19CT-19487

# ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 5. Juvenile Referral | 1 | JUVENILE

**ADMINISTRATION**

ORTS Number

Agency ORI Number: 0500200 | Agency Name: Boca Raton Police Department | Agency Report Number (N.T.A.'s only): 3 2 | 2019-014175

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/not Applicable | Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 3800 NW 2ND AVE, BOCA RATON, FL

Location of Offense (Business Name, Address): 3800 NW 2ND AVE, BOCA RATON, FL 33431

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 10/19/2019 | 02:05 | 10/19/2019 | 02:15 | 10/19/2019 | 03:30 | WESTWAY |

**DEFENDANT**

Name (Last, First, Middle): SANCHEZ, MONIICA LILIANA | Alias (Name, DOB, Soc. Sec. #, Etc.): 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 | 04/29/1986 | 5'06 | 150 | BROWN | BROWN | MEDIUM | Small |

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): NONE

Marital Status: M | Religion: CHRISTIAN | Indication of Alcohol Influence ☒ Yes ☐ No Drug Influence ☐ Yes ☒ No Unk. ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 7501 NW 16TH ST 3411, PLANTATION, FL 33313 | Phone: (754) 303-6065 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 3

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 7501 NW 16TH ST 3411, PLANTATION, FL 33313 | Phone: (754) 303-6065 | Address Source: DEFENDANT

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

| D/L Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| S522552866491 / | [redacted] | | COLOMBIA, Columbia | 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. 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. S. Synthetic P. Paraphernalia/Equipment U. Unknown Z. Other

**CHARGE**

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| DUI | 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: GOOD | 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 |
|---|---|---|
| CASAS, J 818 | CASAS, J 818 | TOT CJ |

| Transported By | Date Transported | Time Transported | Other |
|---|---|---|---|
| VEZINA 581 | 10/19/2019 | 05:45 | |

**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): South County 200 W Atlantic Ave Delray Beach, FL 33444

Court Date and Time: 11/25/2019 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

No Photo Available

**ADMIN**

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: 818 | Name of Arresting Officer (Print): CASAS, J. | I.D. #: 818

Name Verification (Printed by Arrestee) (PRINT): OCT 19 AM 8:05

Intake Deputy: 915 | I.D. # | Pouch # | Transporting Officer: VEZINA | I.D. #: 581 | Agency: BRPD

Witness here if subject signed with an "X".

PAGE 1 OF 1



0511879

# PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

JUVENILE:

**ADMIN**

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FL 0500200 | BOCA RATON POLICE DEPARTMENT | 3 2 2019-014175 |

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

Special Notes:

**DEF**

| Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth |
|---|---|---|---|---|
| SANCHEZ, MONIICA LILIANA | | W | F | 04/29/1986 |

**CHARGES**

| Charge Description | Charge Description |
|---|---|
| 316.193(1) 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 |
|---|---|---|
| 100 NW 2ND AVE, BOCA RATON, FL 33432 | (561) - | DEFENDANT |
| **Business Address (Name, Street) (City) (State) (Zip)** | **Phone** | **Occupation** |
| | (56 ) - | |

**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 committ the below acts.

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

On the 19 day of October, 2019 at 02:05 (Specifically include facts constituting cause for arrest.)

On 10/19/19, at approximately 0107 hours, I responded to the area of 4800 NW 2nd Ave as a back-up unit for a hit and run. Upon arrival, Lt. Immler informed me that he observed a white Hyundai Sonata, bearing FL tag KYIN33, strike light post in the parking lot of 3600 NW 2nd Ave and then leave the scene. Lt. Immler followed the vehicle and conducted a traffic stop to further investigate the incident. The crash investigation was turned over to Officer Ricciardi who was also on scene of the stop (see HSMV crash report #89206791 for further).

Once Officer Ricciardi concluded her crash investigation, I informed the driver of the Hyundai, Monica Sanchez, that the crash investigation was over and that I would be conducting a criminal DUI investigation based on the smell of alcohol emanating from her person and her breath, her glossy red eyes, and the empty Stella Artois can that was in plain view on the rear floorboard. I informed Sanchez of her constitutional warnings and she advised that she understood.

I asked Sanchez if she had been drinking alcoholic beverages and she advised that she had one draft apple cider beer at the Irishmen (restaurant/bar) prior to our contact. I also inquired about the empty can of Stella Artois beer and she claimed that it was consumed during the afternoon hours. I then asked Sanchez if anyone had spilled alcohol on her person at any time during her outing and she stated "No".

I asked Sanchez if she had any medical conditions that would affect her ability to operate a motor vehicle or perform Standardized Field Sobriety Exercises and she advised she did not. Sanchez also told me she was not diabetic. She said she was not currently taking any prescription medications and that she did not require any medications. Sanchez informed me that she had a lazy eye but that it did not affect her eyesight or ability to drive. I questioned Sanchez about her ability to walk in the shoes she was wearing, and she advised that they were comfortable and that they would not affect her



**ADMINISTRATIVE**

SWORN AND SUBSCRIBED BEFORE ME

MAZER, DEREK
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

10/19/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASAS, JAVIER (818)
NAME OF OFFICER (PLEASE PRINT)

10/19/2019
DATE



COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FL 0500200 | BOCA RATON POLICE DEPARTMENT | 3 \| 2 \| 2019-014175 |

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

Special Notes:

DEF

| Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth |
|---|---|---|---|---|
| SANCHEZ, MONIICA LILIANA | | W | F | 04/29/1986 |

PROBABLE CAUSE STATEMENT

ability to perform any field sobriety exercises. Sanchez did not complain of any physical injuries. At this time, I asked Sanchez to submit to Standardized Field Sobriety exercises and she agreed.

The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Sanchez stated that she understood. Sanchez failed to follow instructions by moving her hands to the front of her body before the completion of the exercise. She also swayed in a circular motion while the exercise was being done.

The second exercise was the Walk and Turn. I read the instructions from a department issued card and demonstrated how the exercise should be completed. Sanchez claimed to have understood the instructions, however, I observed that she was not paying attention to my feet while walking and demonstrating how to complete the turn. The instructions were administered and demonstrated for a second time to ensure that Sanchez had a full understanding of what was expected. Sanchez broke the starting position multiple times despite being told to remain in the position until told to begin the exercise. She also attempted to begin the exercise before being told to do so. While doing the exercise, Sanchez took 10 steps each way, spun instead of taking a series of small steps to turn, and missed heel to toe on all but 4 steps.

The third exercise was the One-Leg Stand. The instructions were issued from a department issued card and the exercise was demonstrated. Sanchez stated she understood. Sanchez attempted to do the exercise before the instructions were completed. She also broke the starting position during the instruction phase. Sanchez swayed during the exercise and placed her foot on the floor one time during the exercise to balance herself. She then raised her foot without being reminded and completed the exercise.

The fourth exercise was the Finger to Nose. I confirmed that Sanchez knew her left from her right by asking her to show me her left hand and then her right hand. I then administered the instructions. The pattern was L-R-L-R-R-L. Left - Sanchez missed the tip of her nose and held her finger in place. Right - Sanchez held her finger in place. At this time, I reminded Sanchez that she needed to return to the starting position after touching the tip of her nose. Left - Sanchez missed the tip of her nose and held her finger in place. Right - Sanchez missed the tip of her nose and held her finger in place. This position was held for an extended period of time because I was giving Sanchez a chance to remove her finger before calling "Right" again. She did not remove her finger. Right - Sanchez removed her finger and then missed the tip of her nose trying to place it back. She again held the position.

The final exercise was the Modified Romberg Balance exercise. Sanchez was informed that she would need to estimate the passage of 30 seconds while having her eyes closed and head tilted backwards. I demonstrated the passage of 30 seconds using a stopwatch. Sanchez felt confident that she could estimate the time. I administered the instructions



ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

MAZER, DEREK B
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

10/19/2019
DATE

818
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASAS, JAVIER (818)
NAME OF OFFICER (PLEASE PRINT)

10/19/2019
DATE



COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FL 0500200 | BOCA RATON POLICE DEPARTMENT | 3 \| 2 \| 2019-014175 |

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

Special Notes:

DEF

| Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth |
|---|---|---|---|---|
| SANCHEZ, MONIICA LILIANA | | W | F | 04/29/1986 |

PROBABLE CAUSE STATEMENT

and told Sanchez when to begin. Sanchez estimated the passage of 30 seconds in 41 seconds.

Based on the totality of the circumstances, I found probable cause to believe that Sanchez was operating a motor vehicle while under the influence of drugs or alcohol. She was place under arrest for DUI per F.S.S 316.193(1).

Sanchez was transported to BRPD for post arrest transport. During transport Sanchez stated that she had consumed two Heineken beers at the Irishmen which was inconsistent with her initial statement of only one apple cider beer.

Officer Howard responded to BRPD booking to assist with the operation of the Intoxilyzer 8000 and the completion of the DUI influence report (see supplement for further). I kept constant visual on Sanchez during the 20-minute observation period. Sanchez provided two breath samples. The results were .131 and .129. She was then transported to Palm Beach County Jail and turned over to PBSO.



ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

MAZER, DEREK B
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

10/19/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASAS, JAVIER (818)
NAME OF OFFICER (PLEASE PRINT)

10/19/2019
DATE



COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

# FLORIDA DEPARTMENT OF LAW ENFORCEMENT
## ALCOHOL TESTING PROGRAM
### BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 10/19/2019

Date of Last Agency Inspection: 10/09/2019
Observation Period Began: 02:30
Subject's Name: MONICA L SANCHEZ DOB: 04/29/1986 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 | 03:00 |
| Air Blank | 0.000 | 03:00 |
| Control Test | 0.079 | 03:00 |
| Air Blank | 0.000 | 03:01 |
| Subject Sample #1 | 0.131 | 03:03 |
| Air Blank | 0.000 | 03:04 |
| Air Blank | 0.000 | 03:05 |
| Subject Sample #2 | 0.129 | 03:06 |
| Air Blank | 0.000 | 03:07 |
| Control Test | 0.079 | 03:07 |
| Air Blank | 0.000 | 03:08 |
| Diagnostics Check | OK | 03:08 |

Cylinder Lot: 22419080A3
Exp: 10/05/2021

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 HALEY M HOWARD, 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: 10/19/2019
Signature

Sworn to (or affirmed) before me this 19 day of October, 2019

_____ 818
Signature of Notary Public-State of Florida

Javier Casas
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*

2019014?
10-150205
Observation 0230

# DUI INFLUENCE REPORT




BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

Revised: July 9, 2018

[redacted]

**DUI INFLUENCE REPORT – PART I**

On the 19 day of October 2019, at 0240 AM/PM

Subject: Monica Sanchez Case Number: 20190141175

**PERSONAL CONTACT**

Driving Pattern: See PC

Observation of Driver: See PC

Driver's Statement: See PC

Odors:

**GENERAL OBSERVATIONS**

Speech:

Attitude: emotional, talkative, crying

Clothing: Blk long sleeve, blue jeans (pants)

Medical Problems:

Medications: Unknown medication for depression

Other: @ braces

Horizontal Gaze Nystagmus:

☐ Left eye does not follow smoothly ☐ Right eye does not follow smoothly

☐ Left eye jerks at 45 degrees angle or less ☐ Right eye jerks at 45 degrees angle or less

☐ Distinct jerking left eye maximum deviation ☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: See PC

Can not do, Why? _____

One leg stand: See PC

Can not do, Why? _____

Finger to nose: See PC

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach
Sworn and subscribed before me this 10/19/2019 (date) by OFC J. CASAS

8216 — 10/19/2019
Notary/Clerk of Court/ Officer (FSS 117.10) — Date

X [signature] 818 — X J. CASAS
Signature of Arresting Officer — Name of Officer (print)

ARRESTING OFFICER: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____







-END OF PART ONE-

[redacted]

# BOCA RATON POLICE SERVICES DEPARTMENT

## JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.**
**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*

***(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)***

(2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*

***(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)***

(3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*

***(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)***

(4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*

***(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)***

(5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*

***(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)***

(6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*

***(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)***

(7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*

***(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)***

(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

[redacted]

# BOCA RATON POLICE SERVICES DEPARTMENT

## TESTING FACILITY TASK REPORT

SUBJECT: Monica Sanchez

CASE #: 2019014175 DATE: 10/19/2019

**BREATH TEST RESULTS**

1) TIME 0.131 0303 AM/PM 2) TIME _____ AM/PM

3) TIME 0.129 0306 AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: OFC. Howard

MAINTENANCE TECHNICIAN: OFC. Van Camp

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: talkative

ATTITUDE: _____, emotional

CLOTHING: Blk long sleeve, blue jeans (pants)

MEDICAL CONDITION: _____

OTHER: Smells like an alcholic beverage, braces

COMMENTS: _____

[redacted]

To be filled out at testing facility

Agency Case # 2019014175

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Saturday (day), October (month), 19 (date), 2019 (year).

B. The time is now approximately 0256 (AM/PM).

C. The following is in reference to case number 2019014175.

D. Present at this time is Ofc J Casas (Officer's Name) of the Boca Raton Police Department.

E. Officer J. Casas, have you arrested Monica Sanchez (Defendant's name) in violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? YES

G. Mr./Mrs./Ms. Sanchez, I am required to inform you these proceedings are being video recorded.

*Operator Note:* *Video record breath request, breath sample, and interview.*

**II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.**

*Note: Read only the paragraph applicable to the type of test you are requesting.*

X A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.

C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

**IMPLIED CONSENT WARNINGS**

*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 Signature: _____

*Note: Also read for CDL holders:*

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

*Note: After reading the implied consent warning, the arresting officer must request a breath sample again.*

**(IF REFUSAL THEN)**

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____ (month), _____ (day), _____ (year), and the time is _____ AM/PM.

A refusal form will be completed by the arresting officer.

**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions.
(2) Any statement you make must be freely and voluntarily given.
(3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: 10-19-19 Time: 0308

**QUESTIONS AND ANSWERS**

Were you operating a motor vehicle at the time of the accident/stop? Yes

Where were you going? home - 7501 NW 16th st. 3411, Plantation, FL

What street or highway were you on? Spanish River

Direction of travel? North

Where did you start driving from? Irishman Restaurant

What city (county) were you stopped in? Boca Raton

What time did you start? Not sure AM/PM What time is it now? 0316

What is today's date? 10-19-19 What day of the week is it? Saturday

When did you last eat? Midnight What did you eat? Chicken wings

What have you been doing the past three hours prior to this stop/accident? Driving with kids

How much do you weigh? 142 Have you been drinking? Yes What were you drinking? Beer / cider

How much? 2 beer 1 cider Where? Irishman With whom were you drinking? self

When did you have your first drink? 2030 AM/PM When did you stop drinking? 2230 AM/PM

How did you consume your last two drinks? Normal paced

Are you under the influence of alcohol now? ☐ Yes ☒ No

Can you feel the effects of alcohol? ☐ Yes ☒ No

Have you consumed alcohol since the accident? ☐ Yes ☒ No

Can you feel the effects of alcohol? ☐ Yes ☒ No

Have you consumed alcohol since the accident? ☐ Yes ☒ No How much? _____

What? _____ Where? _____

What line of work are you in? Student / massage therapy

When did you last work? 10-16-19

Do you have any physical defects or injuries? ☒ Yes ☐ No If yes, explain:

Lazy eye

Are you sick or injured? ☐ Yes ☒ No If yes, explain:

Do you limp? ☐ Yes ☒ No Did you get a bump on the head? ☐ Yes ☒ No

Were you in an accident today? No

Have you taken any drugs or smoked marijuana today? NO

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☒ No Who? _____

Are you taking any prescription medications? ☐ Yes ☒ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☒ No Inner ear trouble? ☐ Yes ☒ No

Glass eye? ☐ Yes ☒ No Ear infection? ☐ Yes ☒ No

False teeth? ☐ Yes ☒ No Diabetes? ☐ Yes ☒ No

Any problems not correctable by glasses or contact lenses? Lazy eye

Do you take insulin? ☐ Yes ☒ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? NO

I am now ending this video recording. The time is now approximately 0325 AM/PM.

The date is October (month), 19 (day), 2019 (year)

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

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

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



**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2019034042 | **Date:** 10/20/2019 |
| | **Specialist Name/ID:** AM/31562 |