# 0512984/ 19CT22104ASB

2449

٨	OBTS Number	1	ARREST	[ON\]	TCE TO A	PPEA	R		t for Werrant at for Capins	1	IUVENILE	
P M		y Name						ort Number (N.T.A.'s only) 0   19-018838				
N I	0500400 De Charge Type: ☐ 1. Felony	Iray Beach  3. Misdemessor	Police Depart	rdinance			1713	If Wespon Seized	-44	b/-	Multiple Clearance	1
T R	Check se many as anoly.  2. Traffic Felony	4. Traffic Misdemer	mor 🛘 6.0	ther	Location	of Offense	Business Nunc.	Enter Type Non			Indicator	┪
A	Location of Arrest (Including Name of Business)  300 E ATLANTIC AVE DELRA	Y BEACH FL	33444		300	<u>E ATI</u>	ANTIC A	4 VE, DELRAY B	EACH, FL	33444		$\dashv$
ON	Date of Arrest Time of Arrest 12/01/2019 01:44	Booking Date 12/01/20		oking Time 01:54	Jan Dake				300 E ATLA	NTIC A	VE	_
	Name (I set First Middle)				Alias:		Alim	(Name, DOB, Soc. Sec. #, Etc.)				
ŀ	COTUGNO, JACQUELINE ELL	Date of Butts	Height		Weight	Bye	Color	Hair Color BROWN	Complexio	AIR	Build MEDI	UM
D	W. White I - American Indian  B - Black O - Oriental/Asian  W F  Scara, Marks, Tatoos, Unique Physical Features (Location, Type,	1 12/2/2	1960 5'0	15	140	Mar	HAZEL ital Status Reig		Indication :	£.	6 n	
B		(City)	(Stat	te)	(Zip)		M	Phone	Drug Influ Residence 1. City			
E N D	Local Address (Street, Apt. Number) 10733 SW 14TH PL, DAVIE, F	L 33324	(6)		(Zip)			(954) 895-892 Phone	6 2 County Address So	4. Out of Sta	•	1
Ŋ	Permanent Address (Street, Apr. Number)  10733 SW 14TH PL, DAVIE, F	(City) L 33324	(Stai	(e)	(24р)			(954) 895-892	6 Occupation	FL	DL	
	Business Address (Name, Street)	(City)	(Sta	te)	(Zip)	,		Phone	Occupano	1		
	D/L Number, State	Sac Sec Number	INSTA	umber	····		Place of Birth (Ci	ry, State) FL, United	Citizership			
С	C325425609660 / FL Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth			3. Felony 4. Misdem	5. Jus	venile
o D	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		1. Arrested	3. Felomy	☐ 5. Jus	venile
g F	CO-Determent France (Sant, 1 and 11		Neme (Last, First, M	(Ma)					2. At Large	4. Misdem Residence Pho		_
1	Perent Other:		Neme (Dast, Flist, M	nome,						Business Pho	<u> </u>	
V	Address (Street, Apt. Number)	(Ci	ty)		(State)	(Zip)				DOING 1 IN		
N I	Notified by: (Name)				Date		Time	JUVENILE DISPO 1. Handled/Pro Department	cessed within	2. TOT JAC 3. Incarcerate	ed	
E	Released To: (Name)		Relationship		Date	C	Time					
	The above address was provided by	defendant and	d/or □ defend	ant's par	ents.		School At	Lended			Grade	
1	The child and/or parent was told to keep (Phone 355-2526) informed of any chan	the Juvenile Co	urt Clerk's Office			ty Crime?	Descriptio	n of Property	····		Value of Property	ly .
L	Ya. by:	□ No:		2	<del>- 4 =</del>	(es 😿 )			P. Peraphemalis/	U. Unio		
0	I IL IVA	K. Disperses/ A Distribute	f. Manufacture/ Z. C Produce/ Cultivate	Xhier	N.N	Type /A mphetamine	B. Barbitus C. Cocaine E. Heroin		Equipment 3. Synthetic	Z. Othe		
DE	P. Possess T. Traffic B. Use  Charge Description		Caldina	1				Statute Violation Numb	4	Violation	of ORD#	
H	DRIVING WHILE UNDER IN	FLUENCE Offense #	I Cox	ints Dom	estic Violence	Warant/C	apias Number	316,193(1)		Bond		
R G E				1 -	у 🔀 и			Statute Violation Numb	er	Violation	of ORD#	
CH	Charge Description									Bond		
R	Drug Activity Drug Type Amount / Unit	Offense #	Cou		estic Violence	Warrant/C	Capias Number					
_	a nation	1						Statute Violation Numb	ď	Violation	of ORD #	
C H A R	Drug Activity Drug Type Amount / Unit	Offense #	Con		estic Violence	Western / C	Capias Number			Bond		
B	Health / Apparent Physical Condition of Defendant				I LIN	Any knowl	edge of the follow	ving: Mental DE	scape Rink 🔲 Mex	lication 🔲	Deformities 🔲	Injuries
I		elessed to Parent/Guardia	n 🔀 T.O.T. Co	urty Jail	PROPERTY - Re	Explain: ceived By		Released By	Re	essed To		
A K	Posted Bond Sc	outh County Mental Healt			Date Transported	176	me Transported	Other				
В	Transported By									<del></del>		
ZOF	INSTRUCTION NO. 1 - Mandator	ry appearance in	court		Location (Court, 1  South Co	<sub>unty 2</sub>	00 W Atl	antic Ave Delray	Beach, FL	33444		
I			ouri actions on Page 2.		Court Date and Ti		√2020 08.	:30:00			No	
T		CE DESIGNATED T	O ANSWER THE OF	ENSE CH	ARGED OR TO	PAYTH	E FINE SUS	CHBEDA I UNDERSTAN	THAT SHOUL	D	Photo	)
A	I WILLFULLY FAIL TO APPEAR BEFORE THE	COURT AS REQUI	red by this notic	e to appi	EAR, THAT I M	IAY BE H	ELD IN CALS	I do do de la do			Availab	ole
I P								DEC 0.2 200	6			
B A B		lant (or Juvenile and	Parent/Custodian) Signature of Aresting Off	5.4 Z	,		(a	Date Signed  Name Verification (Printed by A		i		
	HOLD for Other Agency		Elm le	_			1D.#	PRINT	DEC.1	ж <b>5</b> :0:		
1	D Dangerous Resisted Arrest I Suicidal Other		Nume of Arresting Office MOHAMME		HUA A	έ,	1139	(1.0011)			PAGE	
	N		Transporting Officer		LD		Agency					OF 1

	OBTS Number	PROBABLE CAUS				2. N.T.A. 4. Request for Capias					
DM	Agency ORI Number	Agency Name  DELRAY BEACH	POLICE DEPA	RTMFNT	Agency Report No.	umber 1 <b>9-0188</b> 3	8				
- 2	FL 0500400 Charge Type:	3. Misdemeanor	5. Ordinance	KIPILIVI	17101	Special Notes:	<u> </u>				
	as apply. 2. Traffic Felony	4. Traffic Misdemean		· · · · · · · · · · · · · · · · · · ·		L		5.4131.4			
D E	Name (Last, First, Middle)	NE ELTZADETU	Alas			Race	1 1	Date of Birth	/1960		
F	COTUGNO, JACQUELI Charge Description	NE ELIZADE I IT		Charge Description			<del></del>	12/20	7 1 3 0 0		
>IC	316.193(1) DRIVING WHILE	UNDER INFLUENCE									
RGE	Charge Description			Charge Description				1			
s	Victim's Name (Last, First, Middle)					Rece	Sex	Date of Birth			
٧	State Of Florida										
c C	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone		Ade	iress Source			
Ť.		(6)40	(State)	(Zip)	Phone		Oc	cupation			
м	Business Address (Name, Street)	(City)	(oute)	(2.7)				7			
Г	The undersigned certifies and swears to	hat he/she has just and resonal	ble grounds to believe, and	does believe that the	above named De	fendant committee	the follow	ving violation	of law.		
	The Person taken into custody  Committed the below acts in	my presence	∏ was	observed by					who told		
	confessed to	my presence.							mitt the below acts.		
	admitting to the below facts			found to have come			-	(described)	) investigation.		
	On the day of D	<u>ecember 20</u>	)19 at 03:26	(Specifically incl	ude facts const	tituting cause for	arrest.)				
	The following incid	dent occurred	in the city o	of Delray	Beach. F	Palm Beac	h Coi	intv. 1	Florida.		
	The following inci-	zene occurred .									
	On December 1, 2019	at approxima	tely 0110 hou	irs I was	on foot	patrol i	n the	300	olock of		
P	E Atlantic Ave when										
o	driving northbound	on the FEC ra	ilroad track	from E At	lantic A	ive. The	vehi	icle wa	as in		
B	between the northbodriver was driving	ound and south	bound tracks	and 1 cou	ra see t	ne tires	spii dri	ining a	rthbound		
В	several feet, then	stop then dr	ive several m	nore feet	then sto	mcinue c	Gord	don and	1		
E	myself were able to										
	driver out of the										
C	identified as Jacq	ueline Cotugno	by her FL DI	<b>.</b> .							
ļυ	İ		-9.4								
S	Cotugno stumbled or unknown alcoholic										
		confused and									
S	that she was trying										
A	towards Davie but	she was heading	g towards Boy	nton Beac	h. Cotu	igno th <b>e</b> n	char	nged he	er story		
E											
M E	train tracks. While slurred. I walked										
N T	While she was walk:										
ľ	She reached over to								id that		
	she had went to a	Vic and Angelo	`s (restauram	nt) where	she had	food and	seve	eral di	rinks.		
	I asked Cotugno if	she would sub	mit to severa	al field s	obriety	tasks to	disp	el my	fear		
	that she was not u	nder she influ	ence of alcol	nol to ope	rate a π	notor veh	icle	safel	y. She		
	consented. She said							at coul	ld		
L	affect her balance	or her abilit		rm the fie	Id sobri	ety task	5.				
Δ.	SWORN AND SUBSCRIBED BEFORE	ME SUPPLY	JOSHUA BELL MY COMMISSION #GG3	46008	1.1.	/ //	26				
M	MARI		EXPIRES: JUN 18, 20	23 SIGNATU	RE OF ARRESTI	NG / INVESTIGATI	NG OFFIC	ER	T N T T T T T T T		
Z-S+R	NOTARY PUBLIC / CLERK OF	COURT TOFFICER (F.S.S. 117	Sunded through 1st State In	surance MOH	AMMED, JO	OSHUA A	(112)	CAI	NNED		
R A T	12/01	/2019			NAME OF OFFIC	CER (PLEASE PR	NT)	DEC 0	2 201463E		
TIV		ATE	<del></del>			1/2019		DEC 0	∠ ∠UI3° 1 of 3		
Ė	1				Į.	DATE			1		

	OBTS Number		P	ROBABLE CAUSE A SUPPLEMENT	FFIDAVIT		1. Arrest 2. N.T.A.	3. Request 4. Reques			JUVE	ENILE	
D M	Agency ORI Number FL 0500400	Agency Name  DELRAY	BEACH P	OLICE DEPARTM	1 - 1	Report 1	tumber 19-01	8838	 }				
Ľ	Charge Type: 1. Felony	3. Misde	emeanor	5. Ordinance			Special No						
٥	as apply.		Misdemeanor	6. Other				Race	Şex	Date of Birt			
Ē	COTUGNO, JACQUELI	NE ELIZA	BETH		<del></del>			W	F	12/2	<u>6/1960</u>	)	
	Road Side Tasks												
	Horizontal Gaze Nystagmus:												
	Left Eye:												
	Lack of Smooth pursuit. Distinct and sustained nystagmus at maximum deviation. On set of nystagmus prior to 45 degrees. Failed to maintain starting position and continued to move her head throughout the course of the task.												
	Right Eye:												
P CC O B ≪	Lack of Smooth pursof nystagmus prior move her head throu	to 45 de	egrees.	Failed to mai	nystagmus ntain star	at i	maxim pos:	ım de ition	via and	tion. i cont	On s tinued	et l to	
E E	Walk and Turn:												
CAUSI	Cotugno stated that she understood my instructions. Cotugno couldn't keep her balance during the instructions. She stopped walking to steady herself. Cotugno missed heel to toe and stepped off the line. Cotugno used her arms as balance during the task. She improperly turned as instructed.												
S	One Leg Stand:								•				
A T	Cotugno stated she												
M	put her foot down of maintain the start:	_		_						_			
N T	that she could not	complete	the tar	sk.									
	Finger To Nose:	< > >	7										
	Cotugno stated she				_					led to	retu	rn	
	her arms to the sid	le eacn t	cime. Sne	s swayed during	, the cour	<b>5e</b> (	or the	a tas	×.	CA	NIXI	<b>y</b> ~	
	Romberg Numbers:								~3	DEC 1	NN Nazalij	ED.	
	Cotugno stated she several numbers.			instructions as past the requ	-						ler to		
	count from 60 to 30							-					
	It should be noted	that whi	ile Cotu	gno was near m	y patrol v	ehic	cle sl	ne st	ate	i that	she	was	
-80>	SWORN AND SUBSCRIBED BEFORE	ME	M SEE W	JOSHUA BELL Y COMMISSION #GG34 <u>6008</u>	take		1		//	34	_		
2-5	NOTARY PUBLIC / CLERK OF	COURT / OFFICER	(F 5 6 17 1891	EXPIRES: JUN 18, 2023 ided through 1st State Insurance	SIGNATURE OF A								
N-STRAT-	12/01	/2019	L		MUHAMMI		OSHUA CER (PLEA			<u>'</u>		PAGE	
Y - V E	DA	ATE		<del></del>			1/2019 DATE	)			-	2 of 3	
<u>_</u>													

Ţ	OBTS Number		P	ROBABLE C	CAUSE AFF	DAVIT			quest for Warr iquest for Cap		JUVEN	IILE
١	Agency ORI Number	Agency Name			<u></u>	l l	ncy Report Num	9-0188	38			
١	FL 0500400			OLICE DE		VI 4		9-0100 Special Notes:	<i></i>			
- 1	Charge Type: 1. Felony Check as many as apply. 2. Traffic Felony	3. Misdem 4. Traffic I		5. Ordinand				Ta	ace Sex	Cate of Bi	th	
	Name (Last, First, Middle)				Aires				W F	1	26/1960	
Ē	COTUGNO, JACQUELI	NE ELIZAB	EIM	new how	her vehi	cle was	on t	he tra:	n tra	cks.		
PROBABLE CAUSE	not driving and the She was placed in Proceedings of the Cotugno was transposed breath Alcohol Test Result #1 .178  Test Result #2 .181  Based on the above Driving Under the	nandcuffs orted to t Results	d not k which the Pal :	were chem Beach	cked for County 1	r proper	r spac Facili	ing and	SC.	ele lo	NED	
	SWORN AND SUBSCRIBED BEFORM NOTARY PUBLIC / CLERK	OF COURT / OFFIC	R	JOSHU/ MY COMMISSIO EXPIRES: JU Rogded through 1s	N #GG346008 N 18, 2023	МОНА	MMED,	JOSHUA FICER (PLEA	A (1	7/37 DEFICER 139)		a.os
	12/	01/2019		<del></del>		14		01/2019				PAGE 3 OF 3
	i v	DATE					74/	DATE			<del></del>	
	E											

### 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: 80-006029 Software: 8100.27

Date of Test: 12/01/2019

Date of Last Agency Inspection: 11/15/2019

Observation Period Began: 02:12

Subject's Name: JACQUELINE

E COTUGNO

DOB: 12/26/1960

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	02:46	
	Air Blank	0.000	02:46	<b>4</b> )
	Control Test	0.081	02:46	
	Air Blank	0.000	02:47	
	Subject Sample #1	0.178	02:48	
	Air Blank	0.000	02:48	
	Air Blank	0.000	02:50	
	Subject Sample #2	0.181	02:51	]
	Air Blank	0.000	02:51	
	Control Test	0.080	02:52	
	Air Blank	0.000	02:52	
	Diagnostics Check	OK	02:52	

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

State of Florida, County of Ham 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 JOSHUA J BELL , hold a valid Breath Test Operator permit issued by the Florida
Department of Law Enforcement, I administered the above breath test to the subject named above in
accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate
report of that breath test.
Breath Test Operator: Date: 12/01/19
Signature
Sworn to (or affirmed) before me this 01 day of December, 2019
The OFC. Mohammed #1139
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.

SCANNED
DEC 0 2 2019



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

PBSO CASE # 19-143232	PBSO ZONE	4-11
AGENCY CASE # 19-018838	CRASH CASE #	
TIME OF STOP/CRASH OLSO DATE	12/1/19	DAY Sunday
SUBJECT'S NAME Cotugno, Jacqueline	RACE W	_ SEX F
HGT 5'5 WGT 165	DOB 12/26/6	60
LOCATION <u>300</u> E Atlantic Ave	Ochray Beach	FL 334441
ARRESTING OFFICER'S NAME & ID Mohanne		
DIVISION: Patroli clear and Safe		•
	ARRIVAL AT FA	CILITY 0212
BREATH RESULTS:	Arre	st Time 0144
1		,
2		
3. N/A		
4. N/A		
TESTING OFFICER'S ID 8656	PBSO VIDEOTAPE #	N/A

#### TESTING FACILITY TASK REPORT

AGENCY: DBPD SUBJECT: COTUGNO, JACQUELINE E CASE NUMBER: 19-143232 DATE: 12/01/19 N/A VIDEO TAPE NUMBER: BEGINNING TIME: 0244 \_\_ENDING TIME: 0301 2) .181 BREATH TESTS RESULTS: 1) 178 TIME 0248 A.M./P.M. TIME 0251 31 N/A TIME XX AM/PM 41 N/A TIME XX AM/PM BREATH OPERATOR: J. BELL #8656 MAINTENANCE TECHNICIAN: J. KARLECKE #6467 **TESTING OFFICER'S OBSERVATIONS** SPEECH: SLURRED ATTITUDE: TALKATIVE, COOPERATIVE, JOKING WITH OFFICERS CLOTHING: BLACK BLOUSE, BLACK LEGGINGS, NO SHOES MEDICAL CONDITIONS: NONE / BACK PROBLEMS MEDICATIONS: LEXIPRO OTHER: EYES: GLASSY ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH SUBJECT STATED SHE DRANK 2 GIN AND TONICS (Q AND A) COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 0212 HRS SUBJECT STATED SHE WOULD TAKE BREATH TEST TECH READ BREATH TEST RESULTS AND EXPLAINED SUBJECT ACKNOWLEDGED BREATH TEST RESULTS A/O READ RIGHTS SUBJECT STATED SHE UNDERSTOOD HER RIGHTS A/O CONDUCTED Q AND A SUBJECT ANSWERED QUESTIONS

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

DEC 02 2019

#### WITNESS LIST

	CASE NUMBER: 18-018838	
ARRESTING OFFICER: Ofc. Mohammed		
ADDRESS: 300 WEST ATLANTIC AVE DELRAY BEACH, FL 33444		
PHONE NUMBERS (HOME): 561-243-7800	(WORK)	
CAN TESTIFY TO: DUI		
NAME: Ofc. Gordon	A TOLAN TRANSPORTED TO THE PROPERTY OF THE PRO	4
A.D.D.RESS: 300 WEST ATLANTIC AVE DELRAY BEACH, FL. 33444		
PRONE NUMBERS (HOME) <u>561-243-7800</u>	(WORK)	
CAN TESTIFY TO: DUI		
NAME:		
ADDRESS		)
PHONE NUMBERS (HOME)	(WORK)	
CAN TESTIFY TO:		
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MARKEE		SCANNE
HONE NUMBERS (HOME)	(WORK)	
AN TESTIFY TO	( ** * **** **************************	DEC 0 2 2019

SUBJECT: COTUGNO, Jacqueline E 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? Yes
WHERE WERE YOU GOING? Lone Davie FL
WHAT STREET OR HIGHWAY WERE YOU ON? <u>Going</u> to Atlantiz Auc
DIRECTION OF TRAVEL? S WHERE DID YOU START? North going South
WHAT TIME DID YOU START? NA WHAT TIME IS IT NOW?
WHAT IS TODAY'S DATE? 12/1 WHAT DAY OF THE WEEK IS IT? Syncary
WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County, Dalray
WHEN DID YOU LAST EAT? V; and Argelo's WHAT DID YOU EAT? Pizza Salad
WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? cleaning up from Thurbesgiving
HOW MUCH DO YOU WEIGH? 165 HAVE YOU BEEN DRINKING? 165 WHAT? Gin and tonic x2
HOW MUCH? 2 WHERE? Bostons WITH WHOM? Frior's
WHEN DID YOU HAVE YOUR FIRST DRINK? Bostons AND YOUR LAST DRINK? Bustons 12p
HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Slowly
CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? <u>no</u> ARE YOU UNDER THE INFLUENCE? <u>no</u>
HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? HOW MUCH? A
WHAT? WHERE? WHEN? WHEN?
WHAT LINE OF WORK ARE YOU IN? Stay at home more WHEN DID YOU LAST WORK? WHEN DID YOU LAST WORK? A
DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? but but what? but issue
ARE YOU SICK OR INJURED? NHAT'S WRONG? NO.
DO YOU LIMP? 10 DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? 10 S
WERE YOU IN AN ACCIDENT TODAY?
HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? NA
HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? NA WHY? NA
ARE YOU TAKING ANY PRESCRIPTION MEDICINES? 1/25 WHAT? Lexapor WHEN? 3pm WHEN?
DO YOU HAVE: EPILEPSY?
FALSE TEETH?  OO  PEG 0.2 0000
EAR INFECTION?  INNER FAR TROUBLE?
INNER EAR TROUBLE?
DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES?
DO YOU TAKE INSULIN?
HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE?

PINK - CENTRAL RECORDS

GOLD - JAIL

the state of the s
SUBJECT: Cotugno, Jacqueline E CASE NUMBER:
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.
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 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.

#### **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.

SCA	N	NED
DEC	02	2019

SUSPECT'S SIGNATURE: (X)

SUBJECT'S SIGNATURE: (X)

Read on canera



#### Palm Beach County Sheriff's Office - Arrests Only

	х	Florida State Statute	Description	Page Number(s)
		119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
ions		943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
L/E Exemptions		119.071(4)(c)	Undercover personnel.	
L/E.E.		119.071(2)(f)	Confidential informants (Cls).	
		119.071(2)(e)	Confession.	
Si .		985.04(1)	Juvenile offender records.	
mptio		119.071(h)(i)	Assets of a crime victim.	
Public Info. Exemptions		395.3025(7)(a), 456.057(7)(a)	Medical information.	
olic Int		394.4615(7)	Mental health information.	
2		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.	
	⊠	(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.	
of 23)		(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
Rule		(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)				
ıl Administr		(1) (第7 年) (1) (87 年) 第一 (2) (4 年) 第二 (2) (3) (4 年) 第二 (3) (4 年) 第二 (4 年) 第二		
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#### REVIEW COMPLETED BY

Booking Number: 2019038456	Date: 12/02/2019
	Specialist Name/ID: AM/31562

