J# 048 2266

	1	J#048	2766					mo 41	DC 4 D			62	1 ,	- 1	TELT
^	BTS :	Number		7	ARRES	ST / NO	TIÇE	TO AI	PEAR		1. Arrest 2. N.T.A. 1 Number (N.T.	Request f Request f A request f	or Warrant for Capias	1 n	JVENILE W
• 1	Agency	ORI Number 0501600	Agency Name	Beach Polic	ce Dept	,		,		Agency Repor	16-00	<u> 0506 </u>			Multiple
5 ! .	Charge	Type: 1. Felony	3.1	Misdemeanor Fraffic Misdemeanor	□ 5.	Ordinance Other					Enter Ty	∞ NON	E Des		Clearance 1
R A	8 800	on of Arrest (Including Name of Busin	ness)	REND		,,,,,		Location of 799 1	Offense (Busi ONAL)	iness Name, Ad D ROSS	RD, JUI	NO BEA	CH, FL 33	3408	
\sim 1		f Arrest	Time of Arrest Box	oking Date		Booking Time	'	Jail Date			Jail Time		HOR OF VEHICLE		
И	Name	10/29/2016 (Last, First, Middle)	02:05				Ali	as:		Alias (I	Name, DOB, So	c. Sec. #, Etc.)	Complexio		Build
	Race W · V	OZZARELLI, ALYS	Sex Di	ote of Birth 05/14/19	Hei	ght 5'06	Weig	145	Eye Cole	ROWN_	Hair Color	ROWN		IGHT	Thin
D			W F tures (Location, Type, Descri		<u> </u>				Marital S		on		Alcohol Int Drug Influ Residence	fluence Yes E	No Unk. E
E P E	Local	Address (Street, Apt. Number)	(City)	•	S(ate)		(Zip)		P	thone (724) .	516-5038	1. City 2. County	Florida Out of State	2
N D A		Address (Street, Apt. Number) 401 WINDORAH W anent Address (Street, Apt. Number)	6	City)	,	(June)		(Zip)		P	724)	516-5038	Address St	FL D)L
T	·	anent Address (Street, Apr. Number) 401 WINDORAH W uess Address (Name, Street)	((City)	CH, FL 3.	(State)		(Zip)		P	Phone		Occupation	Serv	e r
		SEASONS 52, PALM	30 <u>c. 38</u>	DENS . Number	IN	S Number			Plac	e of Birth (City	, State) BURG,	PA,	Citizenship US		
C		B264013916740 / Defendant Name (Last, First, Middle)	FL		/		F	tace		Date of Birth			i. Arrested 2. At Large		
o D	1	Defendant Name (Last, First, Middle)						Race	Sex	Date of Blrth			1. Arrested 2. At Large	3. Felony 4. Misdemea	5. Juvenile
E F	_		-/	- } / \	Name (Last, Fir	rst, Middle)								Residence Phon	
l I	10	Parent Other: Legal Custodian bress (Street, Apt. Number)	/	(City			(State)		(Zip)					Business Phone	
E			<i> </i>	/ /				Date		Time	JUV	ENILE DISPOS	essed within	2. TOT JAC 3. Incarcerated	
		tified by: (Name)		$\overline{}$	Relationship			Date		Time		Department :	and Released	3. 1144	
ľ		eased To: (Name)		C - done and	/or □ defi	endant's i	parents	1		School Atte	ended			1	Grade
	T	ne above address was pr ne child and/or parent w	ovided by of d	e Juvenile Co	ourt Clerk's C	Office		Proper	y Crime?	1 1	a of Property				Value of Property
	(P	he child and/or parent whone 355-2526) inform	cu or any change	No:		Z. Other		<u> </u>	es 🗓 No Type	B. Barbitur		ilucinogen	P. Paraphernali Equipment	a/ U. Unkn Z. Other	
	이	Drug Activity S. Sell N. N/A B. Buy P. Presess T. Traffic		istribute	Manufacture/ Produce/ Cultivate	Z. Other		N.N	A mphetamine	C. Cocaine E. Heroin	0.0	(arijuana pium/Deriv	S. Synthetic	Violation o	
-	틱	D. Jakon		INELLIEN	CF	7						/iolation Numb . 193(1)	er 	Bond	
	R In	DUI - DRIVING WI rug Activity Drug Type Arr	HILE UNDEK	Oneise	00506	Counts I	Oomestic V		Warrant / Ca	pias Number				Violation o	€ORD#
-	Ĕ	N harge Description		10-01	00300	<u> </u>					Statute	Violation Numb	er		
- 1	H	rug Activity Drug Type An	nount / Unit	Offense #		Counts	Domestic Y		Warrant / Ci	apias Number				Bond	(CDD) 4
	E	harge Description	/_\	7			<u> </u>				Statute	Violation Num	ber	Violation	a ORD #
	Η̈́	·	mount / Unit	Offense #		Counts	Domestic	Violence	Warrant / C	apias Number			· · · · · · · · · · · · · · · · · · ·	Bond	
	Ç.	Health / Apparent Physical Condition	of Defendant				<u> </u>		Any knowle Explain:	alge of the follo	owing:	Mental D			Deformities 🔲 Injuries
	IJL	Check which applies: Release		ed to Parent/Guardian	т.о	T. County Jai	PRO	PERTY - R			Released By			Released To	
	A	Postor Transported By	_	County Mental Health	h		Date	e Transporte	d Tin	e Transported	Other				
	Ц		2 1 Mandatory	annearance it	n court				Court, Room) Count	,	PALM	BEACH	I GARD	~	
	N O T	INSTRUCTION NO	O. 2 - You need n	ot appear in	-t-untions on	Page 2		Court Date	and Time	 /30/2016	 { 10:00:0	0		2016	No
	C E	I AGREE TO APPEAR AT TH	but must co	mply with ins	TO ANSWER T	HE OFFENS	SE CHA	RGED OR					TAND THAT SE	iouies NT —	Photo Available
	۱۳۱	I AGREE TO APPEAR AT THE I WILLFULLY FAIL TO APPE FOR MY ARREST SHALL BE	DAK DELOID III	OURT AS REQUI	RED BY THIS	NOTICE TO) APPE	AR, THAT	I MAY BE	HELD INC	OMITEMAL I	J1 0001111	62.	မ	Available
	A P P										Date :	Signed	#30 <u>0</u>	15m	
	A R		Signature of Defendant	(or Juvenile and l	Parent/Custodian	sting Officer					Name Verifica	tion (Printed by	Agresiet)	ά. Z	
	A	HOLD for Other Agency			Name of Atrestin	R Officer (Priva)	I.D. 1	(PRINT)			- (-)	PAGE
	D M I N		Resisted Arrest Other	Pouch #	ISHAM, I	MÀTTH	EW _	<u></u>	.D. #	Agency	<u> </u>	:		~~	1 OF 1
	"	Intake Deputy	47/6	rount *		<u></u>	11/	<u>e</u>			Witness here	if subject signs	A HILLIA .		

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE DAY OF	16	0205 , AT		AM · PM	SOUTH TOWN
Alyssa M. Bozzarelli SUBJECT:		CAS	SE NUMBER:	16-000506	
AGENCY: JUNO BEACH POLICE	DEPARTMENT	ARRESTING OFFICER	Matthew l	Isham 291	
	PERSONAL CO	NTACT			
DRIVING PATTERN: ACTUAL PHYSICAL CONTRO	OL (PHYSICAL EVIDENCE OR S	TATEMENTS PUTTING DE	F. BEHIND WHEEL O	F VEHICLE)	
				4	
				Y	
While I was traveling North on US Highway 1, the with no functional tag lights, turn West onto Doi paced the vehicle at 58MPH in a 45 MPH zone (vehicle, I initiated a traffic stop on the vehicle, we	nald Ross Rd from US Hi Vehicle 108 certified spee	ghway 1 Southbound dometer) at 1900 Don	(Juno Beach). Wh ald Ross Rd, Juno	ille catching up to t Beach. After catch	he vehicle, I ning up to the
OBSERVATION OF DRIVER:					
Upon speaking with the driver, I noticed that he	r aves were bloodshot an	l watery. The driver	had paint all over	her arms and face :	and was
wearing tight clothing as if she had been to a par	rty.	a water year to the control of			
DRIVER'S STATEMENTS:					
When asked where she was coming from, she sta	ated she had just left a Ha	illoween party at her	friend's house. Wi	nen asked if she had	l been
drinking, she admitted that she had been and th	at she had about 3 drinks				
ODORS:					
Very strong odor of an unknown alcoholic beve	rage were being emitted	from drivers breath	and person as wel	l as from the vehic	les interior.
	ENERAL OBSER				
SPEECH: Slow and slurred					
ATTITUDE: Cooperative, upset					
CLOTHING: Tight clothing, paint on arms an	d face				
MEDICAL PROBLEMS: N/A					
MEDICATIONS:	B. SU	EOWEN	SCAN	NED	
OTHER:	Commission Commission	da-Notary Public on # FF093160 ission Expires	OCT 3	1 2016	
MAMMUN	May	30, 2018	110		291
-					

Alyssa M. Bozzarelli SUBJECT:	CASE NUMBER:
	ROADSIDE TASKS
HORIZONTAL GAZE NYSTAGMUS	and the second of the second o
■ LEFT EYE DOES NOT FOLLOW SMOOTHLY	RIGHT EYE DOES NOT FOLLOW SMOOTHLY
LEFT EYE JERKS AT 45 DEGREE ANGLE OR	LESS RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS
DISTINCT JERKING LEFT EYE MAXIMUM DI	VIATION DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION
CAN NOT DO, WHY?	k and side to side during task. No VGN observed.
WALK AND TURN: Did not get is missed heel t	nto heel to toe position during instruction phase and had the left foot in front rather than the right foot, o toe on every step by at least 2 inches, and conducted an improper turn.
CAN NOT DO, WHY?	
ONE LEG STAND:	
CAN NOT DO, WHY? FINGER TO NOSE: Continuous of the right	y touched the right side of the nose with the tip of the left finger and the left side of the nose with the tip finger.
CAN NOT DO, WHY?	
2n ov 3r	time: Said correctly until saying "G, A" then started over. d time: Said correctly until reaching "T" then stopped and said I made her nervous, then asked to start er. d time: Then said correctly and quickly in a rhythmic manner until reaching "Q, R, S, T, Y, O, V", then opped.
CAN NOT DO, WHY?	
BREATH TEST RESULTS:	efused. SCANNED OCT 3 1 2016
STATE OF FLORIDA COUNTY OF PALM BEACH THE FOLLOWING INSTRUMENT WAS NOT Matthew Isham BY.	(DATE)
NOTARY/CLERK OF COURT OFFICE	STGNATURE OF ARRESTING OFFICER

WITNESS LIST

16-000506

	CASE NUMBER:	10 000000
Alyssa M. Bozzarelli ARRESTING OFFICER:		
ADDRESS: 340 Ocean Drive, Juno Beach, FL 33408		
PHONE NUMBERS (HOME):	(WORK)	61-626-2100
CAN TESTIFY TO: Facts of case.		
NAME:		
ADDRESS:		
PHONE NUMBERS (HOME)	(WORK)	
CAN TESTIFY TO:		1
NAME:	<u> </u>	
ADDRESS		
PHONE NUMBERS (HOME)	(WORK)	
CAN TESTIFY TO:		
NAME:		
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ADDRESS		
PHONE NUMBERS (HOME)	(WORK)	
CAN TESTIFY TO:		
NAME:		
ADDRESS	MODIA	
PHONE NUMBERS (HOME)	(WORK) _	SCANNED
CAN TESTIFY TO:		OCT 3 1 20%

SUBJECT: Aly SSa, M. BOZZAROII CASE NUMBER: 16-000 SOG

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
contentOR-
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 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) Read on Video
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.
SCANNE

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS

GOLD - JAIL

SUSPECT'S SIGNATURE: (X)

PBSO #0129B REV. 06/11

SUBJECT: Alv	55a 1	1. 8	bozzaselli	CASE NUMBER:	16-000 SOE
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QUESTIONS AND ANSWERS

\cdot
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? Uonald Lass
DIRECTION OF TRAVEL? WHERE DID YOU START? STATES MAIS INSKI
WHAT TIME DID YOU START? That I know WHAT TIME IS IT NOW? I I don't Know
WHAT IS TODAY'S DATE? 16/24/16 WHAT DAY OF THE WEEK IS IT? 54+0739
WHAT COUNTY AND CITY ARE YOU IN NOW? West Palm Beach PBG
WHEN DID YOU LAST EAT? Midnight WHAT DID YOU EAT? Meat balls & bread
WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? With friends at Clematis
HOW MUCH DO YOU WEIGH? 145 HAVE YOU BEEN DRINKING? Thave, WHAT? Beet & tegvila
HOW MUCH? 3-4 doints WHERE? At flew's house behind to WITH WHOM? - friends
WHEN DID YOU HAVE YOUR FIRST DRINK? 10 pm AND YOUR LAST DRINK? Dam
THE WOLLD CONCLUDE VOLD LACT THE DELIVER STORY STORY
CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Mean ARE YOU UNDER THE INFLUENCE? Not at the Story the
HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? HOW MUCH?
WHAT? WHERE? WHEN?
WHAT? WHERE? WHEN? WHEN DID YOU LAST WORK? Thousay 000 DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? WHAT?
DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? WHAT?
ARE YOU SICK OR INJURED?WHAT'S WRONG?
DO YOU LIMP? \(\begin{aligned} \text{C} \\ \text{DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY?} \(\begin{aligned} \text{No} \\ \text{O} \
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? No
GLASS EYE? <u>PC</u>
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? VO IF SO, WHEN WAS YOUR LAST INJECTION?
HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? THE WHERE? OCT 3 1 2016
INTERVIEWER: TOWN AND ADDRESS OF THE LAND
WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL PBSO #0129C REV. 9/93

TESTING FACILITY TASK REPORT

ILSING IACII		· · · · · · · · · · · · · · · · · · ·	291
	AGENCY: JBPD	Ofc. Isham	
SUBJECT: BOZZGrelli, Alyssa in.	CASE NUMBER:	16-145050	
DATE: 10-24-16			
BEGINNING TIME: 0259 hrs	ENDING TIME:	0308hrs	
BREATH TESTS RESULTS: DEFICE C	<u> 30 √(A.M</u> /P.M. 2)	A.M.	/P.M.
3) TIME	A.M./P.M. 4)	A.M.	/P.M.
BREATH OPERATOR: 5. O'Necl #6212			
MAINTENANCE TECHNICIAN: DIS J. K	orlecke #64	67	
TESTING OFFICER'S OBSERVATIONS			
SPEECH: Soft Spoken, Low			
ATTITUDE: Culm Cooperative En	notional ut -	rimes	
CLOTHING: Shirt-Blue Ponts-	Black +	Fallowern McKeup	
MEDICAL CONDITIONS: None			
MEDICATIONS: None			
OTHER: Eyes: Red, Glassey & W	utery from	crying	
Odor of unknown	alcoholic be	verage. #:	291
COMMENTS: 20 min. observer			
Alo requested the bree		1	
D refused the request.			
A10 read the implied		o Comera.	
D understood IE as	read.		
D Still refused the	request afte	c IC was rea	ad.
C/W read on camera			
QYA conducted			
		SCANNED	
		OCT 3 1 2015	
WHITE - STATE ATTY. YELLOW - DHS	MV PINK - CENTRAL RECOR	DS GOLD - JAIL	

PBSO #0129A REV.11/02

Stinshing State

BRIVER LICENSE GLASS E

B 261-013-91-674-0

RESSA MARIE

STATE

STATE

STATE

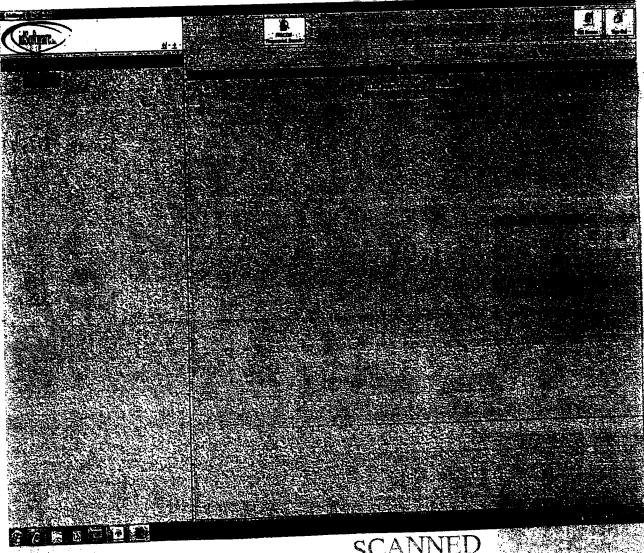
ORGAN DONOR

ORGAN DONOR

Operation of a motor vehicle consum to any sobnety test required by law.

NO SEARCH RESULTS

Name: Bozzarelli, Alyssa W/F
Jacket#0482266



SCANNED OCT 3 1 2016

WARNING CITATION

YOU ARE HEREBY OFFICALLY WARNED OF THE BELOW DESCRIBED VIOLATION. YOUR ONLY REQUIRED ACTION IS TO EXERCISE SAFER DRIVING HABITS IN THE FUTURE

JUNO BEACH POLICE DEPT

ODJETTY OF											
PALM BEAC	H							_			
CITY (IF APPLICABLE)	<i>,</i> ,,,				\dashv			8	35:	L4	
JUNO BEAC	<u> </u>										
DAY OF WEEK	ŀ	10			29			20		- 1.	01:45
NAME (PRINT) FIRST	<u> </u>			Ь	MIDD		—		U	AST	U1.75 L
ALYSSA			MAF	SIE				OZZ/			
STREET 1401 WIND)OR	AH V	VAY	/ - R			IF DI	FFERENT TH	IAN ONE O	IN DRIVER	LICENSE "X" HERE
CITY						-		ATE		P CODE	• •
WEST PALM TELEPHONE NUMBER	1 BE/	ACH I DATE		ю	DAY		↓ F	<u>L</u>	RACE	34:	L 1
TOTAL POSICION		BARTH				14		991	Ō	F	506
DRIVER B	2	6 4	4 (1	3	9	1	6 7	7 4	l O	
LICENSE	2		ATE	CLASS		COL LICE	_		NSE EXP.	I IF CO	OMMERCIAL MTR.
NUMBER			FL		E I	γ (N_		<u>019</u>	- 1	"X" HERE
YR VEHICLE 2008	MAKE	HYU	INI	STYL	*3D		COLOR	WHI	r	MATERI	ARDED HAZARDOUS
VEHICLE LICENSE NO.			TRAILER	TAG NO.	<u> </u>	STAT		YEAR TAG	EXPIRES	IF COME	ANION CITATION(S)
RIS29				NA SAFE V		<u> </u>	·L	20	18	X- HER	E)
DONALD R					SHV	VAV	1 '	TIIN) RE	ΑCI	H
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				V	OLAT	TIONS					• • • • • • • • • • • • • • • • • • • •
			-	•							
UNLAWFUL SPEED _						ED APPLI	CABLE				MPH
CARELESS DRIVING			_	AFETY BE							INSURANCE
VIOLATION OF TRAFFI	C CONTRO	OL EVICE	M IM	PROPER	OR UN	SAFE EQUIPM	ENT				ER LICENSE
VIOLATION OF RIGHT-	OF-WAY			KPIRED T	AG						ONTHS OR LESS
IMPROPER CHANGE O	OF LANE O	R OURSF		3 SIX (6)	MONTH	S OR LES	S		☐ MO	RE THA	N FOUR (4) MON
IMPROPER PASSING	·	- 5, 106		MORE	THAN S	IX (6) MO	NTHS		NO VA	LID DRIV	ER LICENSE
CHILD RESTRAINT				IPROPER	OR NO	SIGNAL			PEDES	TRIAN V	/IOLATION
IMPROPER PARKING			□ ik	IPROPER	TURN				DRIVIN	IG TOO :	SLOWLY
BICYCLE VIOLATION				RIVING W	ITHOUT	LIGHTS			OPEN	CONTAI	NER
OTHER:											
COMMENTS PERTAINING	TO VIOL	ATION:				-					
NO TAG LIGH	łΤ										•
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	2		_						_	_	
X SIGNATURE OF VIOLA			\leq		_		\equiv		L	11	
RANK - SIGNATURE OF DIPPNE				and a	100	$\overline{}$	\Rightarrow	O N	0.	TR	OOP UNIT
	1			- 6	\equiv					→	
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Case # 16000506

SCANNED OCT 3 1 2013