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| ADMINISTRATION                                                                                                                                                                                                                                                                                                                                    |  | ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report                            |  |                                                                                                       |                 | 1. Arrest 3. Request for Warrant<br>2. N.T.A. 4. Request for Capias                                                     |                      | 1                                                                                        | Juvenile                | N                                                                                                                                                                                                           |                           |                                                                                                                                                                                                       |                                          |                                                    |                                                |                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------|------------------------------------------------|------------------------|--|
| Agency ORI Number<br><b>FL 0500300</b>                                                                                                                                                                                                                                                                                                            |  | Agency Name<br><b>BOYNTON BEACH POLICE DEPT.</b>                                 |  |                                                                                                       |                 | Agency Report Number<br><b>34-18-000898</b>                                                                             |                      |                                                                                          |                         |                                                                                                                                                                                                             |                           |                                                                                                                                                                                                       |                                          |                                                    |                                                |                        |  |
| Charge Type:<br>Check as many as Apply.                                                                                                                                                                                                                                                                                                           |  | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony |  | <input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor |                 | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                                              |                      | If Weapon Seized Enter Type                                                              |                         | Multiple<br>Clearance<br>Indicator                                                                                                                                                                          |                           |                                                                                                                                                                                                       |                                          |                                                    |                                                |                        |  |
| Location of Arrest (Including Name of Business)<br><b>OCEAN AVE / SR 5, BOYNTON BEACH, FL, 33435</b>                                                                                                                                                                                                                                              |  |                                                                                  |  |                                                                                                       |                 | Location of Offense (Business Name, Address)<br><b>OCEAN AVE / SR 5, BOYNTON BEACH, FL, 33435</b>                       |                      |                                                                                          |                         |                                                                                                                                                                                                             |                           |                                                                                                                                                                                                       |                                          |                                                    |                                                |                        |  |
| Date of Arrest<br><b>01/05/2018</b>                                                                                                                                                                                                                                                                                                               |  | Time of Arrest<br><b>0204</b>                                                    |  | Booking Date                                                                                          |                 | Booking Time                                                                                                            |                      | Jail Date                                                                                |                         | Location of Vehicle                                                                                                                                                                                         |                           |                                                                                                                                                                                                       |                                          |                                                    |                                                |                        |  |
| Name (Last, First, Middle)<br><b>CZETO, ALICIA YSABEL</b>                                                                                                                                                                                                                                                                                         |  |                                                                                  |  |                                                                                                       |                 | Alias (Name, DOB, Soc. Sec. #, Etc)                                                                                     |                      |                                                                                          |                         |                                                                                                                                                                                                             |                           |                                                                                                                                                                                                       |                                          |                                                    |                                                |                        |  |
| W - White<br>B - Black                                                                                                                                                                                                                                                                                                                            |  | I - American Indian<br>O - Oriental / Asian                                      |  | Race<br><b>W</b>                                                                                      | Sex<br><b>F</b> | Date of Birth<br><b>10/21/1995</b>                                                                                      | Height<br><b>505</b> | Weight<br><b>160</b>                                                                     | Eye Color<br><b>BRO</b> | Hair Color<br><b>BRO</b>                                                                                                                                                                                    | Complexion<br><b>FAIR</b> | Build<br><b>MED</b>                                                                                                                                                                                   |                                          |                                                    |                                                |                        |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>N/A</b>                                                                                                                                                                                                                                                       |  |                                                                                  |  |                                                                                                       |                 | Marital Status<br><b>SINGLE</b>                                                                                         |                      | Religion<br><b>N/A</b>                                                                   |                         | Indication of:<br>Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                           |                                                                                                                                                                                                       |                                          |                                                    |                                                |                        |  |
| Local Address (Street, Apt. Number)<br><b>3119 NAUTICAL WAY,</b>                                                                                                                                                                                                                                                                                  |  |                                                                                  |  |                                                                                                       |                 | (City)<br><b>LANTANA,</b>                                                                                               |                      | (State)<br><b>FL,</b>                                                                    |                         | (Zip)<br><b>33462</b>                                                                                                                                                                                       |                           | Phone<br><b>( ) -</b>                                                                                                                                                                                 |                                          |                                                    |                                                |                        |  |
| Permanent Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                           |  |                                                                                  |  |                                                                                                       |                 | (City)                                                                                                                  |                      | (State)                                                                                  |                         | (Zip)                                                                                                                                                                                                       |                           | Phone<br><b>( ) -</b>                                                                                                                                                                                 |                                          |                                                    |                                                |                        |  |
| Business Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                            |  |                                                                                  |  |                                                                                                       |                 | (City)                                                                                                                  |                      | (State)                                                                                  |                         | (Zip)                                                                                                                                                                                                       |                           | Phone<br><b>( ) -</b>                                                                                                                                                                                 |                                          |                                                    |                                                |                        |  |
| D/L Number, State<br><b>C300019958810 / FL</b>                                                                                                                                                                                                                                                                                                    |  |                                                                                  |  |                                                                                                       |                 | Soc. Sec. Number<br><b>[REDACTED]</b>                                                                                   |                      | INS Number                                                                               |                         | Place of Birth<br><b>NMB, FL</b>                                                                                                                                                                            |                           | Citizenship<br><b>US</b>                                                                                                                                                                              |                                          |                                                    |                                                |                        |  |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                           |  |                                                                                  |  |                                                                                                       |                 | Race                                                                                                                    |                      | Sex                                                                                      |                         | Date of Birth                                                                                                                                                                                               |                           | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                                          |                                                    |                                                |                        |  |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                           |  |                                                                                  |  |                                                                                                       |                 | Race                                                                                                                    |                      | Sex                                                                                      |                         | Date of Birth                                                                                                                                                                                               |                           | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                                          |                                                    |                                                |                        |  |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other                                                                                                                                                                                                                                     |  |                                                                                  |  |                                                                                                       |                 | Name (Last) (First) (Middle)                                                                                            |                      |                                                                                          |                         |                                                                                                                                                                                                             |                           | Residence Phone                                                                                                                                                                                       |                                          |                                                    |                                                |                        |  |
| Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                                     |  |                                                                                  |  |                                                                                                       |                 | (City)                                                                                                                  |                      | (State)                                                                                  |                         | (Zip)                                                                                                                                                                                                       |                           | Business Phone                                                                                                                                                                                        |                                          |                                                    |                                                |                        |  |
| Notified by: (Name)                                                                                                                                                                                                                                                                                                                               |  |                                                                                  |  |                                                                                                       |                 | Date                                                                                                                    |                      | Time                                                                                     |                         | Juvenile Disposition<br>1. Handled/Processed within<br>Dept. and Released 2. TOT HRS/DYS<br>3. Incarcerated                                                                                                 |                           |                                                                                                                                                                                                       |                                          |                                                    |                                                |                        |  |
| Released To: (Name)                                                                                                                                                                                                                                                                                                                               |  |                                                                                  |  |                                                                                                       |                 | Relationship                                                                                                            |                      | Date                                                                                     |                         | Time                                                                                                                                                                                                        |                           |                                                                                                                                                                                                       |                                          |                                                    |                                                |                        |  |
| The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile<br>Court Clerk's Office (Phone 561-355-2526) informed of any change of address:<br><input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason) |  |                                                                                  |  |                                                                                                       |                 | School Attended                                                                                                         |                      |                                                                                          |                         |                                                                                                                                                                                                             |                           | Grade                                                                                                                                                                                                 |                                          |                                                    |                                                |                        |  |
| Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                          |  |                                                                                  |  |                                                                                                       |                 | Description of Property                                                                                                 |                      |                                                                                          |                         |                                                                                                                                                                                                             |                           | Value of Property                                                                                                                                                                                     |                                          |                                                    |                                                |                        |  |
| Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                                                             |  | S. Sell<br>B. Buy<br>T. Traffic                                                  |  | R. Smuggle<br>D. Deliver<br>E. Use                                                                    |                 | K. Dispense/<br>Distribute                                                                                              |                      | M. Manufacture/<br>Produce/<br>Cultivate                                                 |                         | Z. Other                                                                                                                                                                                                    |                           | Drug Type<br>N. N/A<br>A. Amphetamine                                                                                                                                                                 | B. Barbituate<br>C. Cocaine<br>E. Heroin | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv. | P. Paraphernalia/<br>Equipment<br>S. Synthetic | U. Unknown<br>Z. Other |  |
| Charge Description<br><b>DUI</b>                                                                                                                                                                                                                                                                                                                  |  |                                                                                  |  |                                                                                                       |                 | Counts<br><b>1</b>                                                                                                      |                      | Domestic Violence<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                         | Statute Violation Number<br><b>316.193.1</b>                                                                                                                                                                |                           | Violation of ORD#                                                                                                                                                                                     |                                          |                                                    |                                                |                        |  |
| Drug Activity                                                                                                                                                                                                                                                                                                                                     |  |                                                                                  |  |                                                                                                       |                 | Drug Type                                                                                                               |                      | Amount/Unit                                                                              |                         | Offense #<br><b>18-000898</b>                                                                                                                                                                               |                           | Warrant/Capias Number                                                                                                                                                                                 |                                          | Bond                                               |                                                |                        |  |
| Charge Description                                                                                                                                                                                                                                                                                                                                |  |                                                                                  |  |                                                                                                       |                 | Counts                                                                                                                  |                      | Domestic Violence<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                         | Statute Violation Number                                                                                                                                                                                    |                           | Violation of ORD#                                                                                                                                                                                     |                                          |                                                    |                                                |                        |  |
| Drug Activity                                                                                                                                                                                                                                                                                                                                     |  |                                                                                  |  |                                                                                                       |                 | Drug Type                                                                                                               |                      | Amount/Unit                                                                              |                         | Offense #                                                                                                                                                                                                   |                           | Warrant/Capias Number                                                                                                                                                                                 |                                          | Bond                                               |                                                |                        |  |
| Charge Description                                                                                                                                                                                                                                                                                                                                |  |                                                                                  |  |                                                                                                       |                 | Counts                                                                                                                  |                      | Domestic Violence<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                         | Statute Violation Number                                                                                                                                                                                    |                           | Violation of ORD#                                                                                                                                                                                     |                                          |                                                    |                                                |                        |  |
| Drug Activity                                                                                                                                                                                                                                                                                                                                     |  |                                                                                  |  |                                                                                                       |                 | Drug Type                                                                                                               |                      | Amount/Unit                                                                              |                         | Offense #                                                                                                                                                                                                   |                           | Warrant/Capias Number                                                                                                                                                                                 |                                          | Bond                                               |                                                |                        |  |
| Charge Description                                                                                                                                                                                                                                                                                                                                |  |                                                                                  |  |                                                                                                       |                 | Counts                                                                                                                  |                      | Domestic Violence<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                         | Statute Violation Number                                                                                                                                                                                    |                           | Violation of ORD#                                                                                                                                                                                     |                                          |                                                    |                                                |                        |  |
| Drug Activity                                                                                                                                                                                                                                                                                                                                     |  |                                                                                  |  |                                                                                                       |                 | Drug Type                                                                                                               |                      | Amount/Unit                                                                              |                         | Offense #                                                                                                                                                                                                   |                           | Warrant/Capias Number                                                                                                                                                                                 |                                          | Bond                                               |                                                |                        |  |
| Instruction No. 1<br>Mandatory Appearance in Court                                                                                                                                                                                                                                                                                                |  |                                                                                  |  |                                                                                                       |                 | Location (Court, Room Number, Address)<br><b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b> |                      |                                                                                          |                         |                                                                                                                                                                                                             |                           | JAN 08 2018                                                                                                                                                                                           |                                          |                                                    |                                                |                        |  |
| Instruction No. 2<br>You need not appear in Court but must<br>Comply with instruction on reverse side.                                                                                                                                                                                                                                            |  |                                                                                  |  |                                                                                                       |                 | Court Date and Time<br>Month <b>02</b> Day <b>05</b> Year <b>2018</b> Time <b>0830</b>                                  |                      |                                                                                          |                         |                                                                                                                                                                                                             |                           | <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> 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 FULLY FAIL TO<br>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                                                                                                                                                                                           |                                          |                                                    |                                                |                        |  |
| HOLD for other Agency<br>Name:                                                                                                                                                                                                                                                                                                                    |  |                                                                                  |  |                                                                                                       |                 | Signature of Arresting Officer                                                                                          |                      |                                                                                          |                         |                                                                                                                                                                                                             |                           | Name Verification (Printed by Arresting Officer)<br>(PRINT)                                                                                                                                           |                                          |                                                    |                                                |                        |  |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal                                                                                                                                                                                                                                                                           |  |                                                                                  |  |                                                                                                       |                 | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other:                                             |                      |                                                                                          |                         |                                                                                                                                                                                                             |                           | Name of Arresting Officer (Print)<br><b>OFFICER CASTRO</b>                                                                                                                                            |                                          |                                                    | I.D. #<br><b>905</b>                           |                        |  |
| Intake Deputy<br><b>D/S J. THOMAS #7956</b>                                                                                                                                                                                                                                                                                                       |  |                                                                                  |  |                                                                                                       |                 | Pouch #                                                                                                                 |                      |                                                                                          |                         |                                                                                                                                                                                                             |                           | Transporting Officer<br><b>OFFICER CASTRO</b>                                                                                                                                                         |                                          |                                                    | I.D. #<br><b>905</b>                           |                        |  |
|                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                  |  |                                                                                                       |                 |                                                                                                                         |                      |                                                                                          |                         |                                                                                                                                                                                                             |                           | Agency<br><b>BBPD</b>                                                                                                                                                                                 |                                          |                                                    | Witness here is subject<br>Signed with an "X". |                        |  |

FILED  
JAN 05 2018  
CIRCUIT & COUNTY COURTS  
(CRIMINAL DIV.)  
1

### D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 05TH DAY OF January 2018 AT 0121 ☒ A.M. ☐ P.M.

CASE #: 18-000898

DEFENDANT: CZETO, ALICIA YSABEL

#### PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On Friday, January 05, 2018 at approximately 0121hrs, I responded to the area of Ocean Ave and Federal Highway (SR 5) in reference to a Traffic Stop conducted by Officer Autiello (#955). Upon arrival I observed a W/F (later identified as Czeto, Alicia 10/21/95) sitting in the driver seat of a Black Mercedes bearing Florida tag DGXH17. I then made contact with Officer Autiello who advised the following: While parked within the parking lot of 480 W. Boynton Beach Blvd (SR 804) he observed the above vehicle traveling eastbound on W. Boynton Beach Blvd at high rate of speed. He estimated the vehicle to be traveling approximately 80mph in a 35mph zone. He proceeded behind the vehicle in an attempt to obtain a speed of the vehicle. While traveling eastbound behind the above vehicle in the 200 block E. Boynton Beach Blvd he was able to properly pace the vehicle utilizing his fully marked patrol vehicle 4363 at a speed of 85mph in a 35mph zone. Due to the traffic infraction he activated his emergency lights and sirens in an attempt to conduct a traffic stop. The vehicle failed to quickly yield and instead proceeded to make a right (south) turn onto N. Federal Highway (SR 5) at a high rate of speed. Due to the vehicle's speed, the vehicle understeered and almost struck the center raised concrete median on SR 5. The vehicle then proceeded approximately 700 feet prior to completely stopping. He then made contact with the driver/sole occupant, Czeto. While speaking with Czeto in reference to her infraction he detected the odor of an unknown alcoholic beverage emitting from his breath, which intensified as she spoke. Czeto speech with thick and slurred and her eyes were bloodshot/glassy. Due to Czeto appearance he contacted me to assist with a DUI investigation. See Officer Autiello's supplement for further.

I then made contact with Czeto, who was still sitting inside her vehicle. I insured Czeto knew the reason for the traffic stop, which she stated that she did and it was foolish. Czeto advised that she was heading a local establishment in the area and that her boyfriend was following her as well, due the fact that he works in the attached Condo complex as a security guard. Czeto originally stated that she was coming from her grandmother's residence in North Miami Beach to the establishment then advised that she was coming from her brother's residence in West Palm Beach to the establishment then advised that she traveled from her grandmother's residence to her brother's residence then to the establishment. Well speaking with Czeto I detected the same indicators as Officer Autiello did. Czeto statements were inconsistent and not believable at the moment.

After properly positioning my fully marked patrol vehicle, I requested Czeto to step out of the vehicle; which she complied. While exiting Czeto lost her balanced and utilized her front driver's door for support. While in front of my vehicle Czeto advised that she was racing her boyfriend to his place of work. I then explained to Czeto that while speaking with her I detected the odor of an unknown alcoholic beverage emitting from her breath and within the vehicle. Czeto advised that she possibly had a shot a whiskey approximately an hour prior to the traffic stop. Czeto then advised that while at her boyfriend's residence she had a shot of whiskey prior to driving to Boynton Beach. Czeto advised that she felt sober and would do any field sobrieties. Based on my investigation at this point I requested Czeto to Submit to a Series of Road Side Sobriety Task, which she agreed to. Prior to starting I asked Czeto if she had any disabilities or injuries I should be aware of, which she stated only epilepsy. See the following:

During the Pen Exercise Czeto swayed side to side drastically, and tilted her hand numerous times throughout the task. Czeto had a difficult time not moving her head. Czeto decided to take her sandals off for this task.

**HORIZONTAL GAZE NYSTAGMUS:**

- |                                                                            |                                                                             |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Left eye does not follow smoothly                 | <input type="checkbox"/> Right eye does not follow smoothly                 |
| <input type="checkbox"/> Left eye prior to 45 degrees                      | <input type="checkbox"/> Right eye prior to 45 degrees                      |
| <input type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye                    | <input type="checkbox"/> Vertical Nystagmus in right eye                    |

**WALK AND TURN:**

The Task was explained and demonstrated to Czeto, which she stated that she understood. During the instructional stage, Czeto had a difficult time standing in the instructional position. Czeto swayed side to side. Czeto started the task too soon. During the walking stage, Czeto took 9 steps forward, missing heel to toe on every step beside between steps 1-2. Czeto stepped of the line to his right on step number 6, pausing for balancing. Leaning, improper turn. Czeto took 9 returning steps, missing heel to toe on every step, walking in a normal manner. Czeto used her arms for balance.

**ONE LEG STAND:**

The Task was explained and demonstrated to Czeto, which she stated that she understood. During the instructional stage, Czeto swayed side to side. Czeto raised her right leg and while counting she dropped her foot in count number 1 and 2. Czeto then moved over to her left and begin to lean on a traffic cone for balance. Czeto complained that the weather was too cold for her. Czeto then advised that she admitted to having 1-2 shots prior to the traffic stop. Czeto began the exercise again, raising her right foot. Czeto had her arms closed and while reciting she was repeating numbers.

**SCANNED**  
**JAN 08 2018**

**FINGER TO NOSE:**

The Task was explained and demonstrated to Czeto, which she stated that she understood. During the instructional stage, Czeto swayed side to side. Czeto began the task too soon. Czeto would look around instead of viewing the instructions. During the exercise stage Czeto swayed side to side. On the first RIGHT hand command Czeto missed the tip of her nose with the tip of her finger. Czeto failed to return her arm to her side after every command. On the third RIGHT hand command Czeto utilized her LEFT hand. When given the third RIGHT hand command Czeto began to raise her LEFT hand but corrected herself with her LEFT hand.

**ROMBERG/ALPHABET:**

The Task was explained and demonstrated to Czeto, which she stated that she understood. During the instructional and exercise stage Czeto swayed side to side. Czeto recited the alphabet correctly.

Based on the above facts Czeto was placed into custody under suspicion of DUI, which she stated that she understood. I then transported Czeto to the Boynton Beach Police Department, arriving at 0208hrs. I then started my 20 minutes observation at 0209hrs and completed at 0229hrs. Let it be noted that while conducting the 20 minutes observation Czeto advised that she had left work and was traveling directly to the establishment at the time of the traffic stop. Czeto advised that prior to leaving work she had one beer and one shot. Upon completion I requested Czeto to provide a sample of her breath to determine the alcohol content, which she wanted to know what would happen if she refused. I then read Czeto Implied Consent (she also read herself), which she stated that she understood. I then requested a second time which Czeto agreed to provide a breath sample. The proper way to provide a breath sample was explained to Czeto, which she stated that she understood. Czeto provided a sample of .181 at 0238hrs. While attempting to obtain the second sample Czeto advised that she wanted to sit down due to possibly having a panic attack. After sitting down Czeto began to question the integrity of the instrument and advised that it was not working correctly and that she wanted someone else to blow into the instrument for her. Czeto was not providing a tight seal, folding her lips and softly blowing into the instrument. Due to the fact that instrument only allows three minutes to provide a breath sample pre sample requested and Czeto did not provide an adequate sample within the time allotted the Volume was NOT Met. At that point I advised Czeto that she needed to provide a sample on the last attempt and if not that by failing to provide a second breath sample would be considered a refusal, which she stated that she understood. On the third attempt, Czeto began to laugh throughout the attempt. Czeto was still not providing a tight seal, folding her lips and softly blowing into the instrument. Again the instrument did not receive a sample within the allotted time, therefore due to the lack of providing a second breath sample it was considered a refusal. I then read Czeto her Miranda Warnings, at which time she requested a lawyer. My investigation was seized at that moment.

**SCANNED**

**JAN 08 2018**

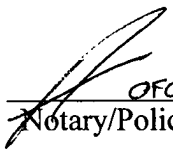
Based on the above facts I've established Probable Cause to arrest Czeto with 1M count of DUI pursuant with F.S.S. 316.193.1. Czeto was later TOT to PBCJ.

A copy of the SFST and BAT video were later entered into the Boynton Beach Police Evidence Department. Czeto's vehicle was left in the care of her boyfriend on scene. Czeto was cited for the initial speed.

Nothing further.

The following instrument was sworn to before me this 05 day of January 2018

By: PERSONALLY KNOWN / OFFICER CASTRO #905

  
\_\_\_\_\_  
Notary/Police Officer (F.S.S. 117.10)

  
\_\_\_\_\_  
Signature of Arresting Officer

NOT A CERTIFIED COPY

**SCANNED**  
**JAN 08 2018**

CASE #: 18-000898

DEFENDANT: CZETO, ALICIA YSABEL

Arresting Officer: CASTRO #905

Address: 100 E. Boynton Beach Boulevard Boynton Beach, Fl. 33435

Phone Numbers: Home: Work: (561) 742-6100

Name: OFFICER AUTIELLO #955

Address: 100 E. BOYNTON BEACH, BOYNTON BEACH, FLORIDA, 33435

Phone Numbers: Home: Work:

Can testify to: THE INCIDENT

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:

SCANNED  
JAN 08 2018

**TESTING FACILITY TASK REPORT**

CASE #: 18-000898  
Date: 1/18/18

DEFENDANT: CZETO, ALICIA YSABEL  
Video Tape #: 4734

**BREATH TEST RESULTS:**

1. .181 g/210L Time 02:38 ☒ a.m. ☐ p.m.      3. VN g/210L Time 02:49 ☒ a.m. ☐ p.m.  
2. VN g/210L Time 02:44 ☒ a.m. ☐ p.m.      4.        g/210L Time        ☐ a.m. ☐ p.m.

BREATH OPERATOR: OFFICER CASTRO #905

MAINTENANCE TECHNICIAN: OFFICER CASTRO #905

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: THICK, SLURRED

ATTITUDE: SEMI COOPERATIVE

CLOTHING: YELLOW SHIRT, BLUE JEANS, BROWN SANDLAS

MEDICAL CONDITIONS: UNKNOWN

MEDICATIONS: UNKNOWN

OTHER:       

COMMENTS:

NOT A CERTIFIED COPY

SCANNED  
JAN 08 2018

CASE #: 18-000898

DEFENDANT: CZETO, ALICIA YSABEL

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.

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

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.

Note: Read only if the subject does not comply with your request.

I am OFFICER CASTRO #905 of the Boynton Beach Police Department

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.

**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 statements can and will be used against you in a court of law.

Suspect's Signature: READ ON CAMERA

**SCANNED**  
**JAN 08 2018**

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### 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.**

Where you operating a motor vehicle at the time of the stop/Accident? REFUSED

Where were you going? \_\_\_\_\_

What Street or Highway were you on? \_\_\_\_\_

What was you direction of travel? \_\_\_\_\_

Where did you start from? \_\_\_\_\_

What time did you start? \_\_\_\_\_

What time is it now? \_\_\_\_\_

What is today's date? \_\_\_\_\_

What day of the week is it? \_\_\_\_\_

What City and County 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 have you been drinking? \_\_\_\_\_

How much? \_\_\_\_\_

With whom? \_\_\_\_\_

When did you have your first drink? \_\_\_\_\_

When did you have your last drink? \_\_\_\_\_

Can you feel the effects of the alcohol? \_\_\_\_\_

Are you under the influence? \_\_\_\_\_

Have you consumed any alcohol since the stop/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? \_\_\_\_\_

Where 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 you eyes that are not corrected by glasses? \_\_\_\_\_

Do you take insulin? \_\_\_\_\_ If so, when was your last injection? \_\_\_\_\_

Have you ever gad a driver's license in any other state? \_\_\_\_\_

Where? \_\_\_\_\_

Interviewer: \_\_\_\_\_

**SCANNED**

**JAN 08 2018**