ARREST / NOTICE TO APPEAR

19CT 5442

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies | 1 | JUVENILE

ADMINISTRATION

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	0501700	Jupiter Police Department	5 4 19-001397

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

If Weapon Seized: Enter Type NONE | Multiple Clearance Indicator

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
1 E INDIANTOWN RD/US 1	1 E INDIANTOWN RD/US 1, JUPITER, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/24/2019	02:27	03/24/2019	02:37			

DEFENDANT

Name (Last, First, Middle): MALVESTUTO, LUCILLE D — Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	10/25/1946	5'05	180	BLUE	BLONDE /	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) | Marital Status: S | Religion: CHRISTIAN | Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
1473 VIA CAMERON, JUPITER, FL 33477					4

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
1473 VIA CAMERON, JUPITER, FL 33477					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
703468971 / NY	[redacted]		NIAGRA FALLS, NY,	US

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 ☐ Other: ☐ Legal Custodian — 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 Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) — Relationship — Date — Time

The above address was provided by ☐ defendant and/or ☐ defendant's parents.
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.
☐ Yes, by: ☐ No:

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. Disperses/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. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI - DRIVING WHILE UNDER INFLUENCE	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By	Released By	Released To

Transported By	Date Transported	Time Transported	Other
S. MCGILLICUDDY	03/24/2019	02:34	

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): North County PALM BEACH GARD
Court Date and Time: 04/24/2019 08:30:00

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

2019 MAR 24 AM 7

No Photo Available

ADMIN

HOLD for Other Agency: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: [signature] 388 / 1216

Name of Arresting Officer (Print): MCGILLICUDDY, STEVEN — I.D. # 1216

Name Verification (Printed by Arrestee) (PRINT) — MAR 24 AM 4:17

Issuing Deputy — I.D. # — Pouch #

Transporting Officer: S. MCGILLICUDDY — I.D. # 388 — Agency JPD

Witness here if subject signed with an "X".

PAGE 1 OF 1

NINE-
24 20

05 St. MAR 24 2019

3618

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23rd DAY OF March 20 19, AT 11:58 AM ✓ PM

SUBJECT: Malvestuto Lucille D CASE NUMBER: 19-001397

AGENCY: Jupiter Police Department ARRESTING OFFICER: McGillicuddy 388

PERSONAL CONTACT

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

I observed Malvestuto in operational control of the vehicle. I first observed the vehicle in the center south bound through lane at US1 and E SR 706. When the southbound through light turned green, I observed Malvestuto operate her vehicle diagonally across oncoming traffic that had the right away, against a steady red light. I conducted a traffic stop on the vehicle immediately and made contact with the Malvestuto, who was driving.

OBSERVATION OF DRIVER:

I observd that she had glassy eyes and spoke with a slurred speech. I detected an odor of metabolized alcohol emitting from the interior of the vehicle. Once out of the vehicle, I observed that she was unsteady on her feet and had basic coordination problems.

DRIVER'S STATEMENTS:

She stated that she was coming from a restaurant, but could not remember the name of it, despite just leaving there. She stated that she had two alcoholic drinks. She stated that her last drink was an hour ago. She stated that on a scale from 0-10 with 0 being no intoxication and 10 being the most drunk she has ever been, she stated that she was a 5.

ODORS:

Strong odor of alcoholic beverage emitting from the vehicle.

GENERAL OBSERVATIONS

SPEECH: **Slurred, slow to respond**

ATTITUDE: **Lethargic**

CLOTHING: **Cotton top, pants with cardigan**

MEDICAL/OTHER: **Advised she was previously shot in the had four times, had cancer and has balance problems.**

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STATE OF FLORIDA
COUNTY OF PALM BEACH

#388 1/2/6
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of March 20 19 by Officer McGillicuddy 388

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

SCA UAN
Shari O'Neal (#6212) S. O'Neal
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966354
My Comm. Expires Jun 25, 2020
Bonded through National [illegible]

SUBJECT: Malvestuto Lucille CASE NUMBER 19-001397

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:

Unsteady on feet

WALK & TURN:

She was given the standard instructions. She stated that she understood. She had difficulty following instructions and did not put her heel to toe in the starting position as instructed. When I stated "you are going to take nine heel to toe steps", she stated "I can't". I asked her if she did not want to do the exercise and she said "I can't, I'm shot four times.

ONE LEG STAND:

She was put in the starting position and given the standardized instructions. She counted, 1001, 1002, 1003, 1004 and then started to fall to the point where I had to put my hand on her right shoulder to steady her enough to the point that I did not feel she would be in danger. She then attempted the exercise again but could not complete it.

FINGER TO NOSE:

I gave the standard patter of L, R, L, R, R, L. She followed the sequence but on the R, R, L changeup, used the wrong finger at first before catching herself and switching to the correct finger. She did not touch the tip of the nose as instructed.

ROMBERG ALPHABET:

She was told to give C to X in a non-singing manner. She gave C, D, E, X, G, L M N O P (SINGING). I told to continue and she licked her lips and did not continue.

NOT A CERTIFIED COPY

BREATH TEST RESULTS: 1) REF VNM | 2) REF VNM | 3) REF VNM | 4) REF VNM

STATE OF FLORIDA
COUNTY OF PALM BEACH

11/3881026
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of March 20 19 by Officer McGillicuddy 388

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

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission

DNA Collectible Offense Search:

Search

No offender has matched with provided search criteria.

Offender Search

- You are **NOT required to enter information into each field.** But you are required to enter at least ONE search criteria. A search list may be obtained by entering information into one or more fields.
- Enter the offender's last name and first name in the appropriate fields. If the offender has an unusual last or first name, use the wildcard search options for possible spelling variations (See 'Include Similar Names' *)
- NOTE: The submissions received by the Database may **NOT** include all field information. For example, the Date of Birth may not be included or differ from your entry. So, if you do not receive any results after entering the offender's last name, first name, and a Date of Birth, try a search without a birth date.
- If no results occur after an initial search, try several variations or contact the FDLE DNA Investigative Support Database for assistance at 850-617-1300, FAX: 850-921-6086 or Email: dnadatabase@fdle.state.fl.us

First Name:	LUCILLE
Last Name:	MALAVESTUTO
Date of Birth:	10/25/1946
SSN:	
DOC #:	
FDLE #:	

Include Similar Names

Click this box 'Include similar names' to run a wildcard search. With this type of search, entering the last name Smith, will return Smith, Smithson, Goldsmith, etc. Another option is to include a % sign within the name field to extend the search to all names with similar middle letters. For example, S%son will return Samson, Simpson, and Smithson. These searches may return very large result sets, so it is advisable to start with specific criteria, then adjust your search options until the desired record is found.

Search Reset

Name	Date of Birth	DOC #
No offender found for the search.		

(1 of 1) 10 {Exporters}

FDLE DNA Investigative Support Database
Phone: (850) 617-1300 Fax: (850) 921-6086
Email: dnadatabase@fdle.state.fl.us

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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: 03/24/2019

Date of Last Agency Inspection: 03/15/2019
Observation Period Began: 00:53
Subject's Name: LUCILLE D MALVESTUTO DOB: 10/25/1946 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	01:18
Air Blank	0.000	01:18
Control Test	0.082	01:18
Air Blank	0.000	01:19
Subject Sample #1	VNM*	01:22
Air Blank	0.000	01:23
Air Blank	0.000	01:25
Subject Sample #2	VNM**	01:28
Air Blank	0.000	01:28
Control Test	0.081	01:29
Air Blank	0.000	01:29
Diagnostics Check	OK	01:29

*Volume Not Met (0.073 - Breath Sample Not Reliable to Determine Breath Alcohol Level)
**Volume Not Met (0.075 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

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 ID as identification, and who after being placed under oath, states:

I SHARI L O'NEAL, 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: S O'Neal Date: 03-24-19
Signature

Sworn to (or affirmed) before me this 24 day of March, 2019

388/12/16
Signature of Notary Public-State of Florida

Ofc McGilliveddy #388
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SCANNED MAR 26 2019

FDLE/ATP FORM 88 - MARCH 2004, Ref. 11D-8.007

I

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

PBSO CASE # 19-051452 PBSO ZONE 3-14

AGENCY CASE # 19-001397 CRASH CASE #

TIME OF STOP/CRASH 2358 DATE 03/23/2019 DAY Saturday

SUBJECT'S NAME Malvestuto (LAST) Lucille (FIRST) D (MID) RACE W SEX F

HGT 505 WGT 170 DOB 10/25/1946

LOCATION W Indiantown Road/US 1

ARRESTING OFFICER'S NAME & ID McGillicuddy 388 AGENCY JPD

DIVISION: ROAD PATROL

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0059 3

ARREST TIME 0010

BREATH RESULTS:

1). 073 *VNM

2). 075 **VNM

3). 072 *VNM

4). 071 **VNM

REFUSED

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

19-001397

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, **Officer McGillicuddy** (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer,

am a member of **Jupiter Police Department** (Name of law enforcement agency), and I do swear

or affirm that on or about the **23rd** day of **March**, 20 **19**, at **12:10** ☐ P.M ☑ A.M.

DRIVER **Lucille** (FIRST NAME) **D** (MIDDLE OR MAIDEN NAME) **Malvestuto** (LAST NAME),
(Type or Print)

DL# **703468971**, state of **New York**, was placed under lawful arrest for

the offense of **DUI** by **Officer McGillicuddy** (Name of Arresting Officer) and

issued Citation # **AATBIRE**.

That on or about the **24th** day of **March**, 20 **19**, at **2:00** ☐ P.M ☑ A.M.

in **Palm Beach** County,

I requested that the driver submit to a X **breath and/or** **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn.

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this **24th** day of **March**, 20 **19**, by **Officer McGillicuddy 388**, who is personally known to me or who has produced **POLICE ID** as identification.

Notary Public **Shari O'Neal (#6212)**

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title **Police Officer**

Date **3/24/2019**

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

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TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT: CASE NUMBER:

DATE: VIDEO TAPE NUMBER:

BEGINNING TIME: ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M./P.M. 2) TIME A.M./P.M.

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

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

COMMENTS:

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SUBJECT: _____ 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)_____

NOT A CERTIFIED COPY

SUBJECT: _____ 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? _____

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: _____

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WITNESS LIST

CASE NUMBER: 19-001397

ARRESTING OFFICER: McGillicuddy

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

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) _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

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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: _____

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NEW YORK STATE

USA

DRIVER LICENSE



ID 703 468 97

Class D

MALVESTUTO
LUCILLE,D

3007 ORLEANS AVE
NIAGARA FALLS, NY 14303



Sex F Height 5'-05" Eyes BLU

DOB 10/25/1946

Expires 10/25/2022

E NONE

R NONE

Issued 03/27/2017

LUCILLE MA

Organ Donor

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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:	

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REVIEW COMPLETED BY

Booking Number: 2019009849	**Date:** 24Mar19
	Specialist Name/ID: R Ehrenberg/6104