2019CT006033AMB 0506655 3226

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 1 | Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19054158

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

Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): CONGRESS AVE / GUN CLUB RD W PALM BEACH, FL 33406

Location of Offense (Business Name, Address):

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
3-31-18	06:58					Towed by rotation wrecker company

DEFENDANT

Name (Last, First, Middle): MUNOZ MARISOL

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

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	01/24/1999	5'04	165	BRO	BRO	MED	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): TATTOO'S LEFT ANKLE; RIGHT ARM

Marital Status: SINGLE | Religion: NONE | Indication of: Alcohol Influence (Y) Drug Influence (Unk.)

Local Address (Street, Apt. Number): 2437 24TH WAY | (City): W PALM BEACH | (State): FL | (Zip): 33407 | Phone: (561) 201-8299 | Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number): , | (City) | (State) | (Zip) | 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
M520540995240	[redacted]		W PALM BEACH, FL	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
				☐ 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
				☐ 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 O. 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 #
Driving Under the Influence	1	☐Y ☒N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N/A	N/A		19054158		

CHARGE

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

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

CHARGE

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

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

CHARGE

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

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

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Palm BeachCounty Court 3228 Gun Club Rd. W Palm Beach, Florida 33406 - PH: (561) 355-2996

Court Date and Time: Month APRIL Day 25 Year 2018 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

Signature of Defendant (or Juvenile and Parent /Custodian) | Date Signed

SCANNED APR 02 2019

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy: D/S Welch 6015 I.D. # | Pouch #

Signature of ~~Arresting~~ Officer: x M R 2820

Name of Arresting Officer (Print): D/S M. RIEGER M I.D. # 2820

Transporting Officer: D/S M. RIEGER | ID #: 2820 | Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an -X-

PAGE 1 OF 1

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

PBSO #148 REV. 8/97

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SCANNED APR 1 - 2019

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | Juvenile

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	19054158

Charge Type (Check as many as apply): ☐ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☒ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 8 Other

Special Notes: Supplemental PC

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Munoz, Marisol		W	f	01/24/99

CHARGES

Charge Description	Charge Description
DUI	
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
3228 Gun Club Rd	WPB	FL	33406	(561) 688 3000	Government

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 committed the below acts, resulting from my (described) investigation.

On the 31st day of March 20 19 at 0630hrs ☐ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

I was off duty in my marked patrol vehicle traveling North on South Congress Ave located in unincorporated West Palm Beach Palm Beach County FL. While I was passing Summit Blvd when I observed a red Chevrolet Cruz traveling Northbound in the Southbound lanes of Congress against the flow of traffic. I immediately activated my overhead lights in an attempt to get the vehicles attention and stop it from traveling in the wrong direction. I observed the vehicle drive onto the sidewalk on the West side of Congress Ave between Summit Blvd and Gun Club Rd and then back onto the roadway still continuing Northbound in the Southbound lanes of Congress Ave. I made it to Gun Club Rd and pulled in front of the vehicle where it came to a stop. I made contact with the driver and sole occupant of the vehicle Marisol Munoz. I asked Marisol if she was okay and she mumbled something that was unintelligible. As I spoke to Marisol I noticed the odor of an unknown alcoholic beverage on her breathe which became stronger as we spoke. Marisol's eyes were also red and glassy. Based on my observations I believed Marisol to be driving under the influence of alcohol. At this time D/S Rieger ID 2820, a Traffic Unit, arrived on scene to conduct further investigation.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting /Investigative Officer) 8285

The foregoing instrument was sworn to or affirmed and subscribed before me this 31st day of March 20 19 by D/S Crawford

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

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

PAGE 1 OF 1

PBSO #0004A REV. 12197 DISTRIBUTION WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 31ST DAY OF MARCH 20 19, AT 06:30 AM PM

SUBJECT: MUNOZ MARISOL CASE NUMBER: 19054158

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S M. RIEGER

PERSONAL CONTACT

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

Driving pattern was observed by two people. Deputy L Crawford #8285 and civilian witness James Holder. For their observations refer to their sworn written/typed documents authored by them. Upon my arrival the vehicle was stopped facing northbound in the southbound lanes just south of the intersection. The driver was still sitting behind the wheel of her vehicle looking for her requested documents. The keys were in the ignition with the engine running. The driver was the sole occupant inside the vehicle

OBSERVATION OF DRIVER:

The driver was rummaging through her car looking for the requested documents. She was unable to locate anything. The driver kept looking through the same binder over and over not finding anything. As I was speaking with the driver I noticed her hair to be a mess, her eyes to be bloodshot watery and glassy. Her speech was extremely low and mumbling. It was not understandable. There was a strong and distinct odor of an unknown type alcoholic beverage coming from the driver. That odor grew stronger every time she spoke. Once removed from the vehicle the driver was initially unsteady on her feet. She was able to stop gain control and walk to the sidewalk.

DRIVER'S STATEMENTS:

The driver stated roadside she had several drinks at a party in Delray Beach. The driver had no idea she was driving on the wrong side of the street nor did she have any memory of driving up the curb. She felt she was at 10th Ave N and Congress Ave in Palm Springs. The driver was willing to go forth with the roadside exercises

ODORS:

Distinct Odor of an Unknown Alcoholic beverage coming from the driver, it grew stronger as the driver spoke

GENERAL OBSERVATIONS

SPEECH: **Her speech was extremely low and mumbling. It was not understandable.**

ATTITUDE: **cooperative, compliant and polite**

CLOTHING: **s/s blouse bown n white striped, blue denim jeans, barefoot**

MEDICAL/OTHER:

All ROADSIDES CAPTURED ON IN-CAR VIDEO

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S M. RIEGER
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31st day of April 20 19 by D/S M. RIEGER

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

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

NOT A CERTIFIED COPY

SUBJECT: MUNOZ MARISOL CASE NUMBER 19054158

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:

The driver was placed into the instructional stance for this exercise and given instructions. The driver understood the instructions, the exercise began. The driver failed to keep their head still, eyes failed to follow smoothly

WALK & TURN:

The driver was placed into the instructional stance for this exercise and given instructions. The driver understood the instructions, the exercise began. The driver failed to keep balance during instructions used arms for balance raised slightly, failed to touch heel to toe on all steps, failed to walk on the line stepped off several times, ftook 10 steps forward, failed to turn correctly, failed to touch heel to toe on all return 9 steps.

ONE LEG STAND:

The driver was placed into the instructional stance for this exercise and given instructions. The driver understood the instructions, the exercise began. The driver sways less than 2", failed to keep arms down at side used arms for balance, failed to keep foot up 6", failed to count properly in English or Spanish.

FINGER TO NOSE:

The driver was placed into the instructional stance for this exercise and given instructions. The driver understood the instructions, the exercise began. The driver failed to keep eyes closed, failed to use touch tip to tip, failed to keep head tilted. failed to use correct arm to touch nose on the switch.

ROMBERG ALPHABET:

The driver was placed into the instructional stance for this exercise and given instructions. The driver understood the instructions, the exercise began. The driver failed to keep eyes closed, failed to stand still swayed less than two inches side to side, failed to keep arms down at side used arms for balance slightly, failed to recite the alphabet correctly, failed to keep head tilted back,

BREATH TEST RESULTS: 1) .197 | 2) .193 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S M. RIEGER
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31st day of April 2019 by D/S M. RIEGER

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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 180956
My Comm. Expires Jan. 26, 2021
Bonded through National Notary

NOT A CERTIFIED COPY

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:
19054158	1-11	Munoz, Marisol	3/31/19 0630

EVENT TYPE:	DEPUTY:	ID#:
DUI	Rieger M	2820

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Holder	James	F.	W	M

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
11-12-65	6'1	200	Brn	Brn

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
4388 Empress Street	Palm Beach Gardens	FL	33410
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) 568-6063	( )	

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

I YOUR NAME: James Holder

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

X 610 am notice red car in intersection Northbound westside Congress Way Drop off Truck come back notice car still in intersection LV Approached car knock on window / knock a second time Car started moving

NOT A CERTIFIED COPY

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: 3/3/19 TIME: 0645

SIGNATURE: K Cotter ID: 6857

*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

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:
19054158	1-11	Munoz, Marisol	3/31/19 0630
EVENT TYPE: DUI		DEPUTY: Rieger M	ID#: 5820

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Holder	James	F.	W	M

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
11/12/65	6'11	200	Brn	Brn

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
4388 Empress Street	Palm Beach Gardens	FL	33410
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
( )	561 568 6063	( )	

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

I YOUR NAME: James Holder

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

I 6:10 am notified ofc [illegible] Northbound Westside Blvd & Va. Dr. all I had come back onto ofc Hill in intersection ofc Applied ofc knock on window/knock on front I.A. ofc started drawing

NOT A CERTIFIED COPY

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: 3/31/19 TIME: 0645

SIGNATURE: [signature] ID: 5857

*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**

8510008891 ©2013, RR Donnelley. All rights reserved. - 0667

FLORIDA DUI UNIFORM TRAFFIC CITATION A2G3X9P

COUNTY OF: Palm Beach 06 — ☐ (1) F.H.P. ☐ (2) P.O. ☒ (3) S.O. ☐ (4) OTHER

CITY (IF APPLICABLE): — AGENCY NAME: PBSO

AGENCY #: 06

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	
Sun	03	31	2019	☐ A.M. ☐ P.M.

NAME (PRINT) FIRST: MARISOL — MIDDLE: — LAST: MUNOZ

STREET: 24TH Way — IF DIFFERENT THAN ONE ON DRIVER LICENSE "C" HERE ▶

CITY: W Palm Beach — STATE: FL — ZIP CODE: 33407

TELEPHONE NUMBER — DATE OF BIRTH: MO 01 DAY 24 YR 99 — RACE: W — SEX: F — HGT: 5'04"

DRIVER LICENSE NUMBER: M520540995240 — STATE: FL — CLASS: E — CDL LICENSE: ☐ Y ☒ N — YR. LICENSE EXP. — COMMERCIAL VEHICLE: ☐ YES ☒ NO

YR. VEHICLE: 2012 — MAKE: Chevy — STYLE: 4D — COLOR: Red — PLACARDED HAZARDOUS MATERIAL: ☐ YES ☒ NO

VEHICLE LICENSE NO.: Z10HAK — TRAILER TAG NO. — STATE: FL — YEAR TAG EXPIRES: 2020 — ≥ 16 PASSENGERS: ☐ YES ☒ NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY — MOTORCYCLE: ☐ YES ☒ NO

~1/8 SR807 / Gun Club LC — COMPANION CITATION(S): ☐ YES ☒ NO

FT. _____ MILES _____ ☐ N ☐ S ☐ E ☐ W OF NODE _____

Rigor m 2830

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 .199 / .193

COMMENTS PERTAINING TO OFFENSE: (Only one offense each citation) — RE-EXAM: ☐ YES ☐ NO

☒ AGGRESSIVE DRIVER — PASSENGER < 18 YEARS: ☐ YES ☒ NO — STATE STATUTE — SECTION: 316.1935(1) — SUB-SECTION

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: April 25, 19 — TIME: 0830

COURT: County Court — A2G3X9P

COURT AND LOCATION: 3228 Gun Club LC WPB FL 33406

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 IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

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

LICENSE SURRENDERED? ☐ YES ☒ NO — REASON: NOT IN POSSESSION

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 (561) 540-1191 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 OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

RANK - SIGNATURE OF OFFICER — BADGE NO. — ID. NO. 2830 — TROOP UNIT

HSMV 75904 (Rev. 7/13)

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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: 03/31/2019

Date of Last Agency Inspection: 03/15/2019
Observation Period Began: 07:17
Subject's Name: MARISOL MUNOZ DOB: 01/24/1999 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	07:42
Air Blank	0.000	07:42
Control Test	0.081	07:43
Air Blank	0.000	07:43
Subject Sample #1	0.197	07:43
Air Blank	0.000	07:44
Air Blank	0.000	07:46
Subject Sample #2	0.193	07:46
Air Blank	0.000	07:47
Control Test	0.080	07:47
Air Blank	0.000	07:48
Diagnostics Check	OK	07:48

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 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 L O'Neal Date: 03-31-19
Signature

Sworn to (or affirmed) before me this 31 day of March, 2019

M B
Signature of Notary Public-State of Florida

D/S Rieger #2820
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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PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 19054158 PBSO ZONE 1-11

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 06:30 DATE 03/31/2019 DAY _____

SUBJECT'S NAME MUNOZ (LAST) MARISOL (FIRST) _____ (MID) RACE H SEX F

HGT 5'04 WGT 165 DOB 01/24/1999

LOCATION CONGRESS AVE / GUN CLUB RD W PALM BEACH, FL 33406

ARRESTING OFFICER'S NAME & ID D/S M. RIEGER 2820 AGENCY Palm Beach County Sheriff's Office

DIVISION: D1 / PATROL

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 07:17

ARREST TIME 06:58

BREATH RESULTS:

1) .197
2) .193
3)
4)

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

WITNESS LIST

CASE NUMBER: 19054158

ARRESTING OFFICER: D/S M. RIEGER

ADDRESS: Palm County Sheriff's Office District 1 3228 Gun Club Road West Palm Beach, Florida 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-3600

CAN TESTIFY TO: DUI Investigator All events leading up to arrest

NAME: Deputy L Crawford #8285

ADDRESS: Palm Beach County Sheriff's Office District 1 3228 Gun Club Road West Palm Beach, Florida 33406

PHONE NUMBERS (HOME) _____ (WORK) (561) 688-3600

CAN TESTIFY TO: Driving pattern, wheel witness, initial stopping Deputy, Back Up Deputy

NAME: JAMES HOLDER

ADDRESS 4388 Empress Way, Palm Beach Gardens, Florida 33410

PHONE NUMBERS (HOME) Cell - 561-568-6063 (WORK) _____

CAN TESTIFY TO: Driving pattern, drivere sleeping behind the wheel at interscetion

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

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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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TESTING FACILITY TASK REPORT

AGENCY: [illegible]

SUBJECT: [illegible] CASE NUMBER: [illegible]

DATE: [illegible] VIDEO TAPE NUMBER: [illegible]

BEGINNING TIME: [illegible] ENDING TIME: [illegible]

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

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

BREATH OPERATOR: [illegible]

MAINTENANCE TECHNICIAN: [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [illegible]

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: [illegible]

MEDICATIONS: [illegible]

OTHER: [illegible]

COMMENTS: [illegible]

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

PBSO #0129A REV.11/02

SUBJECT: Munoz, Marisol CASE NUMBER: 19-[illegible]

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? 10TH + Congress

DIRECTION OF TRAVEL? N WHERE DID YOU START? Delray South

WHAT TIME DID YOU START? Not Sure WHAT TIME IS IT NOW? ?

WHAT IS TODAY'S DATE? ? 30TH WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? W PB Palm Springs

WHEN DID YOU LAST EAT? No clue WHAT DID YOU EAT? Beer + Mont

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Nothing

HOW MUCH DO YOU WEIGH? 165 HAVE YOU BEEN DRINKING? No 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? No clue ARE YOU UNDER THE INFLUENCE? _____

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

WHAT? _____ WHERE? Car 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? Yes WHAT'S WRONG? Pain

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: Rieger M 0830

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SUBJECT: Munoz, Marisol CASE NUMBER: 19-

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) NOT READ

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. Y
2. Any statement must be freely and voluntarily given. Y
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning. Y
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. Y
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. Y
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will. Y
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) M Rieger 2820

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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:	

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REVIEW COMPLETED BY

Booking Number: 2019010745	**Date:** 04/01/2019
	Specialist Name/ID: AM/31562