

ADDITIONAL INFORMATION		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2016-016705					
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		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator 01					
Location of Arrest (Including Name of Business) 800 MEADOWS ROAD, BOCA RATON, FL				Location of Offense (Business Name, Address) 10 W PALMETTO PARK RD, BOCA RATON, FL 33432					
Date of Arrest 11/16/2016		Time of Arrest 00:10		Booking Date 11/16/2016		Booking Time 00:20		Jail Time WESTWAY TOWING	
Name (Last, First, Middle) DESILVA, GIULIANA M				Alias (Name, DOB, Soc. Sec. #, Etc.) Giuliana M					
Race W - White B - Black W		Sex M - Male F - Female F		Date of Birth 12/14/1957		Height 5'05		Weight 117	
Eye Color GREEN		Hair Color BLONDE		Complexion LIGHT		Build Small			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None				Marital Status S		Religion CATHOLIC		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 510 SW 17TH STREET, FORT LAUDERDALE, FL 33315				Phone (954) 682-5525		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3			
Permanent Address (Street, Apt. Number) 510 SW 17TH STREET, FORT LAUDERDALE, FL 33315				Phone (954) 682-5525		Address Source FL DL			
Business Address (Name, Street) N/A				Phone (561) -		Occupation Unemployed			
D/L Number, State D241293579540 / FL		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) LIMA, PERU, Peru		Citizenship US	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)				Residence Phone					
<input type="checkbox"/> Legal Custodian				Business Phone					
Address (Street, Apt. Number) (City) (State) (Zip)									
Notified by: (Name)				Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
Released To: (Name)				Relationship		Date		Time	
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.				School Attended		Grade			
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No: _____				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
Drug Activity N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperse/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other				Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other					
Charge Description DUI				Statute Violation Number 316.193(1)		Violation of ORD #			
Drug Activity N				Drug Type N		Amount / Unit /		Offense # 2016-016705	
Counts 1				Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
Charge Description				Statute Violation Number		Violation of ORD #			
Drug Activity N				Drug Type N		Amount / Unit /		Offense # 2016-016705	
Counts 1				Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
Charge Description				Statute Violation Number		Violation of ORD #			
Drug Activity N				Drug Type N		Amount / Unit /		Offense # 2016-016705	
Counts 1				Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
Health / Apparent Physical Condition of Defendant GOOD				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By 787		Released By 787		Released To CJ	
Transported By				Date Transported		Time Transported		Other	
<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.				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 12/12/2016 08:30:00		No Photo Available	
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) [Signature]				Date Signed NOV 16 2016	
HOLD for Other Agency				Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) JESIONEK, ROBERT S.		I.D. # 531	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Name of Arresting Officer (Print) JESIONEK, ROBERT S.		(PRINT)		PAGE 1 OF 1	
Intake Deputy [Signature]				Transporting Officer SCARUS, GING		I.D. # 725		Agency BOCA	
Witness here if subject signed with				Witness here if subject signed with		Witness here if subject signed with		Witness here if subject signed with	

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OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT			Agency Report Number 3 2 2016-016705					
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) DESILVA, GIULIANA M <i>Giuliana M</i>				Race W		Sex F		Date of Birth 12/14/1957	
Charge Description 316.193(1) DUI				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			
<p>The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 16 day of November, 2016 at 00:10 (Specifically include facts constituting cause for arrest.)</p> <p>On 11/15/2016 at 2235 hours, Officers Frenz and Chriswisser drove upon an accident that had just occurred at 10 West Palmetto Park Road, Boca Raton, Florida. They observed subject, Giuliana Desilva in the driver's seat of her vehicle. The engine was still running and the vehicle was still operable.</p> <p>Desilva was complaining of knee and jaw pain. She was going to be taken to BRRH, 800 Meadows Road, Boca Raton, Florida by BRFD. Officer Frenz contacted me at 2249 hours. He advised that Desilva maybe impaired. BRFD was leaving the crash scene, so I told him myself and Officer Alzamendi would meet BRFD at BRRH.</p> <p>Officer Chriswisser completed the written traffic crash report. From the crash investigation, Desilva's vehicle rear ended a vehicle that was occupied by three people. They provided written statements. See them for further details.</p> <p>We arrived at 2254 hours. BRFD Rescue unit arrived at 2259 hours. Desilva was then brought into the emergency room.</p> <p>I asked Desilva if she could tell me what had taken place during the accident. She stated a vehicle rear ended her. She then stated she may have hit a vehicle, but could not provide any details. She only knew that she had been at Mizner park where she had 1 martini. She did state she had no prior injuries and takes no medications.</p> <p>While I was talking with her, I could smell an odor of an alcoholic beverage coming from her breath. Her eyes were red and glassy. Her speech was low and slow.</p> <p>Desilva was released from the emergency room at 2350 hours. She was swaying while walking outside the hospital.</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>MORAN JOHN TODD</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>11/16/2016</p> <p>DATE</p> </div> <div style="width: 45%;"> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>JESIONEK, ROBERT S. (531)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>11/16/2016</p> <p>DATE</p> </div> </div>									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

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OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2016-016705					
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		Special Notes:					
Name (Last, First, Middle) DESILVA, GUELIANA M		Alias Gruliana		Race W		Sex F		Date of Birth 12/14/1957	

I set up my in car camera on a painted line in the parking lot. I read her The Miranda Warnings. I told her I wanted to ask her questions about the accident. She stated she wanted a lawyer. I explained our crash investigation was complete and I was now conducting a DUI investigation. I asked her if she would attempt the road side tasks to dispel my alarm that she was driving impaired. She stated she would. She now stated she had 2 martini's at dinner.

The first task was the horizontal gaze nystagmus. There was a lack of smooth pursuit in each eye. Distinct and sustained nystagmus at maximum deviation in each eye. Onset of nystagmus prior to 45 degrees in each eye. VGN was present.

The walk and turn and one leg stand were not attempted, because she was complaining of a knee injury.

The second task was the finger to nose (L-R-L-R-R-L). She missed the tip of her nose on each movement. On the 1st she held her hand up for an extended period of time. On the 5th she raised her left before correcting.

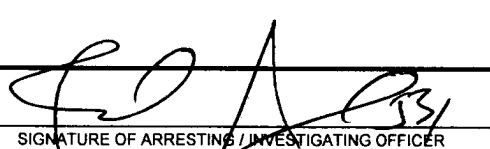
The third task was the romberg/alphabet. She had her eyes open and was swaying front to back. She sang through the letters and was unable to complete the alphabet.

The fourth task was a number sequence (30-60). She was swaying front to back at times. She went to 39-30 and then corrected.

On 11/16/2016 at 0010 hours, I placed her under arrest. We transported her to The BRPD.

Officer Frenz conducted The Intoxilyzer 8000 testing. I asked her if she would provide a breath sample. She said no. I read her Implied Consent. She had no questions. I asked her again to provide a breath sample and she stated no. At 0056 hours, she was issued a refusal.

Desilva was charged with DUI FSS 316.193(1). She was given the court date of 12/12/2016 at 8:30am. The video and written statements were submitted into property. After processing she was transported to The PBCJ.

SWORN AND SUBSCRIBED BEFORE ME <div style="text-align: center;"> MORAN, JOHN TODD NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 11/16/2016 DATE </div>	<div style="text-align: center;">  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER JESIONEK, ROBERT S (531) NAME OF OFFICER (PLEASE PRINT) 11/16/2016 DATE </div>
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COURT

STATE ATTORNEY

CENTRAL RECORDS

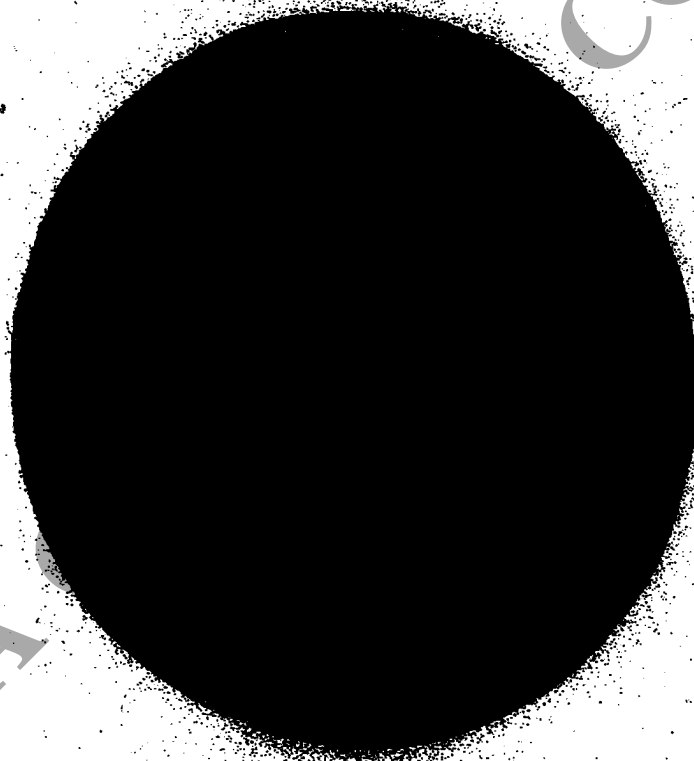
JAIL

CRIME ANALYSIS

P.I.O.

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D. U. I. INFLUENCE REPORT



**Boca Raton Police Services Department
100 Northwest Second Avenue
Boca Raton, Florida 33432**

**SCANNED
NOV 16 2016**

WITNESS LIST

ARRESTING OFFICER: Jesionek

Name: Jesionek Phone # Home _____ Work 561-338-1234

Address: 100 NW 2nd Ave Boca Raton FL

Can testify to: Investigation

Name: Alzamendi (ofc) Phone # Home _____ Work _____

Address: Same

Can testify to: Investigation

Name: Chrissweiser ofc Phone # Home _____ Work _____

Address: Same

Can testify to: Crash report / Backup

Name: Frenz ofc Phone # Home _____ Work _____

Address: Same

Can testify to: Crash report / Backup

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

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BOCA RATON POLICE DEPARTMENT

Agency Case# 2016-616705

PART II D.U.I. REPORT
To be filled out at testing facility

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: Wed, November, 16, 2016
(day) (month) (date) (year)

B. The time is now approximately 12 54 AM/PM

C. The following is in reference to case number 2016-616705

D. Present at this time is Jesionek / Alzamendi of the Boca Raton Police
Department. (Officer's Name)

E. Officer Jesionek, Have you arrested Guiliana De Silva
(Defendant's name)

In violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida?

G. Mr./Mrs./Ms. Desilva, I am required to
Inform you these proceedings are being video taped.

Operator Note: Video tape breath request, breath sample, and interview

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BOCA RATON POLICE DEPARTMENT

Agency Case # 2016 016705

H. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

1. ps
2. NO Questions
3. NO
A.

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

B.

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

C.

I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

2.

I am Officer L. Jaso-L of the CLPD

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 signature: Video

ALSO READ FOR CDL HOLDERS

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr/Mrs/Ms Posilva has refused to submit to a breath test.

The date is Nov (Month) 16 (Day) 2016 (Year) and the time 12:56 AM/PM

A refusal form will be completed by the arresting officer.

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Guiliana Desilva

CASE #: 2016-016705 DATE: 11/16/16

BREATH TESTS RESULTS Refused

1) TIME _____ AM/PM 2) TIME _____ AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Frenz

MAINTENANCE TECHNICIAN: Brooks Page

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: cooperative

CLOTHING: blue jeans, white long-sleeve shirt

MEDICAL CONDITION: no

OTHER: _____

COMMENTS: Smell of alcohol, red glassy eyes

BOCA RATON POLICE DEPARTMENT

Agency Case # 2016 016705

ADULT CONSTITUTIONAL WARNINGS
(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following rights":

- ✓1) You have the right to remain silent and not answer any questions.
- ✓2) Any statement you make must be freely and voluntarily given.
- ✓3) You have the right to the presence of a lawyer and representation 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 statement 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 be and will be used against you in a court of law.

DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?

(X) Video

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What City (County) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now _____

What is today's date? _____ What day of the week is it? _____

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BOCA RATON POLICE DEPARTMENT

Agency Case #

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When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes ☐ No ☐Can you feel the affects of alcohol? Yes ☐ No ☐Have you consumed alcohol since the accident? Yes ☐ No ☐Can you feel the affects of alcohol? Yes ☐ No ☐Have you consumed alcohol since the accident? Yes ☐ No ☐ How much? _____ What? _____

Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? Yes ☐ No ☐ If yes, explain: _____Are you sick or injured? Yes ☐ No ☐ If yes explain: _____

Do you limp? _____ Did you get a bump on the head? _____

Were you involved in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? _____ Who? _____

Are you taking any prescription medicines? Yes ☐ No ☐ What? _____ When? _____

Do you have: Epilepsy? Yes ☐ No ☐ Inner ear trouble? Yes ☐ No ☐
 Glass Eye? Yes ☐ No ☐ Ear Infection? Yes ☐ No ☐
 False Teeth? Yes ☐ No ☐ Diabetes? Yes ☐ No ☐

Any eye problems not correctable by glasses or contact lenses? _____

Do you take insulin? Yes ☐ No ☐ If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this videotaping. The time now is approximately 1:00 AM/PM

The date is: November (month) 16 (day) 2016 (year).

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

Off Robert Jesner 531 a duly certified Law Enforcement Officer or Correctional
(Person reading Implied Consent Warning)

Officer, am a member of Boca Raton Police Dept, and I do swear
(Name of enforcement agency)

or affirm that on or about the 16 day of Nov, 20 16, at 12:10 P.M. A.M.
(Circle One)

NAME Giuliana M Desilva
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL# D241-293-S7-954-0, state of Florida, was placed under lawful arrest for
the offense of DUI by Off Robert Jesner 531 and
(Name of Arresting Officer)

issued Citation # A6LPVBE

That on or about the 16 day of Nov, 20 16, at 12:56 P.M. A.M.
(Circle One)
in Palm Beach County, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said
person to submit to a ☒ breath, ☐ urine, or ☐ blood test to determine the content of alcohol in his or her blood or breath or the presence of
chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of
his or her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving
privilege of such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits
a misdemeanor, if said person refuses to submit to a lawful test as requested above, and his or her driving privilege has been previously suspended
for a prior refusal to submit to a lawful test of his or her breath, urine, or blood. If driver holds a CDL or is operating a CMV, I did inform the driver
that this refusal will result in the disqualification of the driver's Commercial Driver's License/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 such test.

Said person did at that time and place refuse to submit to such test or tests.

[Signature] 531
Signature of Law Enforcement Officer or
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this _____ day of _____, 20____,
by _____
who is personally known to me or who has produced
_____ as identification.
Notary Public _____

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Signature of Attesting Officer
Title Police Officer
Date 11-16-2016

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. If no DUI arrest is made, attach HSMV 78005 (Notice of
Commercial Driver's License/Privilege Disqualification).

HSMV 78054 (Rev. 06/13)

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