

JA 05/0614 2019 CTO 14442 ANB #1625 1807

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-19004664	
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	
Location of Arrest (Including Name of Business) N Military Trl/ Miramar Ln				Location of Offense (Business Name, Address) N Military Trl/ Miramar Ln			
Date of Arrest 08/06/2019	Time of Arrest 2145	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405	
Name (Last, First, Middle) PECARO, BETH, LISA				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex F	Date of Birth 03/06/1965	Height 5-3	Weight 130	Eye Color haz	Hair Color Bro	Complexion Lgt
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None				Marital Status Divorced		Religion NONE	
Local Address (Street, Apt. Number) 505 LES JARDIN DR PALM BEACH GARDENS FL 33410		(City) (State) (Zip)		Phone (561) 312-3500		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1	
Permanent Address (Street, Apt. Number) 505 LES JARDIN DR PALM BEACH GARDENS FL 33410		(City) (State) (Zip)		Phone (561) 312-3500		Address Source FL DL	
Business Address (Name, Street)		(City) (State) (Zip)		Phone		Occupation Nurse	
DL Number, State P-260-522-65-586-0 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) New York, NY	
Citizenship US		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					
Parent Name (Last) (First) (Middle)		Residence Phone		Business Phone			
Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone			
Other		Notified by: (Name) (Date) (Time)		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated			
Address (Street, Apt. Number) (City) (State) (Zip)		Relationship		Date		Time	
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 355-2528) informed of any change of address. <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 N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute	
M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	
H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
Charge Description DUI-DAMAGE TO PERSON/PROPERTY		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(3)(c)(1)	
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense #	
Location (Court Room Number Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700							
Court Date and Time Month September Day 11 Year 2019 Time 10:00 AM <input checked="" type="checkbox"/> PM							
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED 08/06/2019							
Signature of Defendant (for Juvenile and Parent / Custodian)				Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer Romero		Name Verification (Printed by Arrestee) Romero		Date Signed	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Romero		I.D. # 502	
Name of Agency 55 Thompson		Pouch #		Transporting Officer Romero		ID # 502	
Agency PBGPD		Agency PBGPD		Agency PBGPD		Agency PBGPD	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

SCANNED
AUG 07 2019

2019 AUG 7 10:00 AM
PAGE 7 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 6th DAY OF August 20 19, AT 2145 AM PM

SUBJECT: PECARO, BETH, LISA CASE NUMBER: 19004664

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Romero 502

PERSONAL CONTACT

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

On Friday, September 21, 2018 at 23:03hrs, I, Officer Romero, was dispatched to PGA Boulevard and Central Boulevard, in the City of Palm Beach Gardens in Palm Beach County, Florida, to assist in a motor vehicle crash. Please see Officer Howell #501 crash report. I Upon my arrival I observed a white female, later identified via FL DL as Lisa Beth Pecaro,, sitting in the driver's seat and the sole occupant of the vehicle.

A traffic investigation was conducted and both drivers were provided with the driver's exchange form.

After concluding the traffic investigation I informed Pecaro, that I was going to initiate a criminal investigation for the suspicion of DUI based on the totality of the circumstances observed.

OBSERVATION OF DRIVER:

I observed Pecaro's pupils to be dilated more than a normal persons, the sclera of her eyes to be reddened, her eyes to be watery, her face to be flushed, and her speech to be thick, slow and slurred. During the encounter I observed Pecaro to lean on the vehicle during this conversation and then hold onto the vehicle as she walked. While speaking to Pecaro, I could smell the scent of an unknown alcoholic beverage emitting from Pecaro's breath while at a conversational distance. Due to my observations on scene. I requested Pecaro perform several field sobriety exercises. Pecaro agreed.

DRIVER'S STATEMENTS:

Pecaro stated she was coming from Capital Grille. Post-incident, she stated that she consumed 3 glasses of wine while at Capital Grille starting at 6:00pm and her last drink around 9:00pm. Pecaro also stated that she is taking medications, but the last time she took them was the night before more than 24 hours prior to the accident.

ODORS:

Strong odor of the additives of an unknown alcoholic beverage emitting from her breath from a conversational distance.

GENERAL OBSERVATIONS

SPEECH: Slow, thick, slurred

ATTITUDE: Cooperative

CLOTHING: BLUE DRESS

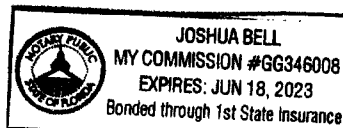
MEDICAL/OTHER: Pecaro stated she did not have any ailments that would prohibit her from being able to operate a vehicle or perform daily tasks. Pecaro did state she had a slipped disc several years ago, takes medications, but was not under any med at the time of the accident.

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] 502
The foregoing statements were made by or affirmed and subscribed before me this 6 day of August 20 19 by Romero

Personally Known

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



SUBJECT: PECARO , BETH, LISA

CASE NUMBER 19004664

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Vertical Gaze Nystagmus was observed. Pecaro needed to be reminded several times to keep her head still and to follow the stimulus and instructions.

WALK & TURN:

I explained and demonstrated the instructions to Pecaro, who stated she understood. During the instruction stage, Pecaro was confused about the instructions and needed to be explained the starting position several times. She was unable to place herself in the starting position. Pecaro was unable to keep balance during the instructional phase. Pecaro started prior to being directed. Pecaro failed to step heel to toe consistently; she used her arms for balance; was unsteady on her feet; stepped off the line; did not count all steps out loud; made an improper turn, failing to take a small series of steps to turn.

ONE LEG STAND:

I explained and demonstrated the instructions to Pecaro, who stated she understood. Pecaro started prior to being directed lifting her right leg and counting. I told Pecaro to place her foot back down and wait until I told her to begin. I explained and demonstrated the instructions to Pecaro again, who stated she understood. Upon beginning the exercise, Pecaro swayed while balancing. She raised her arms over six inches to keep her balance. She put her foot down before the 30 seconds elapsed. She had a difficult time counting out loud. She placed her foot down and then stood there, Pecaro was not able to finish the exercise.

ROMBERG ALPHABET:

I explained and demonstrated the instructions to Pecaro, who stated she understood. Swayed while performing task and recited the alphabet in a rhythmic manner. Pecaro recited the alphabet out of order, pause to think, and was not able to completely recite the alphabet.

Modified Romberg Balance: During the exercise Pecaro estimated to 30 seconds in 20 seconds real time. Pecaro stated she counted "1, 2, 3, and so on to 30." During the exercise I observed a 1-2 inch orbital sway.

FINGER TO NOSE:

I explained and demonstrated the instructions to Pecaro, who stated she understood. Pecaro did not perform the task as instructed. She raised the appropriate finger but did not touch the tip of the finger to the tip of the nose as instructed and demonstrated.

BREATH TEST RESULTS: .183 .182

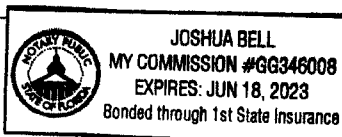
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6 day of August 2019 by Romero

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

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



SUBJECT: Pecaro, Lisa B

CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

OR

I am now requesting that you submit to a lawful test of your URINE for the purpose of 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

SUBJECT: Pecaro, Lisa B

CASE NUMBER: _____

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? 111th Ave

DIRECTION OF TRAVEL? N WHERE DID YOU START? Franklin Ave

WHAT TIME DID YOU START? 1:00 PM WHAT TIME IS IT NOW? 1:15 PM

WHAT IS TODAY'S DATE? 5/1/00 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? Franklin County, Oregon

WHEN DID YOU LAST EAT? 1:00 PM WHAT DID YOU EAT? nothing

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? nothing

HOW MUCH DO YOU WEIGH? 130 HAVE YOU BEEN DRINKING? YES WHAT? WINE

HOW MUCH? 20 WHERE? Franklin County WITH WHOM? alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 1:00 PM AND YOUR LAST DRINK? 1:15 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? alone

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? HOUSEWORK WHEN DID YOU LAST WORK? NO

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? NO

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

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

WERE YOU IN AN ACCIDENT TODAY? YES

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? YES WHAT? WINE WHEN? 24/7

- 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? NO WHERE? NO

INTERVIEWER: _____

TESTING FACILITY TASK REPORT

AGENCY: PBGPD

SUBJECT: PECARO, LISA B.

CASE NUMBER: 19-101306

DATE: 08/07/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0017

ENDING TIME: 0039

BREATH TESTS RESULTS: 1) .183 TIME 0023 A.M./P.M. 2) .182 TIME 0028 A.M./P.M.
3) N/A TIME XX A.M./P.M. 4) N/A TIME XX A.M./P.M.

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: EMOTIONAL, DRAMATIC

CLOTHING: BLUE LONG SLEEVE DRESS, GOLD WEDGE SANDALS

MEDICAL CONDITIONS: HAD CANCER/LUNG AND HEART PROBLEMS HURNIATED DISK IN BACK

MEDICATIONS: VALIUM, XANAX, LUNESTA, LASIX, INHALERS

OTHER: EYES: BLOODSHOT, GLASSY, WATERY

ODOR OF AN UNKNOWN ALCHOLIC BEVERAGE COMING FROM BREATH

SUBJECT STATED SHE DRANK 2 OR 3 GLASSES OF WINE (Q AND A)

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 2354 HRS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

AFTER REPEATED INSTRUCTIONS AND SEVERAL ATTEMPTS BREATH TEST WAS COMPLETED

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED QUESTIONS

TECH READ BREATH TEST RESULTS

SUBJECT ACKNOWLEDGED SHE UNDERSTOOD BREATH TEST RESULTS

WITNESS LIST

CASE NUMBER: 19004664

ARRESTING OFFICER: Romero

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Investigation/Arrest

NAME: Ofc Howell ID 501

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Investigation/Arrest

NAME: Ofc. Romero #353

ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Investigation/Arrest

NAME: ~~XXXXXXXXXX~~

ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Investigation/Arrest

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY



**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 19-101306 PBSO ZONE 3-13

AGENCY CASE # 19004664 CRASH CASE # _____

TIME OF STOP/CRASH 2145 DATE 08/06/2019 DAY Tuesday

SUBJECT'S NAME PECARO BETH LISA RACE W SEX F
LAST FIRST MID

HGT 5-3 WGT 125 DOB 03/06/1965

LOCATION N Military Trl/ Miramar Ln

ARRESTING OFFICER'S NAME & ID Romero 502 AGENCY PBGPD

DIVISION: ROAD

NOTIFIED BY COMMO Yes

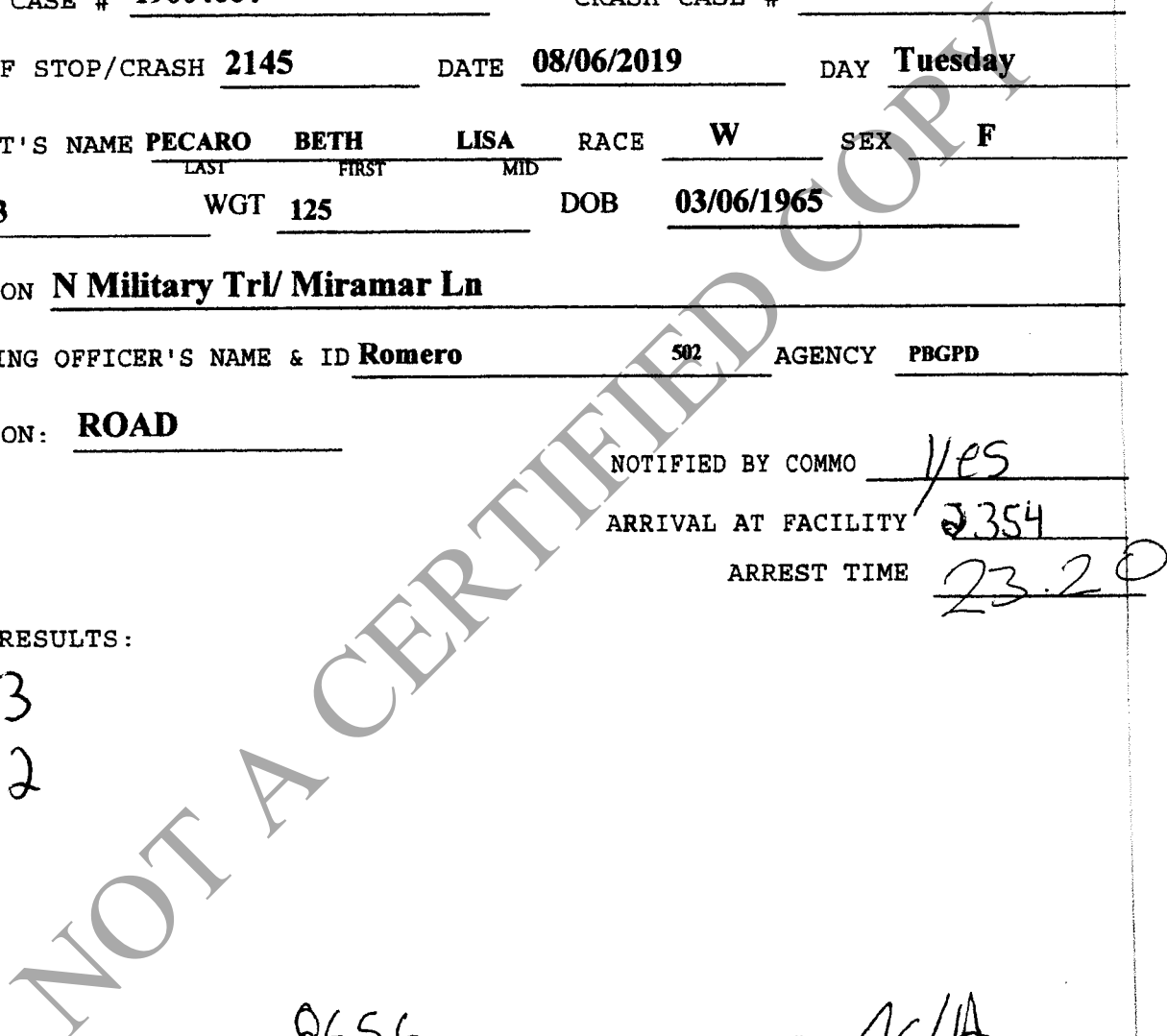
ARRIVAL AT FACILITY 2354

ARREST TIME 23.20

BREATH RESULTS:

- 183
- 182

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # N/A



ROMERO
(502)

19004664



COMPLAINT

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

FLORIDA DUI UNIFORM TRAFFIC CITATION A56H2CE

COUNTY OF **PALM BEACH 06** (1) F.H.P. (2) P.D. (3) S.O. (4) OTHER
 CITY IF APPLICABLE **PALM BEACH GARDENS** AGENCY NAME **PALM BEACH GARDENS**
 AGENCY # **78**

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT I HAVE HAD JUST AND REASONABLE CAUSE TO BELIEVE AND DOING BELIEVE THAT ON _____ COMPLAINT (RETAINED BY COURT)

DAY OF WEEK **WEDNESDAY** MONTH **08** DAY **07** YEAR **2019** TIME **12:49** A.M. P.M.

NAME (PRINT) **LISA BETH PECARO** IF DIFFERENT THAN ONE ON DRIVER LICENSE "I" HERE

STREET **505 LES JARDIN DR**

CITY **PALM BEACH GARDENS** STATE **FL** ZIP CODE **33410**

TELEPHONE NUMBER _____ DATE OF BIRTH **03 06 1965** SEX **W** RACE **F** HT **503**

DRIVER LICENSE NUMBER **P 2 6 0 5 2 2 6 5 5 8 6 0** STATE **FL** CLASS **E** C.E. LICENSE YR LICENSE EXP. **2020** YES NO COMMERCIAL VEHICLE YES NO

VEHICLE **2017 BMW CV BLU** YES NO PLACARDED HAZARDOUS MATERIAL YES NO

VEHICLE LICENSE NO. **319WEO** TRAILER TAG NO. _____ STATE **FL** YEAR TAG EXPIRES **2019** YES NO MOTORCYCLE YES NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMED **N MILITARY TRL/MIRAMAR LN, PALM BEACH GARDENS** YES NO COMPANION CITATIONS YES NO

FT. _____ MILES OF MILE

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGE, CHEMICAL OR CONTROLLED SUBSTANCE; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF _____

DUI-DAMAGE TO PERSON/PROPERTY YES NO

AGGRESSIVE DRIVER PASSENGER 1-3 YEARS PASSENGER 4-5 YEARS SECTION **316.193 (3)(C)(1)**

CAUSE DAMAGE TO OTHER PROPERTY YES NO DAMAGE TO OTHER PERSON YES NO DAMAGE TO OTHER PROPERTY YES NO DAMAGE TO OTHER PERSON YES NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

09/11/2019 10:00 AM A56H2CE
COURT DATE THE COURT LOCATION
NORTH COUNTY GOVERNMENT CENTER
3188 PGA Boulevard PBG, FL 33410

ARREST OR LAIRED? _____ DATE _____
I AGREE AND PROMISE TO COMPLY AND OBEY TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND BY SIGNING IS AN ADMISSION OF GUILT OR NUMBER OF POINTS. IF YOU NEED RESPONSIBLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION CONTACT THE CLERK OF THE COURT.

SIGNATURE OF VIOLATOR _____
EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:
 DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A COMMERCIAL VEHICLE, YOUR DRIVING PRIVILEGE IS SUSPENDED FOR ONE YEAR.

REFUSAL TO SUBMIT TO LAWFUL BLOOD OR URINE TEST SECTION 322.2615 F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A COMMERCIAL VEHICLE, YOUR DRIVING PRIVILEGE IS SUSPENDED FOR ONE YEAR AND A FIRST REFUSAL TO SUBMIT TO LAWFUL BLOOD OR URINE TEST SECTION 322.2615 F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE.

ELIGIBLE FOR FORFEIT? YES NO REASON _____

UNLESS OTHERWISE INDICATED, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.
AT THE **LANTANA 33462-1516** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

X Romero 502 *R/P*

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____ SIGNATURE OF PERSON GIVING BAIL _____ SIGNATURE OF PERSON TAKING BAIL _____
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE. SIGNATURE OF CLERK _____
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE) PLEA: _____ FINDING: _____ ADJUDICATION: _____ SENTENCE: FINE _____ COST _____ JAILED _____ DAYS DRIVER IMPROVEMENT SCHOOL _____ OTHER _____ DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS RECOMMEND RE-TEST _____
	SIGNATURE OF JUDGE _____
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):

APPLICABLE _____

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: 80-006239 Software: 8100.27
Date of Test: 08/07/2019

Date of Last Agency Inspection: 07/19/2019

Observation Period Began: 23:54

Subject's Name: LISA B PECARO

DOB: 03/06/1965 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	00:19
	Air Blank	0.000	00:19
	Control Test	0.080	00:20
	Air Blank	0.000	00:20
	Subject Sample #1	0.183	00:23
	Air Blank	0.000	00:24
	Air Blank	0.000	00:26
	Subject Sample #2	0.182	00:28
	Air Blank	0.000	00:28
	Control Test	0.078	00:29
	Air Blank	0.000	00:29
	Diagnostics Check	OK	00:29

Cylinder Lot: 00919080A3
Exp: 03/05/2021

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 JOSHUA J BELL, 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: _____

Signature

Date: 08/07/19

Sworn to (or affirmed) before me this 7 day of August, 2019

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

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



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	539.001(b)-(l)FSS, 539.003FSS	Other: Pawn Broker Information.	
	<input type="checkbox"/>	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019025744	Date: 8/7/2019
	Specialist Name/ID: M. Tooks #8557