0512932 2019CT022057AMB SW

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 1 | Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19142563

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 2 | 1. Yes 2. No NONE

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
324 OCEAN BREEZE. LAKE WORTH, FL. 33461	324 OCEAN BREEZE LAKE WORTH, FL. 33461

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/29/2019	2319					

DEFENDANT

Name (Last, First, Middle): HAYES ELISABETA — Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	11/25/1980	5'02"	149	BROWN	BROWN	MED	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): TATTOO - LEFT ANKLE - WOMAN

Marital Status: Single | Religion: CHRISTIAN | Indication of: Alcohol Influence Y, Drug Influence N | Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): 2820 TENNIS CLUB DR. WEST PALM BEACH, FL. 33417 | Phone: (561) 412-6863 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): , | Phone: ( ) | Address Source: DEF VERBAL

Business Address (Name, Street) (City) (State) (Zip): V | Phone: ( ) | Occupation: SALES

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
H200-200-80-925-0, FL	[redacted]		DOMINICAN REPUBLIC	U.S.

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
				☐ 1. ☐ 2.	☐ 3. ☐ 4. ☐ 5.
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
				☐ 1. ☐ 2.	☐ 3. ☐ 4. ☐ 5.

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other:

Residence Phone: ( )

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone: ( )

Notified by: (Name) | Date | Time | Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) | Relationship | Date | Time

The above address provided by ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

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. Synthetics | U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DRIVING UNDER THE INFLUENCE	1	☐Y ☐N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N	NONE	19142563		OR

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount I Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)

CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406

Court Date and Time: Month JANUARY Day 2 Year 2020 Time 8:30 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 /Custodian) — Date Signed: 11/29/2019

NF

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: X | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): INV. ZEITZ I.D. #: 24970

Intake Deputy: Thomas 1936 I.D. # | Pouch # | Transporting Officer: INV. ZEITZ ID #: 24970 Agency: PBSO | Witness here if subject signed with an -X" | PAGE 1 OF 1

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

PBSO #148 REV. 8/97

PROBABLE CAUSE AFFIDAVIT

OBTS Number

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-142563

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Hayes, Elisabeta,				

CHARGES

Charge Description	Charge Description
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State of Florida, ,			

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

PROBABLE CAUSE STATEMENT

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 commited the below acts, resulting from my (described) investigation.

On the 28 day of November 2019 at 11:28 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

On 11/28/2019 at approximately 2143hrs, I responded to a traffic crash on the defendant's vehicle, a 2015 Ford Taurus bearing FL tag Y95CQY. The driver of this vehicle crashed into the back of a parked vehicle while heading southbound on Ocean Breeze in Lake Worth Beach, Palm Beach County, FL. Upon my arrival, the driver was identified as Elisabeta Hayes, by their Florida's driver's license standing outside her vehicle. When asked if she was driving the vehicle Hayes told me yes. Hayes was further identified as the driver by a witness, identified via FL DL as Eric Colon. Colon provided me a sworn written statement. Hayes was the sole occupant of the vehicle.

Upon making contact with the driver, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area. This odor intensified as I spoke to Hayes. Hayes had glassy, watery eyes. Her speech was slurred and sometimes slow. She appeared to be confused when speaking to her. When asked for her driver's license she had difficulty locating it. I asked Hayes if she had anything to drink tonight to which she stated yes. Hayes was wearing a white t-shirt, blue jeans, and flat sandal shoes. All the clothing appeared normal.
Elisabeta Hayes showed signs of possible impairment so I requested a DUI Unit to conduct an assessment. This affidavit is for supplemental purposes only.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S C. Wensyel
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of November 2019 by D/S C. Wensyel (33665)
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced LEO

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

PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28TH DAY OF NOVEMBER 20 19, AT 2143 AM ✓ PM

SUBJECT: HAYES ELISABETA CASE NUMBER: 19142563

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. ZEITZ

PERSONAL CONTACT

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

On the above date and time, I responded to the area 324 Ocean Breeze in reference to a vehicle crash with a suspected impaired driver. Upon arrival I met with D/S Wensyel #33665 who informed me that the driver of a silver Ford Taurus bearing FL tag Y95CQY, which was involved in a crash, was possibly impaired.

My independent crash investigation revealed that the silver Ford Taurus was traveling South on Ocean Breeze when the vehicle veered left and struck a parked car. Witness Eric Colon came to the front of the residence when he heard the crash. He found W/F Elisabeta Hayes sitting in the driver's seat. She apparently seemed unaware of the incident and according to Colon, she smelled of liquor.

Colon provided a witness statement to the incident. D/S Wensyel observed a number of indicators of impairment and called for a DUI unit to respond. D/S Wensyel provided a sworn supplemental PC detailing her observations.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by her Florida driver license as Elisabeta Hayes, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and breath. This odor intensified as I spoke to her. She had glassy, glazed, and blood shot eyes. Hayes' speech was slow, thick, and at times difficult to understand. Her movements were slow and deliberate. She had difficulty following directions given to her. She was wearing a white t-shirt, blue jeans, and brown sandals.

DRIVER'S STATEMENTS:

Pre-Miranda: Stated that she was driving the vehicle and trying to get home. Hayes stated that she had 1 beer and 1 wine.

Post-Miranda: Stated that she had wine and some tequila.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from her person and breath which intensified as I spoke to her.

GENERAL OBSERVATIONS

SPEECH: **Hayes speech was slow, and thick, and at times difficult to understand.**

ATTITUDE: **Talkative but cooperative**

CLOTHING: **White shirt with blue jeans brown sandals**

MEDICAL/OTHER: **SEE BAT REPORT**

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. ZEITZ
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of NOVEMBER 20 19 by INV. ZEITZ

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

Gary Parent (#7909)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

SUBJECT: HAYES ELISABETA CASE NUMBER 19142563

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Hayes would sway roughly in a side to side front to back pattern throughout the task. She was reminded numerous times to track the pen with her eyes only. She failed to keep her head still while tracking the stimulus.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Hayes who stated that she understood. During the task, I observed her to sway roughly in a side to side, front to back pattern throughout the demonstration phase. She could not maintain her balance while listening to instructions. Hayes stepped out of the instructional stance during the demonstration to catch her balance. She would stop walking to steady herself with pauses to regain balance. Hayes missed heel-to-toe steps and stepped off the line. She used her arms for balance by raising them more than six inches.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Hayes who stated that she understood. During the task, I observed her to sway roughly in a side to side, front to back pattern throughout the demonstration phase. She continued to sway while balancing on one leg. Hayes put her foot down to regain balance before the 30 seconds had elapsed.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Hayes who stated that she understood. During the task, I observed her to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Hayes' index finger did not touch the tip of the nose on 2 of 6 attempts. She searched for the tip of her nose using the finger to find their nose prior to touching the tip. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhomberg Alphabet" task to Hayes who stated that she understood. SHe was aowed to count from 1-26 due to uncertainty of being able to complete the alphabet properly. During the task, I observed her to sway in a side to side, front to back pattern throughout the demonstration phase. She would sway more than 2 inches. Hayes properly counted as requested.

BREATH TEST RESULTS: REFUSED

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. ZEITZ
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of NOVEMBER 20 19 by INV. ZEITZ

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

Gary Parent (#7909)
Notary Public, Clerk of Court, Officer (F.S. 117.10)

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 08/21/2021

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

I, INV. ZEITZ #24970 , 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 28TH day of NOVEMBER , 20 19 , at 2319 ☒ P.M ☐ A.M.

DRIVER ELISABETA HAYES ,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# H200-200-80-925-0 , state of FLORIDA , was placed under lawful arrest for

the offense of DUI by INV. ZEITZ and
(Name of Arresting Officer)

issued Citation # A2GD2CP .

That on or about the 29TH day of NOVEMBER , 20 19 , at 0023 ☐ 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
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 29TH day of NOVEMBER , 20 19 , by INV. ZEITZ #24970 , who is personally known to me or who has produced PERSONALLY KNOWN as identification

Notary Public

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.

HSMV-BAR1001 (REV. 10/2016)

WITNESS LIST

CASE NUMBER: 19142563

ARRESTING OFFICER: INV. ZEITZ
ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406
PHONE NUMBERS (HOME): ____ (WORK) (561) 688-4001
CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT & OFFENSE REPORT

NAME: D/S WENSYEL #33665
ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406
PHONE NUMBERS (HOME) ____ (WORK) (561) 688-3000
CAN TESTIFY TO: SEE SUPPLEMENTAL PROBABLE CASUE AFFIDAVIT

NAME: ERIC COLON
ADDRESS 541 FLEMMING AVE. GREENACRES, FL. 33463
PHONE NUMBERS (HOME) 561-376-1662 (WORK) ____
CAN TESTIFY TO: WHEEL WITNESS

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: ____

TESTING FACILITY TASK REPORT

AGENCY: [illegible]

SUBJECT: [illegible] CASE NUMBER: [illegible]

DATE: [illegible] VIDEO TAPE NUMBER: [illegible]

BEGINNING TIME: 0020 ENDING TIME: 0032

BREATH TESTS RESULTS: 1) R TIME 0023 (A.M.)/P.M. 2) N/A TIME — A.M./P.M.

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: [illegible]

MAINTENANCE TECHNICIAN: [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [illegible]

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: [illegible]

MEDICATIONS: [illegible]

OTHER: [illegible]

REFUSED

Δ [illegible]

COMMENTS: [illegible]

Δ [illegible]

Δ [illegible]

Δ [illegible]

Δ [illegible]

REFUSED

Δ [illegible]

SUBJECT: [illegible] CASE NUMBER: [illegible]

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) [illegible]

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) [illegible]

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

PBSO #0129B REV. 06/11

SUBJECT: _____ 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? _____

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: _____

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	119.07(1)	Other: DNA analysis results information held by a public entity is exempt	
	☐	943.045(10)	Other: DNA results/analysis and comparison of analytic results submitted to FDLE	

REVIEW COMPLETED BY

Booking Number: 2019038268	**Date:** 11/29/2019
	Specialist Name/ID: VARGO/6665

FLORIDA DUI UNIFORM TRAFFIC CITATION A2GD2CP

COUNTY OF: Palm Beach
CITY (IF APPLICABLE):
☐ (1) F.H.P. ☐ (2) P.D. ☒ (3) S.O. ☐ (4) OTHER
AGENCY NAME: PBSO
AGENCY #:

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT
(RETAINED BY COURT)

DAY OF WEEK	MONTH	DATE	YEAR	TIME
Thurs	Nov	28	2019	2314 ☒ P.M. ☐ A.M.

NAME (FIRST) FIRST: Elisabetta — LAST: Hayes

STREET: 2820 Tennis Club Dr. — IF DIFFERENT THAN ONE ON DRIVER LICENSE "A" HERE

CITY: West Palm Beach — STATE: FL — ZIP CODE: 33417

TELEPHONE NUMBER: — DATE OF BIRTH: MO 11 DAY 25 YR 80 — RACE: W — SEX: F — HGT: 5'2"

DRIVER LICENSE NUMBER: H200200809250 — STATE: FL — CLASS: A — CDL LICENSE: ☐ Y ☒ N — YR LICENSE EXP: 2025 — COMMERCIAL VEHICLE: ☐ YES ☒ NO

YR. VEHICLE: 2015 — MAKE: Ford — STYLE: 4D — COLOR: Silver — PLACARDED HAZARDOUS MATERIAL: ☐ YES ☒ NO

VEHICLE LICENSE NO.: Y45CQY — TRAILER TAG NO.: — STATE: FL — YEAR TAG EXPIRES: 2020 — ≥ 16 PASSENGERS: ☐ YES ☒ NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: 324 Ocean Breeze, Lake Worth, FL 33461 — MOTORCYCLE: ☐ YES ☒ NO — COMPANION CITATION(S): ☐ YES ☒ NO

FT. ____ MILES ____ ☐ N ☐ S ☐ E ☐ W OF NODE ____

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; 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 (CMYSK)

COMMENTS PERTAINING TO OFFENSE: (Only one offense each citation): DUI — RE-EXAM: ☐ YES ☐ NO

☐ AGGRESSIVE DRIVER — PASSENGER < 16 YEARS: ☐ YES ☒ NO — STATE STATUTE — SECTION: 316.193(1) — SUB-SECTION

CRASH: ☐ YES ☐ NO — DAMAGE TO OTHER PROPERTY: ☒ YES $ FOUR ☐ NO — INJURY TO ANOTHER: ☐ YES ☒ NO — SERIOUS BODILY INJURY TO ANOTHER: ☐ YES ☒ NO — FATAL: ☐ YES ☒ NO

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

COURT DATE: Jan 2, 2020 — TIME: 9:30 Am — A2GD2CP

COURT AND LOCATION: Criminal Justice Complex, 3228 Gun Club Rd. WPB, FL 33406

ARREST DELIVERED TO: PBL JAIL — DATE: 11/29/19

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

X 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 CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

☒ REFUSAL TO SUBMIT TO LAWFUL BREATH, 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 CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? ☒ YES ☐ NO REASON ____

ELIGIBLE FOR PERMIT? ☒ YES ☐ NO REASON ____

UNLESS INELIGIBLE, 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 (954) 677-5900 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.

Inv. Zeitz — 24970 — DUI

RANK - SIGNATURE OF OFFICER — BADGE NO. — I.D. NO. — TROOP UNIT

HSMV 75904 (Rev. 7/13)