0542629 23CT 14444mB 1194

☐ Marsy's Law CVI FL. Const. Art.1 § 16(b) ☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: 1 — N

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 -[23099681 ( )

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: N/A

Multiple Clearance Indicator:

Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address)
9542 SHEPARD PL, WELLINGTON, FL 33414	9542 SHEPARD PL, WELLINGTON, FL 33414

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/15/2023	0008					PRIORITY TOWING

DEFENDANT

Name (Last, First, Middle): Ganesh, Sabrina, E

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

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	9/28/1993	5'04	150	BRN	BRN	MED	MED

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Marital Status	Religion	Indication of: Alcohol Influence / Drug Influence (Y / N / Unk)
PELVIS, RIBS, BACK SHOULDER, LEFT HAND	Single	CATHOLIC	Alcohol Influence: N; Drug Influence: Unk

Local Address (Street, Apt. Number) (City) (State) (Zip)	Mobile Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
1098 Stardust Way, ~~1098 STARDUST WAY~~ Loxahatchee, FL 33411	(908) 344-8167	2

Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
,	( )	VERBAL - FL DL

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
	( )	BAR TENDER

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
G01491243, NY	[redacted]		QUEENS, NY	YES

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) — Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone ( )

Notified by: (Name)	Date	Time	Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name)	Relationship	Date	Time

The above address was provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6311) informed of any change of address. ☐ Yes, by: (Name) ☐ No (Reason)

School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Dispense/Distribute, M. Manufacture/Produce/Cultivate, Z. Other

Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under the Influence	1	☐ Y ☒ N	316.193(1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
U	U		23099681		

CHARGE

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

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

CHARGE

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

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

CHARGE

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

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

NOTICE TO APPEAR

Location (Court, Room Number, Address): Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

Court Date and Time: Month SEPTEMBER Day 7th Year 2023 Time 0830 A.M. ☒ P.M. ☐

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed: 08/15/2023

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature

ADMIN

HOLD for other agency

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Intake Deputy: C. Horlead 7215 — I.D. # — Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): Inv. Cisson J. — I.D. #: 24091

Transcribing Officer: Inv. Cisson J. — I.D. #: 24091 — Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

FILED PBC - GUN CLUB
'23 AUG 15 AM 7:39

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO 10148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

OBTS Number

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

Juvenile

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06-23-099681

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

Special Notes: SUDA PC

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Genesh Sabrina E		W	F	09/28/1993

CHARGES

D.U.I.	316.193(1)(a)

VICTIM

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

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

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

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

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

On the 14 day of AUGUST 2023 at 2324 [ ] A.M. [x] P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

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

On 08/14/2023 at approximately 2258 hours, I was dispatched to 9542 Shepard Pl, Wellington, FL 33414, in reference to a vehicle hit and run complaint.

Upon my arrival, I witnessed a white 2015 Smart 2d vehicle, bearing the FL tag# AW5-3QK, drive west towards my direction with no headlight or taillights on. The vehicle passed me and made a U-turn in the Cue-De-sac, then proceeded to drive east bound to pass me again. I flagged down the vehicle with my flashlight while saying "Stop". It should be noted that I was in my full Deputy Sheriff Class B uniform. The vehicle stopped abruptly and I made contact with the driver, Sabrina Genesh, who was verified by her NY driver's license.

Once I made contact with Genesh, I immediately smelt a strong odor of an unknown alcoholic beverage emitting form her person and it enhanced once she spoke. Genesh had red/glassy eyes and was crying. Genesh stated she just broke up with her boyfriend. I then asked if she had been drinking alcohol tonight and she said no. I then asked if she was just involved in a vehicle crash with this car and she said no. I asked her about the new damage to the front right side of her bumper and she said that was old damage. Complainant, Krupa Ghetiya advised she heard a loud crash noise from outside her home, once she looked out the window, she saw Genesh's vehicle drive away with no lights on.

DUI investigator, J.Cission was dispatched and took over the investigation.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

J.Ciraolo (ID #) 35917
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of August 20 23 by J.Ciraolo 35917
(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO

Jav. Cission 24094

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

PBSO #0004 REV. 01/23 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14TH DAY OF AUGUST 20 23, AT 2258 AM ✓PM

SUBJECT: Ganesh, Sabrina, E CASE NUMBER: 23099681

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Cisson J.

PERSONAL CONTACT

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

On Monday August 14th 2023 at approximately 2341 hours, I arrived on scene of a crash that occurred at 9542 Shepard Place, Wellington, FL 33414 (Palm Beach County). Upon arrival I spoke with Deputy Ciraolo ID# 35917 and he relayed the following to me: On 08/14/2023 at approximately 2258 hours, I was dispatched to 9542 Shepard Pl, Wellington, FL 33414, in reference to a vehicle hit and run complaint. Upon my arrival, I witnessed a white 2015 Smart 2d vehicle, bearing the FL tag# AW5-3QK, drive west towards my direction with no headlight or taillights on. The vehicle passed me and made a U-turn in the Cue-De-sac, then proceeded to drive east bound to pass me again. I flagged down the vehicle with my flashlight while saying "Stop". It should be noted that I was in my full Deputy Sheriff Class B uniform. The vehicle stopped abruptly and I made contact with the driver, Sabrina Genesh, who was verified by her NY driver's license. Once I made contact with Genesh, I immediately smelt a strong odor of an unknown alcoholic beverage emitting form her person and it enhanced once she spoke. Genesh had red/glassy eyes and was crying. Genesh stated she just broke up with her boyfriend. I then asked if she had been drinking alcohol tonight and she said no. I then asked if she was just involved in a vehicle crash with this car and she said no. I asked her about the new damage to the front right side of her bumper and she said that was old damage. Complainant, Krupa Ghetiya advised she heard a loud crash noise from outside her home, once she looked out the window, she saw Genesh's vehicle drive away with no lights on. This concludes his supplement.

OBSERVATION OF DRIVER:

I observed the defendant, Sabrina E. Ganesh who was wearing a yellow shirt, blue jean pants and white sneakers. The defendant was sitting in the driver seat of her vehicle and she was alone. I asked the defendant to walk over to the front of my vehicle and speak with me. While walking over to my vehicle, the defendant was unsteady on her feet and staggered as she walked. While standing stationary the defendant swayed. I could see the defendants eyes were bloodshot and glossy. She had an obvious odor of an unknown alcoholic beverage emitting from her breath that grew stronger as she spoke. The defendants speech was slow.

DRIVER'S STATEMENTS:

The defendant said she did not have any physical defects or injuries, diabetes or receive a bump on the head. She was wearing glasses and removed them later for the Pen Light task. The defendant said she had one alcoholic beverage to drink. The defendant said she was coming from a friends house in the Olympia community and going home. She said he was driving the vehicle. I asked the defendant to submit to roadside field sobriety tasks to which she agreed.

ODORS:

An obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: **Slow**

ATTITUDE: **Calm, Compliant**

CLOTHING: **Neat, Clean**

MEDICAL/OTHER: **NONE**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Cisson J.
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of August 2023 by Inv. Cisson J.

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known LEO ID# 24091

Thomasina Miller (#41017) Thomasina Miller
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 339641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

NOT A CERTIFIED COPY

SUBJECT: Ganesh, Sabrina, E CASE NUMBER 23099681

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

The defendant swayed while standing stationary. I had to remind the defendant to not turn her head. I had to remind the defendant to follow the red light.

WALK & TURN:

The task was explained and demonstrated. The defendant stated she understood the instructions. During the task the defendant failed to maintain the instructional stance. The defendant swayed while standing stationary. The defendant used her arms for balance throughout the task, did not touch heel to toe multiple times and stopped to regain balance.

ONE LEG STAND:

The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant used her arms for balance, put her foot down before 30 seconds elapsed.

FINGER TO NOSE:

The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant missed the tip of her nose, searched for the tip of her nose and raised her left hand when I called for right on the 5th attempt.

ROMBERG ALPHABET:

The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant paused at the letter T, stopped and began again. She opened her eyes.

NOT A CERTIFIED COPY

BREATH TEST RESULTS: | 1) 0.188 | 2) 0.183 | 3) | 4) |

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Cisson J.
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of August 2023 by Inv. Cisson J.

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known LEO ID# 24091

Thomasina Miller (#41017) Thomasina Miller

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

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 339641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

SUBJECT:_____ CASE NUMBER:_____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

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

OR

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.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your ***breath, urine*** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS SIGNATURE: (X)_____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence 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 of a court appointed lawyer before you make any statements 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 and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X)_____

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:
- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

NOT A CERTIFIED COPY

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006029 Software: 8100.27
Date of Test: 08/15/2023

Date of Last Agency Inspection: 08/11/2023
Observation Period Began: 00:46
Subject's Name: SABRINA E GANESH DOB: 09/28/1993 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	01:14
Air Blank	0.000	01:14
Control Test	0.079	01:15
Air Blank	0.000	01:15
Subject Sample #1	0.188	01:17
Air Blank	0.000	01:18
Air Blank	0.000	01:20
Subject Sample #2	0.183	01:22
Air Blank	0.000	01:23
Control Test	0.076	01:23
Air Blank	0.000	01:24
Diagnostics Check	OK	01:24

Cylinder Lot: 15922080A3
Exp: 08/05/2024

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 THOMASINA E MILLER, 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: Thomasina Miller Date: 08/15/23
Signature

Sworn to (or affirmed) before me this 15 day of August, 2023

Signature of Notary Public-State of Florida

Inv. J. Cisson
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

WITNESS LIST

CASE NUMBER: 23099681

ARRESTING OFFICER: Inv. Cisson J.

ADDRESS: PBSO 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-3000

CAN TESTIFY TO: Facts of the case

NAME: DEPUTY Ciraolo ID# 35917

ADDRESS: PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: TRAFFIC STOP, INDICATORS OF IMPAIRMENT, Crash Investigation

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: GANESH, SABRINA .E.

CASE NUMBER: 23-099681

DATE: Aug 15, 2023

VIDEO DVD NUMBER:

BEGINNING TIME: 01:11

ENDING TIME: 01:32

BREATH TESTS RESULTS: 1) .188 TIME 01:17 A.M. ☒ P.M. ☐ 2) .183 TIME 01:22 A.M. ☒ P.M. ☐

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

BREATH OPERATOR: T. MILLER #41017

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE

CLOTHING: GREEN SHIRT, BLUE JEANS, WHITE SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:46 HRS.

SUBJECT: AGREED TO TAKE TEST.

A/O: READ RIGHTS.
SUBJECT: STATED SHE UNDERSTOOD RIGHTS.

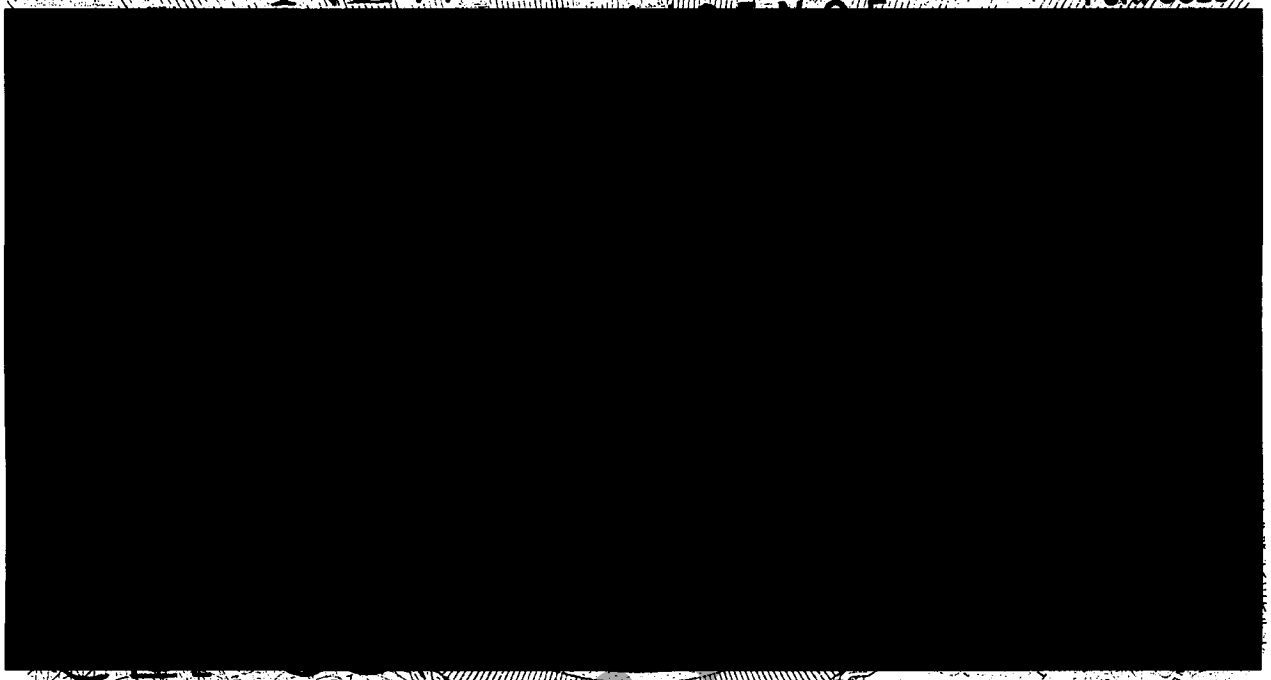
TECH: READ TEST RESULTS.
SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS.

A/O: CONDUCTED Q & A.
SUBJECT: ANSWERED QUESTIONS.

NOT A CERTIFIED COPY

NEW YORK STATE USA

NOT FOR FEDERAL PURPOSES



NOT A CER

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	☒	119.0712(2)	Other: Personal information contained in a motor vehicle record	13
	☒	316.650(b)	Other: Driver information contained in a uniform traffic citation	8, 9

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2023021238	**Date:** 8/15/2023
	Specialist Name/ID: M. Tooks #8557