

0428743

Pch # 1580

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

| | | | | | | | | |
|------------------|--|--|--|--|--|--|---|--|
| ADMINISTRATIVE | OBTS Number | | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number (N.T.A.'s only) 06-18-140458 | |
| | 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 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No | |
| | Location of Arrest (Including Name of Business) SOUTHERN BV (W) OF KIRK RD WEST PALM BEACH FL 33406 | | Location of Offense (Business Name, Address) SOUTHERN BV (W) OF KIRK RD WEST PALM BEACH FL 33406 | | Date of Arrest 11/03/2018 | | Time of Arrest 0131 | |
| DEFENDANT | Name (Last, First, Middle) LOMBARDO BRENDA C | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | Race W - White 1 - American Indian B - Black 0 - Oriental/Asian | | Sex F | |
| | Date of Birth 03/06/1981 | | Height 411 | | Weight 118 | | Eye Color BRO | |
| | Hair Color BLK | | Complexion MED | | Build SML | | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT ON BACK | |
| | Local Address (Street, Apt. Number) 1831 POLO LAKE DR E WELLINGTON FL 33414 | | Phone (561) 891 7534 | | Residence Type: <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input checked="" type="checkbox"/> 4. Out of State | | Marital Status M | |
| | Permanent Address (Street, Apt. Number) SAME AS HOME | | Phone () () | | Address Source FL DL | | Religion CATHOLIC | |
| CO-DEF | Business Address (Name, Street) SAME AS HOME | | Phone () () | | Occupation HOME MAKER | | Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. | |
| | D/L Number, State (FL)L516063815860 | | Soc. Sec. Number [REDACTED] | | INS Number | | Place of Birth (City, State) LIMA PERU | |
| | Citizenship US | | Co-Defendant Name (Last, First, Middle) | | Race | | Sex | |
| JUVENILE | Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: | | Address (Street, Apt. Number) | | (City) | | (State) | |
| | Notified by: (Name) | | Date | | Time | | Juvenile Disposition <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 | |
| | Released To: (Name) | | 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 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) | | School Attended | | Grade | | 2. TOT HRS / DYS 3. Incarcerated | |
| | Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Description of Property | | Value of Property | | | |
| CHARGE | Drug Activity N. 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. Synthetics | | U. Unknown Z. Other | | Statute Violation Number 316.193(3)C1 | |
| | Charge Description DUI W/ PROPERTY DAMAGE | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Warrant / Capias Number | |
| | Drug Activity / Drug Type / Amount / Unit / Offense # / / N/A 18-140458 | | Statute Violation Number | | Warrant / Capias Number | | Violation of ORD # | |
| NOTICE TO APPEAR | Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number | |
| | Drug Activity / Drug Type / Amount / Unit / Offense # | | Statute Violation Number | | Warrant / Capias Number | | Violation of ORD # | |
| | Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number | |
| | Drug Activity / Drug Type / Amount / Unit / Offense # | | Statute Violation Number | | Warrant / Capias Number | | Violation of ORD # | |
| | Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number | |
| ADMIN | Location (Street, Apt. Number) 3228 GUN CLUB RD WPB FL 33406 | | Court Date and Time Month NOVEMBER Day 29 Year 2018 Time 0830 AM X 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 | | Signature of Defendant (or Juvenile and Parent if Applicable) [Signature] | |
| | Date Signed 11/03/2018 | | Name Verification (Printed by Arrestee) (PRINT) | | Name of Arresting Officer (Print) INV E. K. WHITE | | I.D. # 7209 | |
| | HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other: | | Transporting Officer E. K. WHITE | | ID # 7209 | | Agency PBSO | |

FILED
NOV 04 2018
SHARON R. BOCK
Clerk & Comptroller

Received WB PAGE OF

2018 CT 19980

NOV 05 2018

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

| | | | | |
|--|--|---|--|--|
| OBTS Number | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number 06- 18-140458 |
| Charge Type: Check as many as apply. | 1. Felony <input type="checkbox"/> | 2. Traffic Felony <input type="checkbox"/> | 3. Misdemeanor <input type="checkbox"/> | 4. Traffic Misdemeanor <input type="checkbox"/> |
| Name (Last, First, Middle) LOMBARDO, BRENDA, C | | | Alias | Race W |
| Charge Description DUI W/ PROPERTY DAMAGE | | | Charge Description 316.193(3)C1 | Sex F |
| Victim's Name (Last, First, Middle) | | | Race | Sex |
| Local Address (Street, Apt. Number) | | | (City) | (State) (zip) |
| Business Address (Name, Street) | | | (City) | (State) (zip) |

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

committed the below acts in my presence.

confessed to _____ admitting to the below facts.

was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

was found to have committed the below acts, resulting from my (described) investigation.

On the 3 day of NOVEMBER 2018 at 0003 A.M. P.M. (Specifically include facts constituting cause for arrest.)

I made contact with the driver of the utility vehicle who was currently sitting in the driver seat. She identified as Brenda Catherine Lombardo by her Florida driver license. I told her I had completed my crash investigation and would now be conducting a criminal investigation for DUI. My suspicion was prompted by her eyes being red, watery and glossy. Her mouth was dry and her speech was slightly slurred. I could smell a strong odor of an unknown alcoholic beverage emanating from the inside of the vehicle. I asked if she would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if she was impaired while operating a motor vehicle. She refused. I explained Taylor Warnings that informed her performing the SFSTs were voluntary and she did not have to comply. However if she did not comply I would only be left with the evidence before me {previously mentioned indicators} which could be strong basis of her being placed under arrest for DUI. She consented to performing the SFSTs. Prior to exiting the vehicle I asked if she was injured from the crash. She told me no. I asked if she had any physical problems with her body that would inhibit her from performing light physical movements. I also asked if she were on medication. She told me she has a back problem, but is not receiving treatment. She also told me she does not take medication for her issue. I asked her to exit the vehicle and walked to the rear of it. I asked Deputy Vinroy Hylton to pull his patrol car in front of mine so his bumper would be accessible for the defendant. While he was moving his vehicle I could smell a strong odor of an unknown alcoholic beverage emanating from her breath that intensified when she spoke. After D/S Hylton positioned his vehicle in front of mine I asked the defendant to sit against the push bumper. Afterward I asked if she was comfortable. She told me she was comfortable. The following Seated Battery of SFSTs were explained, demonstrated and acknowledged by her prior to her performance: HGN, The Hand Coordination, The Palm Pat, The Finger to Nose and The Romberg Alphabet Recitation. Her deficiencies were recorded on another form on this worksheet. At the conclusion of the SFSTs, coupled with the other driver that was involved in the crash observation of the defendant's vehicle in motion and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant she was being placed under lawful arrest for DUI. She was searched by Trooper Jennifer White of the Florida Highway Patrol and handcuffed (double locked and checked for tightness) prior to being seated into Deputy Jackie Cissom's patrol car for transport.

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
INV E. K. WHITE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of NOVEMBER 2018 by INV E. K. WHITE

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

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Notary Public, State of Florida
My Comm. Expires 11/30/2018
Printed through _____

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

| | | | | |
|---|--|--|--|---|
| OBTS Number | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number 06- 18-140458 |
| Charge Type: Check as many as apply. | <input type="checkbox"/> 1. Felony | <input type="checkbox"/> 2. Traffic Felony | <input type="checkbox"/> 3. Misdemeanor | <input type="checkbox"/> 4. Traffic Misdemeanor |
| | <input type="checkbox"/> 5. Ordinance | <input type="checkbox"/> 6. Other | Special Notes: | |

| | | | | |
|--|--------------|--------------------|-----------------|------------------------------------|
| Name (Last, First, Middle) LOMBARDO, BRENDA, C | Alias | Race W | Sex F | Date of Birth 03/06/1981 |
| Charge Description DUI W/ PROPERTY DAMAGE | 316.193(3)C1 | Charge Description | | |
| Charge Description | | Charge Description | | |

| | | | | |
|-------------------------------------|--------|---------|-------|---------------|
| Victim's Name (Last, First, Middle) | | Race | Sex | Date of Birth |
| Local Address (Street, Apt. Number) | (City) | (State) | (zip) | Phone |
| Business Address (Name, Street) | (City) | (State) | (zip) | Phone |

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 The Person taken into custody
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 3 day of NOVEMBER 2018 at 0003 A.M. P.M. (Specifically include facts constituting cause for arrest.)

D/S Hylton arranged for a two truck to respond from the sheriff's office rotation request list. Steve's Towing responded and impounded her vehicle to their lot. Meanwhile I drove and met D/S Cissom at the main jail breath analysis facility for further processing. I escorted her into the facility and conducted a 20 minute observation period. During this time she ingested nothing into her body orally or otherwise. She also did not regurgitate. At the end of the observation period I escorted her into the testing room and asked her to give breath samples for the purpose of determining her alcohol content. She refused. I read her implied consent. She told me she understood the consent but asked for a lawyer. She later asked could she have more time. Ultimately she told me she was not going to give the samples. At this time I deemed her a refusal. Since she asked for a lawyer no Q&A was performed. The defendant was booked into the main jail for the aforementioned charge without incident.

STATE OF FLORIDA
 COUNTY OF PALM BEACH

[Signature]
 INV E. K. WHITE
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of NOVEMBER 2018 by INV E. K. WHITE
 (Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of Identification produced KNOWN
 Shari O'Neal (#6212) *[Signature]*
 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

NOT A CERTIFICATE

PAGE 2 OF 2

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3 DAY OF NOVEMBER 20 18, AT 0003 AM PM

SUBJECT: LOMBARDO BRENDA C CASE NUMBER: 18-140458

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV E. K. WHITE

PERSONAL CONTACT

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

On Saturday, November 3, 2018 at approximately 0003 hours, I responded to Southern Boulevard, west of Kirk Road, West Palm Beach (Palm Beach County) Florida in reference to a traffic crash where one of the drivers was possibly impaired. Upon my arrival I noticed a black utility vehicle stopped in the west inside lane. Another vehicle was stopped ahead of it. Both vehicles were facing west. I made contact with Detective Christopher Wilson who told me he drove up on the crash and made contact with both drivers. After assessing them for injuries he reported the crash to our dispatch. Det. Wilson suspected the female drive to be impaired by alcohol. He wrote a detailed supplemental report on this incident.

I made contact with both drivers. Both drivers told me the other driver drove into their respective vehicle. The driver of the car said he was traveling in the middle lane when he felt the impact. He summoned the utility vehicle to pull over so they could exchange information. He made contact with a female driver whom appeared intoxicated.

There were no witness(es) that came forward with information regarding the crash.

During my investigation I observed damage to the left front side of the utility vehicle. The car had damage to its right rear side. The damage on both vehicles consisted of scratches. I determined that the vehicles sideswiped one another as they traveled westbound on Southern. At the conclusion of my crash investigation I made contact with the drivers and told them to contact their respective insurance companies and inform them that they were involved in a crash. I also told them I was unable to determined who was at fault in the crash because of no witnesses.

OBSERVATION OF DRIVER:

SEE PC AFFIDAVITS

DRIVER'S STATEMENTS:

NONE

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: SLIGHTLY SLURRED

ATTITUDE: SMILING COOPERATIVE AND UPSET

CLOTHING: ONK/BROWN DRESS

MEDICAL/OTHER: BACK PROBLEMS

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of NOVEMBER 20 18 by INV E. K. WHITE

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

Shari O'Neal (#6212)

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



SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2020

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- 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:

Subject was asked to sit on the front bumper of a patrol car and place their hands by her side. She was asked to focus on the stimulus and follow it with her eyes. Lastly she was told not to move her head to assist in following the stimulus with her eyes. Subject showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation. I also saw an onset of Nystagmus prior to 45 degrees in both eyes. She also showed vertical gaze nystagmus. She turned her head to assist in following the stimulus on occasion.

HAND COORDINATION:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL POSITION FOR THE HAND COORDINATION. TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: During this task the defendant failed to complete the "Third" task by counting in a step like fashion toward her chest. Rather she counted 1,2,3, and 4 before dropping her hands to her side.

PALM PAT:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL POSITION FOR THE PALM PAT. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: During this task the defendant did not perform this task as instructed. She sped up and slow downed toward the end. She rolled her hands.

FINGER TO NOSE:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: During this task the defendant failed to touch the tip of her finger to the tip of her nose 3 out of 6 times.

ROMBERG ALPHABET:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The defendant failed to recite the 26 letter alphabet successfully. She asked to sing it and still was unsuccessful

BREATH TEST RESULTS: REFUSED

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE

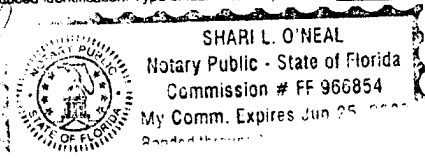
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of NOVEMBER 2018 by INV E. K. WHITE

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

Shari O'Neal (#6212)

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



STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, INV E. K. WHITE, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
(Name of law enforcement agency)

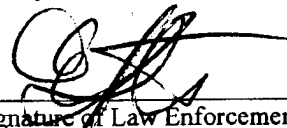
or affirm that on or about the 3 day of NOVEMBER, 20 18, at 0131 P.M. A.M.

DRIVER BRENDA C LOMBARDO
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# (FL)L516063815860, state of FLORIDA, was placed under lawful arrest for
the offense of DUI W/ PROPERTY DAMAGE by INV E. K. WHITE and
(Name of Arresting Officer)
issued Citation # A2FUT2P


That on or about the 3 day of NOVEMBER, 20 18, at 0224 P.M. A.M.
in PALM BEACH County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.



Signature of Law Enforcement Officer or
Correctional Officer

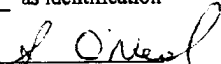
THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)


Notary Public - State of Florida
Commission # FF 930634
My Comm. Expires on 23, 2019
Bureau of Administrative Reviews

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 3 day of NOVEMBER, 20 18,
by INV E. K. WHITE,

who is personally known to me or who has produced
KNOWN as identification

Notary Public Shari O'Neal (#6212) 

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.



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

PBSO CASE # 18-140458 PBSO ZONE 1-12

AGENCY CASE # _____ CRASH CASE # 18-140446

TIME OF STOP/CRASH 0003 DATE 11/03/2018 DAY Saturday

SUBJECT'S NAME LOMBARDO BRENDA C RACE W SEX F
LAST FIRST MID

HGT 411 WGT 118 DOB 03/06/1981

LOCATION SOUTHERN BV (W) OF KIRK RD WEST PALM BEACH FL 33406

ARRESTING OFFICER'S NAME & ID INV E. K. WHITE 7209 7209 AGENCY PBSO

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0150

ARREST TIME 0131

BREATH RESULTS:

REFUSED

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # N/A

WITNESS LIST

CASE NUMBER: 18-140458

ARRESTING OFFICER: INV E. K. WHITE

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS

NAME: DET CHRISTOPHER WILSON

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS

NAME: JAMES F LIBERATI

ADDRESS 124 WAKULLA SPRINGS WAY WPB FL 33411

PHONE NUMBERS (HOME) 5613011609 (WORK) _____

CAN TESTIFY TO: WITNESS AND DRIVER OF THE OTHER VEHICLE

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: _____

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

TESTING FACILITY TASK REPORT

7

AGENCY: PBSO Inv. White #7209

SUBJECT: Lombardo, Brenda C. CASE NUMBER: 18-140458

DATE: 11-05-12 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0211hrs ENDING TIME: 0229hrs

BREATH TESTS RESULTS: 1) 15 TIME 0224 AM/P.M. 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: S. O'Neal #6212

MAINTENANCE TECHNICIAN: Cpl. Maclecker #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Low, soft spoken

ATTITUDE: Calm, cooperative, no odor

CLOTHING: Dark blue shirt & pants

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Eyes red & glassy

#7209

COMMENTS: 20 min observation done by AIO White

AIO requested the breath test

D refused the cigarette.

AIO and the implied consent on camera.

D used the implied consent on camera.

D still refused the breath test.

No Q&A

NOT A CERTIFIED COPY

SUBJECT: Brenda C. Lombardo CASE NUMBER: 18-140453

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 INV. WILK # 7-09 of the 1250

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) [Signature]

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) _____

SUBJECT: Lombardo, Lucinda C. CASE NUMBER: 18-140458

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? _____

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? _____

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: _____

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



PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

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"/> | | Other: | |
| | <input type="checkbox"/> | | Other: | |

REVIEW COMPLETED BY

Booking Number: 2018036806

Date: 11/04/2018

Specialist Name/ID: AM/31562