

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

Juvenile  N

18CT11619

ADMINISTRATIVE	OBTS Number	Agency ORJ Number <b>FLO 502600</b>		Agency Name <b>Palm Beach Gardens Police Department</b>		Agency Report Number (N.T.A.'s only) <b>78- 18-003941</b>		Multiple Clearance Indicator						
	Charge Type: Check as many as apply:	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type <b>2</b> 1. Yes 2. No									
DEFENDANT	Location of Arrest (Including Name of Business) <b>4457 Lilac Street</b>				Location of Offense (Business Name, Address) <b>Military Trail/Burns Road</b>									
	Date of Arrest <b>07/01/2018</b>	Time of Arrest <b>0134</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Released to friend</b>							
CO-DEF	Name (Last, First, Middle) <b>Cestaro, Krista, Nicole</b>				Alias (Name, DOB, Soc. Sec. #, Etc.) <b>N/A</b>									
	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>11/27/1982</b>	Height <b>505</b>	Weight <b>140</b>	Eye Color <b>Bro</b>	Hair Color <b>Bro</b>	Complexion <b>Light</b>	Build <b>Average</b>					
JUVENILE	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>N/A</b>				Martial Status <b>Single</b>	Religion <b>Agnostic</b>	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U							
	Local Address (Street, Apt. Number) <b>1800 Via Royale Apt 1814</b>		(City) <b>Jupiter</b>	(State) <b>FL</b>	(Zip) <b>33458</b>	Phone <b>(561) 510-4046</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>						
CHARGE	Permanent Address (Street, Apt. Number) <b>Same as Local Address</b>				Address Source <b>Arrestee</b>		Business Address (Name, Street) <b>Realtor</b>							
	DL Number, State <b>C98-195-756 KY</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Louisville, KY</b>		Citizenship <b>US</b>					
CHARGE	Co-Defendant Name (Last, First, Middle) <b>N/A</b>				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						
	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						
CHARGE	Parent Name (Last, First, Middle) <b>( )</b>				Legal Custodian <b>( )</b>				Residence Phone <b>( )</b>					
	Address (Street, Apt. Number) <b>( )</b>				(City) <b>( )</b>	(State) <b>( )</b>	(Zip) <b>( )</b>	Business Phone <b>( )</b>						
CHARGE	Notified by: (Name) <b>( )</b>				Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		<b>1</b>					
	Released To: (Name) <b>( )</b>				Relationship <b>( )</b>				Date	Time				
CHARGE	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 385-2528) 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					
CHARGE	Drug Activity N. N/A P. Possess				S. Sell D. Deliver T. Traffic	R. Smuggle 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	Status Violation Number <b>316.193(1)</b>		Violation of ORD #					
CHARGE	Drug Activity				Drug Type	Amount / Unit	Offense # <b>18-003941</b>	Warrant / Capias Number		Bond <b>OR</b>				
	Charge Description <b>FL DL required if work or children in school</b>				Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Status Violation Number <b>322.031(1)</b>		Violation of ORD #					
CHARGE	Drug Activity				Drug Type	Amount / Unit	Offense # <b>18-003941</b>	Warrant / Capias Number		Bond <b>OR</b>				
	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Status Violation Number		Violation of ORD #					
CHARGE	Drug Activity				Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Status Violation Number		Violation of ORD #					
CHARGE	Drug Activity				Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Status Violation Number		Violation of ORD #					
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410</b>													
	Court Date and Time Month <b>August</b> Day <b>01</b> Year <b>2018</b> Time <b>10:00</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) <b>(Signature)</b>														
Date Signed														
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer <b>(Signature) 492</b>				Name Verification (Printed by Arrestee) <b>(Print) Krista Cestaro</b>					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Releated Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) <b>Tyler Witt #492</b>				I.D. # <b>492</b>					
Police-Deputy <b>DS 2016 7620</b>				ID #		Pouch #		Transporting Officer <b>Witt</b>		ID # <b>492</b>				
				Agency <b>PBGPD</b>		Witness here if subject signed with an "X"		PAGE <b>1</b>		OF <b>1</b>				

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PURS AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

0499467

SCANNED  
JUL 06 2018 10:07 JUL 1 AM 4:31

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 01 DAY OF July 20 18, AT 0119 Hours AM PM

SUBJECT: Cestaro, Krista, Nicole CASE NUMBER: 18-003941

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Tyler Witt #492

## PERSONAL CONTACT

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

I observed a red Chevy Equinox southbound on Military Trail from the area of Kyoto Gardens Drive in front of me. The vehicle was traveling at 70 miles per hour in a posted 45 mile per hour zone (Paced). The vehicle then began to make contact with the lane dividers. The vehicles right rear tail light was emitting a white light and not red. As I got behind the vehicle the vehicle slowed to 30 miles per hour in a posted 45 mile per hour zone. Due to these facts I had probable cause to stop the vehicle. Upon stopping the vehicle I observed the defendant behind the wheel of the driver's seat in physical control of the vehicle.

## OBSERVATION OF DRIVER:

I smelled a strong odor of alcohol coming from the defendants mouth and person. I noticed her speech was slurred and mumbled at times. While speaking she had a delay in responding. I observed her eyes to be bloodshot, watery, and glassy.

## DRIVER'S STATEMENTS:

The driver stated she was coming from her residence and going to downtown West Palm Beach. She stated she drank two alcoholic beverages. She stated she had a Whiskey and water, and a Rum and Coke.

## ODORS:

Alcohol and Cologne

## GENERAL OBSERVATIONS

SPEECH: Slurred and Mumbled

ATTITUDE: Indifferent

CLOTHING: Romper and High Heels- Clean

MEDICAL/OTHER: None stated

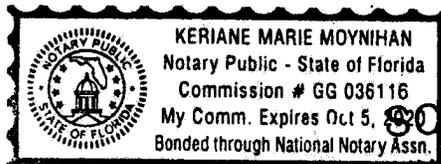
STATE OF FLORIDA  
COUNTY OF PALM BEACH

*[Signature]*  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 01 day of July 20 18 by Ofc. T. Witt

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

*[Signature]*  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED  
JUL 06 2018

2018 JUL -2 AM 8:54

**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:**

N/A

**WALK & TURN:**

I explained and demonstrated the exercise to the defendant. She stated that she understood. While speaking to her I observed her swaying while standing still. While explaining the instructions she could not keep her balance. Once the exercise started she missed heel to toe and used her arms for balance. She took 8 steps on the first 9 steps which was the wrong number of steps. She then improperly turned. I observed 5 of 8 indicators of impairment.

**ONE LEG STAND:**

I explained and demonstrated the exercise to the defendant. She stated that she understood. Upon beginning the exercise I observed her to sway while balancing. She used her arms for balance during the exercise to prevent from loosing her balance. I observed her put her foot on the ground to regain balance. I observed 3 of 4 indicators of impairment.

**FINGER TO NOSE:**

N/A

**ROMBERG/ALPHABET:**

N/A

**BREATH TEST RESULTS:** 0.159, 0.156

STATE OF FLORIDA  
COUNTY OF PALM BEACH

*[Signature]*  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 01 day of July, 2018 by OFC J. WITT  
who is personally known to me and/or produced identification. Type of identification produced Known

*[Signature]*  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



# WITNESS LIST

CASE NUMBER: 18-003941

ARRESTING OFFICER: Tyler Witt #492

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 799-4445

CAN TESTIFY TO: \_\_\_\_\_

NAME: Officer Mike Koegel #456

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of the case

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 \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

SCANNED  
JUL 06 2018

# TESTING FACILITY TASK REPORT

AGENCY: PBC  
SUBJECT: Cestaro, Krista N  
CASE NUMBER: 13-092132  
DATE: 07/01/18  
VIDEO TAPE NUMBER: N/A  
BEGINNING TIME: 02:48  
ENDING TIME: 03:18  
BREATH TESTS RESULTS: 1) .151 TIME 02:58 A.M./P.M. 2) .156 TIME 03:03 A.M./P.M.  
3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.

BREATH OPERATOR: K. Moynihan #22079  
MAINTENANCE TECHNICIAN: J. Kurlecke #16467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred  
ATTITUDE: Calm, quiet, talkative, argumentative, anxious, minor swings. Cooperative.  
CLOTHING: Multi-colored sleeveless pants suit, no shoes.  
MEDICAL CONDITIONS: None  
MEDICATIONS: None

OTHER: Eyes glassy and bloodshot.  
Only of unknown alcoholic beverage on Breath. Admitted to drinking  
Whiskey and water and Rum and Coke. (Q+A)

COMMENTS: Arrived at Testing Center. ALO began 30 minute  
Observation Period at 02:14 hrs.

A refused to take test.

ALO read IIC and explained

A stated she understood IIC and agreed to take test.

Tech read Breath Test Results, A stated she understood the  
results

No read Rights  
A acknowledged she understood her Rights  
ALO conducted Q+A  
A answered Questions

SCANNED  
JUL 06 2018

SUBJECT: Cestaro, Krista N

CASE NUMBER: 18-003941

## 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

JUL 06 2018

SUBJECT: Ceslaro, Kusta N CASE NUMBER: 18-003941

# 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? to work

WHAT STREET OR HIGHWAY WERE YOU ON? 1st St

DIRECTION OF TRAVEL? North WHERE DID YOU START? 1st St

WHAT TIME DID YOU START? 7:00 AM WHAT TIME IS IT NOW? 7:30 AM

WHAT IS TODAY'S DATE? 7/6/18 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? San Diego

WHEN DID YOU LAST EAT? 6:30 AM WHAT DID YOU EAT? Breakfast

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

HOW MUCH DO YOU WEIGH? 180 lbs HAVE YOU BEEN DRINKING? Yes WHAT? Beer

HOW MUCH? 2 WHERE? at work WITH WHOM? colleagues

WHEN DID YOU HAVE YOUR FIRST DRINK? 6:30 AM AND YOUR LAST DRINK? 7:00 AM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? at work

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? None

WHAT? None WHERE? None WHEN? None

WHAT LINE OF WORK ARE YOU IN? Construction WHEN DID YOU LAST WORK? Today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? None

ARE YOU SICK OR INJURED? No WHAT'S WRONG? None

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? None

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? None WHEN? None

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? None

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? None

INTERVIEWER: [Signature]

SCANNED  
JUL 06 2018



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action, on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2018021782	Date: 07/02/2018
	Specialist Name/ID: WATSON/6665

SCANNED  
 JUL 06 2018