

**ARREST / NOTICE TO APPEAR**  
Juvenile Referral Report

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

1

Juvenile

2011CT033541AX

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-11-147316</b>				
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No				
Location of Arrest (Including Name of Business) <b>890 US 27 N, SOUTH BAY FL. 33493 SOUTH BAY, FL. 33493</b>		Location of Offense (Business Name, Address) <b>690 US 27 N SOUTH BAY, FL. 33439</b>								
Date of Arrest <b>11/19/11</b>	Time of Arrest <b>2348</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) <b>GALLO, GRETA, CECILIA</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>05/28/1985</b>	Height <b>5'1"</b>	Weight <b>140</b>	Eye Color <b>BRO</b>	Hair Color <b>GRY</b>	Complexion <b>LIGHT</b>	Build <b>SMALL</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATTOOS IN THE BACK</b>				Marital Status <b>MARRIED</b>	Religion <b>CHRISTIAN</b>	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.				
Local Address (Street, Apt. Number) <b>627 CAMINO REAL</b>		(City) <b>CLEWISTON</b>	(State) <b>FL</b>	(Zip) <b>33440</b>	Phone <b>( ) UK</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>3</b>			
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source <b>VERBAL/ FILE</b>			
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation <b>UNKNOWN</b>			
D/L Number, State <b>6400283856860</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>NICARAGUA</b>		Citizenship <b>NO</b>		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<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		
Name (Last)		(First)	(Middle)	Residence Phone						
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone					
Notified by: (Name) <b>J. RIVERA 8079</b>				Date <b>11/19/11</b>	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 <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No. (Reason)						School Attended		Grade		
Property Crime? <input type="checkbox"/> Yes <input 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. 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 Description <b>DUI</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>N/A</b>	Offense # <b>11-147316</b>	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Location (Court, Room Number, Address) <b>WEST COUNTY COURTHOUSE 38840 SR 80, BELLE GLADE, FL. 33430</b>										
Court Date and Time Month <b>DECEMBER</b> Day <b>20TH</b> Year <b>2011</b> Time <b>845</b> AM <input checked="" type="checkbox"/> 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				
HOLD for other Agency Name:		Signature of Arresting Officer <b>J. RIVERA 8079</b>				Name Verification (Printed by Arrestee) <b>8079 D0134</b>				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>J. RIVERA 8079</b>		I.D. # <b>D0134 8079</b>		(PRINT)		
Intake Deputy <b>641 3252</b>		Transporting Officer <b>8079</b>		ID # <b>D0134</b>		Agency <b>PBCO</b>		Witness here if subject signed with an -X- <b>1</b> of <b>1</b>		

PALM BEACH COUNTY  
SHERIFF'S OFFICE  
NOV 22 2011  
FILED

JKT#: 0427567      P# 3252

PROBABLE CAUSE AFFIDAVIT

1 Arrest  
2 NTA  
3 Request for Warrant  
4 Request for Capias

1

Juvenile

OBTS Number	Agency ORI Number FL05000000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 11147316
Charge Type Check as many as apply	1 Felony 2 Traffic Felony	3 Misdemeanor 4 Traffic Misdemeanor	5 Ordinance 6 Other

Name (Last, First, Middle) Gallo, Greta Cecilia	Alias	Race W	Sex F	Date of Birth 05/26/1985
Charge Description D.U.I.	Charge Description	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.  was observed by \_\_\_\_\_ who told \_\_\_\_\_

confessed to \_\_\_\_\_  that he/she saw the arrested person commit the below acts.

admitting to the below facts. \_\_\_\_\_ was found to have committed the below acts, resulting from my (described) investigation.

On the 19th day of November 20 11 at 11:22  A.M  P.M (Specifically include facts constituting cause for arrest.)

On 11/19/2011, at approximately 11:22 p.m., I responded to the 51000 Block of U.S. Highway 27 North, South Bay, Palm Beach County, Florida, in reference to a possible impaired driver. Upon arrival in the area of the 43000 block of U.S. Highway 27 North, South Bay, Florida, I observed a 1992 Chevrolet Cavalier, Beige in color, bearing Florida tag 741-NWM, traveling South bound, which fit the description given of the possibly impaired driver. I then monitored the vehicles driving pattern for approximately two miles, and during that time, I observed the vehicles speed reduce from approximately 65 miles per hours, to approximately 50 miles per hour, in a 65 mile per hour speed zone. I also observed the vehicle weaving between the center dividing line, and the fog line, with the vehicle crossing the fog line three times. I then stopped the vehicle, in the 600 block of U.S. Highway 27 North, South Bay, Florida, and met with the driver, identified as Greta Ceclia Gallo. When I met with Gallo, I noticed Gallo's eyes were red and glossy. I then observed two open 12 ounce containers, of Bud Light brand beer, sitting in the center console of the vehicle. I then requested to see Gallo's driver licence, and Gallo indicated she had no Florida drivers license. While speaking with Gallo, I noticed Gallo's speech to be slurred, and slow. I then requested Gallo to exit the vehicle, and when Gallo exited the vehicle, Gallo had to support herself against the vehicle. The investigation was then turned over D.U.I. enforcement Deputy J. Rivera, who was also present when I met with Gallo.

NOTAR

STATE OF FLORIDA COUNTY OF PALM BEACH <i>D/S [Signature]</i> (Signature of Arresting Investigative Officer)	The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of November 20 11 by D/S Robert Y Wheelihan
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced	
<i>[Signature]</i> 5099 00139 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	PAGE 1 OF 1

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20 TH DAY OF NOVEMBER 20 11, AT 2348 AM PM  
SUBJECT: GALLO, GRETA, CECILIA CASE NUMBER: 11-147316  
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: J. RIVERA 8079

## 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 690 US 27 N, SOUTH BAY, FL. 33493 IN REFERENCE TO A POSSIBLE DRUNK DRIVER. UPON ARRIVAL I SPOKE WITH D.S WHEELIHAN ID 8384 WHO TOLD ME THE FOLLOW: ON 11/19/2011, AT APPROXIMATELY 11:22 P.M., HE RESPONDED TO THE 51000 BLOCK OF U.S. HIGHWAY 27 NORTH, SOUTH BAY, PALM BEACH COUNTY, FLORIDA, IN REFERENCE TO A POSSIBLE IMPAIRED DRIVER. UPON ARRIVAL IN THE AREA OF THE 43000 BLOCK OF U.S. HIGHWAY 27 NORTH, SOUTH BAY, FLORIDA, HE OBSERVED A 1992 CHEVROLET CAVALIER, BEIGE IN COLOR, BEARING FLORIDA TAG 741-NWM, TRAVELING SOUTH BOUND, WHICH FIT THE DESCRIPTION GIVEN OF THE POSSIBLY IMPAIRED DRIVER. HE THEN MONITORED THE VEHICLES DRIVING PATTERN FOR APPROXIMATELY TWO MILES, AND DURING THAT TIME, HE OBSERVED THE VEHICLES SPEED REDUCE FROM APPROXIMATELY 65 MILES PER HOURS, TO APPROXIMATELY 50 MILES PER HOUR, IN A 65 MILE PER HOUR SPEED ZONE. HE ALSO OBSERVED THE VEHICLE WEAVING BETWEEN THE CENTER DIVIDING LINE, AND THE FOG LINE, WITH THE VEHICLE CROSSING THE FOG LINE THREE TIMES. HE THEN STOPPED THE VEHICLE, IN THE 600 BLOCK OF U.S. HIGHWAY 27 NORTH, SOUTH BAY, FLORIDA, AND MET WITH THE DRIVER, IDENTIFIED AS GRETA CECILIA GALLO. WHEN HE MET WITH GALLO, HE NOTICED GALLO'S EYES WERE RED AND GLOSSY. HE THEN OBSERVED TWO OPEN 12 OUNCE CONTAINERS, OF BUD LIGHT BRAND BEER, SITTING IN THE CENTER CONSOLE OF THE VEHICLE. HE THEN REQUESTED TO SEE GALLO'S DRIVER LICENCE, AND GALLO INDICATED SHE HAD NO FLORIDA DRIVERS LICENSE. WHILE SPEAKING WITH GALLO, HE NOTICED GALLO'S SPEECH TO BE SLURRED, AND SLOW. HE THEN REQUESTED GALLO TO EXIT THE VEHICLE, AND WHEN GALLO EXITED THE VEHICLE, GALLO HAD TO SUPPORT HERSELF AGAINST THE VEHICLE. THE INVESTIGATION WAS THEN TURNED OVER TO ME, WHO I ALSO PRESENT WHEN HE MET WITH GALLO.

### OBSERVATION OF DRIVER:

RED AND GLOSSY EYES.

### DRIVER'S STATEMENTS:

NONE

### ODORS:

A STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH AND PERSON.

## GENERAL OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: CLEAN

MEDICAL PROBLEMS: NONE

MEDICATIONS: NONE

OTHER: \_\_\_\_\_

SUBJECT: GALLO, GRETA, CECILIA CASE NUMBER: 11-147316

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- LEFT EYE DOES NOT FOLLOW SMOOTHLY
- LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION
- RIGHT EYE DOES NOT FOLLOW SMOOTHLY
- RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION

CAN NOT DO, WHY? \_\_\_\_\_

**WALK AND TURN:** SUBJECT WAS SWAYING DURING THE INSTRUCTIONAL STAGE..... STOPPED TO STEADY HERSELF....DID NOT TURNED TO HER LEFT AS TOLD..... DID NOT COUNT OUT LOUD.....DID NOT TOUCH HEEL TO TOE..... TOOK 11 STEPS BACK.....

CAN NOT DO, WHY? \_\_\_\_\_

**ONE LEG STAND:**

COULD NOT MAINTAIN HIS BALANCE AS SHE ELEVATED HER RIGHT FOOT.....DID NOT PICK UP HER RIGHT FOOT 6INCHES OF THE GROUND AS TOLD...DROPPED HER FOOT 2 TIMES ON THE GROUND BEFORE 30 SECONDS ELAPSE...DID NOT COUNT OUT LOUD...BOTH OF HER ARMS WERE NOT 6 INCHES AWAY FROM HER BODY.

CAN NOT DO, WHY? \_\_\_\_\_

**FINGER TO NOSE:** DID NOT TOUCH THE TIP OF HIS FINGER TO THE TIP OF HIS NOSE ON ALL OCCASIONS.....I TOLD HIM LEFT AND SHE USED HER RIGHT FINGER.....TRYING TO MAINTAIN HER BALANCE

CAN NOT DO, WHY? \_\_\_\_\_

**ROMBERG/ALPHABET:** SHE TOLD ME HER ALPHABET IN ENGLISH AND STOP ON "S" TO "V" AND THEN CONTINUE TO "S, YWXYZ..... TRIED TO MAINTAIN HER BALANCE

CAN NOT DO, WHY? \_\_\_\_\_

**BREATH TEST RESULTS:** \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF PALM BEACH  
THE FOLLOWING INSTRUMENT WAS NOTARIZED OR SWORN BEFORE ME THIS 20 TH NOVEMBER 11 (DATE)

BY KNOWN  
Catherine A. Engel  
NOTARY/CLERK OF COURT OFFICER (F.S. 117.10)

J.P. 809 DV134  
SIGNATURE OF ARRESTING OFFICER



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: 80-001233 Software: 8100.27  
Date of Test: 11/20/2011

Date of Last Agency Inspection: 11/14/2011

Observation Period Began: 01:35

Subject's Name: GRETA C GALLO

DOB: 05/26/1985 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	02:02
Air Blank	0.000	02:03
Control Test	0.079	02:03
Air Blank	0.000	02:03
Subject Sample #1	0.129	02:05
Air Blank	0.000	02:06
Air Blank	0.000	02:08
Subject Sample #2	0.136	02:08
Air Blank	0.000	02:09
Control Test	0.079	02:09
Air Blank	0.000	02:10
Diagnostics Check	OK	02:10

Cylinder Lot: 06611080A2  
Exp: 03/01/2013

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 CATHERINE A ENGEL, 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: Catherine Engel Date: 11/20/2011  
Signature

Sworn to (or affirmed) before me this 20 day of November, 2011

J J Sosa DUBBY D/S Rivera  
Signature of Notary Public State of Florida Printed Name of Notary Public State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



**PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET**

PBSO CASE # 11-147316 PBSO ZONE 11-11

AGENCY CASE # \_\_\_\_\_ CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2328 DATE 11/19/11 DAY 26

SUBJECT'S NAME GALLO, GRETA, CECILIA RACE W SEX F

HGT 5'1" WGT 140 DOB 05 / 26 / 1985

LOCATION 890 US 27 N, SOUTH BAY FL. 33493

ARRESTING OFFICER'S NAME & ID J. RIVERA 8079 AGENCY PBSO

DIVISION: DUI-RP

NOTIFIED BY COMMO 2348

ARRIVAL AT FACILITY 1:35

**BREATH RESULTS:**

10-15 23:48

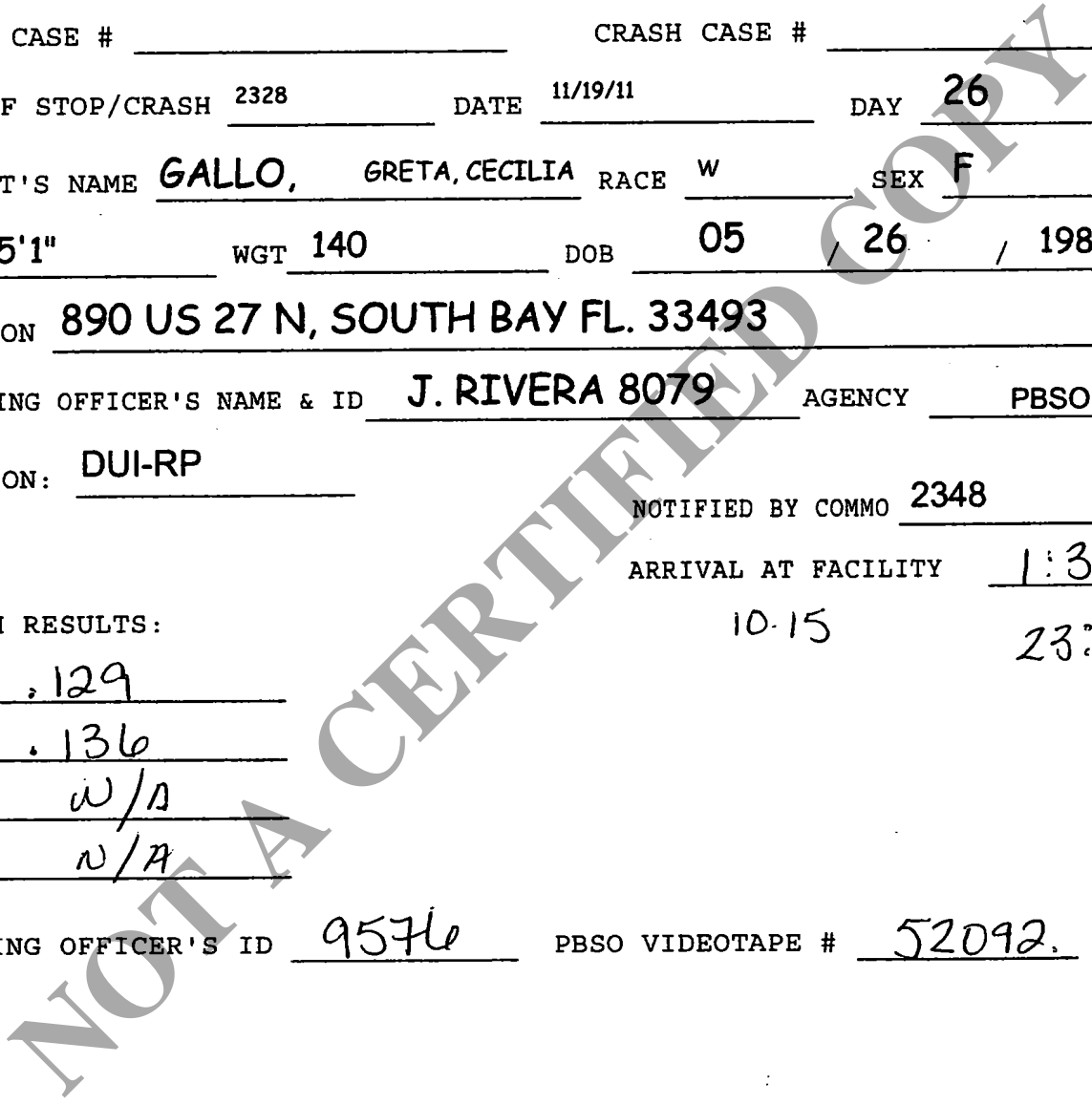
1. .129

2. .136

3. w/a

4. n/a

TESTING OFFICER'S ID 9576 PBSO VIDEOTAPE # 52092.



WITNESS LIST

CASE NUMBER: 11-147316

ARRESTING OFFICER: J. RIVERA 8079 8079

ADDRESS: 38840 SR 80 BELLE GLADE FL 33430

PHONE NUMBERS (HOME): (WORK) 996-1670

CAN TESTIFY TO: FACTS OF THE CASE

NAME: D.S WHEELIHAN ID 8384

ADDRESS: 38840 SR 80, BELLE GLADE, FL. 33430

PHONE NUMBERS (HOME) 561 996-1670 (WORK)

CAN TESTIFY TO: FACTS OF THE CASE

NAME: D.S WHEELIHAN ID 8384

ADDRESS 38840 SR 80, BELLE GLADE, FL. 33430

PHONE NUMBERS (HOME) 561 996-1670 (WORK)

CAN TESTIFY TO: FACTS OF THE CASE

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

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CAN TESTIFY TO:

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ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NOT A CERTIFIED COPY



SUBJECT: Gallo, Greta Carla CASE NUMBER: 11-147316

**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) \_\_\_\_\_

SUBJECT: Gallo; Greta Corina CASE NUMBER: 11-147316

### 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? JUST DRIVING AROUND.

WHAT STREET OR HIGHWAY WERE YOU ON? 27

DIRECTION OF TRAVEL? South WHERE DID YOU START? FLAGLER

WHAT TIME DID YOU START? 930 WHAT TIME IS IT NOW? 2: something in morning.

WHAT IS TODAY'S DATE? 11/20/11 OR 11/19/11 WHAT DAY OF THE WEEK IS IT? Sun.

WHAT COUNTY AND CITY ARE YOU IN NOW? Islam beach.

WHEN DID YOU LAST EAT? SANDWICH AT 3pm WHAT DID YOU EAT? corn sandwich.

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? at my cousin

HOW MUCH DO YOU WEIGH? 128 HAVE YOU BEEN DRINKING? yes WHAT? bud light

HOW MUCH? 1 can. KNOW WHERE? WHERE I LIVE AT WITH WHOM? me.

WHEN DID YOU HAVE YOUR FIRST DRINK? 5pm AND YOUR LAST DRINK? 11pm.

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? I DON'T KNOW

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? NO. WHEN DID YOU LAST WORK? THURSDAY.

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? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

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? YES.

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO. WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_