

19CT17560ANB

ARREST / NOTICE TO APPEAR

Agency ORI Number 0500700	Agency Name Riviera Beach Police Department	Agency Report Number (N.T.A.'s only) 814 19-06772	1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias 1	JUVENILE
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	Location of Arrest (Including Name of Business) 100 BROADWAY	Location of Offense (Business Name, Address) 1100 BROADWAY, RIVIERA BEACH, FL 33404	If Weapon Seized Not Applicable/none	Multiple Clearance Indicator 1
Date of Arrest 09/22/2019	Time of Arrest 23:43	Booking Date 09/21	Booking Time	Jail Date
Name (Last, First, Middle) PINZON, DIANA ALEJANDRA		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White A - Black G - American Indian O - Oriental/Asian W	Sex F	Date of Birth 09/29/1995	Height 5'00	Weight 120
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Eye Color BROWN	Hair Color BLACK	Complexion OLIVE
Local Address (Street, Apt. Number) 426, 9TH STREET UNIT 1, FL 33401	(City) MIAMI BEACH	(State) FL	(Zip) 33139	Marital Status S
Permanent Address (Street, Apt. Number) 426, 9TH STREET UNIT 1, FL 33401	(City) MIAMI BEACH	(State) FL	(Zip) 33139	Religion NONE
Business Address (Name, Street) PS25-161-95-849-0 / FL	(City) MIAMI BEACH	(State) FL	(Zip) 33139	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
DL Number, State PS25-161-95-849-0 / FL	Soc. Sec. Number	BIS Number	Place of Birth (City, State) ROTELLE, Columbia	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
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian	Name (Last, First, Middle)			Residence Type 1 City 2 County 3 Florida 4 Out of State 2
Address (Street, Apt. Number)	(City)	(State)	(Zip)	Address Source DL
Notified by (Name)	Relationship			Business Phone
Released To (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
The above address was 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's Office (Phone 355-2526) informed of any change of address.				
Drug Activity		Drug Type		Value of Property
Charge Description DUI - DRIVING WHILE UNDER INFLUENCE		Statute Violation Number 316.193(1)	Violation of ORD # OR	
Charge Description		Statute Violation Number	Violation of ORD #	
Charge Description		Statute Violation Number	Violation of ORD #	
Charge Description		Statute Violation Number	Violation of ORD #	
Health / Apparent Physical Condition of Defendant				
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> TOT County Jail <input type="checkbox"/> PROPERTY Received By <input type="checkbox"/> Released By <input type="checkbox"/> Released To				
Transported By				
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in court but must comply with instructions on Page 2.				
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/Custodian)				
Date Signed				
Signature of Arresting Officer				
Name of Arresting Officer (Print)				
ID #				
Signature of Transporting Officer				
ID #				
Agency				
Witness here if subject signed with an "X"				

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SEP 23 2019

2019 SEP 23 4:55:15

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL FLO500700		Agency Name Riviera Beach Police Department	Agency Report Number 8 4 19-06772
Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Special Notes		

Name (Last, First, Middle) PINZON, DIANA ALEJANDRA	Alias	Race W	Sex F	Date of Birth 09/29/1995
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Charge Description 316.193(1) DUI - DRIVING WHILE UNDER INFLUENCE	Charge Description
Charge Description	Charge Description

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 **J. SUMMERS** who told **C. TOPPING** 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 **22** day of **September**, **2019** at **23:43** (Specifically include facts constituting cause for arrest.)

The following investigation was captured on body worn cameras.


On September 22, 2019 at approximately 1143 PM while on patrol in the 1100 Block of Broadway, Riviera Beach, FL 33404. Officer J. Summers (I/D #5563) observed a black 2016 Hyundai bearing a FL tag of "HZGV23" driving Southbound on Broadway running a red light at W. 13th Street and Broadway.

Officer Summers initiated a traffic stop with the vehicle coming to a final stop in the 100 Block of Broadway. Officer Summers stated that he observed the vehicle traveling at a high rate of speed and that the vehicle failed to maintain a single lane. Officer Summers stated that he could smell the odor of alcohol emanating from inside of the vehicle and that the driver, a white (Hispanic) female later identified as Diana A. Pinzon (D.O.B. 09/29/1995), stated that she had been drinking with friends earlier in the evening. While Officer Summers was at his patrol vehicle, Diana exited her vehicle and began asking why she was not receiving her ticket. I noticed that Diana had glassy eyes, slurred speech, and the odor of alcohol coming from her person. Officer Summers then asked Diana to turn the car off and surrender the keys to him. Officer Summers explained that he suspected Diana of driving under the influence of alcohol.

Officer C. Johnson (I/D #6531) arrived on scene to initiate a field sobriety exercise. Diana agreed to participate. Officer Johnson first conducted the "resting eye nystagmus" exercise. Officer Johnson stated that he observed Diana's eyes unable to follow the pen smoothly. Officer Johnson also stated that Diana did not keep her head still as the pen moved. The second exercise was the "heel to toe" exercise. Diana had trouble following directions, her heel was not touching her toe, she lost balance on step 6, and turned incorrectly stepping off of the line. Officer Johnson then conducted the "One Leg Stand" exercise. Diana's attitude through-out the explanation of the instructions was nonchalant and argumentative. Diana lost balance while counting and counted rapidly.

SWORN AND SUBSCRIBED BEFORE ME JOHNSON, CARL RASHAD NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER TOPPING, CHRISTOPHER MICHAEL NAME OF OFFICER (PLEASE PRINT)
09/23/2019 DATE	09/23/2019 DATE

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SEP 23 2019

DBTS Number Agency ORI Number FL FLO500700	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE
Agency Name Riviera Beach Police Department	Agency Report Number 8 4 19-06772				
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes		
Name (Last, First, Middle) PINZON, DIANA ALEJANDRA			Race W	Sex F	Date of Birth 09/29/1995
<p> Officer Johnson conducted the "finger to nose" exercise. Diana had trouble following instructions and kept moving her hands from her side in order to maintain balance. Officer Johnson conducted the "Rhombert Test". Diana counted rapidly, continued to open her eyes, was nonchalant in her attitude and had difficulty following instructions. I then placed Diana under arrest for suspicion of driving under the influence (D.U.I.) and transported her to the Breath Analysis Testing Center and later to the Palm Beach County Jail for booking and processing purposes. </p>					
NOT A CERTIFIED COPY					
SWORN AND SUBSCRIBED BEFORE ME JOHNSON, CARL RASHAD <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</small> 09/23/2019 <small>DATE</small>	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER TOPPING, CHRISTOPHER MICHAEL <small>NAME OF OFFICER (PLEASE PRINT)</small> 09/23/2019 <small>DATE</small>		<div style="border: 2px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;"> SCANNED SEP 23 2019 </div>		
			PAGE 2 OF 2		

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE

COURT CLERK ATTORNEY CENTRAL RECORDS ... CRIME ANALYSIS ...

TESTING FACILITY TASK REPORT

AGENCY: RBPDP/TOPPING

SUBJECT: PINZON, DIANA

CASE NUMBER: 19-118197

DATE: Sep 23, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0024

ENDING TIME: 0038

BREATH TESTS RESULTS: 1) .145 TIME 0029 A.M. P.M. 2) .138 TIME 0033 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 TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, ACCENT

ATTITUDE: UPSET, CRYING, EMOTIONAL, UNCOOPERATIVE

CLOTHING: GREY TANK TOP, BLUE JEANS, BLACK SHOES

MEDICAL CONDITIONS: ANXIETY

MEDICATIONS: YES

OTHER:

EYES: GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGES COMING FROM BREATH,

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0002
SUBJECT REFUSED TO ANSWER CAMERA FORMAT QUESTIONS
A/O READ I/C
SUBJECT AGREED TO TAKE BREATH TEST
AND PROVIDED TWO ADEQUATE SAMPLES SUCCESSFULLY
TECH READ TEST RESULTS
A/O READ RIGHTS
SUBJECT STATED SHE DID UNDERSTAND HER RIGHTS
A/O DID NOT CONDUCT Q&A

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SEP 23 2019

SUBJECT: Minzon, Diana CASE NUMBER: 19-00772

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 OFC Topping of the Riviera Bch PD

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

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SEP 23 2019

SUBJECT: Pinzon Diana CASE NUMBER: 19-00772

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: CFC [Signature] 6427

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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: 80-006477 Software: 8100.27
Date of Test: 09/23/2019

Date of Last Agency Inspection: 09/13/2019
Observation Period Began: 00:02
Subject's Name: DIANA A PINZON

DOB: 09/29/1995 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	00:27
	Air Blank	0.000	00:27
	Control Test	0.080	00:28
	Air Blank	0.000	00:28
	Subject Sample #1	0.145	00:29
	Air Blank	0.000	00:30
	Air Blank	0.000	00:32
	Subject Sample #2	0.137	00:33
	Air Blank	0.000	00:33
	Control Test	0.080	00:34
	Air Blank	0.000	00:34
	Diagnostics Check	OK	00:34

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 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: _____ Date: 9/23/19
Signature

Sworn to (or affirmed) before me this 23 day of Sept, 2019
Signature of Notary Public-State of Florida OFC. Topping # 6427
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.

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SEP 23 2019



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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	415.107 (1)	Other: Elderly Abuse	
	<input type="checkbox"/>	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019031009	Date: 09/23/2019
	Specialist Name/ID: M. Tooks #8557

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