50-2023-CT-011010ASB

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.'s only): 3 2 2023-007904

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): 1500 W GLADES RD BOCA RATON, ~~1500 W GLADES RD, BOCA~~
Location of Offense (Business Name, Address): 1500 W GLADES RD, BOCA RATON, FL 33431

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/21/2023	02:24	06/21/2023	06:23	06/21/2023	06:23	WESTWAY

DEFENDANT

Name (Last, First, Middle): ALONSO, SABRINA MARIA
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	09/26/1996	5'09	100	BROWN	BLACK	LIGHT	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATT L SHOULDER / BACK; TATT R ARM / WRIST
Marital Status: S
Religion: NONE
Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 2325 NE 4TH AVE, BOCA RATON, FL 33431
Phone: (352) 425-9047
Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 2325 NE 4TH AVE, BOCA RATON, FL 33431
Phone: (352) 425-9047
Address Source: OFFENDER

Business Address (Name, Street) (City) (State) (Zip): WORK FROM HOME,
Phone:
Occupation: Finance

D/L Number, State: A452793968460 / FL
Soc. Sec. Number: [redacted]
INS Number:
Place of Birth (City, State): ST LOUIS, MO, United
Citizenship: 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) 1-OR (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 #
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		

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: INTOXICATED
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	Released By	Released To
IBANEZ		PBCJ

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: 07/24/2023 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.

No Photo Available

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer
Name of Arresting Officer (Print): IBANEZ, C. M. I.D. #: 878

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy I.D. # Pouch #
Transporting Officer: McDuffston I.D. # 765 Agency: BRPD

Witness here if subject signed with an "X".

PAGE 1 OF 1

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RECEIVED PBC PUBLIC DEFENDER'S OFFICE
'23 JUN 26 AM 7:51

052123

1415

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number			JUVENILE
		1	

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-007904

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
ALONSO, SABRINA MARIA		W	F	09/26/1996

CHARGES

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

VICTIM

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

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.

☐ 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 21 day of June, 2023 at 02:24 (Specifically include facts constituting cause for arrest.)

On 06/21/23 at 0143 hours, I was dispatched to 1500 W Glades Rd. Officer Bachar and Officer Cox and K9 Officer Jalil arrived on scene first.

Officer Bachar handled the crash investigation. I took over the DUI investigation after he completed his investigation.

When I arrived on scene, I observed a black 2018 BMW 330I bearing FL Tag # JREB42 on the median facing southwest. As I approached the vehicle, I observed damage to the front bumper. I observed Sabrina Alonso, the sole occupant, sitting in the driver`s seat of the running vehicle with the keys in the center console. The front driver and rear driver door of the vehicle were pinned against a bush so Alonso could not exit through the driver side.

As I approached the vehicle, I smelled a strong odor of an alcoholic beverage emanating from the interior of the vehicle through the open front driver window. I made contact with Alonso whose eyes were red and glassy. Alonso`s speech was slurred and slow. Alonso was extremely emotional and advised she suffers from extreme anxiety. Alonso advised she takes anxiety medication however, she did not take any today. Alonso was asked to exit the vehicle. Alonso exited through the front passenger door.

When Alonso exited the vehicle, she was unable to maintain balance. Alonso used the vehicle to regain balance several times. It was apparent when she walked, she could not stand up right and did not have full control over her faculties. It should be noted that Alonso did not have full capabilities of her gross motor functions.

Alonso told me she was coming from a friend`s house and had been drinking at Rocco`s Tacos. She stated she had a few margaritas. When asked to specify the quantity she said "two". When asked if she took any narcotics today, prescribed or otherwise, she advised

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

06/21/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

IBANEZ, CHLOE MAGDALENA (878)
NAME OF OFFICER (PLEASE PRINT)

06/21/2023
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 | 2023-007904

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
ALONSO, SABRINA MARIA		W	F	09/26/1996

PROBABLE CAUSE STATEMENT

she took an anxiety medication five minutes ago. Alonso was offered medical attention and she refused. Alonso advised she was not injured and was able to walk and stand by herself.

Alonso was told we believed she was driving under the influence of alcohol or narcotics. Alonso was asked if she would be willing to submit to the standard field sobriety tasks to dispel my alarm that she was driving under the influence. Alonso advised she would participate in the standardized field sobriety tasks. I set up my vehicle to capture the standardized field sobriety tasks.

The first task was the horizontal gaze nystagmus. Alonso was swaying side to side while standing. There was a lack of smooth pursuit in each eye. There was distinct and sustained nystagmus at maximum deviation in each eye. Alonso had onset of nystagmus prior to 45 degrees in each eye. Alonso was unable to keep her head still during the exercise.

The second task was the walk and turn. Alonso started before she was instructed. Alonso left the starting position. Alonso was using her arms for balance and did not touch heel to toe on each step. Alonso was not counting out loud. Alonso attempted again. Alonso left the starting position again. It should be noted that Alonso almost fell over multiple times and stopped before she finished the task.

The third task was the one leg stand. Alonso was using her arms and swaying. Alonso was not always counting out loud. Alonso kept dropping her foot to the ground to keep her balance. Alonso almost fell over on this task multiple times.

The fourth task was the finger to nose (L-R-L-L-R). Alonso was swaying side to side at times. Alonso missed the tip of her nose on several movements. During the task Alonso left her finger on her nose for an extended period of time.

The fifth task was the Rhomberg alphabet. Alonso was asked what her highest level of education is to which she replied, "a master`s degree". Alonso was asked if she knew the English alphabet which she replied "yes". During the exercise Alonso did not recite the entire alphabet. She repeated a portion of the alphabet and stopped before she reached "Z".

Based on my investigation, Sabrina Alonso was placed under arrest in violation of F.S.S. 316.193(1A) DUI. Alonso was transported to BRPD holding facility for a breath test. Officer Ricciardi responded as the breath test operator.

Alonso was read her constitutional warnings and she refused to speak to officers. Alonso refused to submit to a breath test and a refusal form was completed. Alonso was issued a DUI citation with a court date of 07/24/23 at 0830 hours. Alonso was medically cleared

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

06/21/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

IBANEZ, CHLOE MAGDALENA (878)
NAME OF OFFICER (PLEASE PRINT)

06/21/2023
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 | 2023-007904

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
ALONSO, SABRINA MARIA		W	F	09/26/1996

PROBABLE CAUSE STATEMENT

at BBRH and TOT PBCJ.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

06/21/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

IBANEZ, CHLOE MAGDALENA (878)
NAME OF OFFICER (PLEASE PRINT)

06/21/2023
DATE

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

Information Regarding Review Hearing

FINAL ORDER

This will serve as notice of final order of license suspension/disqualification effective on the date it was issued to you. You may request a formal or informal review of the suspension/disqualification.

If you want the department to conduct a review of your suspension/disqualification, you must request such review at the location indicated on the reverse side. Your request must be submitted in writing within **ten calendar days** following the date of suspension/disqualification, and include your complete name, address, date of birth, driver license number, residence and work telephone numbers, date of suspension/disqualification, citation number and county where the suspension/disqualification occurred.

INFORMAL REVIEW

The informal review shall consist solely of an examination of the materials submitted by you and the law enforcement officer or correctional officer.

FORMAL REVIEW

The formal review allows you to be heard and present witnesses in regard to this suspension/disqualification.

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL (.08 OR ABOVE)

1. Whether the arresting law enforcement officer had probable cause to believe that the person was driving or in actual physical control of a motor vehicle in this state while under the influence of alcoholic beverages or controlled substances (DUI).
2. Whether the person had an unlawful blood or breath alcohol level (.08 or above).

REFUSAL TO SUBMIT TO A BREATH, BLOOD OR URINE TEST

1. Same as number 1 above.
2. Whether the person refused to submit to any such test after being requested to do so by a law enforcement officer or correctional officer.
3. Whether the person was told that if he or she refused to submit to such test, his or her privilege to operate a motor vehicle would be suspended.

IN CASE OF A DISQUALIFICATION THE FOLLOWING ISSUES WILL BE CONSIDERED:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL (.08 OR ABOVE)

1. Whether the arresting law enforcement officer had probable cause to believe that the person was driving or in actual physical control of a commercial motor vehicle, or any motor vehicle if the driver holds a commercial driver's license, in this state while he or she had any alcohol, chemical substances, or controlled substances in his or her body.
2. Whether the person had an unlawful blood-alcohol level or breath-alcohol level of 0.08 or higher.

REFUSAL TO SUBMIT TO A BREATH, BLOOD, OR URINE TEST

1. Same as number one above.
2. Whether the person refused to any such test after being requested to do so by a law enforcement officer or correctional officer.
3. Whether the person was told that if he or she refused to submit to any such test, his or her privilege to operate a commercial motor vehicle would be disqualified.

FAILURE TO REQUEST A REVIEW WITHIN THE 10 DAY PERIOD SHALL RESULT IN THE WAIVER OF YOUR RIGHT TO A REVIEW OF THE SUSPENSION/DISQUALIFICATION.

Location of Administrative Reviews Hearing Offices

1. **Clearwater 33762**
   4585 140th Avenue North
   Suite 1002
2. **Daytona Beach 32114-4663**
   995 Orange Avenue
3. **Fort Myers 33901**
   4048 Evans Avenue,
   Suite 305
4. **Fort Pierce 34982-8105**
   3220 South Federal Highway,
   Suite 8
5. **Gainesville 32609-2861**
   2815 N.W. 13th Street, Suite 302
6. **Jacksonville 32219-3597**
   7439 Wilson Boulevard,
   Room #9
7. **Lake Worth 33467**
   6801 Lake Worth Road,
   Suite 230
8. **Lauderdale Lakes 33311**
   3708 West Oakland Park Boulevard
9. **Miami 33135-1422**
   2515 West Flagler Street
10. **Melbourne 32901-7121**
    2325 S. Babcock Street, Suite B
11. **Panama City 32401-2230**
    The Lincoln Center 237 W. 15th Street
12. **Pensacola 32504-6331**
    7282 Plantation Road,
    Suite 406
13. **Tallahassee 32301-3817**
    504-A Capital Circle S.E.
14. **Tampa 33610-4479**
    2814 East Hillsborough Avenue
15. **Orlando 32810-4221**
    4101 Clarcona-Ocoee Road,
    Suite 152
16. **Winter Springs 32708**
    290 East State Road 434

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Observation: 0300
10-15: 0224
Case #: 2023-007904

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 21 day of June, at 0245 AM/PM:

Subject: Sabrina Alonso Case Number: 2023-7904

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? _____

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: Refused.

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 6/21/23 (date) by A. Ricciardi.

_____ 6/21/23
Notary/Clerk of Court/ Officer (FSS 117.10) Date

_____ C. Ibanez
Signature of Arresting Officer Name of Officer (print)

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ARRESTING OFFICER: C. Ibanez

Name: Ofc. Coon Phone # / Work # 5613381234
Address: 100 NW 2nd Ave, Boca Raton FL 33432
Can testify to: investigation

Name: Ofc. Bachar Phone # / Work # 5613381234
Address: 100 NW 2nd Ave, Boca Raton FL 33432
Can testify to: investigation (CRASH)

Name: Ofc. Ricciardi Phone # / Work # 5613381234
Address: 100 NW 2nd Ave, Boca Raton, FL 33432
Can testify to: Breath Test

Name: Ofc. G. Cox Phone # / Work # 5613381234
Address: 100 NW 2nd Ave, Boca Raton, FL 33432
Can testify to: Scene Safety

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 # 2023-007904

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Wednesday (day), June (month), 21 (date), 2023 (year).

B. The time is now approximately 321 (AM)/PM.

C. The following is in reference to case number 2023-7904.

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

E. Officer Ibanez, have you arrested Sabrina Alonso (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.) Alonso, 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 Ofc. Ibanez 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. J. Alonso has refused to submit to a breath test.

The date is June (month), 21 (day), 2023 (year), and the time is 323 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: Sabrina Alonso

CASE #: 2023-007904 DATE: 6/21/23

BREATH TEST RESULTS

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

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

BREATH OPERATOR: Ricciardi

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: slowed, slurred

ATTITUDE: friendly.

CLOTHING: tan t-shirt, black shorts, tan socks.

MEDICAL CONDITION: Anxiety disorder

OTHER: zofran, xanax, propranolol

COMMENTS: glassy, bloodshot eyes, odor of alcohol coming from person, asking same question multiple times.

NOT A CERTIFIED COPY

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions.
(2) Any statement you make must be freely and voluntarily given.
(3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning.
(4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning.
(5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
(6) I can make no threats or promises to induce you to make a statement. This must be of your own free will.
(7) Any statement can be and will be used against you in a court of law.
(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

Refused on camera

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

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

How much do you weigh? _____ Have you been drinking? ____ What were you drinking? ____
_____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____AM/PM

How did you consume your last two drinks? _____

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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? _____

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 03:30 (AM)/PM.

The date is June (month), 21 (day), 2023 (year).

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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, C. Ibanez (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer,

am a member of Boca Raton Police Services Department (Name of law enforcement agency) and I do swear

or affirm that on or about the 21 day of June, 20 23, at 0323 ☐ P.M ☒ A.M.

DRIVER Sabrina (FIRST NAME) M (MIDDLE OR MAIDEN NAME) Alonso (LAST NAME),
(Type or Print)

DL# A452793968460, state of FL, was placed under lawful arrest for

the offense of DUI by C. Ibanez (Name of Arresting Officer) and

issued Citation # AG427DE.

That on or about the 21 day of June, 20 23, at 0323 ☐ 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.

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 Ricciardi

Date 6/21/2023

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.

~~(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 _____~~

HSMV-BAR1001 (REV. 10/2016)

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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: 06/21/2023

Date of Last Agency Inspection: 06/14/2023
Observation Period Began: 03:00
Subject's Name: SABRINA M ALONSO DOB: 09/26/1996 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	03:25
Air Blank	0.000	03:26
Control Test	0.080	03:26
Air Blank	0.000	03:27
Subject Sample #1	REF*	03:27
Air Blank	0.000	03:27
Control Test	0.081	03:28
Air Blank	0.000	03:28
Diagnostics Check	OK	03:28

*Subject Test Refused

Cylinder Lot: 79122080A2
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: 6/21/23
Signature

Sworn to (or affirmed) before me this 21 day of June, 2023

_____ C. Ibanez
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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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: 2023016169	**Date:** 06/22/2023
	Specialist Name/ID: T.Howard/7185