

ARREST REPORT

Report Date / Time 12/03/2017 01:31 AM	Agency Case/Offense Number FHPL17OFF100413	OCA Number	Original Agency Case Number	OBTS Number	Offender Based Transaction System	Jail Booking Number	Other Number LWRC17CAD223897
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LOCATION OF OCCURRENCE

County PALM BEACH	Address SR9 SB I-95, PALM BEACH GARDENS, FL 33410	
Range of Occurrence Date/Time 12/03/2017 12:21 AM to 12/03/2017 12:21 AM		Latitude N 26 50.3760
		Longitude W 80 6.1236

PERSON: SUSPECT

First Name ALYSSA	Middle Name ANNE	Last Name GATTO	Suffix	Date of Birth 12/23/1989	Age 27	Race W	Sex F	Height 505	Weight 125	Hair BRO	Eyes BRO
Master Name Index Number	Place of Birth NEW JERSEY	Nation USA	SSN	Driver's License or Other ID G300001899630		State FL	Class or Type				
Address 624 SE MONTEIRO DR		City PORT SAINT LUCIE	County PALM BEACH	State FL	Zip Code 34984	Phone					

CHARGES

Counts 1	Charge Number 316.193.1	Charge DUI-UNLAW BLD ALCH	Charge Degree	Charge Level MISDEMEANOR	General Offense Code PRINCIPAL	☐ Hate Crime	☐ Domestic Violence	Bond Amount \$0.00
DUI ALCOHOL OR DRUGS								

PROBABLE CAUSE

On the above date and time while on routine patrol I was dispatched to a vehicle stopped in the roadway and blocking a lane southbound exit ramp of PGA Blvd. Upon my arrival I did not find the vehicle. I reentered State Road 9 (I-95) using the southbound entrance ramp to PGA Blvd and came across a vehicle 1/2 in the right travel lane and 1/2 in the apex. I approached the vehicle and it was running, a white female was sitting in the drivers seat. I approached the vehicle and she stated that she called us. I asked her was she ok and she exited the vehicle. She almost fell into traffic as she exited the vehicle. I grabbed her so she would not fall. I asked her if she had been drinking and she begun to laugh and stated that she was at the cigar bar and can I call her parents. As we spoke I could smell a strong odor of an alcoholic beverage and she spoke with a slur. Her eyes were bloodshot red and extremely glassy. She could not stand without stumbling. I asked her if she was drinking and she started to laugh and said you know honey.

Based on the totality of the circumstances I asked her to do some roadside exercises

Horizontal Gaze Nystagmus

She could not follow the stimulus with her eyes and moved her head. She would want to hold a conversation and she not follow directions.

Walk and Turn

She could not stand in the instructional stance as I explained the directions to her. She continued to walk away and say just take me home. She would not participate in the walking portion and would cry and ask me to take her home.

One Leg Stand

She would not stand for the instructions and kept walking away trying to get back into her car. I asked her to please focus and she would tell me to move so she can go home.

Based on my observations I placed her under arrest and transported her to the Palm Beach County Breath Testing Center. She provided a breath sample of .289 and .256

I processed my paperwork and turned her over to the care and custody of the Sheriff.

DEC 3 AM 4:02

LEO BOND

Bond Amount \$	None	☐ ROR	☐ Cash	☐ Any	☐ PreTrial If Qualify
	☐ Pro				☐

COURT APPEARANCE INFORMATION

Court (COUNTY) PALM BEACH NORTH COUNTY COURTHOUSE	Court Phone 561-624-6608	Court Date & Time 01/03/2018 01:30 PM
Court Address 3188 PGA BLVD., PALM BEACH GARDENS, FL 33410		
Instructions USE ABOVE UNLESS COURT SENDS ANOTHER		

ARREST INFORMATION

Arrest Date / Time 12/03/2017 12:39 AM	Residency Within jurisdiction	Injured None	Extent of Injury N/A	Resist Arrest No
Prior Arrests No	Arrest Jurisdiction Within jurisdiction	Alcohol Yes	Drugs Unknown	

ARREST LOCATION

County PALM BEACH	Address SR9 SB I-95, PALM BEACH GARDENS, FL 33410
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ARREST DELIVERED TO

Jail / Booking Facility PALM BEACH COUNTY CORRECTIONS	Location 3228 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406	Phone (561) 688-4400
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ARRESTING OFFICER

Officer Call Number 999	Officer Name GUBISH M	Officer Signature
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Subscribed and sworn to (or affirmed) before me this 03 day of DEC A.D. 2017 by _____ who is ☒ personally known to me or has produced _____ as identification.

[Signature] #8101 Notary Public ☒ LEO ☐ CO Commission No: _____ My Commission Expires: _____

Signature

NOT A CERTIFIED COPY

SCAP 12/3/17
DEC 04 2017

Vehicle Tow

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CASE NUMBER
FHPL17OFF100413

DATE / TIME 12/3/2017 12:40:21 AM	COUNTY PALM BEACH	CITY PALM BEACH GARDE	OTHER NUMBER	CITATION / REPORT
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NO HOLD - MAY BE RELEASED

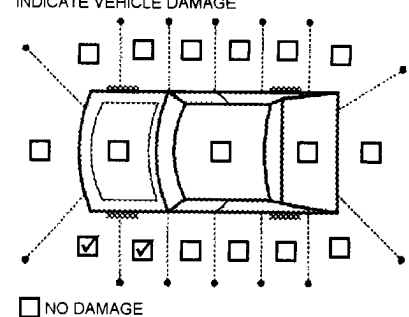
OWNER	FIRST NAME ALYSSA	MIDDLE NAME ANNE	LAST NAME GATTO	SUFFIX NAME	TELEPHONE
	ADDRESS 624 SE MONTEIRO DR		CITY PORT SAINT LUCIE	STATE FL	ZIP CODE 34984
	☒ OWNER PRESENT OR ☐ OWNER NOTIFICATION ATTEMPTED		OWNER NOTIFICATION ATTEMPTS: ☒ OWNER NOTIFICATION SUCCESSFUL		

DRIVER	NAME FIRST ALYSSA	NAME MIDDLE ANNE	LAST NAME GATTO	SUFFIX NAME	TELEPHONE
	ADDRESS 624 SE MONTEIRO DR		CITY PORT SAINT LUCIE	STATE FL	ZIP CODE 34984

VEHICLE / TRAILERS	YEAR 2016	MAKE KIA	MODEL OPTIMA	VEHICLE STYLE 4D	VEHICLE COLOR BLK	TAG STATE / NUMBER FL AUWV87	VIN 5XXGW4L29GG070185	ODOMETER																											
	CIC ENTRY																																		
	REASON VEHICLE TOWED ARREST																																		
	<table border="1"><thead><tr><th>POWER UNIT</th><th>MAKE</th><th>YEAR</th><th>COLOR</th><th>UNIT NO.</th><th>VEHICLE IDENTIFICATION NO.</th><th>TAG NO.</th><th>STATE</th><th>EXP. DATE</th></tr></thead><tbody><tr><td>TRAILER 1</td><td>MAKE</td><td>YEAR</td><td>COLOR</td><td>UNIT NO.</td><td>VEHICLE IDENTIFICATION NO.</td><td>TAG NO.</td><td>STATE</td><td>EXP. DATE</td></tr><tr><td>TRAILER 2</td><td>MAKE</td><td>YEAR</td><td>COLOR</td><td>UNIT NO.</td><td>VEHICLE IDENTIFICATION NO.</td><td>TAG NO.</td><td>STATE</td><td>EXP. DATE</td></tr></tbody></table>								POWER UNIT	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE	EXP. DATE	TRAILER 1	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE	EXP. DATE	TRAILER 2	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE	EXP. DATE
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TRAILER 2	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE	EXP. DATE																											

TOW	TOW SELECTION TYPE ROTATION WRECKER	LOCATION VEHICLE INVENTORIED / TOWED FROM SB SR 9 @ PGA BLVD	
	TOWING SERVICE ALLTIME	DAY TELEPHONE (561)842-5544	NIGHT TELEPHONE
	ADDRESS 1145 OLD DIXIE HWY LAKE PARK, FL 33435	CITY / STATE / ZIP	

STORAGE	VEHICLE STORAGE LOCATION ALLTIME	DAY TELEPHONE (561)842-5544	NIGHT TELEPHONE
	ADDRESS 1145 OLD DIXIE HWY LAKE PARK, FL 33435	CITY / STATE / ZIP	

VEHICLE INVENTORY & DAMAGE	☐ CELLULAR PHONE (MAKE/MODEL)	☐ WHEEL COVERS QTY	INDICATE VEHICLE DAMAGE 	MARK AREA OF DAMAGE ☐ UNDERCARRIAGE ☐ OVERTURN ☐ WINDSHIELD ☐ FIRE ☐ TRAILER
	☐ RADAR DETECTOR (MAKE/MODEL)	☐ CUSTOM RIMS QTY		
	☐ STEREO SYSTEM (RADIO / CD / TAPE, ETC.)	NUMBER OF TIRES (INCLUDE SPARE)		
	☐ CB RADIO / 2 WAY RADIO	☐ TRUNK ACCESSIBLE		
	☐ TRAILER HITCH	☐ REAR SPOILER		
PROPERTY IN VEHICLE MISC COINS - MAKEUP BAG - MISC CLOTHES - PURSE W/ MISC ITEMS 1 CC				

OFFICER COMMENTS DUI

NO HOLD - MAY BE RELEASED

WE THE UNDERSIGNED OFFICER(S) AND TOW DRIVER, HEREBY CERTIFY THAT THE ABOVE LISTED JOINT PROPERTY INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.

SIGNATURE OF TOW TRUCK DRIVER 	DATE 12/3/17	SIGNATURE OF OFFICER M. Gubish	ORG / UNIT L	I.D. NUMBER 2763
PRINTED NAME OF TOW TRUCK DRIVER		RANK AND NAME OF OFFICER TROOPER GUBISH M		

SUBJECT: GATTO, Alyssa Anne CASE NUMBER: FHPL17OFF100413

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? not

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? done

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: _____

SUBJECT: Gatto, Alyssa Anne CASE NUMBER: F4PL170FF100413

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 detecting the presence of chemical or controlled substances.

OR

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting 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 _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S 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) Read on Camera

TESTING FACILITY TASK REPORT

AGENCY: FHP-L

SUBJECT: GATTO, AYMSSA Anne CASE NUMBER: 17-158826

DATE: 12/03/17 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0139 ENDING TIME: 0157

BREATH TESTS RESULTS: 1) .218 TIME 0147 A.M./P.M. 2) .289 TIME 0150 A.M./P.M.
3) .256 TIME 0153 A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecki #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: Crying, upset, talkative, very confused

CLOTHING: black socks, black tight jeans, black halter body suit

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: mood swings SAID sister died of overdose

COMMENTS: A/O & A arrived at 0119 hrs
A/O observed 20 minutes
A/O requested breath test, A agreed
A was unable to give adequate sample
then got upset & SAID she wanted
a lawyer A/O read I/C, A SAID
she understood wanted to give breath
A/O gave instructions & tech just held tube.
She was upset with breath tech 3rd test
OK A/O read c/w



Operation of a motor vehicle requires consent to any sobriety test required by law.

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2017 04 04