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18 MM 9074

3363

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1 Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 50000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-18-105432</b>		
	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		Weapon Seized / Type 1. Yes 2. No		
	Location of Arrest (Including Name of Business) <b>1967 N MILITARY TRL, WEST PALM BEACH FL 33409</b>				Location of Offense (Business Name, Address) <b>1967 N MILITARY TRL, WEST PALM BEACH FL 33409</b>				
	Date of Arrest <b>08/05/2018</b>	Time of Arrest <b>0043</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>1967 N MILITARY TRL, WEST PALM BEACH FL 33409</b>		
Name (Last, First, Middle) <b>ALLEN, BRIANNA, JESSICA</b>								Alias (Name, DOB, Soc. Sec. #, Etc.)	
DEFENDANT	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex W F	Date of Birth <b>7/8/1994</b>	Height <b>5'3</b>	Weight <b>110</b>	Eye Color	Hair Color <b>BROWN</b>	Complexion <b>Light Thin</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>SCAR ON LEFT ARM</b>				Marital Status <b>Single</b>		Religion <b>NONE</b>		Indication of: Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>4 OCEAN PLACE ESTS, HIGHLAND BEACH FL 33487</b>				Phone <b>(561) 3852449</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>		
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source <b>FL DL</b>		
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation <b>INTERIOR DESIGNER</b>		
	D/L Number, State <b>A450070947460 FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>BOYNTON BEACH FL</b>		Citizenship
CO-DEF								<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	
JUVENILE								<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	
Parent Legal Custodian Name (Last) (First) (Middle) Address (Street, Apt. Number) (City) (State) (Zip) Notified by: (Name) Date Time Released To: (Name) Relationship Date Time								Residence Phone Business Phone	
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	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Description of Property Value of Property									
Drug Activity S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other N. N/A B. Buy P. Possess T. Traffic E. Use								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	
CHARGE								Charge Description <b>DUI</b> Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N Statute Violation Number <b>316.193(1)</b> Warrant / Capias Number Violation of ORD # <b>OR</b>	
CHARGE								Charge Description <b>RESISTING WITHOUT VIOLENCE</b> Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N Statute Violation Number <b>842.02</b> Warrant / Capias Number Violation of ORD # <b>OR</b>	
CHARGE								Charge Description <b>REFUSAL TO SUBMIT</b> Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N Statute Violation Number <b>860.13(1)</b> <b>316.193(1)</b> Warrant / Capias Number Violation of ORD # <b>OR</b>	
CHARGE								Charge Description Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N Statute Violation Number Warrant / Capias Number Violation of ORD # Bond	
NOTICE TO APPEAR								Location (Court, Room Number, Address) <b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b> Court Date and Time Month <b>SEP</b> Day <b>13</b> Year <b>18</b> Time <b>8:30</b> <b>(AM)</b> <b>PM</b> 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. <b>08/05/2018</b> Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed	
ADMIN								HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: Signature of Arresting Officer <b>D/S P. VALENZUELA</b> Name of Arresting Officer (Print) I.D. # <b>D/S P. VALENZUELA 18348</b> Transporting Officer ID # Agency <b>D/S P VALENZUELA 18348 PBSO</b> Name Verification (Printed by Arrestee) (PRINT) Witness here if subject signed with an "X" <b>1</b> of <b>1</b>	

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

Agency ORI Number: FLO 500000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06-18-105432

Charge Type: 1. Felony, 2. Traffic Felony, 3. Misdemeanor, 4. Traffic Misdemeanor, 5. Ordinance, 6. Other

Name (Last, First, Middle): ALLEN, BRIANNA, J Race: W Sex: F Date of Birth: 7/8/1994

Charge Description: DUI 316.193(1) Charge Description: RESISTING WITHOUT VIOLENCE 842.02

Charge Description: REFUSAL TO SUBMIT 860.13(1)

Victim's Name (Last, First, Middle): STATE OF FLORIDA, , Race: Sex: Date of Birth:

Local Address (Street, Apt. Number) (City) (State) (zip) Phone Address Source

Business Address (Name, Street) (City) (State) (zip) Phone Occupation

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. [ ] 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 5 day of AUGUST 20 18 at 0017 [X] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

On the above date and time, I was dispatched to the area of Okeechobee Blvd and Military Trl, in unincorporated West Palm Beach, Palm Beach County, Fl reference to a possible impaired driver. The caller stated a Cherokee was driving westbound on Okeechobee Rd with a flat tire. The vehicle then made a U-turn and was now traveling eastbound on Okeechobee Blvd, approaching the Pinetrail shopping plaza. The vehicle then turned into the shopping plaza driving towards the Walgreens parking lot. This is where I came in contact with the vehicle which came to a complete stop in a parking space. The vehicle was bearing FL tag "BRI561". I conducted a traffic stop by activating my overhead light on my marked PBSO vehicle and approached through the driver side. I made contact with the driver and sole occupant of the vehicle, a white female wearing white shirt and white shorts. The female was talking to someone on the phone, and had to be told several times to hang up the phone. I asked the female for her drivers license, registration and insurance. She provided me with her license and identified herself as Brianna J Allen. I asked Allen where she was coming from to which she stated she was coming from "Palm Beach and was going toward 10th and Royal Ponciana area". I asked her for her registration and insurance once again and she began to fumble through a bag with magazines. She paused and began to talk about the deputy flashing his light into her vehicle on the passenger side. While speaking with Allen, I was able to smell an unknown alcoholic smell emitting from her breath. I asked if she had been drinking tonight, to which she replied she "had 2 glasses of wine 3 hours ago and ate a whole pizza as well". At this time I asked Allen to step out of the vehicle to conduct a DUI investigation. Allen stumbled out of the car as she was getting out and became a bit uncooperative when told to leave her wallet and cell phone inside the vehicle. She then asked to record the encounter with her phone. She advised she takes Vyvan for her ADHD 60 or 40 milligrams.

After she was placed under arrest in handcuffs, Allen resisted arrested by pulling away and not complying with orders. Based on this, there is probable cause to charge Allen with resisting officer without violence. She did resist, obstruct or oppose myself and D/S Sullivan, law enforcement officers of the Palm Beach County Sheriffs office, in the execution of a legal process or in the lawful execution of a legal duty, without offering or doing violence to the person of such officer, contrary to Florida Statute 843.02.

STATE OF FLORIDA COUNTY OF PALM BEACH [Signature] D/S P. VALENZUELA (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of AUGUST 20 18 by D/S P. VALENZUELA (Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO

Notary Public, Clerk of Court, Officer (F.S. 117.10) [Signature] Notary Public State of Florida Samantha Palmer Expires 10/28/2022

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 5 DAY OF AUGUST 20 18, AT 0017  AM  PM

SUBJECT: ALLEN, BRIANNA, J CASE NUMBER: 18-105432

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S P. VALENZUELA

**PERSONAL CONTACT**

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

**ALLEN WAS DRIVING ON A FLAT TIRE/RIM EASTBOUND IN THE #4 LANE ON OKEECHOBEE BLVD. SHE TURNED INTO THE PINETRAIL PLAZA AND PARKED THE VEHICLE IN A SPOT OF THE WALGREENS PARKING LOT.**

OBSERVATION OF DRIVER:

**MOVING IN SLOW MOTION, CONCERNED BY THE OTHER DEPUTY ON SCENE ON THE PASSENGER SIDE. FUMBLING THROUGH HER BAG WITH MAGAZINES.**

DRIVER'S STATEMENTS:

**ALLEN STATED SHE WAS COMING FROM PALM BEACH (FRIEND'S HOUSE) AND WAS GOING TOWARDS 10TH AVE AND ROYAL PONCIANA. SHE STATED SHE WAS ON OKEECHOBEE BLVD SOMEWHERE. SHE HAD**

ODORS:

**UNKNOWN ALCOHOLIC SMELL EMITTING FROM HER BREATH.**

**GENERAL OBSERVATIONS**

SPEECH: **SLURRED**

ATTITUDE:

CLOTHING: **WHITE SHIRT/WHITE SHORTS (DRY)**

MEDICAL/OTHER: **ADD**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**D/S P. VALENZUELA** *D/S P. Valenzuela*

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of AUGUST 20 18 by D/S P. VALENZUELA

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

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



SUBJECT: ALLEN, BRIANNA, J

CASE NUMBER 18-105432

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:

GLASSY, BLOOD SHOT EYES

WALK & TURN:

I explained and demonstrated the task to Allen several times and asked if she understood the directions to which she replied "yes". As she began to do the task she missed heel to toe step on step 4-6, she also used her arms for balance, did not count out loud and took 11 steps. She did not take small steps to turn around, and took 9 steps back failing to count out loud again.

ONE LEG STAND:

I explained and demonstrated the task to Allen several times and asked if she understood the directions to which she replied "yes". She began without being told to and bended the leg at the knee. She counted up to 10 then stated "shit i dont know what to do because I am nervous", then counter 100, 200, 300, 400 and so on until told to stop.

ROMBERG ALPHABET:

I explained and demonstrated the task to Allen and asked if she understood, to which she stated she did but could not recite the alphabet without singing it.

FINGER TO NOSE:

I explained and demonstrated the task to Allen several times and asked if she understood the directions to which she replied "yes". When the task began Allen failed to touch the tip of her nose with the tip of her finger every time asked. She also asked if i told her to bring her finger down.

BREATH TEST RESULTS:

STATE OF FLORIDA  
COUNTY OF PALM BEACH

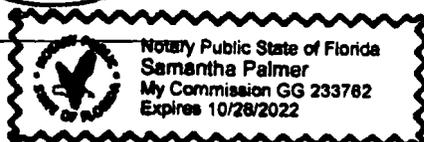
D/S P. VALENZUELA *D/S Palmer*

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of AUGUST 2018 by D/S P. VALENZUELA

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

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



# WITNESS LIST

CASE NUMBER: 18-105432

ARRESTING OFFICER: D/S P. VALENZUELA

ADDRESS: 8130 JOG RD

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 6884900

CAN TESTIFY TO: DUI INVESTIGATION

NAME: D/S SULLIVAN

ADDRESS: 8130 JOG RD

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 6884900

CAN TESTIFY TO: DUI INVESTIGATION AND RESIST

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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NAME: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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NAME: \_\_\_\_\_

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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/VALENZUELA**

SUBJECT: **ALLEN, BRIANNA**

CASE NUMBER: **18-105432**

DATE: **Aug 5, 2018**

VIDEO DVD NUMBER: **N/A**

BEGINNING TIME: **0120**

ENDING TIME: **0133**

BREATH TESTS RESULTS: 1) **R** TIME **0129** A.M.  P.M.  2) **XX** TIME **XX** A.M.  P.M.   
3) **XX** TIME **XX** A.M.  P.M.  4) **XX** TIME **XX** A.M.  P.M.

BREATH OPERATOR: **S. PALMER #24520**

MAINTENANCE TECHNICAN: **J Karlecke #6467**

## TESTING OFFICER'S OBSERVATIONS

SPEECH: **CLEAR**

ATTITUDE: **EMOTIONAL, CRYING, HYSTERICAL, UNCOOPERATIVE**

CLOTHING: **WHITE BLOUSE, WHITE SHORTS, NO SHOES**

MEDICAL CONDITIONS: **NONE**

MEDICATIONS: **NONE**

## OTHER:

**EYES GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH**

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0055  
SUBJECT REFUSED TO TAKE BREATH TEST  
A/O READ I/C TWICE AND EXPLAINED I/C  
SUBJECT STATED SHE UNDERSTOOD I/C  
AND AGREED TO TAKE BREATH TEST  
TECH EXPLAINED TEST INSTRUCTIONS  
SUBJECT STATED SHE DID NOT WANT TO TAKE BREATH TEST  
A/O AGAIN EXPLAINED I/C  
SUBJECT AGAIN REFUSED TO TAKE BREATH TEST  
A/O CALLED REFUSAL @ 0129  
A/O READ RIGHTS  
SUBJECT STATED SHE UNDERSTOOD RIGHTS  
A/O ATTEMPTED Q&A

SUBJECT: Allen, Brianna

CASE NUMBER: 18-105432

### 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? \_\_\_\_\_

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? YES 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: D/S Valenzuela #18348

SUBJECT: Allen, Brianna CASE NUMBER: 18-105432

**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 D/S Valenzuela #18318 of the PRSO

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

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

18-105432

I, D/S P. VALENZUELA, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)  
am a member of Palm Beach County Sheriff's Office, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 5 day of August, 20 18, at 0043  P.M.  A.M.

DRIVER BRIANNA J ALLEN  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# A450070947460 FL, state of Florida, was placed under lawful arrest for  
the offense of DUI by D/S P. VALENZUELA and  
issued Citation # A2FUN5P  
(Name of Arresting Officer)

That on or about the 05 day of August, 20 18, at 1:29  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.

D/S Palmer  
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  
Samantha Palmer  
My Commission GG 233762  
Expires 10/28/2022

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this 5 day of AUGUST, 20 18,  
by D/S P. VALENZUELA,  
who is personally known to me or who has produced  
KNOWN LEO as identification  
Notary Public Samantha Palmer

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.

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: 80-006478 Software: 8100.27  
Date of Test: 08/05/2018

Date of Last Agency Inspection: 07/13/2018  
Observation Period Began: 00:55  
Subject's Name: BRIANNA J ALLEN DOB: 07/06/1994 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	01:26
	Air Blank	0.000	01:26
	Control Test	0.080	01:27
	Air Blank	0.000	01:27
	Subject Sample #1	REF*	01:29
	Air Blank	0.000	01:29
	Control Test	0.080	01:29
	Air Blank	0.000	01:30
	Diagnostics Check	OK	01:30

\*Subject Test Refused

Cylinder Lot: 05218080A3  
Exp: 05/05/2020

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 SAMANTHA M PALMER, 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: 8/5/18  
Signature

Sworn to (or affirmed) before me this 5 day of August, 2018  
[Signature] D/S Valenzuela  
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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2018025974	Date: 08/06/2018
	Specialist Name/ID: AM/31562