

Arrest Report

FLORIDA HIGHWAY PATROL
P.O. BOX 540007, GREENACRES, FL 33454

Report Date / Time 6/28/2018 12:55:58AM	Report Number FHP99ARR781130	Case Number/CAD Number FHPL18OFF053625 / LWRC18CAD116694	Reporting Officer Name L. TAVARES
Originating Agency ORI FL0509000	Occurrence Date Time Range 6/28/2018 12:12:09 AM -	Jurisdiction	Clearance

Location of Occurrence

Location Type OTHER	Location Description JSO W CAMINO REAL		
Street Number	Street I-95 SB	Apt/Lot/Bldg	
County PALM BEACH	City BOCA RATON	State FL	Zip 33486

Defendant

First Name GRACE	Middle Name	Last Name STURIALE	Suffix	Date Of Birth 10/13/1961	Age 56	Race WHITE	Sex FEMALE
SSN [REDACTED]	MNI #	Place of Birth NEW YORK CITY, NY, USA	Height 505	Weight 130	Hair BLO	Eyes GRN	
DL or ID Number S364300618730	ID State FL	ID Type E	Address Type RESIDENCE				
Street Number 11948	Street NW 2ND CT					Apt/Lot/Bldg	
County BROWARD	City CORAL SPRINGS	State FL	Zip 33071	Phone Number	Extension		
Location Description							

Arrest

Arrest Date/Time 6/28/2018 12:43:50AM	Arrest Location Type OTHER	Arrest Location Description JSO W CAMINO REAL					
Street Number	Street I-95 SB	Apt/Lot/Bldg		County PALM BEACH			
City BOCA RATON	State FL	Zip 33486					

Charge(s)

Counts 1	Charge 316.193.1	General Offense Code	Bond Amount \$ 0.00	<input type="checkbox"/> No Bond
Charge Degree N	Charge Level MISDEMEANOR	Arrest Offense Code Description DUI-UNLAW BLD ALCH		
Charge Description DUI ALCOHOL OR DRUGS				

Probable Cause

On June 28th, 2018 I Trooper Lucas M. Tavares (3913/1421) with the Florida Highway Patrol was on active DUI patrol in Palm Beach County, Florida. I was in a jurisdictional marked FHP unit equipped with overhead emergency lights and external siren. At approximately 12:18 a.m. I received a call from Sgt. Alarcon (386) in reference to a minor vehicle crash on Interstate-95 (Southbound), just south of W Palmetto Park Road. Sgt. Alarcon advised me that the crash happened in the vicinity of where he was located and that one of the drivers could possibly be impaired.

At approximately 12:28 a.m. I arrived on scene. There Sgt. Alarcon stated a gray in color Porsche rear-ended a trailer and immediately after the vehicle crash he made contact the driver of the Porsche. He stated that he made contact with the driver who was a white female. He stated that he asked the female if she was ok and she stated yes. He asked her where she was coming from and she stated to him Coral Springs and was going home to Coral Springs. Sgt. Alarcon stated that he could observe obvious signs of impairment while outside the vehicle. I then made contact with the driver who was a white

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female, located in the driver's seat. I later identified her as Grace Sturiale by her Valid Florida Driver's License: (S364-300-61-873-0). I asked her if she was ok and she stated yes. I asked her where she was coming from and she stated her home in Coral Springs. I asked her where she was going and she stated to her friend's house in Ft. Lauderdale. While outside the vehicle I could observe her eyes to be bloodshot and watery, her speech was slurred and incoherent, and I could detect a strong and distinct odor of an unknown alcoholic beverage coming from within the vehicle.

Based upon my observations I had her step out of the vehicle. Tpr. Mitchell (1268) advised me that he completed his crash investigation. I then advised Ms. Sturiale that we have completed the crash investigation and I'm now going to conduct a criminal investigation for DUI. I asked Ms. Sturiale if she had anything to drink that night and she stated no. While outside the vehicle I could detect a strong odor of an unknown alcoholic beverage on her breath that grew stronger as she spoke. I then advised her that I could smell the alcohol and she again insisted that she did not have anything to drink. While standing Ms. Sturiale was swaying heavily and had poor balance.

Based upon my observations made on scene, within contact with the subject (Grace Sturiale), and the totality of the circumstances I requested her to perform a series of road side exercises (Standardized Field Sobriety Exercises). She stated that they would perform the exercises.

Standardized Field Sobriety Exercises (SFSE):

The area for the following roadside exercises was a level hard surface and was free of debris. The weather was clear. Lighting was well lit and was illuminated with surrounding ambient light and vehicle lights.

The following was observed during Horizontal Gaze Nystagmus:

Horizontal Gaze Nystagmus:

I advised the subject to stand straight with her feet together and arms down by her side. I asked her if she wears any glasses or contacts, she advised that she wears contacts. For the exercise I used my issued red in color pen light. I asked her if she could see the red pen light, she stated yes. Ms. Sturiale was asked about any current medical conditions, she stated that they she does not have any medical problems. I advised her to follow the red pen light with her eyes, and to not move her head.

The subject had dilated pupils.

- 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

During the exercise Ms. Sturiale was swaying heavily, she would not follow the light with her eyes, I had to reinstruct multiple times. She would move her head in the direction of the light in which I had to reinstruct her to keep her head straight. While standing within close proximity of the her, I could observe her eyes to be bloodshot and watery and could detect a very strong odor of an unknown alcoholic beverage.

The following was observed during Vertical Gaze Nystagmus:

Ms. Sturiale did not have vertical gaze Nystagmus in both eyes.

Walk and Turn Exercise:

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The area for the following roadside exercises was level and free of debris. We used a white in color traffic line the subject advised she could see. The line was illuminated with surrounding light and vehicle lights. Ms. Sturiale removed her heels prior to doing the exercise.

(Starting Position): I advised her to place her left foot on the white in color line and her right foot directly in front of it, touching heel to toe. I advised her to keep her arms down her side and to stay in that position until I advise her to begin the exercise.

(Instructional Phase): This exercise was first explained to Ms. Sturiale then was demonstrated by myself. Ms. Sturiale advised me she would be able to perform the exercise. She advised that she has no injuries that would affect the exercise. She also advised me that she understood instructions and did not have any questions.

- The following was observed during the instructional phase of the exercise:

Ms Sturiale could not keep balance in the starting position. She stepped out of the position and was swaying. Throughout the instructions I asked her multiple times if he understood and she stated yes.

- The following was observed during the walking phase of the exercise:

Ms. Sturiale failed to touch heel to toe multiple times, she stepped of the line (stumbled), took 10 plus steps on the first set of steps and 10 plus steps on the second set, she stopped and steady herself after the turn. She also lost balance multiple times.

One Leg Stand Exercise:

The area for the following roadside exercises was level and free of debris.

(Starting Position): I instructed Ms. Sturiale to stand with her feet together and keep her arms down by her side. I instructed herto stay in that position until I tell her to start the exercise.

(Instructional Phase): This exercise was first explained to Ms. Sturiale then was demonstrated by myself. She advised me that she will be able to perform the exercise. She also advised me that she had no injuries that would affect the exercise. She advised that they understood instructions and did not have any questions.

-The following was observed while the subject was in the starting position:

Subject was swaying while in the position. Ms. Sturiale stated that he understood the instructions.

- The following was observed during the exercise:

Ms. Sturiale was swaying while balancing, placed foot down multiple times, failed to keep her leg straight (as instructed), and recounted multiple times.

Based upon my observations and the totality of circumstances, Ms. Sturiale was placed under arrest for DUI pursuant to Florida Statute 316.193 12:43 AM. Ms. Sturiale was then placed in my patrol vehicle, and transported to the Palm Beach County Jail for booking. While Ms. Sturiale was in my vehicle I could detect an obvious strong odor of an unknown alcoholic beverage within my vehicle that was not present prior to placing her in the vehicle.

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I then conduct a 20min observation of the subject. The subject did not have any foreign objects in their mouth prior to the 20 minute observation. Throughout the observation the subject did not take anything by mouth or regurgitated. After the 20 minute observation, the defendant was then given the opportunity to provide a sample of their breath which she consented to provide (On Video). The defendant's first breath was given at 01:48 AM and resulted in a .186. The defendant's second breath was given at 01:51 AM and resulted in a .186.

Suspect Vehicle: 2009 Gray Porsche Cayenne with Florida Tag: (RL39E) attached. VIN: (WP1AA29P64LA22715). Registered to : Grace Sturiale (Defendant).

Video of the incident, roadsides, transport are available through the FHP custodian. The above incident did occur in Palm Beach County, Florida.

Jail Booking Facility

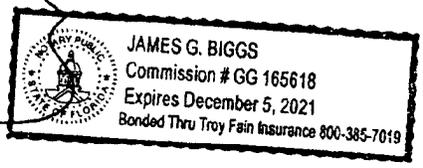
Booking Date/Time 6/28/2018 2:30:06AM	Booking County PALM BEACH	Booking Facility PALM BEACH COUNTY CORRECTIONS	Booking Facility Phone Number (561) 688-4400
Booking Facility Location 3228 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406			Booking Number
Booking Comments			

Court

Court County PALM BEACH	Court Location 200 WEST ATLANTIC AVE. DELRAY BEACH, FL 33444		
Court PALM BEACH SOUTH COUNTY COURTHOUSE	Court Phone 561-274-1530	Court Appearance Date / Time 7/23/2018 08:30 AM	Court Fine
Comments			

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report.

Reporting Officer

Officer Name L. TAVARES	Officer Rank TROOPER	Officer ID No 3913	Sworn and subscribed before me, the undersigned authority This the ___ day of _____ DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT OFFICER
Officer Agency FLORIDA HIGHWAY PATROL	Officer Signature 		
			

Approving Supervisor

Officer Name	Officer Rank	Officer ID No	Officer Agency
Officer Signature			

Officer Name	Officer Rank	Involvement On Report	ID #	Org/Unit	Officer Agency
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M.M. ALARCON	SERGEANT	ASSISTING	3254	FHPL1LWRC1PA LM BEACH1LANT ANA SUPERVISR	FLORIDA HIGHWAY PATROL
C.X MITCHELL	TROOPER	ASSISTING	3667	FHPL1LWRC1PA LM BEACH1SR80 4 JSOF SR702	FLORIDA HIGHWAY PATROL

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TESTING FACILITY TASK REPORT

AGENCY: FHP-TAVARES

SUBJECT: STURIALE, GRACE

CASE NUMBER: 18-091049

DATE: Jun 28, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0145

ENDING TIME: 0200

BREATH TESTS RESULTS: 1) .186 TIME 0148 A.M. P.M. 2) .186 TIME 0151 A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUSHED MOUTH, LOW

ATTITUDE: COOPERATIVE

CLOTHING: TAN DRESS WITH FLOWERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY, RED
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0125
SUBJECT ADVISED SHE WOULD SUBMIT TO THE TEST
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY
RESULTS WERE GIVEN TO THE SUBJECT
MIRANDA WAS READ TO THE SUBJECT
SUBJECT SUBMITTED TO THE QUESTIONS

SUBJECT: Grace Sturiale CASE NUMBER: FHPL18OFF053625

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) _____

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

SUBJECT: Grace Sturiale CASE NUMBER: FHPL18OFF053625

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? Friends house in Ft. Lauderdale from Coral Springs

WHAT STREET OR HIGHWAY WERE YOU ON? Do not know

DIRECTION OF TRAVEL? S WHERE DID YOU START? Coral Springs

WHAT TIME DID YOU START? 9:00pm WHAT TIME IS IT NOW? NO

WHAT IS TODAY'S DATE? 26th WHAT DAY OF THE WEEK IS IT? Wed

WHAT COUNTY AND CITY ARE YOU IN NOW? Broward and Palm Beach

WHEN DID YOU LAST EAT? 2:00pm WHAT DID YOU EAT? Sushi

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? getting a massage

HOW MUCH DO YOU WEIGH? 110 HAVE YOU BEEN DRINKING? yes WHAT? 2 glasses wine

HOW MUCH? 2 glasses WHERE? Coral Springs Home WITH WHOM? Self

WHEN DID YOU HAVE YOUR FIRST DRINK? 6:00pm AND YOUR LAST DRINK? 7:00pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Sip Slow

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? ---

WHAT? --- WHERE? --- WHEN? ---

WHAT LINE OF WORK ARE YOU IN? Self Employed WHEN DID YOU LAST WORK? Right now

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? ---

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? ---

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? yes ???

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? ---

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? --- WHY? ---

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? --- WHEN? ---

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>NO</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? ---

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? yes WHERE? Fla, NY

INTERVIEWER: _____

Vehicle Tow

CASE NUMBER
FHPL18OFF053625

DATE/TIME: 8/26/2018 12:59:42 AM
 COUNTY: PALM BEACH
 CITY: BOCA RATON
 OTHER NUMBER:
 CITATION / REPORT: 87151183

OWNER
 FIRST NAME: GRACE
 MIDDLE NAME:
 LAST NAME: STURIALE
 SUFFIX NAME:
 BUSINESS NAME:
 ADDRESS: 11948 NW 2ND CT
 CITY: CORAL SPRINGS
 STATE: FL
 ZIP CODE: 33071-0000
 TELEPHONE:
 OWNER PRESENT OR OWNER NOTIFICATION ATTEMPTED
 OWNER NOTIFICATION ATTEMPTS: OWNER NOTIFICATION SUCCESSFUL

DRIVER
 NAME FIRST: GRACE
 NAME MIDDLE:
 LAST NAME: STURIALE
 SUFFIX NAME:
 ADDRESS: 11948 NW 2ND CT
 CITY: CORAL SPRINGS
 STATE: FL
 ZIP CODE: 33071
 TELEPHONE:

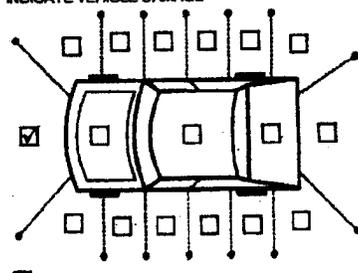
CMV
 CARRIER NAME:
 ADDRESS:
 CITY:
 STATE: ZIP CODE: TELEPHONE:

VEHICLE / TRAILERS
 YEAR: 2004 MAKE: PORS MODEL: OTHER VEHICLE STYLE: UT VEHICLE COLOR: GRY TAG STATE / NUMBER: FL RL39E VIN: WP1AA29P64LA22715 ODOMETER:
 REASON VEHICLE TOWED: CRASH
 RED TAG DATE / TIME: ID NUMBER: NAME:

POWER UNIT	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE	EXP. DATE
TRAILER 1	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE	EXP. DATE
TRAILER 2	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE	EXP. DATE

TOW
 TOW SELECTION TYPE: ROTATION WRECKER LOCATION VEHICLE INVENTORIED / TOWED FROM: INTERSTATE 95 (STATE ROAD 9)
 TOWING SERVICE: WESTWAY TOWING DAY TELEPHONE: 5613684466 NIGHT TELEPHONE:
 ADDRESS: 1700 NW 1ST AVENUE, BOCA RAOTN, FL 33432 CITY / STATE / ZIP:

STORAGE
 VEHICLE STORAGE LOCATION: WESTWAY TOWING DAY TELEPHONE: 5613684466 NIGHT TELEPHONE:
 ADDRESS: 1700 NW 1ST AVENUE, BOCA RAOTN, FL 33432 CITY / STATE / ZIP:

VEHICLE INVENTORY & DAMAGE
 CELLULAR PHONE (MAKE/MODEL) WHEEL COVERS QTY 4
 RADAR DETECTOR (MAKE/MODEL) CUSTOM RIMS QTY
 STEREO SYSTEM (RADIO / CD / TAPE, ETC.) NUMBER OF TIRES (INCLUDE SPARE) 5
 CB RADIO / 2 WAY RADIO TRUNK ACCESSIBLE
 TRAILER HITCH REAR SPOILER
 PROPERTY IN VEHICLE: MISCELLANEOUS PAPERS AND ITEMS LOCATED INSIDE VEHICLE
 INDICATE VEHICLE DAMAGE

 NO DAMAGE
 MARK AREA OF DAMAGE:
 UNDERCARRIAGE
 OVERTURN
 WINDSHIELD
 FIRE
 TRAILER

OFFICER COMMENTS
 CRASH REPORT 87151183-01

WE THE UNDERSIGNED OFFICER(S) AND TOW DRIVER, HEREBY CERTIFY THAT THE ABOVE LISTED JOINT PROPERTY INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.



SIGNATURE OF TOW TRUCK DRIVER: _____ DATE: _____ SIGNATURE OF OFFICER: _____ RANK AND NAME OF OFFICER: TROOPER C.X MITCHELL ORG / UNIT: L LD. NUMBER: 3667
 PRINTED NAME OF TOW TRUCK DRIVER: _____



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: 2018021421	Date: 06/28/2018
	Specialist Name/ID: WATSON/6665

PALM BEACH COUNTY SHERIFF'S OFFICE BOOKING FACE SHEET



NAME STURIALE, GRACE		JACKET # 0499378	BOOKING # 2018021421
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ALIAS NAMES	OVER 8 NAMES: <input type="checkbox"/>	18CT11210
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INCARCERATION DATE/TIME 06/28/2018 02:51:55	BOOKING LOCATION MDC INTAKE
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PRISONER TYPE LOCAL CHARGES	BOOKING BY 6801
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DOB 10/13/1961	RACE/SEX W/F	HAIR COLOR BLN	EYE COLOR GRN
AGE AT BOOKING 56	HEIGHT 5 FT 05 IN	WEIGHT 130	SSN YES

ADDRESS 11948 NW 2ND CT	CITY CORAL SPRINGS	STATE FL	ZIP CODE 33071	COUNTRY OF ORIGIN USA
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ID # 20180628020	NCIC	AFIS	DOC #
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ALIEN #	INCIDENT # 180FF053625	OBTS #	CASE #
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ARREST ADDRESS I 95 SB	CITY BOCA RATON	STATE FL	ZIP CODE 33486
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ARREST DATE 06/28/2018	ARREST TIME 00:43	BOOKING DATE 06/28/2018	BOOKING TIME 06:13
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WARRANT #	COURT DIVISION D	CURRENT BOND \$0.00	IN CUSTODY BOOKING <input type="checkbox"/>
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ARRESTING OFFICER CX MITCHELL	ARRESTING AGENCY 03-FHP-L
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TRANSPORT OFFICER CX MITCHELL	TRANSPORT AGENCY 03-FHP-L
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CASE TYPE MISDEMEANOR	HOLDS NO
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NOTE	CASE FLAG OWN RECOG
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STATUTE	COUNT	DESCRIPTION	VOFC	BOND TYPE	CURRENT BOND
316.193 1 (MN)	1	DUI-UNLAW BLD ALCH - DUI ALCOHOL OR DRUGS	<input type="checkbox"/>	O.R.	\$0.00
*	0	.186/ .186			\$0.00

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2018 JUN 28 AM 8:32
 06/28/2018 08:32 AM
 06/28/2018 08:32 AM

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