

0492363

3427

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

| | | | | | | |
|---|--|---|--|---|---|---|
| OBTS Number | Agency ORI Number FLO 50000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number (N.T.A.'s only) 06- 17135884 | |
| Charge Type: Check as many as apply. | <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony | <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor | <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | Weapon Seized / Type 2 [] 1. Yes 2. No | Multiple Clearance Indicator 1 | |
| Location of Arrest (Including Name of Business) 7000 SW 18th ST, Boca Raton, FL 33433 | | | Location of Offense (Business Name, Address) 7000 SW 18th ST, Boca Raton, FL 33433 | | | |
| Date of Arrest 10/06/2017 | Time of Arrest 0131 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle 7000 SW 18th ST, Boca Raton, FL 33433 |

| | | | | | | | | | | | |
|--|-----------------|-------------------------------------|------------------------------------|-----------------------|----------------------|---|-----------------------------|--|------------------------|--|--|
| Name (Last, First, Middle) Garcia, Bertha, Yrene | | | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | |
| Race W - White I - American Indian B - Black O - Oriental/Asian | Sex W | F | Date of Birth 08/18/1968 | Height 5'05 | Weight 135 | Eye Color Brown | Hair Color Brown | Complexion light | Build medium | | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) right hip scar | | | | | | Marital Status Divorced | Religion CATHOLIC | Indication of: Alcohol Influence Drug Influence Y [] N [] Unk. [] | | | |
| Local Address (Street, Apt. Number) 8330 Dynasty Dr, Boca Raton, FL 33433-6839 | | | (City) | (State) | (Zip) | Phone (561) 703-7191 | | Residence Type: 1. City 3. Florida 2. County 4. Out of State 2 | | | |
| Permanent Address (Street, Apt. Number) 8330 Dynasty Dr, Boca Raton, FL 33433-6839 | | | (City) | (State) | (Zip) | Phone () | | Address Source Driver's license/Verbal | | | |
| Business Address (Name, Street) | | | (City) | (State) | (Zip) | Phone () | | Occupation accounting | | | |
| D/L Number, State G620060687980, FL | | Soc. Sec. Number 60860016 | | INS Number | | Place of Birth (City, State) Lima, Peru | | Citizenship USA | | | |

| | | | | | |
|---|------|-----|---------------|--|---|
| Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large | <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile |
| Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large | <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile |

| | | |
|--|------------------------------|-------------------|
| <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: | Name (Last) (First) (Middle) | Residence Phone |
| Address (Street, Apt. Number) (City) (State) (Zip) | | Business Phone |
| Notified by: (Name) | Date | Time |
| Released To: (Name) | Relationship | Date |
| The above address 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 Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) | | School Attended |
| Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | Description of Property | Value of Property |

| | | | | | | | | | | |
|--|---------------------------------|------------------------------------|---|---|----------|---------------------------------------|---|---|---|------------------------|
| Drug Activity N. N/A P. Possess | S. Sell B. Buy T. Traffic | R. Smuggle D. Deliver E. Use | K. Dispense/ Distribute | M. Manufacture/ Produce/ Cultivate | Z. Other | Drug Type N. N/A A. Amphetamine | B. Barbiturate C. Cocaine E. Heroin | H. Hallucinogen M. Marijuana O. Opium/Derv. | P. Paraphernalia/ Equipment S. Synthetics | U. Unknown Z. Other |
| Charge Description Driving Under The Influence (DUI) | | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number 316.193(1) | | Violation of ORD # | | | | |
| Drug Activity N | Drug Type N | Amount / Unit n/a | Offense # 17135884 | Warrant / Capias Number | | Bond | | | | |
| Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number | | Violation of ORD # | | | | |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | | Bond | | | | |
| Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number | | Violation of ORD # | | | | |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | | Bond | | | | |
| Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number | | Violation of ORD # | | | | |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | | Bond | | | | |

| | | | | | |
|--|--|--|-------------|--|--|
| Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996 | | | | | |
| Court Date and Time Month Nov Day 6 Year 2017 Time 0830 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> | | | | | |
| I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF I FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. 10/06/2017 | | | | | |
| Signature of Defendant (or Juvenile and Parent /Custodian) | | | Date Signed | | |

| | | |
|---|---|---|
| HOLD for Other Agency Name: | Signature of Arresting Officer D/S Jacob Frey | Name Verification (Printed by Arrestee) |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: | (PRINT) |
| Intake Deputy Ann 8101 | I.D. # | Pouch # |
| Transporting Officer D/S Jacob Frey | ID # 9658 | Agency PBSO |
| Witness here if subject signed with an "X" | | PAGE OF |

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 06 DAY OF Oct 20 17, AT 0049 AM PM

SUBJECT: Garcia, Bertha, Yrene CASE NUMBER: 17135884

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Jacob Frey

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On 06Oct17 at approximately 0100hrs I arrived at 7000 SW 18th St (intersection with Powerline RD), Boca Raton, in unincorporated Palm Beach County in reference to a Driving Under The Influence (DUI) investigation.

Upon arrival I spoke to D/S D. Powell (7378). He told me at approximately 0049hrs as he was driving through the intersection of SW 18th St and Powerline Rd he observed a white Audi A4 (FL tag ABKD54) stopped facing eastbound in the northbound turn lanes (crosswalk). He told me he activated his emergency lights on his marked patrol vehicle and began to get behind the vehicle. He said the vehicle then began to move eastbound into the eastbound lanes east of the intersection. At this point he said he was able to get the vehicle stopped. He approached the vehicle and observed a female sitting in the driver's seat; she was later identified by her Florida Driver's License as Bertha Garcia.

OBSERVATION OF DRIVER:

D/S Powell told me as he approached the vehicle he could smell the "strong odor of an unknown alcoholic beverage coming from Bertha Garcia breath". He said her eyes appeared glassy and her speech was slurred.

After speaking to D/S Powell, I approached the vehicle on the driver's side. I could smell the odor of an unknown alcoholic beverage coming from inside the vehicle. Bertha was chewing gum. Her face appeared sweaty and flush. Her speech was slurred, mumbled, and raspy. As she spoke to me I could smell the odor of an unknown alcoholic beverage coming from her breath. Her eyes were watery, glassy, and red. I had her exit the vehicle and walk to the front of my vehicle she staggered as she walked.

DRIVER'S STATEMENTS:

D/S Powell told me she made the spontaneous utterance prior to my arrival that she had a "couple beers". She then made the same utterance to me as she exited the vehicle. She told me she was drinking while watching the Argentina vs. Peru Soccer game.

Post-miranda she told me she had 3 or 4 beers at Senor Ceviche Restaurant with friends between 7pm and 11pm.

ODORS:

Strong odor of an unknown alcoholic beverage coming from her breath and person

GENERAL OBSERVATIONS

SPEECH: Slurred, mumbled, and raspy

ATTITUDE: cooperative, emotional (crying), relaxed, indifferent, sleepy

CLOTHING: White t-shirt (with flag as a cape), Jeans (torn), and brown heels

MEDICAL/OTHER: None stated at the scene

STATE OF FLORIDA
COUNTY OF PALM BEACH

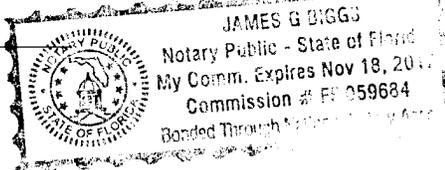
D/S Jacob Frey

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6 day of Oct 20 17 by D/S Jacob Frey

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

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



SUBJECT: Garcia, Bertha, Yrene

CASE NUMBER 17135884

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- Checkboxes for eye tasks: LT EYE-LACK OF SMOOTH PURSUIT, RT EYE-LACK OF SMOOTH PURSUIT, LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION, RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION, LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES, RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Her eyes were water, glassy, and red. Her body swayed and she had difficulty standing with her feet together. She had difficulty following with her eyes only and had to move her head several times. She had Vertical Gaze Nystagmus (VGN) and Lack of Convergence (LOC) in her right eye.

WALK & TURN:

I instructed and demonstrated the walk and turn. She acknowledged she understood. She had difficulty standing as instructed; she had to step off the line and could not stand with her right foot directly in front of her left (offset). She walked 14 steps forward. She failed to maintain heel to toe (approximately 6 to 12 inches on each step). She did not count out loud as instructed. She completed the turn incorrectly and she stopped after the turn. She walked 15 steps back. She failed to maintain heel to toe (approximately 6 to 12 inches on each step). She did not count out loud as instructed. The task was completed on a level surface (no shoes) using the white painted fog line.

ONE LEG STAND:

I instructed and demonstrated the one leg stand. She acknowledged she understood. She lifted her right foot approximately 12 inches off the ground. She bounced and hopped on her left foot. She placed her right foot down approximately 6 times (almost falling over). She lifted her arms from her side for balance. The task was completed on a dry and level surface (no shoes).

FINGER TO NOSE:

I instructed and demonstrated the finger to nose. She acknowledged she understood. She had difficulty keeping her head tilted back and tilted it forward and opened her eyes. Her body swayed from front to back. On the first several command she touched the underside of her nose, then the side, and then the pad to touch the tip of her nose. The task was completed on a dry and level surface (no shoes).

ROMBERG ALPHABET:

She told me her highest level of education was college in Peru. She told me she had been living in the United States for 25yrs and although Spanish is her primary language she stated she knew the English alphabet. Her body swayed during the tasks. She began the alphabet but could not get past the letter "P". She opened her eyes and tilted her head forward and began to cry. She tried again and couldn't get past the letter "T". She again opened her eyes and tilted her head forward. I asked her if she could count 1 to 25 in English; she acknowledged she could. She repeated the number 8.

I instructed the Modified Rhomberg. She acknowledged she could estimate 30 seconds. Her estimate of 30 seconds is approximately 30 seconds. She had difficulty counting. Towards the end of the task she began to rotate her neck in circles. Her body swayed front to back. The task was completed on a dry and level surface (no shoes).

BREATH TEST RESULTS: 1) .152 2) .160 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

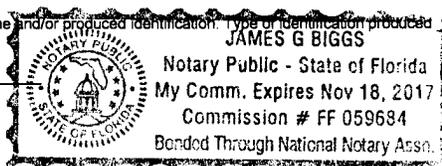
D/S Jacob Frey

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6 day of Oct 20 17 by D/S Jacob Frey

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

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



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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006238 Software: 8100.27
Date of Test: 10/06/2017

Date of Last Agency Inspection: 09/29/2017

Observation Period Began: 02:40

Subject's Name: BERTHA Y GARCIA

DOB: 08/18/1968 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

| Results: | Test | g/210L | Time |
|----------|-------------------|--------|-------|
| | Diagnostics Check | OK | 03:05 |
| | Air Blank | 0.000 | 03:06 |
| | Control Test | 0.081 | 03:06 |
| | Air Blank | 0.000 | 03:07 |
| | Subject Sample #1 | 0.152 | 03:08 |
| | Air Blank | 0.000 | 03:08 |
| | Air Blank | 0.000 | 03:10 |
| | Subject Sample #2 | 0.160 | 03:11 |
| | Air Blank | 0.000 | 03:12 |
| | Control Test | 0.080 | 03:12 |
| | Air Blank | 0.000 | 03:13 |
| | Diagnostics Check | OK | 03:13 |

Cylinder Lot: 20016080A1
Exp: 09/05/2018

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (is personally known to me or produced _____ as identification, and who after being placed under oath, states:

I JAMES G BIGGS, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 10/06/17
Signature

Sworn to (or affirmed) before me this 06 day of Oct, 2017

Signature of Notary Public-State of Florida _____
Printed Name of Notary Public-State of Florida DLS Frey

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Paverline & 18th St

DIRECTION OF TRAVEL? S WHERE DID YOU START? MARCAIE

WHAT TIME DID YOU START? 11-430 WHAT TIME IS IT NOW? NO

WHAT IS TODAY'S DATE? 10/6 WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? NO - B Toward or Palm Beach

WHEN DID YOU LAST EAT? 8 pm WHAT DID YOU EAT? Couple K-bubs

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Finish Soccer Game

HOW MUCH DO YOU WEIGH? 130-135 HAVE YOU BEEN DRINKING? Yes WHAT? Beer

HOW MUCH? 3 or 4 WHERE? Rest. - Sever Sevier WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 7 pm AND YOUR LAST DRINK? 10 pm or 11 pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Normal

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? NO

WHAT? NO WHERE? NO WHEN? NO

WHAT LINE OF WORK ARE YOU IN? Accounting WHEN DID YOU LAST WORK? This ^{am} morning

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? Tight hip

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? NO

DO YOU LIMP? Sometimes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? NO

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? NO WHY? NO

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? NO WHEN? NO

- DO YOU HAVE:
- EPILEPSY? NO
 - GLASS EYE? NO
 - FALSE TEETH? NO
 - EAR INFECTION? NO
 - INNER EAR TROUBLE? NO
 - DIABETES? NO

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? NO

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

INTERVIEWER: D/S J. Frey 9/6/98

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 DIS Frey of the P.B.S.O.

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 Camera

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

WITNESS LIST

CASE NUMBER: 17135884

ARRESTING OFFICER: D/S Jacob Frey

ADDRESS: 3228 Gun Club, WPB

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

CAN TESTIFY TO: Personal contact, SFST

NAME: D/S D Powell (7378)

ADDRESS: 3228 Gun Club, WPB

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

CAN TESTIFY TO: Driving Pattern, Personal contact

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO-FREY

SUBJECT: GARCIA, BERTHA Y

CASE NUMBER: 17-135884

DATE: Oct 6, 2017

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0302

ENDING TIME: 0321

BREATH TESTS RESULTS: 1) .152 TIME 0308 A.M. P.M. 2) .160 TIME 0311 A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICIAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, ACCENT

ATTITUDE: COOPERATIVE

CLOTHING: WHITE SHIRT, BLUE JEANS

MEDICAL CONDITIONS: NONE

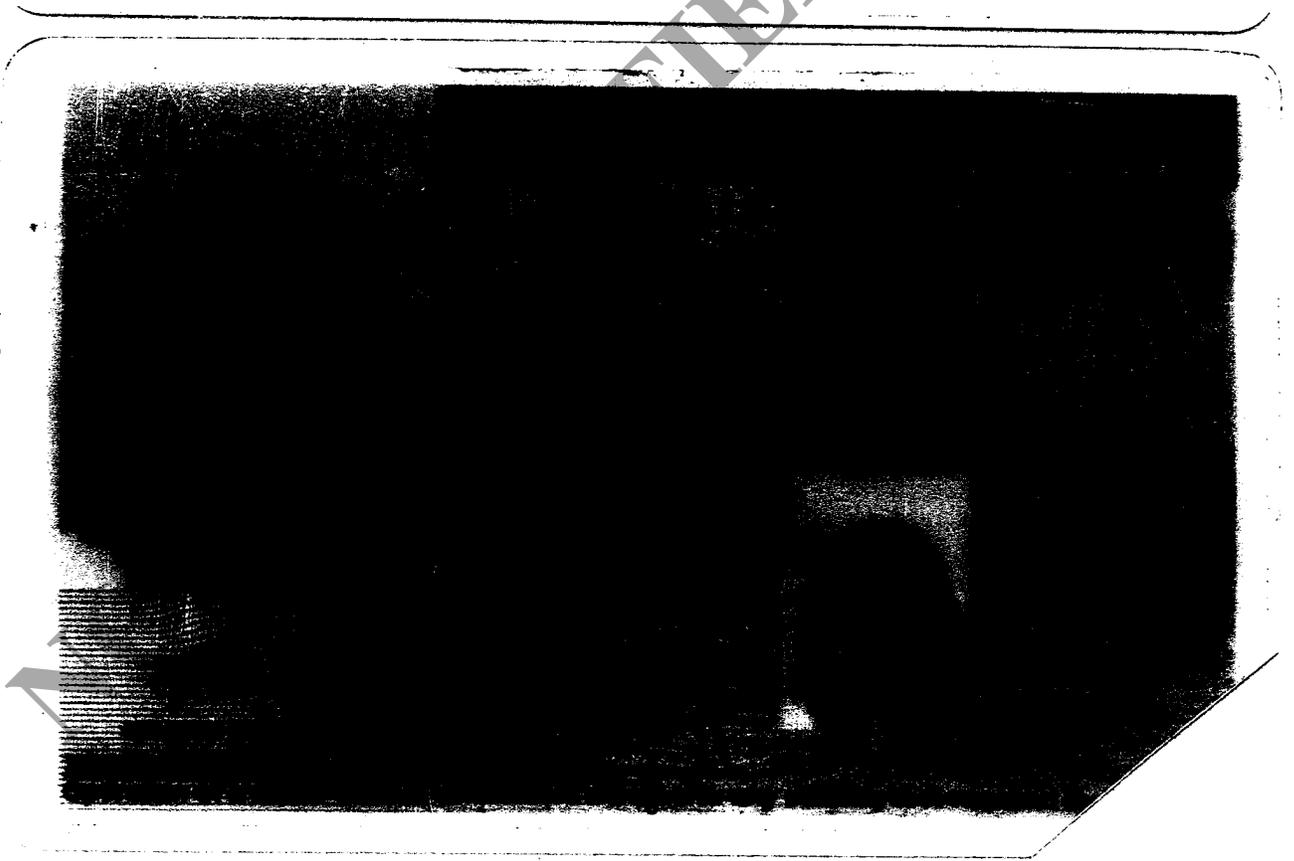
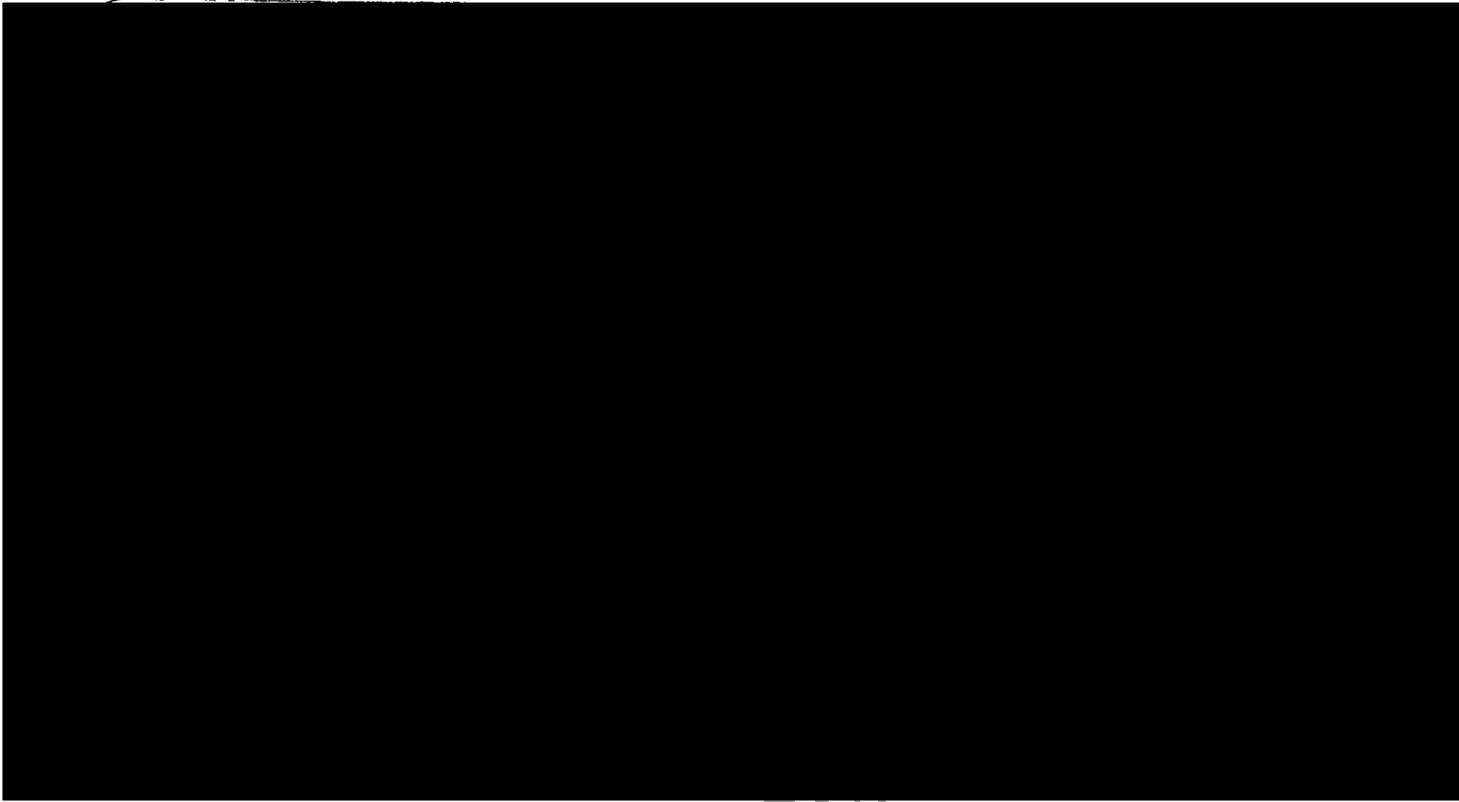
MEDICATIONS: NONE

OTHER:

EYES RED, BLOODSHOT, GLASSY
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0240
SUBJECT WAS UNSURE IF SHE WOULD SUBMIT TO THE TEST
IMPLIED CONSENT WAS READ TO SUBJECT
SUBJECT UNDERSTOOD AND ADVISED SHE WOULD SUBMIT TO THE TEST
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY
RESULTS WERE GIVEN
MIRANDA WAS READ
SUBJECT SUBMITTED TO THE QUESTIONS ASKED





FLORIDA UNIFORM TRAFFIC CITATION

In the court designated below the undersigned certifies that he/she has just and reasonable grounds to believe and does believe that on:

Citation #: **A8DGONE**

County: **PALM BEACH** County Code: **06**
City: City Code: **00**
Date/Time: **Fri 10/06/2017 04:11 AM** Agency Type: **SO**

VIOLATOR

First Name: **BERTHA** Middle: **YRENE**
Last: **GARCIA** DOB: **08/18/1968**
Address: **8330 DYNASTY DR**
City: **BOCA RATON** State: **FL** Zip: **33433**
Telephone: **561-703-7191** Race: **H** Sex: **F** Hgt: **505**
DL #: **G620060687980** DL State: **FL** Lic. Expires: **2022**
CDL: **N** Ethnicity: **H** Class: **E** Diff. Addr. on DL: **N**

REGISTRATION

Yr. Veh: **2014** Veh. Tag: **ABKD64**
Color: **WHI** Trailer Tag:
Make: **AUDI** Yr. Tag Expires: **18** State: **FL**
Style: **UT**
Comm. Mtr. Veh.: **N** Plac. Haz. Mat: **N**
>= 16 Passengers: **N** Motorcycle: **N**

LOCATION

Upon a Public Street or Highway or Other Location Namely:
7000 SW 18TH ST (EASTBOUND)(BOCA RATON)

Located Ft. Miles Of Node

VIOLATION

Did unlawfully commit the following Offense, in violation of State Statute,
OBSTRUCTING TRAFFIC - VEHICLE (FACING 316.1945
EASTBOUND IN THE NORTHBOUND TURN LANE)

Speed - Enhanced Penalty Zone: **N**
Unlawful Speed: Posted Speed:
Crash: **N** Prop. Dam.: **N** Prop. Dam. Amt.: Aggressive Driv.: **N**
Injury: **N** Ser. Injury: **N** Fatal: **N** Red Light/Stop Sign: **N**
Companion Citation Number(s):
Driving Under the Influence of Alcoholic Beverages, Chemical, or Controlled
Substances, Driving/Actual Physical Control While Impaired, or
Driving/Actual Physical Control with Unlawful Blood/Urine Alcohol Level Bel.:

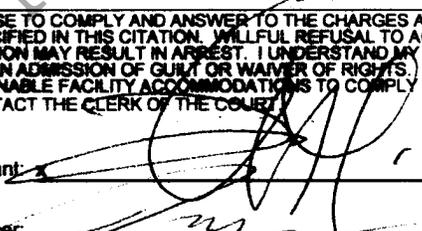
COURT INFORMATION

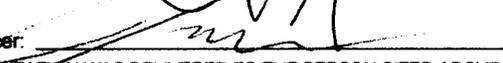
Infraction, Court Required
SOUTH COUNTY COURTHOUSE
200 WEST ATLANTIC AVE., COURT ROOM #1 Court Date: **11/06/2017**
DELRAY BEACH, FL 33444 Court Time: **8:00 AM**
Civil Penalty: **TO BE SET**

Arrest Delivered To:
On:

SIGNATURE

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

Signature of Defendant: 

Signature of Officer: 

I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE
Officer name: **D.B. J. FREY** Officer ID: **9658**
Case number: **17130004** Troop/Unit: **DIST 7** Misc:
Agency Name: **PALM BEACH COUNTY SHERIFF'S OFFICE**
Agency #:

CERTIFIED COPY