

JKT # 0481702

PCH 3373

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1 Juvenile	
OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-16-136746	
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 2. 1. Yes 2. No NONE		Multiple Clearance Indicator 01			
Location of Arrest (Including Name of Business) S. JOG RD & FOREST HILL BLVD, GREENACRES, FL 33415				Location of Offense (Business Name, Address) S. JOG RD & FOREST HILL BLVD, GREENACRES, FL 33415			
Date of Arrest 10/09/2016	Time of Arrest 00:37	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Duvall's Towing	
Name (Last, First, Middle)				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 11/24/1972	Height 5'05"	Weight 145	Eye Color BROWN	Hair Color BLACK	Complexion LIGHT
Build MED							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOOS ON LEFT ARM, RIGHT SIDE				Marital Status SINGLE		Religion CATHOLIC	
Local Address (Street, Apt. Number) (City) (State) (Zip) 3020 20TH LANE, GREENACRES, FL 33463				Phone (561) 814-8989		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 3020 20TH LANE, GREENACRES, FL 33463				Phone (561) 814-8989		Address Source DEFENDANT - FL D/L	
Business Address (Name, Street) (City) (State) (Zip) N/A				Phone () N/A		Occupation	
D/L Number, State R160432729240, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) MACAW, PR	
Citizenship U.S.							
Co-Defendant Name (Last, First, Middle)				Race		Sex	
Co-Defendant Name (Last, First, Middle)				Race		Sex	
Name (Last) (First) (Middle)				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	
Address (Street, Apt. Number) (City) (State) (Zip)				Residence Phone		Business Phone	
Notified by: (Name)				Date		Time	
Released To: (Name)				Relationship		Date	
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 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 D.U.I.		Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)	
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 16-136746	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Location (Court, Room Number, Address) Criminal Justice Complex 3028 Gun Club Rd WPB, FL							
Court Date and Time Month NOVEMBER Day 10TH Year 2016 Time 8:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>							
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 10/09/2016							
HOLD for other Agency Name:		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) [Signature]		(PRINT)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S A. SENTMANAT		I.D. # 24968	
Intake Deputy [Signature]		I.D. #		Pouch #		Transporting Officer A. SENTMANAT	
I.D. #		Pouch #		ID # #24968		Agency PBSO	
Witness here if subject signed with an "X"							

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> Juvenile <input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 16136746		
Charge Type: Check as many as apply: <div style="display: flex; justify-content: space-between; font-size: small;"> <div> <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony </div> <div> <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor </div> <div> <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other </div> </div>				Special Notes		
Defendant Name (Last, First, Middle) [REDACTED]						
Charge DUI			Charge			
Charge			Charge			
Victim Name (Last, First, Middle) STATE OF FLORIDA				Race	Sex	
Local Address (Street, Apt. Number)		City	State	Zip	Phone	
			FL			
Business Address (Street, Apt. Number)		City	State	Zip	Phone	
3228 GUN CLUB RD		WEST PALM BEACH	FL	3460	561-688-3000	
The undersign 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...						
<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 commit the below acts.						
<input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.						
On the 9TH day of OCTOBER 20 16 at 00 <input type="checkbox"/> AM <input type="checkbox"/> PM						

******SUPPLEMENTAL PROBABLE CAUSE******

On 10-09-16 at approximately 0005 hrs, while patrolling the area of 10th Ave N., and S Jog Rd., Greenacres, Palm Beach County, FL 33467. I observed a yellow Jeep bearing FL tag [REDACTED] driving at a high rate of speed. The vehicle then came to a rolling stop at the intersection of 10th Ave N., and S Jog Rd., making a right turn and proceeded North on S Jog Rd from 10th Ave., N. I then followed the vehicle north as we traveled past Cresthaven Blvd., the vehicle then began to pick up speed. As we approached Purdy Ln., I began to pace the vehicle which was traveling 70mph in a 45 mph zone. The vehicle then came close to striking the median just after Purdy Ln. I initiated a traffic stop on the vehicle activating my red and blue emergency lights on S Jog Rd at Forest Hill Blvd. When I approached the vehicle from the driver side and make contact with the driver who was later identified as [REDACTED] I identified myself and advised her, the reason for stopping her, was because she was driving 70mph in a 45 mph zone to which she stated "I was doing 45mph, I was watching my speedometer". I then asked [REDACTED] for her drivers license, registration and insurance information. At this time, she was slowly looking around inside the vehicle and her purse for her vehicle registration and license. After a few moments I asked [REDACTED] for her license, which she then handed me [REDACTED]. As I began to ask [REDACTED] for her registration, I immediately noticed slurred speech and smelled a strong odor of an unknown alcoholic beverage emitting from her person. I then asked [REDACTED] where she was coming from to which she stated a friends house.

Based on the driver's behavior and odor of unknown alcohol while on the scene, I contacted 16trf3 D/S Sentmanat #24968, who arrived on the scene to continue and complete the investigation for the impaired driver.

This completes my involvement in this case.

SCANNED
OCT 09 2016

The foregoing instrument was sworn to and affirmed before me this 9th day of OCTOBER 20 16 , by:	
D/S SENTMANAT #24968 Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	D/S NORRIS 24996 Name of Arresting/Investigating Officer
 Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	 Signature of Arresting/Investigating Officer
Page 1 of 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 9TH DAY OF OCTOBER 2016 AT 23:58 PM ☒ AM ☐ PM
SUBJECT: [REDACTED] CASE NUMBER: 16-136746

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. SENTMANAT

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
D/S A. Norris had conducted a traffic stop on Sunday October 9, 2016 at approximately 2358hrs on S. Jog Rd and Forest Hill Blvd, Greenacres, FL 33463. See D/S A. Norris attached Supplemental Probable Cause Affidavit.

OBSERVATION OF DRIVER:

The driver of the vehicle was identified as [REDACTED]. I asked [REDACTED] to exit the vehicle. I observed her using the side of her vehicle to steady herself. I asked her to spit out the gum that she was chewing and she refused several times. Even though she continued to chew on her gum I could still smell an unknown alcoholic beverage coming from her breath/person. As [REDACTED] spoke her speech was slightly slurred and at times mumbled. [REDACTED]'s mood shifted from being polite to rude. She was swaying side to side as she stood there speaking with me.

DRIVER'S STATEMENTS:

[REDACTED] stated she was "okay" to drive because she was the designated driver for the party they had attended.

ODORS:

[REDACTED] had a strong odor of an unknown alcoholic beverage coming from her breath/person.

GENERAL OBSERVATIONS

SPEECH: Slightly slurred, mumbled, and slow to answer

ATTITUDE: At times Cooperative and at times belligerent

CLOTHING: Halter top, and green pants

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

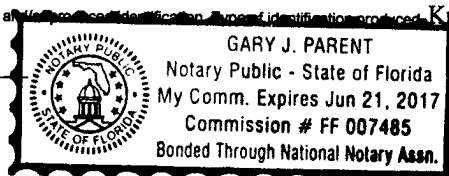
A. SENTMANAT

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of October 2016 by A. Sentmanat #24968

(Print name of Arresting/Investigative Officer), who is personally known to me as A. Sentmanat Identification Known

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



SCANNED
OCT 09 2016

SUBJECT: [REDACTED]

CASE NUMBER 16-136746

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:



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

Other Observations:

WALK & TURN:

[REDACTED] had a hard time maintaining the starting position. When she attempted the first step her arms went out more than ninety degree to balance herself. [REDACTED] stopped several times stating she wanted to call a lawyer or someone to talk to. I explained to her that if she did not do the tasks I was requesting of her I would have to make a determination based on the totality of what I had observed to this point. Again she would not comply so she was explained that she was being arrested for D.U.I.

ONE LEG STAND:

[REDACTED] refused to do any of the roadside (see above).

FINGER TO NOSE:

[REDACTED] refused to do any of the roadside (see above).

ROMBERG ALPHABET:

[REDACTED] refused to do any of the roadside (see above).

BREATH TEST RESULTS: 1) 0.184 2) 0.187 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

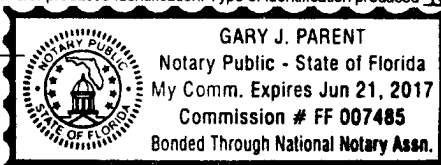
A. SENTMANAT

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of October, 2016 by A. Sentmanat #24968

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

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



SCANNED
OCT 09 2016

WITNESS LIST

CASE NUMBER: **16-136746**

ARRESTING OFFICER: **A. SENTMANAT**

ADDRESS: **2995 S. Jog Road, Greenacres, FL 33467**

PHONE NUMBERS (HOME): _____ (WORK) **561-688-3400**

CAN TESTIFY TO: **Roadsides and the B.A.T.**

NAME: **A. Norris**

ADDRESS: **2995 S. Jog Road, Greenacres, FL 33467**

PHONE NUMBERS (HOME) _____ (WORK) **561-688-3400**

CAN TESTIFY TO: **Driving pattern, traffic stop, and roadsides.**

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

OCT 09 2016

TESTING FACILITY TASK REPORT

AGENCY: PASO
SUBJECT: [REDACTED] CASE NUMBER: 16-130746
DATE: 10/01/16 VIDEO TAPE NUMBER: 61492
BEGINNING TIME: 0120 ENDING TIME: 0134
BREATH TESTS RESULTS: 1) 184 TIME 0127 A.M./P.M. 2) 187 TIME 0130 A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.
BREATH OPERATOR: G. PARSONS # 7909
MAINTENANCE TECHNICIAN: KARLOCH # 6967

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED
ATTITUDE: UPSET, TALKATIVE, FREQUENTLY CRYING, DRUG SWEEPS
CLOTHING: GREEN LARGO PANTS, WHITE HALTER TOP, NO SHOES
MEDICAL CONDITIONS: NONE
MEDICATIONS: NONE
OTHER: EYES GUMMY AND SLIGHTLY REDDISH, ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 0056 HRS.

A AGREED TO TAKE TEST, AFTER INTOX. WAS READY AND AND INSTRUCTIONS WERE GIVEN. A ASKED WHAT IF SHE DOESN'T TAKE TEST.
A/O READ I/C. A STATED SHE UNDERSTOOD I/C AND AGREED TO TEST

A/O READ RIGHTS
A STATED SHE UNDERSTOOD RIGHTS

TECH READ BREATH TEST RESULTS A STATED NO SHE DIDN'T UNDERSTAND RESULTS

A/O ATTEMPTED Q & A
A INVOKED HER RIGHT TO COUNSEL

SCANNED

OCT 09 2016

SUBJECT: [REDACTED] CASE NUMBER: 16 130 240

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) Read on Camera

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

SCANNED
OCT 09 2016

SUBJECT: [REDACTED] CASE NUMBER: 1C 136746

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:
 EPILEPSY? _____
 GLASS EYE? _____
 FALSE TEETH? _____
 EAR INFECTION? _____
 INNER EAR TROUBLE? _____
 DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

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


HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

SCANNED
OCT 09 2016

DAVID
DRIVER AND VEHICLE
INFORMATION DATABASE**STATE OF FLORIDA**
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
Time printed: 10/9/2016 12:46:27 AM**Record Detail**

Customer Name: [REDACTED]	Driver License Status: Valid	
DL/ID: R160-432-72-924-0	SSN: [REDACTED]	Class: E
Previous DUI: 0 <i>This count reflects total DUI convictions on record.</i>	Previous DWLS: 0 <i>This count reflects total DWLS convictions on record.</i>	

  ORGAN DONOR SAFE DRIVER Veteran REAL ID COMPLIANT	Address: 3583 WILLA WAY UNIT A LAKE WORTH, FL 33467	Date of Birth: 11/24/1972	Gender: FEMALE	Height: 5' 5"	EIN: 0100232972515098
	Original License Issue Date: 08/21/2015	Issued: 08/21/2015	Expires: 11/24/2023	Replaced: 01/25/2016	
	CDL Status:				
	Form Number: P791601250052				
	Citizen Status: US CITIZEN				
	Country of Birth: PUERTO RICO	State of Birth:			
	Race: HISPANIC/LATINO				

Restrictions:	Endorsements: MOTORCYCLE ALSO	Conditional Messages:
----------------------	---	------------------------------

SCANNED
OCT 09 2016