Phone # 561 2686 Work # _____

Address: 100 NW 2ND AVE, BOCA RATON, FL, 33432

Can testify to: SCENE SAFETY

Name: OFC. HOWARD Phone # 561 368621 Work # _____

Address: 100 NW 2ND AVE, BOCA RATON, FL, 33432

Can testify to: SCENE SAFETY

Name: OFC. COON Phone # 561 368621 Work # _____

Address: 100 NW 2ND AVE, BOCA RATON, FL, 33432

Can testify to: BREATH TEST

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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BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2023002696

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is SATURDAY (day), FEBRUARY (month), 25 (date), 2023 (year).

B. The time is now approximately 0132 ~~0025 hrs~~ AM/PM.

C. The following is in reference to case number 2023002696

D. Present at this time is OFC. BAUMGARTEN & OFC. COON of the Boca Raton Police Department. (Officer's Name)

E. Officer BAUMGARTEN have you arrested MARIE ORSINI 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. ORSINI, I am required to inform you these proceedings are being video recorded.

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

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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 OFF. BAUMGARTEN of the BOCA RATON PD.

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: SEE VIDEO

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. ORSINI has refused to submit to a breath test.

The date is FEBRUARY (month) 25 (day) 2023 (year), and the time is 0143 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:

) 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.)

) 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.)

) 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.)

) 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.)

) 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.)

) 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.)

) 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.)

) Do you understand these rights as I have read them to you, and do you wish to speak to me?

gned: _____ Date: _____ Time: _____

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BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: ORSINI, MARIE

CASE #: 2023002696 DATE: 02/25/23

BREATH TEST RESULTS

1) TIME 0139 AM/PM 2) TIME _____ AM/PM

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

BREATH OPERATOR: OFC. COON

MAINTENANCE TECHNICIAN: OFC. CRAWFORD

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, REPETATIVE

ATTITUDE: RUDE, CURSING,

CLOTHING: BLACK/WHITE DRESS

MEDICAL CONDITION: ~~NONE~~ RC ACID REFLUX

OTHER: OVER COUNTER FOR ACID REFLUX

COMMENTS:

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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: SEE VIDEO Date: _____ Time: _____

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

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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 0144 (2023 BRC) AM/PM.

The date is FEBRUARY (month), 25 (day), 2023 (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: 02/25/2023

Date of Last Agency Inspection: 02/20/2023
Observation Period Began: 23:57
Subject's Name: MARIE ORSINI DOB: 03/08/1947 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	00:30
Air Blank	0.000	00:31
Control Test	0.079	00:31
Air Blank	0.000	00:31
Subject Sample #1	0.048	00:34
Air Blank	0.000	00:35
Air Blank	0.000	00:37
Subject Sample #2	RFI*	00:37
Air Blank	0.000	00:37
Control Test	0.078	00:38
Air Blank	0.000	00:38
Diagnostics Check	OK	00:38

*RFI Detect

Cylinder Lot: 02422080A1
Exp: 02/05/2024

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 REBECCA L COOK, 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: _____ Date: 02/25/23
Signature

Sworn to (or affirmed) before me this 25 day of FEBRUARY, 2023

_____ #870 _____
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.

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

NOT A CERTIFIED COPY

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: 02/25/2023

Date of Last Agency Inspection: 02/20/2023
Observation Period Began: 23:57
Subject's Name: MARIE ORSINI DOB: 03/08/1947 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	00:41
Air Blank	0.000	00:42
Control Test	0.079	00:42
Air Blank	0.000	00:43
Subject Sample #1	VNM*	00:46
Air Blank	0.000	00:46
Air Blank	0.000	00:48
Subject Sample #2	VNM**	00:51
Air Blank	0.000	00:52
Control Test	0.078	00:52
Air Blank	0.000	00:53
Diagnostics Check	OK	00:53

*Volume Not Met (0.035 - Breath Sample Not Reliable to Determine Breath Alcohol Level)
**Volume Not Met (0.029 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 02422080A1
Exp: 02/05/2024

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 REBECCA L COON, 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: _____ Date: 02/25/23
Signature

Sworn to (or affirmed) before me this 25 day of FEBRUARY, 2023

_____ #870 OFC. C. BAUMGARTEN
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.

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

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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: 02/25/2023

Date of Last Agency Inspection: 02/20/2023
Observation Period Began: 23:57
Subject's Name: MARIE ORSINI DOB: 03/08/1947 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	01:35
Air Blank	0.000	01:35
Control Test	0.079	01:36
Air Blank	0.000	01:36
Subject Sample #1	VNM*	01:39
Air Blank	0.000	01:40
Air Blank	0.000	01:42
Subject Sample #2	REF**	01:42
Air Blank	0.000	01:42
Control Test	0.079	01:43
Air Blank	0.000	01:43
Diagnostics Check	OK	01:43

*Volume Not Met (0.019 - Breath Sample Not Reliable to Determine Breath Alcohol Level)
**Subject Test Refused

Cylinder Lot: 02422080A1
Exp: 02/05/2024

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 REBECCA L. COON, 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: _____ Date: 02/25/23
Signature

Sworn to (or affirmed) before me this 25 day of FEBRUARY 2023

M. Baker #870 OFC. C. BAUMGARTEN
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.

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

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STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, OFC. BAUMGARTEN, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of BOCA RATON P.D., and I do swear
(Name of law enforcement agency)

or affirm that on or about the 24 day of FEBRUARY 20 23, at 2334 ☒ P.M ☐ A.M.

DRIVER MARIE ORSINI,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# 07630519005347, state of NEW JERSEY, was placed under lawful arrest for

the offense of DUI by OFC. BAUMGARTEN and
(Name of Arresting Officer)

issued Citation # AG40T4E.

That on or about the 25 day of FEBRUARY, 20 23, at 0143 ☐ P.M ☒ A.M.

in PALM BEACH County,

I requested that the driver submit to a ☒ **breath and/or** ☐ **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

M. Baumgarten 870
Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title OFFICER

Date 02/25/23

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20_____,

by _____,

who is personally known to me or who has produced

_____ as identification

Notary Public _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

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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)
L/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:	

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REVIEW COMPLETED BY

Booking Number: 2023005270	**Date:** 2/25/2023
	Specialist Name/ID: R.Castro/40259