19CT 19036

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 01 — Juvenile:

OBTS Number:

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-125861

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): 02 — Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): Lantana Rd / Jog Rd, Lake Worth, FL 33467

Location of Offense (Business Name, Address): Lantana Rd / Jog Rd, Lake Worth, FL 33467

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/13/2019	21:11	10/14/2019				

DEFENDANT

Name (Last, First, Middle): **Linarez, Lorraine, B**

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

Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	07/18/1959	5'03	135	Blue	Blonde	Light	Slim

(Race: W - White I - American Indian B - Black 0- Oriental/Asian)

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): Sun - Right Shoulder

Marital Status: Married — Religion: NONE

Indication of: Alcohol Influence: Y ☒ — Drug Influence: Unk. ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 3959 Via Poinciana Apt 208, Lake Worth, FL 33467 — Phone: (845) 729-4505

Residence Type (1. City 2. County 3. Florida 4. Out of State): 04

Permanent Address (Street, Apt. Number): 13 Third St Apt 1, Haverstraw, NY 10927 — Phone: ( )

Address Source: Verbal

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
L09499874, NY	[redacted]		Long Island, NY	U.S.

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: — 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	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI w/ Property Damage	01	☐Y ☒N	316.193(3)(c)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		19-125861		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): South County Courthouse - 200 W. Atlantic Ave, Delray Beach FL 33444

Court Date and Time: Month November Day 4 Year 2019 Time 8:30 AM X 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

X [signature] — 10/13/2019

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)

OCT 14 AM 12:52

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): D/S Ryan Dalton #32421 — I.D. #:

Intake Deputy: [signature] — I.D. # — Pouch # — Transporting Officer: D/S Ryan Dalton — ID #: 32421 — Agency: PBSO

Witness here if subject signed with an "X"

PAGE 01 OF 01

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

PBSO #148 REV. 8/97

NOT A CERTIFIED COPY

0511731

SCANNED
OCT 1 4 2019 1876

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF October 20 19 AT 19:55 AM ✓ PM

SUBJECT: Linarez, Lorraine, B CASE NUMBER: 19-125861

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Ryan Dalton #32421

PERSONAL CONTACT

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

I was dispatched to a two-vehicle collision at the intersection of eastbound Lantana Rd and Jog Rd. When I arrived on scene I observed a Gray Nissan Sentra bearing New York tag JDV2928 directly behind a Black Toyota 4-door bearing Florida tag LJQK97. There was a white female standing near the Nissan wearing a gray and white dress. I spoke to the occupants of the Toyota who both provided sworn statements and pointed out that the white female wearing the dress was the driver and sole occupant of the Nissan. The female was identified via her New York driver's license as Ms. Lorraine Linarez.

OBSERVATION OF DRIVER:

While speaking to Ms. Linarez I could smell the strong odor of an unknown alcoholic beverage coming from her breath/mouth. She slurred her words and appeared unsteady on her feet. Her eyes were bloodshot/watery and her eyelids were droopy. Her mannerisms and movements appeared labored and lethargic. Her recollection of the crash, where she was going to and coming from all didn't make any sense. When I spoke to the occupants of the Toyota (Robert Green and Denese Ortiz) they both stated that they thought Ms. Linarez seemed impaired and she staggered when she walked.

DRIVER'S STATEMENTS:

Once they gathered the information regarding the crash and the crash investigation was complete, I informed Ms. Linarez. She was advised that the crash investigation was complete and that I would be conducting a criminal investigation for DUI based off what I had observed during my interaction with her. She acknowledged that she understood. I read Ms. Linarez her Miranda Rights and she acknowledged that she understood. She then admitted post-Miranda that she was the sole occupant driver of the Nissan at the time of the crash. She also admitted to having "two" drinks and made remarks asking whether or not she was in trouble.

ODORS:

Strong odor of an unknown alcoholic beverage coming from her breath/mouth

GENERAL OBSERVATIONS

SPEECH: **Slurred, mumbled**

ATTITUDE: **Very polite**

CLOTHING: **Black White Dress, black shoes**

MEDICAL/OTHER: **Heart surgery in March of this year and is diabetic. Sugar was checked on scene and was found to be 99 (normal)**

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Ryan Dalton #32421
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of October 20 19 by **D/S Ryan Dalton #32421**

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

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

BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

NOT A CERTIFIED COPY

SCANNED
OCT 14 2019

SUBJECT: Linarez, Lorraine, B CASE NUMBER 19-125861

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

I also observed that Ms. Linarez swayed while standing and that she had to be repeatedly instructed to not move her head and to keep following the light. She would frequently look past the light, not focus on it, or dart her eyes in the direction of the light; anticipating where it may be going. She had to be reminded numerous times to follow the instructions

WALK & TURN:

The next exercise I asked her to perform was the Walk & Turn. I explained and demonstrated the exercise to Ms. Linarez who confirmed that she understood. She opted to attempt the exercise without her heels/shoes. I noticed that when walking to the line, she appeared unsteady on her feet. Her speech remained a little mumbled and slurred. While explaining the exercise it appeared that she had a difficult time following instructions and getting in the starting position. Once she began the exercise I observed the following clues of impairment: she missed heel to toe on several steps; she stepped off the line; she raised her arms for balance; she took the incorrect number of steps; and she improperly performed that turn-around. Throughout the exercise I observed that she was very unsteady on her feet.

ONE LEG STAND:

I then asked Ms. Linarez to perform the One Leg Stand. I explained and demonstrated the exercise to Ms. Linarez until she confirmed that she understood the instructions. She had to be repeatedly told to keep her feet together, however she kept inching them apart. Once she attempted the exercise I observed the following clues of impairment: Ms. Linarez swayed while standing; she raised her arms for balance; and she put her foot down repeatedly. She was unable to hold her foot up for more than approximately 4 seconds and nearly fell over to the point where I had to quickly step towards her as I thought she may fall. She attempted the exercise three times and exhibited the same (or similar) clues each time.

FINGER TO NOSE:

I explained and demonstrated it to her until she acknowledged that she understood. Once asked to begin the exercise I observed the following: she missed touching the tip of the finger to the tip of the nose on a few attempts and she swayed while standing. She also began to lean her head forward and had to be reminded to keep it tilted back.

MODIFIED ROMBERG:

For this exercise I asked that he stand with her feet together and her hands by her side. I then instructed Ms. Linarez that for the exercise, she would need to tilt her head back, close her eyes, and estimate the passage of 30 seconds in her head. Once that time had elapsed, to lean her head forward, open her eyes, and say "Stop" to indicate to me that she was done. When she performed that exercise I observed that approximately 28 seconds elapsed when she opened her eyes and indicated that she was done.

BREATH TEST RESULTS: .133 .137

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Ryan Dalton #32421
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of October 20 19 by D/S Ryan Dalton #32421

(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced [illegible] as identification produced Known LEO

BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

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

NOT A CERTIFIED COPY

SCANNED
OCT 14 2019

WITNESS LIST

CASE NUMBER: 19-125861

ARRESTING OFFICER: D/S Ryan Dalton #32421

ADDRESS: PBSO District 6 - 7894 S. Jog Road, Lake Worth FL 33467

PHONE NUMBERS (HOME): (WORK) (561) 688-4860

CAN TESTIFY TO: Crash investigation, field sobriety, arrest, breath test, medical clearance

NAME: D/S P. Lennertz # 7166

ADDRESS: PBSO District 6 - 7894 S. Jog Road, Lake Worth FL 33467

PHONE NUMBERS (HOME) (WORK) (561) 688-4860

CAN TESTIFY TO: Crash investigation (on scene)

NAME: D/S L. Andres # 30105

ADDRESS PBSO District 6 - 7894 S. Jog Road, Lake Worth FL 33467

PHONE NUMBERS (HOME) (WORK) (561) 688-4860

CAN TESTIFY TO: Crash investigation

NAME:

ADDRESS

PHONE NUMBERS (HOME) () (WORK) ()

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

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ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NOT A CERTIFIED COPY

SCANNED

OCT 14 2019

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☑ WITNESS ☑ VICTIM ☐ OTHER

CASE #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
19-125861	6-22	Lorraine Linarez	10/13/19 19:55
EVENT TYPE: Crash | DUI		DEPUTY: R. Dalton	ID#: 32421

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Ortiz	Denese		W	F

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
1-3-78 D	4'10	110	Black	Brown

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
137 Fairway Lane	RPB	FL	33411
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
( )	(561)635-3222	( )	dortiz1978@hotmail

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

1 YOUR NAME: Denese Ortiz

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

I was heading east on Lantana Rd but was going to turn north on Jog Rd as I waited at red light I felt a hit from being. I was rear-ended by a white or light gray Nissan. The driver came older white lady but asked if we were okay. She then walked back to her car somewhat wobbly. I told my boyfriend "I wonder if shes been driving for a medical condition" since I did see a handicap sign. I called non emergency to report

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X

☑ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 10/13/19 TIME: 20:45

SIGNATURE: ID: 32421

*IF YOU **DO NOT WISH TO PROSECUTE**, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW:* I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY *CANARY* - STATE ATTORNEY COPY *PINK* - OFFICER'S COPY *GOLD* - WITNESS / VICTIM COPY

PBSO #0134 REV. 12/11

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SCANNED OCT 14 2019

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☑ WITNESS ☑ VICTIM ☐ OTHER

CASE #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
19-125861	G-22	Lorraine Linarez	10/13/19 19:55
EVENT TYPE: Crash / DUI	DEPUTY:		ID#:

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Green	Robert	P.		

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
3/9/1984				

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
137 Fairway Ln.	Loyal Palm Beach	FL	33411
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☑ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
( )	(720) 697-9779	( )	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

I YOUR NAME: Robert P. Green Jr. DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

We Stopped at the Red light on Lantana Rd going east in the turning lane to head North on Jog Rd. then all of sudden I felt a hard thump from behind. I got out of the car to see a silver Nissan had hit us from behind. The driver was an older White Woman. She exited the Nissan and asked if we were OK. She was the only person in her Vehicle

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X [signature]

☑ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 10/13/19 TIME: 20:45

SIGNATURE: [signature] ID: 3242

*IF YOU **DO NOT WISH TO PROSECUTE**, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW:* I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY *CANARY* - STATE ATTORNEY COPY *PINK* - OFFICER'S COPY *GOLD* - WITNESS / VICTIM COPY

PBSO #0134 REV. 12/11

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SCANNED
OCT 14 2019

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Linarez, Lorraine B. CASE NUMBER: 19-125861

DATE: 10/13/19 ~~VIDEO TAPE NUMBER~~ N/A

BEGINNING TIME: 2201 ENDING TIME: 2215

BREATH TESTS RESULTS: 1) .133 TIME 2208 A.M./(P.M.) 2) .137 TIME 2211 A.M./(P.M.)

~~3) TIME A.M./P.M. 4) TIME A.M./P.M.~~

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: quiet, co-operative

CLOTHING: black sandals, black print dress

MEDICAL CONDITIONS: diabetic II, cholesterol, heart (3 valves replaced March 2019)

MEDICATIONS: metformin 1000mg x day, excaltra, Rostatian

OTHER: anxiety, lives in NY and here
A in CRASH

COMMENTS: A/o & A arrived at 2140 hrs
A/o observed 20 minutes
A/o requested breath test, asked consequences
A/o read I/C, A asked questions
A/o explained & understood, & agreed to test
Tech demonstrated, NO problem with test
Tech explained results.
A/o read c/w, A understood rights
A answered Q & A
After a couple question, chose not to answer anymore.

NOT A CERTIFIED COPY

SCANNED
OCT 14 2019

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

PBSO #0129A REV.11/02

SUBJECT: LINAREZ, Lorraine B. CASE NUMBER: 19-125861

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 DS Dalton of the PBSO.

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 14 2019

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

PBSO #0129B REV. 06/11

NOT A CERTIFIED COPY

SUBJECT: LINAREZ, Lorraine B. CASE NUMBER: 19-125861

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? Lantana

DIRECTION OF TRAVEL? South WHERE DID YOU START? West

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: _____

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SCANNED
OCT 14 2019

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: 80-006477 Software: 8100.27
Date of Test: 10/13/2019

Date of Last Agency Inspection: 09/13/2019
Observation Period Began: 21:40
Subject's Name: LORRAINE B LINAREZ DOB: 07/18/1959 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	22:05
Air Blank	0.000	22:06
Control Test	0.081	22:06
Air Blank	0.000	22:06
Subject Sample #1	0.133	22:08
Air Blank	0.000	22:08
Air Blank	0.000	22:10
Subject Sample #2	0.137	22:11
Air Blank	0.000	22:12
Control Test	0.080	22:12
Air Blank	0.000	22:12
Diagnostics Check	OK	22:13

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

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 SUE OWEN, 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: 10/13/19
Signature

Sworn to (or affirmed) before me this 13th day of October, 2019

_____ D/S R. Dalton
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.

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

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OCT 14 2019

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	☐	539.001 FS	Other: All records relating to pawnbroker transactions.	
	☐	119.0712(2)	Other: Personal information contained within a motor vehicle record	

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REVIEW COMPLETED BY

Booking Number: 2019033396	**Date:** 10/14/2019
	Specialist Name/ID: howardt7185

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