0547652 24CT 4279 SB 215

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	Agency Name	Agency Report Number (N.T.A.'s only)
0500200	Boca Raton Police Department	3 2 2024-002861

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)
5899 NW 2ND AVE, BOCA RATON, FL 33487	5899 NW 2ND AVE, BOCA RATON, FL 33487

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/08/2024	20:39	03/08/2024	20:49	03/08/2024	20:49	EMERALD TOWING

DEFENDANT

Name (Last, First, Middle): BAPTISTA, RINA VANESSA — Alias: — Alias (Name, DOB, Soc. Sec. #, Etc.)

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	08/04/1970	4'10	140	BROWN	BLACK	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)

Marital Status	Religion	Indication of: Alcohol Influence / Drug Influence
S	CATHOLIC	Yes ☒ No ☐ Unk. ☐

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
179 SW 7TH ST, DEERFIELD BEACH, FL 33441				(954) 325-5312	3

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
179 SW 7TH ST, DEERFIELD BEACH, FL 33441				(954) 325-5312	VERBAL

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
					Real Estate

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
B132738707840 / FL	[redacted]		LIMA ., Peru	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 ☐ 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 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. 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	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	/		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: FAIR

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: DELGADO — Released By — Released To: CJ 24 NOV 04 07:24

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: 04/08/2024 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed: 3/8/24

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy — I.D. # — Pouch #

Signature of Arresting Officer

Name of Arresting Officer (Print): DELGADO, B. — I.D. #: 885

Transporting Officer: DELGADO — I.D. #: 885 — Agency: BRPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

PAGE 1 OF 1

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PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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 | 2024-002861

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
BAPTISTA, RINA VANESSA		W	F	08/04/1970

CHARGES

Charge Description	Charge Description
316.193(1A) DUI	

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

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

On the 8 day of March, 2024 at 23:41 (Specifically include facts constituting cause for arrest.)

On 03/08/2024 at 1958 Hours Boca Raton Police Dispatch received calls stating there was a dark colored Tesla in the area of NW 2nd Ave and W Jeffrey St driving on the wrong side of the road and repeatedly swerving in and out of lanes. The Tesla was said to be bearing FL tag A047U.

The caller was providing updates as BRPD was checking the area, and stated the vehicle came to a stop in the middle of the road in the area of W Hidden Valley Blvd and N Dixie Hwy. While checking the area, Officer Gonzalez was able to locate the vehicle on W Hidden Valley Blvd between NW 2nd Ave and N Dixie Hwy. Officer Gonzalez stated the vehicle was parked in the grass on the side of the road when he located it. Officer Gonzalez parked behind the vehicle and made contact with the driver at this time.

I responded to Officer Gonzalez's location and arrived at 2013 hours. I approached the vehicle from the driver side and made contact with the driver who stated her name is Rina. Rina was later identified via FL DL as Rina Baptista. I asked Baptista where she was coming from and she stated, Deerfield Beach. Baptista said she was on her way to Miami. I asked her what she was doing in Boca Raton due to Boca Raton being north of Deerfield Beach and Miami. Baptista was unable to provide a logical response. I asked Baptista what alcoholic drink she had to drink tonight, and she stated nothing. Officer J. Casas then asked Baptista what she had to drink tonight, to which she stated, "one glass of wine". While speaking with Baptista I observed that she was very slow to respond to my questions, her speech was slurred, and her eyes were red. I asked Baptista the last time she slept, to which she stated "2022". I then asked Baptista if she was tired, and she stated no.

Based on my observations, and Baptista's confession of consuming alcohol, I suspected that Baptista may have been operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GENDEN, ERIC BRADLEY
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/08/2024
DATE

885
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

DELGADO, BRIAN (885)
NAME OF OFFICER (PLEASE PRINT)

03/08/2024
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 Capias	1	JUVENILE
• •				

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2024-002861

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
BAPTISTA, RINA VANESSA		W	F	08/04/1970

PROBABLE CAUSE STATEMENT

Baptista advised that she was not sick or injured. She stated he does not have any physical defects or injuries. She advised he was not diabetic or epileptic, and stated she did not have anything wrong with her eyes that is not corrected by glasses or contacts. Baptista was asked if she smoked marijuana or took drugs and she stated "No". Baptista stated she was comfortable in the shoes she was wearing. I then asked Baptista to submit to Standardized Field Sobriety Exercises to dispel my suspicion and she agreed to participate.

It should be noted that Baptista had a difficult time maintaining her balance and used her vehicle for support as she exited the vehicle.

The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Baptista stated that she understood. I first ensured that Baptista`s eyes had equal pupil sizes and tracked equally. I then continued with the exercise. Upon beginning the exercise, Baptista followed the stimulus with her head repeatedly and had to be reminded to follow with her eyes and eyes only. Due to her continuing to move her head side to side, I instructed her to hold her head with her hands, but she continued to move her head. Although Baptista followed with her head the majority of the exercise, I was still able to observe lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and onset of nystagmus prior to 45 degrees in both eyes. I was unable to properly check for vertical gaze nystagmus due to Baptista moving her head up with the stimulus.

The second exercise was the Walk and Turn. I began to administer the instructions and assisted Baptista with getting into the starting position, however, Baptista`s balance was so poor that she was unable to maintain the starting position for more than a second and kept stepping off the line and falling over. Attempts to continue with the instructions and the exercise were made difficult due to Baptista`s high level of impairment. For this reason, I chose to cease this exercise and move on to the next.

The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how the exercise should be completed. Baptista stated that she understood my instructions. Upon telling Baptista to begin the exercise, Baptista turned sideways and was about to perform the walk and turn exercise before I stopped her. I then reminded Baptista of the One-Leg Stand instructions again. Baptista swayed, hopped, and used her arms for balance throughout the exercise. Baptista loss balance during this exercise and repeatedly placed her foot down. She was unable to keep her foot above ground for no more than 1 second.

The fourth exercise was the Finger to Nose. I confirmed that Baptista knew her left from her right by asking her to show me her left hand and then her right hand. I then administered the instructions and Baptista stated she understood. The pattern was

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GENDEN, ERIC BRADLEY
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/08/2024
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

DELGADO, BRIAN (885)
NAME OF OFFICER (PLEASE PRINT)

03/08/2024
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 Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2024-002861

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
	BAPTISTA, RINA VANESSA		W	F	08/04/1970

PROBABLE CAUSE STATEMENT

L-R-L-R-R-L.
L - Raised her right hand, touched the side of her nose, and did not put her arm back down
R - Raised her left hand, did not touch her nose
L - Did not move either hand
R - Stared at me and did not lift her arm, she also lost balance and leaned against the car
R - Stared at me and did not lift her arm
L - Did not lift either arm

The final exercise was a modified Romberg balance exercise. I administered the instructions and conducted the exercise. Baptista estimated the passage of 30 seconds in approximately 29 seconds.

Based on my investigation, and the totality of the circumstances, I found probable cause to believe that Baptista was operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. Baptista was placed under arrest for DUI per F.S.S. 316.193(1a).

Baptista was transported to BRPD booking for post arrest processing and the administration of a breath test. Officer Ricciardi (ID 817) (Breath Test Operator) responded to BRPD booking and assisted with the BAT room procedures. Baptista was asked to provide a sample of her breath for the purpose of determining the alcohol content and she agreed. Baptista provided two breath samples of .199 and .194. Baptista was then informed of her constitutional warnings (Miranda), and she stated she understood. Baptista agreed to answer my questions. See DUI Influence Report for further.

I later made contact with one of the CAD callers, James Hancock, via phone and he stated he was following the Tesla for approximately 3 to 5 minutes and observed it driving on the wrong side of the road several times. Hancock also stated the Tesla nearly struck a curb. Hancock provided me with a description of the Tesla and the driver. The description of the driver matched that of Rina Baptista. Hancock provided me with a video of the Tesla`s driving pattern. The video was submitted into BRPD evidence.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GENDEN, ERIC BRADLEY
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/08/2024
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

DELGADO, BRIAN (885)
NAME OF OFFICER (PLEASE PRINT)

03/08/2024
DATE

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

10-32 2113
10-15 2055
Case # 24-2861

DUI INFLUENCE REPORT

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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 8 day of March, at _____ AM/PM:

Subject: Rina Baptista Case Number: 2024-002861

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 ☐ 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? _____ 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 3/8/24 (date) by A. Ricciardi.

_____ 3/8/24
Notary/Clerk of Court/ Officer (FSS 117.10) Date

_____ B. Delgado
Signature of Arresting Officer Name of Officer (print)

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ARRESTING OFFICER: Delgado

Name: J Casas 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: _____

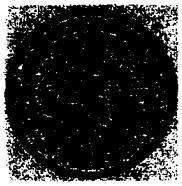
Name: _____ Phone # _____ Work # _____

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 # 2024-2861

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday (day), March (month), 8 (date), 2024 (year).

B. The time is now approximately 2136 AM/PM

C. The following is in reference to case number 2024002861.

D. Present at this time is Delgado & J. Casas of the Boca Raton Police Department. (Officer's Name)

E. Officer Delgado, have you arrested Rina Baptista (Defendant's name) in violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr./Mrs./Ms. Baptista, 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 _____ 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.

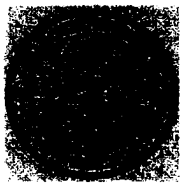
(IF REFUSAL THEN)

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.)

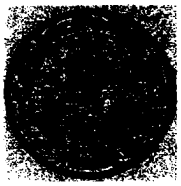
(6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)

(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: Rina Baptista

CASE #: 2024-0028161 DATE: 3/8/2024

BREATH TEST RESULTS

1) TIME 199 2141 AM/PM 2) TIME .194 2145 AM/PM

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

BREATH OPERATOR: Ricciardi

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, slow

ATTITUDE: _____

CLOTHING: blue shirt, blue legging, black sneakers

MEDICAL CONDITION: _____

OTHER: odor of alcohol coming from person, peed pants, glassy bloodshot eyes.

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: read on camera Date: _____ Time: _____

QUESTIONS AND ANSWERS

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

Where were you going? Accounts

What street or highway were you on? Boynton

Direction of travel? West

Where did you start driving from? My friend west

What city (county) were you stopped in? Boynton, west palm beach (county)

What time did you start? 8:00 AM/(PM) What time is it now? I dont know

What is today's date? 03/28/2024 What day of the week is it? Saturday

When did you last eat? 2024 Friday What did you eat? Chicken

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

How much do you weigh? 180 lbs Have you been drinking? No What were you drinking? Nothing

How much? Not drinking Where? Not drinking With whom were you drinking? Not drinking

When did you have your first drink? In 179 SW 7th St AM/(PM) When did you stop drinking? In 179 SW 7th St AM/(PM)
9 pm 9 pm

How did you consume your last two drinks? Sip, and then going to car

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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? Realtor

When did you last work? 6 pm

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? NO

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? _____ 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? 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 2157 AM/PM.

The date is March (month), 8 (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: 03/08/2024

Date of Last Agency Inspection: 02/16/2024
Observation Period Began: 21:13
Subject's Name: RINA V BAPTISTA DOB: 08/04/1970 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	21:39
Air Blank	0.000	21:39
Control Test	0.078	21:40
Air Blank	0.000	21:40
Subject Sample #1	0.199	21:41
Air Blank	0.000	21:42
Air Blank	0.000	21:44
Subject Sample #2	0.194	21:45
Air Blank	0.000	21:46
Control Test	0.079	21:47
Air Blank	0.000	21:47
Diagnostics Check	OK	21:47

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 L 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: _____ Date: 3/8/24
Signature

Sworn to (or affirmed) before me this 8 day of March, 2024

_____ _____
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida Delgado

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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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: 2024006465	**Date:** 3/9/2024
	Specialist Name/ID#: J. Gaines/ 44177