

18CT11307

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18091096	
Charge Type: Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business) FL TURNPIKE / PGA BLVD SB		Location of Offense (Business Name, Address) FL TURNPIKE / PGA BLVD SB					
Date of Arrest 06-28-18	Time of Arrest 0803	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle EAST COAST TOWING	
Name (Last, First, Middle) RIVERA MURILLO, SAIRA I				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W	Date of Birth 04-18-84	Height 5-5	Weight 120	Eye Color BRN	Hair Color BRN	Complexion LIGHT
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) FLOWERS ON RIGHT ARM				Marital Status SINGLE	Religion NONE	Indication of Alcohol Influence Drug Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>	
Local Address (Street, Apt. Number) 1600 NW 33RD ST LOT 14		(City) (State) (Zip) POMPANO BEACH, FL 33064		Phone (954) 240-3415		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>	
Permanent Address (Street, Apt. Number) SAME AS ABOVE		(City) (State) (Zip)		Phone (-)-(-)-(-)-(-)		Address Source DEFENDANT	
Business Address (Name, Street) -		(City) (State) (Zip)		Phone (-)-(-)-(-)-(-)		Occupation RETAIL SALES	
D/L Number, State R-165-789-84-138-0, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) MONTO ALANCHO, HONDURAS	
Citizenship YES		Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Parent 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 Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated			
Released To: (Name)		Relationship		Date	Time		
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity N. N/A S. Sell P. Possess B. Buy T. Traffic R. Smuggle E. Use		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate		Z. Other	
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/Equipment S. Synthetics	
U. Unknown Z. Other		Charge Description DUI		Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)	
Drug Activity		Drug Type		Amount / Unit		Offense # 18091096	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406 CRT ROOM 2							
Court Date and Time Month 07 Day 26 Year 2018 Time 0830 AM <input checked="" type="checkbox"/> PM							
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED							
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S R. CASCIO		I.D. # 6881		(PRINT)	
Intake Deputy		I.D. #		Pouch #		PAGE	
Transporting Officer D/S J. TAYLOR		ID #		Agency 9458		Witness here if subject signed with an	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28TH DAY OF JULY 20 18, AT 0739 AM PM

SUBJECT: RIVERA MURILLO, SAIRA I CASE NUMBER: 18091096

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S R. CASCIO 6881

PERSONAL CONTACT

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

On the above date and time, I was southbound on the FL Turnpike on my marked police motorcycle when I noticed a beige honda 4 door bearing FL plate IVNU70 driving in the #2 lane in front of me. The vehicle would cross the fog line then back over to the center line. I observed the vehicle do this several times from Indiantown Rd. to 1 mile north of PGA Blvd. At this time the vehicle attempted to change lanes in front of another vehicle that was traveling in the #1 lane causing the approaching vehicle to brake to avoid a collision. The beige vehicle crossed the fog line an both drivers side tires entered the breakdown lane. I then made a traffic stop on the vehicle.

OBSERVATION OF DRIVER:

Upon my initial contact with the driver (sole occupant), later identified as W/F SAIRA I RIVERA MURILLO DOB 04-18-84, I noticed she had red, blood-shot eyes and an odor of an unknown alcoholic beverage. RIVERA MURILLO spoke with very low volume and slurred speech. In speaking with RIVERA MURILLO, it became apparent that the odor of an alcoholic beverage was coming from her breath. RIVERA MURILLO appeared disoriented and lost. RIVERA MURILLO had trouble finding her paperwork and fumbled in her wallet. After asking RIVERA MURILLO to exit her vehicle, I noticed that she walked and stood with poor balance and at times unsteady on her feet.

DRIVER'S STATEMENTS:

Driver did not know where she was coming from or where she had been. She stated that she had an argument with her boyfriend and began drinking but stopped 3 hrs ago. She said she should probably should not be driving. She further stated that she was driving northbound

ODORS:

I observed and odor of an unknown alcoholic beverage coming from MURILLO. In speaking with MURILLO I noticed that odor coming from her breath. res

GENERAL OBSERVATIONS

SPEECH: slurred, low volume

ATTITUDE: resigned, but cooperative.

CLOTHING: jeans , flip flops , blue blouse

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S R. CASCIO 6881
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28TH day of JULY 20 18 by _____

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

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

SCANNED
JUN 29 2018

SUBJECT: RIVERA MURILLO, SAIRA I CASE NUMBER 18091096

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

WALK & TURN:

MURILLO demonstrated the following; contrary to what was instructed, explained, and demonstrated: DID NOT WAIT FOR INSTRUCTIONS. COULD NOT WALK HEEL TO TOE 4-5 INCHES APART. DID NOT COUNT OUT LOUD

ONE LEG STAND:

MURILLO demonstrated the following; contrary to what was instructed, explained, and demonstrated: COULD NOT MAINTAIN BALANCE . SWAYED AND TEST HAD TO BE STOPPED FOR SAFETY.

FINGER TO NOSE:

MURILLO demonstrated the following; contrary to what was instructed, explained, and demonstrated: COULD NOT FOLLOW INSTRUCTIONS. WOULD TOUCH THE BRIDGE OF HER NOSE AND HER FINGER DOWN TO THE TIP WITH BOTH HANDS. WOULD NOT KEEP EYES CLOSED

ROMBERG ALPHABET:

not conducted due to traffic conditions. UNABLE TO DO. TRAFFIC NOISE AND SHE SPEAKS VERY SOFT

BREATH TEST RESULTS: 1) REFUSAL 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S R. CASCIO 6881

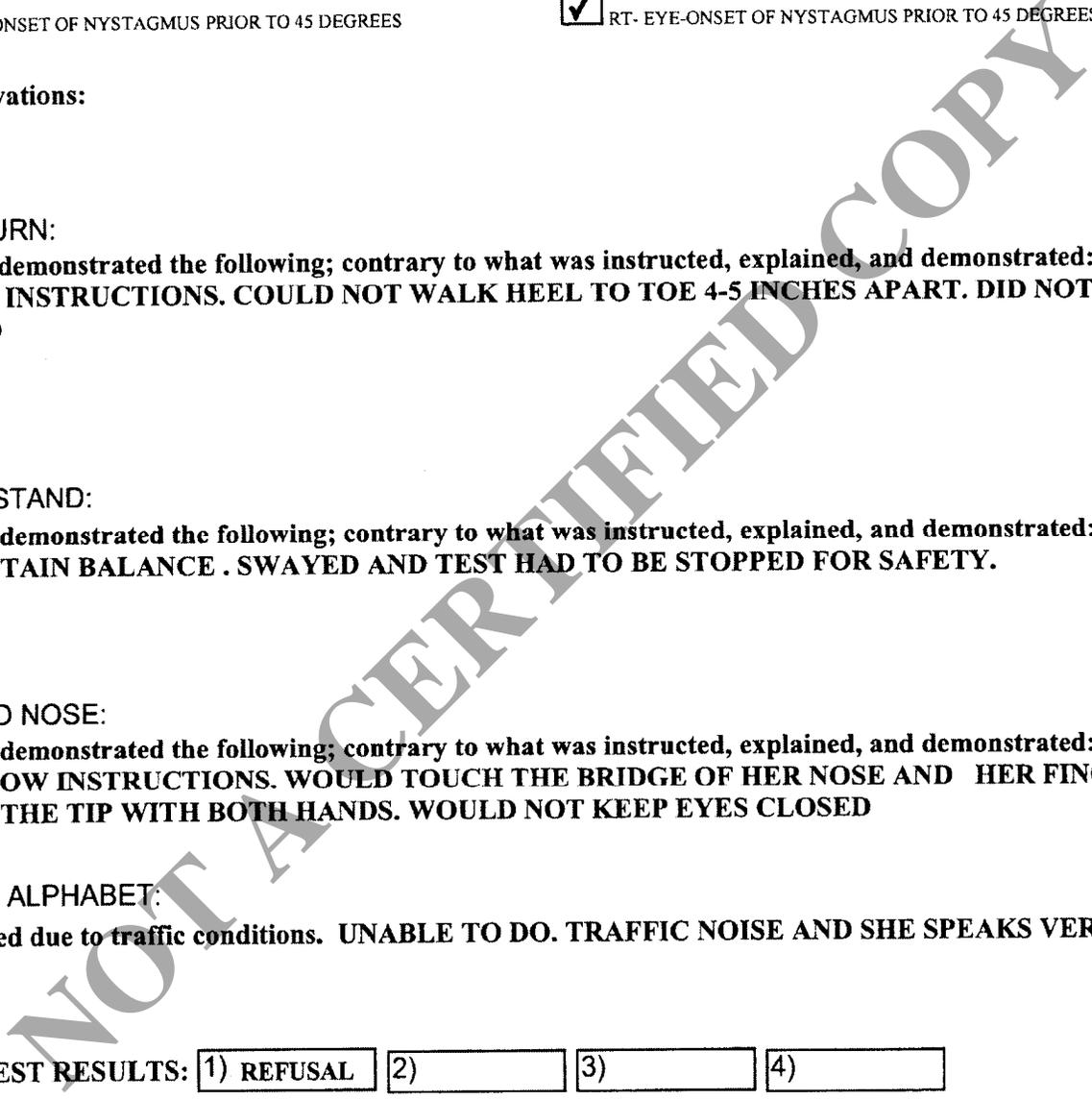
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28TH day of JULY 2018 by _____

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

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

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JUN 29 2018**



WITNESS LIST

CASE NUMBER: 18091096

ARRESTING OFFICER: D/S R. CASCIO 6881

ADDRESS: 3228 GUNCLUB RD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME): (WORK) 561-688-3000

CAN TESTIFY TO: DRIVING PATTTER / OBSERVATIONS OF DRIVER / ROADSIDES / ARREST

NAME: D/S J. TAYLOR 9458

ADDRESS: 3228 GUN CLUB RD. WEST PALM BEACH 33406

PHONE NUMBERS (HOME) (WORK) 561-688-3000

CAN TESTIFY TO: ON SCENE BACK UP - PRISONER TRANSPORT - 20MIN OBSERVATION PERIOD.

NAME: D/S T. HANNIGAN 9674

ADDRESS 3228 GUN CLUB RD. WEST PALM BEACH FL. 33406

PHONE NUMBERS (HOME) (WORK) 561 688 - 3000

CAN TESTIFY TO: ON SCENE BACK UP / TOW SLIP

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:

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TESTING FACILITY TASK REPORT

AGENCY: Paso Del Norte County Sheriff's

SUBJECT: Kevin [unclear] CASE NUMBER: 1-09-1416

DATE: 06-23-15 VIDEO TAPE NUMBER: 111

BEGINNING TIME: 09:00 ENDING TIME: 09:05

BREATH TESTS RESULTS: **REFUSED** TIME 09:00 (A.M./P.M.) 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: [unclear]

MAINTENANCE TECHNICIAN: [unclear]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [unclear]

ATTITUDE: [unclear]

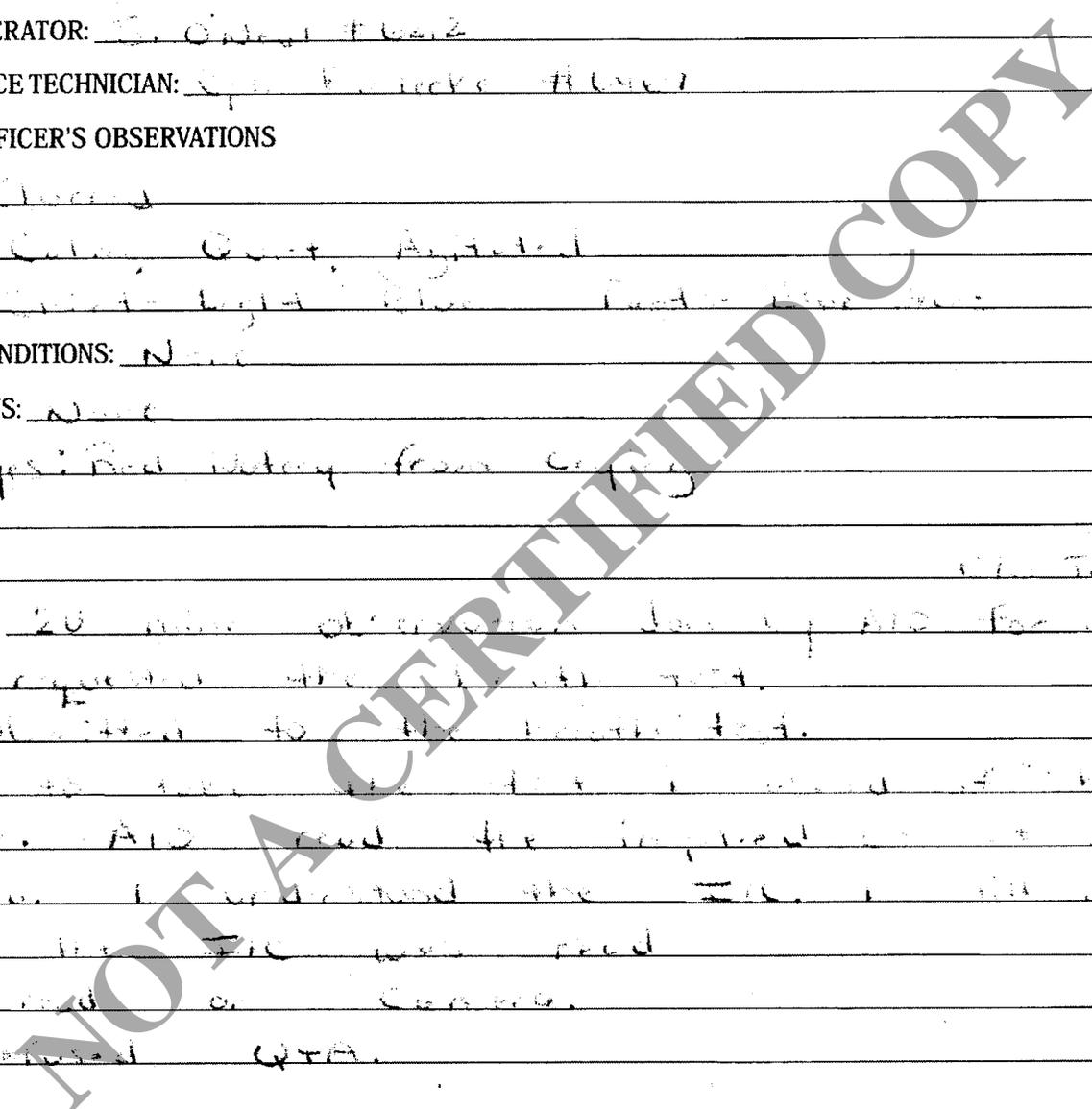
CLOTHING: [unclear]

MEDICAL CONDITIONS: [unclear]

MEDICATIONS: [unclear]

OTHER: Eyes: Red history from crying

COMMENTS: 20 min observation Jan by AIC for [unclear]
AIC requested the [unclear]
is admitted to the [unclear]
Time to [unclear]
refused. AIC read the implied [unclear]
concern [unclear]
other [unclear]
C/W read a camera.
D. [unclear] QTA.



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SUBJECT: Divina Dora I CASE NUMBER: 15-041046

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 DRIVING? _____ 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? _____

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: _____

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

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NOT A CERTIFIED

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JUN 29 2018



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input checked="" type="checkbox"/>	119.0712(2)(b)	Other: Personal information contained in a motor vehicle record	11
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018021461	Date: 06/28/2018
	Specialist Name/ID: Drucker/9206

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JUN 29 2018