0511694 2019CT19022AMB 3028

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number:

Agency ORI Number:

Agency Name: Palm Beach Police Department

Agency Report Number (N.T.A.'s only): 19-001322

Charge Type (Check as many as apply): ☐ 1. Felony ☐ 2. Traffic Felony ☑ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 1. Yes 2. No

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 760 S Ocean Blvd., PALM BEACH, FL, 34880

Location of Offense (Business Name, Address): 700 S Ocean Blvd, PALM BEACH, FL 34880

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/12/2019	0141					

DEFENDANT

Name (Last, First, Middle): Perez-Ortiz, Josefina

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	05/1/1972	500	152	Bro	blk	Light	Small

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: Single — Religion: NONE

Indication of: Alcohol Influence: Y ☑ N ☐ Unk. ☐ — Drug Influence: Y ☐ N ☐ Unk. ☑

Local Address (Street, Apt. Number) (City) (State) (Zip) — Phone: ( )

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number): 1017 Selkirk St — (City): West Palm Beach — (State): FL — (Zip): 33406 — Phone: (561) 541-4082

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip) — Phone: ( )

Occupation: House Cleaner

D/L Number, State: P626420726610 FL — Soc. Sec. Number: [redacted] — INS Number:

Place of Birth (City, State): Tacana, Guatemala — Citizenship: Guatemala

CO-DEF

Co-Defendant Name (Last, First, Middle): — Race — Sex — Date of Birth — ☐ 1. Arrested ☐ 2. At Large — ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle): — Race — Sex — Date of Birth — ☐ 1. Arrested ☐ 2. At Large — ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) — Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone ( )

Notified by: (Name) — Date — 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 ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason) — School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

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

Charge Description: D.U.I. — Counts: 1 — Domestic Violence ☐Y ☐N — Statute Violation Number: 316.193(1) — Violation of ORD #:

Drug Activity: N — Drug Type: N — Amount / Unit: — Offense #: 19-001322 — Warrant / Capias Number: — Bond: OR

CHARGE

Charge Description: — Counts: — Domestic Violence ☐Y ☐N — Statute Violation Number: — Violation of ORD #:

Drug Activity — Drug Type — Amount / Unit — Offense # — Warrant / Capias Number — Bond

CHARGE

Charge Description: — Counts: — Domestic Violence ☐Y ☐N — Statute Violation Number: — Violation of ORD #:

Drug Activity — Drug Type — Amount / Unit — Offense # — Warrant / Capias Number — Bond

CHARGE

Charge Description: — Counts: — Domestic Violence ☐Y ☐N — Statute Violation Number: — Violation of ORD #:

Drug Activity — Drug Type — Amount / Unit — Offense # — Warrant / Capias Number — Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): 3228 Gun Club Rd., West Palm Beach, Fl

Court Date and Time: Month 10 Day 31 Year 2019 Time 830 (AM) 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

ADMIN

HOLD for other Agency Name:

Signature of Arresting Officer: x [signature]

Name Verification (Printed by Arrestee): (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): Ardon — I.D. #: 0068

Intake Deputy: DS Coll [illegible] — I.D. #: 7620 — Pouch #:

Transporting Officer: Ardon — ID #: — Agency: PBPD

Witness here if subject signed with an -X"

PAGE 1 OF 1

PBSO #148 REV. 8/97 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

OCT 12 AM 5:47

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

Juvenile: N

Agency ORI Number:

Agency Name: Palm Beach Police Department

Agency Report Number: 19-001322

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☑ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Perez-Ortiz, Josefina		W	F	05/1/1972

CHARGES

Charge Description		Charge Description	
D.U.I.	316.193(1)		
Charge Description		Charge Description	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA			

Local Address (Street, Apt. Number) (City) (State) (zip) Phone ( ) Address Source

Business Address (Name, Street) (City) (State) (zip) Phone ( ) Occupation

PROBABLE CAUSE STATEMENT

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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☐ was found to have commited the below acts, resulting from my (described) investigation.

On the 10th day of October 20 19 at 0115 ☑ A. M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

I observed a red Ford Pickup bearing FL tag 608PZK traveling North in the 1100 block of S Ocean Blvd with a tag light not working properly, and the female driver not wearing a seatbelt. I began to follow the vehicle and observed it swearing from the painted shoulder to the painted median several times. I then conducted a traffic stop on the vehicle.

Upon speaking with the driver, identified via FL DL as Josefina Perez-Ortiz (W/F DOB 08/28/1972), I detected a strong odor of an unknown alcoholic beverage emanating from her breath. Perez's eyes were observed to be blood shot and glassy. Her speech was slow and slurred and she seemed confused. I observed approximately 11 beer bottles through-out the vehicle. She was asked to provide her DL, insurance card, and registration. She was moving at an extremely slow pace and kept fumbling with her documents.

Once Perez provided me with her documentation, she was asked if he had anything alcoholic to drink recently, which she stated she had one drink earlier with friends. At this time, I went back to my patrol vehicle, turned off my emergency overhead lights, and repositioned my vehicle. Due to my observations, I advised Perez that I wished to conduct some standardized field sobriety tasks with her. Perez agreed and exited her vehicle. I directed her over to the back of her vehicle.

The following standardized field sobriety tasks were administered in accordance with NHTSA standards. The tests were conducted on a flat surface, in a well-illuminated area, and in a safe position that was clear of debris, obstructions, and traffic. When asked, Perez advised he had no injuries or medical impairment. The field sobriety tasks were recorded via vehicle 808's audio/video system.

Horizontal Gaze Nystagmus:

I explained the task to Perez and she acknowledged that she understood the instructions. Perez's eyes were checked, and no signs of resting nystagmus, unequal pupil size, or unequal tracking were seen. Perez advised he had no recent head injuries, and she was not wearing glasses or contacts. Perez had difficulty following instructions and had to be reminded several times to keep her head still during this task and was swaying back and forth during the task.

Walk and Turn:

I explained and demonstrated the tasks to Perez, she acknowledged that she understood the instructions. At the completion of the task, a total of 8 clues were observed. Perez was unable to maintain her balance during the instruction portion of this task. When informed to start, Perez failed touch heal to toe on each of her steps. Perez failed to turn properly, failed touch heal to toe on each of her steps back, Perez began to stumble while walking and had to regain her balance on her walk back. Perez took 14-15 steps instead of the 9 instructed and used her arms as balance.

One Leg Stand:

I explained and demonstrated the task to Perez and she acknowledged that she understood the instructions. At the completion of the task, a total of 2 clues were observed. During this task, Perez placed his foot down to maintain her balance before she was instructed to stop several times. Additionally, she raised her foot and began to walk forward. During the task Perez was also swaying while he was balancing.

Finger to Nose Test:

I explained and demonstrated how to perform the task, which Perez stated she understood. At the completion of the task a total of 5 clues were observed. During this task Perez failed to properly tilt her head back as demonstrated and instructed, I had to remind her several times to put her hand down after each of his attempts to touch her nose. She also failed to touch the tip of her nose several times with her right index finger. She also used the wrong hand than instructed several times.

Rhomberg with Recitation:

Perez stated she did not know her alphabet or numbers correctly. Due to that this task was not performed.

Based on the above facts and the totality of the circumstances, I had reason to believe Perez had operated her motor vehicle while impaired.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
Ardon
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of October 20 19 by Ardon

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

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

PAGE 1 OF 1

PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10th DAY OF October 20 19, AT 0115 ✓ AM PM

SUBJECT: Perez-Ortiz, Josefina CASE NUMBER: 19-001322

AGENCY: Palm Beach Police Department ARRESTING OFFICER: Ardon

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

The vehicle was swerving from the painted shoulder to the painted median several times. At the time of the stop the defendant was the sole occupant of the vehicle.

OBSERVATION OF DRIVER:

Slurred speech, blood shot eyes, had trouble standing, confused.

DRIVER'S STATEMENTS:

Stated she went to the bar to drink with friends.

ODORS:

Unknown alcoholic beverage was emanating from his person.

GENERAL OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **Unaware of what was happening**

CLOTHING: **Jeans, pink collared shirt.**

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

Ardon
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of October 20 19 by _____

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

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 08/20/2023

SUBJECT: Perez-Ortiz, Josefina CASE NUMBER 19-001322

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:

Eyes glassy and bloodshot. Extreme swaying of body while speaking.

WALK & TURN

Could not keep balance during instruction stage. Used arms for balance. missed heel to toe on multiple steps. stepped off line multiple times. Improper turn. Started before instructed to. Almost fell over. Took 14-15 steps.

ONE LEG STAND:

Put foot down several times, swayed back and forth, did not count, began to walk, started too soon.

FINGER TO NOSE:

Missed nose multiple times. Kept finger on nose (had to be instructed multiple times to return finger back down to her side) Did not keep head tilted back. Swayed.

ROMBERG ALPHABET:

Did not do.

BREATH TEST RESULTS: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

Ardon
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of October 2019 by _____

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

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

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: 80-006240 Software: 8100.27
Date of Test: 10/12/2019

Date of Last Agency Inspection: 09/13/2019
Observation Period Began: 02:14
Subject's Name: JOSEFINA PEREZ-ORTIZ DOB: 05/01/1972 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	02:39
Air Blank	0.000	02:39
Control Test	0.081	02:40
Air Blank	0.000	02:40
Subject Sample #1	0.207	02:41
Air Blank	0.000	02:41
Air Blank	0.000	02:43
Subject Sample #2	0.208	02:44
Air Blank	0.000	02:44
Control Test	0.080	02:45
Air Blank	0.000	02:45
Diagnostics Check	OK	02:45

Cylinder Lot: 00919080A3
Exp: 03/05/2021

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 THOMAS H LEAHEY, 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: T Leahey Date: 10/12/19
Signature

Sworn to (or affirmed) before me this 12th day of October, 2019

Signature of Notary Public-State of Florida

Ofc T Ardon #0068
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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

PBSO CASE # 19-125322 PBSO ZONE 1-11

AGENCY CASE # 19-001322 CRASH CASE #

TIME OF STOP/CRASH 0115 DATE 10/12/19 DAY SAT

SUBJECT'S NAME JOSEFINA PEREZ-ORTIZ RACE H SEX F

HGT 500 WGT 152 DOB 05/1/72

LOCATION 700 S OCEAN BLVD

ARRESTING OFFICER'S NAME & ID ARDON 0068 AGENCY TBPD

DIVISION:

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 0214

BREATH RESULTS:

Arrest Time 01:41

1. .207
2. .208
3. N/A
4. N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

TESTING FACILITY TASK REPORT

AGENCY: PBPD

SUBJECT: Perez-Ortiz, Josefina CASE NUMBER: 19-125322

DATE: 10/12/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 02:36 ENDING TIME: 02:57

BREATH TESTS RESULTS: 1) .207 TIME 02:41 A.M./P.M. 2) .208 TIME 02:44 A.M./P.M.

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: T. Leahey #19183

MAINTENANCE TECHNICIAN: J. Karleeke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Spanish Speaking - translation by AIOT Arden PBPD #0068

ATTITUDE: Calm, cooperative, talkative

CLOTHING: blue jeans, pink shirt, black flip flops

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: eyes glassy + bloodshot
odor of unknown alcoholic beverage on breath.
Δ stated she drank 2-3 beers - Q+A

COMMENTS: arrived at center A10 conducted 20 minute observation period at 02:14 hrs

Δ agreed to perform breath test

Tech read breath test results + Δ stated she understood breath test results.

A10 read rights + Δ stated she understood rights.

A10 conducted Q+A

Δ answered questions

WITNESS LIST

CASE NUMBER: 19-001322

ARRESTING OFFICER: Ardon
ADDRESS: 345 S. County Rd Palm Beach FL, 33480
PHONE NUMBERS (HOME): (561)838-5454 (WORK)
CAN TESTIFY TO: SFST, Arrest

NAME: Ofc. Maccrone
ADDRESS: 345 S. County Rd. Palm Beach FL, 33480
PHONE NUMBERS (HOME) (561)838-5454 (WORK)
CAN TESTIFY TO: back-up officer

NAME: Sgt. Koerner
ADDRESS 345 S. County Rd. Palm Beach FL, 33480
PHONE NUMBERS (HOME) (561)838-5454 (WORK)
CAN TESTIFY TO: Supervisor on scene

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

SUBJECT: Perez-Ortiz, Josefina 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? HOME

WHAT STREET OR HIGHWAY WERE YOU ON? 6TH AVE TO PALM BEACH

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? FEDERAL PALM BEACH

WHAT TIME DID YOU START? DID NOT SEE WHAT TIME IS IT NOW? DON'T KNOW

WHAT IS TODAY'S DATE? FRIDAY INTO SATURDAY WHAT DAY OF THE WEEK IS IT? FRIDAY INTO SATURDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? WEST PALM BEACH

WHEN DID YOU LAST EAT? 4PM WHAT DID YOU EAT? SOUP AND CHICKEN

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? WITH FRIENDS DRINKING

HOW MUCH DO YOU WEIGH? 150-152 HAVE YOU BEEN DRINKING? YES WHAT? BEER

HOW MUCH? 2-3 WHERE? BAR WITH WHOM? FRIENDS

WHEN DID YOU HAVE YOUR FIRST DRINK? 10PM AND YOUR LAST DRINK? 10-1030PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? 1030PM

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO 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? HOUSE KEEPING WHEN DID YOU LAST WORK? FRIDAY 10AM

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? NO

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?	NO
GLASS EYE?	NO
FALSE TEETH?	NO
EAR INFECTION?	NO
INNER EAR TROUBLE?	NO
DIABETES?	NO

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? NO WHERE? _____

INTERVIEWER: OFC ARDON #0068

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

PBSO #0129C REV. 9/93

SUBJECT: Perez-Ortiz, Josefina 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.

-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

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(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.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019033267	**Date:** 10/13/2019
	Specialist Name/ID: AM/31562

3425-XDV 6

FLORIDA DUI UNIFORM TRAFFIC CITATION

COUNTY OF: PALM BEACH

CITY (IF APPLICABLE): PALM BEACH

☐ (1) F.H.P. ☒ (2) P.D. ☐ (3) S.O. ☐ (4) OTHER AGENCY

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT (RETAINED BY COURT)

DAY OF WEEK	MONTH	DAY	YEAR	TIME ☐ A.M. ☐ P.M.
SAT	10	12	19	141

NAME (PRINT) FIRST: JOSEFINA MIDDLE: LAST: PEREZ-ORTIZ

IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ☐

STREET: 1017 SELKIRK ST

CITY: WEST PALM BEACH STATE: FL ZIP CODE: 33405

TELEPHONE NUMBER: (561) 791 4082 DATE OF BIRTH: MO 05 DAY 1 YR 72 RACE H SEX F HGT 500

DRIVER LICENSE NUMBER: P 6 2 6 4 2 0 7 2 6 6 1 0 STATE FL CLASS E COM LICENSE Y YR. LICENSE EXP. 2025 IF COMMERCIAL MTR. VEH. "X" HERE ☐

IF PLACARDED HAZARDOUS MATERIAL "X" HERE ☐

YR. VEHICLE 2006 MAKE FORD STYLE PK COLOR RED

VEHICLE LICENSE NO. 6D8 PEK TRAILER TAG NO. STATE FL YEAR TAG EXPIRES 2020 IF COMPANION CITATION(S) "X" HERE ☐

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: 700 S OCEAN BLVD

FT. ____ MILES ____ ☐ N ☐ S ☐ E ☐ W OF NODE ____ IF COMPANION CITATION(S) "X" HERE ☐

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF ____

COMMENTS PERTAINING TO OFFENSE: (Only one offense each citation)

☒ STATE STATUTE ☐ AGGRESSIVE DRIVER SECTION 316.193 SUB-SECTION (1)

CRASH ☐ YES ☒ NO DAMAGE TO OTHER PROPERTY ☐ YES $ ____ ☒ NO INJURY TO ANOTHER ☐ YES ☒ NO SERIOUS BODILY INJURY TO ANOTHER ☐ YES ☒ NO FATAL ☐ YES ☒ NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE: 10/31/19 TIME: 0830 AM 3425-XDV CHECK DIGIT 6

COURT AND LOCATION: 5228 GUN CLUB RD WEST PALM BEACH, FL

ARREST DELIVERED TO ____ DATE ____

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

☒ DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION/DISQUALIFICATION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OF DRIVING WITH UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL OR ONE YEAR IF PREVIOUSLY SUSPENDED OR DISQUALIFIED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL WHEN OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR THE SAME PERIOD OF TIME AS THE SUSPENSION.

☐ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST F.S. 322.2615. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. WHEN OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY FOR A SECOND REFUSAL WHILE OPERATING A CMV.

LICENSE SURRENDERED? ☒ YES ☐ NO REASON ____

ELIGIBLE FOR PERMIT? ☐ YES ☒ NO REASON ____

UNLESS INELIGIBLE THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE ____ BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES. SEE REVERSE SIDE.

OFC ARDON — RANK - SIGNATURE OF OFFICER

15 — BADGE NO.

0068 — I.D. NO.

PATROL — TROOP UNIT

HSMV 79904 (Rev. 7/09)

TEAM 4