

048/205

1351

NH

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency ORI Number FLO- 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 16-128498							
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 04							
Location of Arrest (Including Name of Business) 22528 ORANGE BLOSSOM LN, BOCA RATON, FL 33428				Location of Offense (Business Name, Address) 22528 ORANGE BLOSSOM LN, BOCA RATON, FL 33428							
Date of Arrest 9-18-16		Time of Arrest 7:58 AM		Booking Date		Booking Time		Jail Date		Jail Time	
Location of Vehicle											
Name (Last, First, Middle) MAISONET MORALES, SHIERLEYMARI,										Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 7-19-1992		Height 5-1		Weight 110		Eye Color BROWN	
Hair Color BROWN		Complexion MED		Build MED							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO'S				Marital Status		Religion NONE		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk			
Local Address (Street, Apt. Number) 5351 W HILLSBORO BLVD # 101,		(City) COCONUT CREEK, FL		(Zip) 33073		Phone (754) 707-6573		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3			
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source DEFENDANT	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation SELF EMPLOYED	
D/L Number, State M253780927590, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) PUERTO RICO		Citizenship USA			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <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"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		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 355-2526) 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 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/Codeine		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
Charge Description DUI W/ PROPERTY DAMAGE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(3a)(c1)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit 0.214 & 0.196		Offense # 16-128498		Warrant / Capias Number		Bond	
Charge Description POSSESSION OF DRUG PARAPHERNALIA		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.147 (1)		Violation of ORD #			
Drug Activity P		Drug Type P		Amount / Unit MULTI COLORED GRINDER		Offense # 16-128498		Warrant / Capias Number		Bond	
Charge Description POSSESSION OF MARIJUANA < 20 GRAMS		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.13 (6b)		Violation of ORD #			
Drug Activity P		Drug Type M		Amount / Unit 1.5 GRAMS		Offense # 16-128498		Warrant / Capias Number		Bond	
Charge Description driving without a drivers license		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 322.03(1)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit		Offense # 16-128498		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) SOUTH COUNTY COURTHOUSE, 200 WEST ATLANTIC AVE, COURTROOM # 1, DELRAY BEACH, FL 33444											
Court Date and Time Month OCTOBER Day 17 Year 2016 Time 8:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>											
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 D/S D. GILLINGS # 8293				Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S D. GILLINGS # 8293		I.D. #		(PRINT)		PAGE	
Intake #		J.D. #		Pouch #		Transporting Officer D/S D. GILLINGS		ID # 8293		Agency PBSO	
Witness here if subject signed with an "X"										1 OF 1	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-16-128498				
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:				
DEF	Name (Last, First, Middle) MAISONET MORALES, SHIERLEYMARI,				Alias		Race W	Sex F	Date of Birth 7-19-1992
	Charge Description DUI W/ PROPERTY DAMAGE 316.193(3abc1)		Charge Description POSSESSION OF DRUG PARAPHERNALIA 893.147 (1)						
CHARGES	Charge Description POSSESSION OF MARIJUANA < 20 GRAMS 893.13 (6b)		Charge Description driving without a drivers license 322.03(1)						
	Victim's Name (Last, First, Middle) STATE OF FLORIDA, ,				Race		Sex	Date of Birth	
VICTIM	Local Address (Street, Apt. Number) (City) (State) (zip) Phone ()				Address Source				
	Business Address (Name, Street) (City) (State) (zip) Phone ()				Occupation				
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 <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <u>18</u> day of <u>SEPTEMBER</u> 20 <u>16</u> at <u>7:14 am</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)									
<p>I concluded a DUI investigation in which the defendant was arrest for DUI. While conducting a search of her property in the vehicle, a round metal grinder was found in her purse, which she had said was there, that had green residue resembling that of marijuana. D/S Udell field tested the powdered grinder residue with a duquinois marijuana test kit which turned purple indicating a positive test for marijuana. Based on the defendant having knowingly been in possession of a grinder which is being utilized with marijuana, she is being charged with possession of drug paraphernalia, a violation of fss 893.147(1).</p> <p>Subsequent to being placed under arrest, the defendant was searched by female deputy Ruiz # 14262, at which time a small plastic baggie containing a green leafy substance was obtained from her right front shirt pocket. The substance was field tested again by D/S Udell utilizing a duquinois marijuana test kit which turned purple indicating a positive test for marijuana. The marijuana was placed into evidence and found to have a total package weight of 1.5 grams. Based on the defendant being in actual physical possession of the marijuana, which was less than 20 grams, she is being charged with possession of marijuana < 20 grams, a violation of fss 893.13(6b).</p>									
NOT A CERTIFICATE									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH D/S D. GILLINGS # 8293 (Signature of Arresting/Investigative Officer)				18 day of SEPTEMBER 20 <u>16</u> at <u>7:14 am</u> by D/S D. GILLINGS # 8293 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN LE				
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)				Notary Public - State of Florida PAMELA F. DORSEY My Comm. Expires Apr 11, 2017 Commission # FF 7211 Bonded Through 20 <u>16</u>				

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF SEPTEMBER 20 16 AT 7:14 am ☒ AM ☐ PM

SUBJECT: MAISONET MORALES, SHIERLEYMARI, CASE NUMBER: 16-128498

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S D. GILLINGS # 8293

PERSONAL CONTACT

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

ARRIVED AT CRASH SCENE, CASE # 16128497, IN WHICH THE DEFENDANT WAS SEATED IN THE DRIVERS SEAT OF A RED NISSAN BEARING NM TAG # 601TLC, WHICH HAD STRUCK A PALM TREE DAMAGING THE FRONT BUMPER OF THE CAR KNOCKING THE TREE OVER AND THE VEHICLE WAS RESTING ON TOP OF THE REMAINING TREE STUMP. THE VEHICLE WAS STILL RUNNING AND THE DEFENDANT WAS THE SOLE OCCUPANT OF THE VEHICLE.

OBSERVATION OF DRIVER:

UPON MAKING CONTACT WITH THE DRIVER, I NOTICED THAT HER SPEECH WAS SLURRED AND HER EYES WERE GLOSSY.

DRIVER'S STATEMENTS:

SHE SAID THAT SHE HAD DROPPED HER FRIENDS OFF AND WAS TRYING TO GET HOME AND GOT LOST IN THE NEIGHBORHOOD WHEN SHE HIT THE TREE AND GOT THE VEHICLE STUCK.

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HER BREATH

GENERAL OBSERVATIONS

SPEECH: SLURRED , VERY TALKATIVE

ATTITUDE: TALKATIVE,

CLOTHING: BLACK SHIRT / JEAN PANTS BLACK HEELS

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S D. GILLINGS # 8293

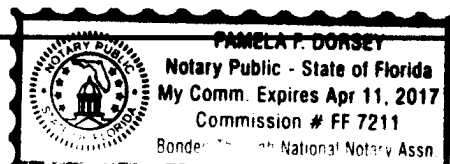
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of SEPTEMBER 20 16 by D/S D. GILLINGS # 8293

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

KNOWN LE

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



SUBJECT: MAISONET MORALES, SHIERLEYMARI, CASE NUMBER 16-128498

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:

FAILED TO START INITIALLY AND THEN STOPPED EXERCISE BEFORE THE END OF EXERCISE.

WALK & TURN:

SEE VIDEO

FAILED TO STAY IN STARTING POSITION, TOOK 11 STEPS MISSING ALL HEEL TO TOE TOUCHES AND HAD IMPROPER TURN RETURNING WITH 11 STEPS ALL MISSING HEEL TO TOE TOUCHES.

ONE LEG STAND:

SEE VIDEO

USED ARMS FOR BALANCE, SWAYING FORWARD AND BACKWARDS PUT FOOT DOWN AT 7 SECONDS THEN STARTED OVER AND STOPPED AT 2. UNABLE TO COMPLETE EXERCISE.

FINGER TO NOSE:

SEE VIDEO

UNABLE TO KEEP EYES CLOSED AND WHEN I SAID LEFT RAISED HER FOOT OFF GROUND NEVER TOUCHED NOSE.

ROMBERG ALPHABET:

SEE VIDEO

TOWARD END OF ALPHABET BEGAN RAMBLING LETTERS AND CONTINUED WELL BEYOND TRADITIONAL ALPHABET.

BREATH TEST RESULTS: 1) 0.214 2) 0.196 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S D. GILLINGS # 8293

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18

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

KNOWN LE

WITNESS LIST

CASE NUMBER: 16-128498

ARRESTING OFFICER: D/S D. GILLINGS # 8293

ADDRESS: 17901 SOUTH STATE ROAD SEVEN, BOCA RATON, FL 33498

PHONE NUMBERS (HOME): _____ (WORK) 561-687-710

CAN TESTIFY TO: SEE REPORT

NAME: D/S K. UDELL # 6559

ADDRESS: 17901 SOUTH STATE ROAD SEVEN, BOCA RATON, FL 33498

PHONE NUMBERS (HOME) _____ (WORK) 561-687-7150

CAN TESTIFY TO: (SEE REPORT)

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: P320
SUBJECT: Murphy, Michael CASE NUMBER: 16 128416
DATE: 9 18 16 VIDEO TAPE NUMBER: 64111
BEGINNING TIME: 0951 ENDING TIME: 1011
BREATH TESTS RESULTS: 1) .214 TIME 0951 A.M./P.M. 2) .216 TIME 1005 A.M./P.M.
3) — TIME — A.M./P.M. 4) — TIME — A.M./P.M.
BREATH OPERATOR: P. Dwyer 6:177
MAINTENANCE TECHNICIAN: T. R. Miller

TESTING OFFICER'S OBSERVATIONS

SPEECH: normal
ATTITUDE: friendly no slurring (sweat)
CLOTHING: blue jeans, white shirt
MEDICAL CONDITIONS: RVS, no other medical conditions
MEDICATIONS: none
OTHER: Subject was cooperative and followed instructions.
Subject was sober and did not exhibit any signs of impairment.
COMMENTS: Subject was cooperative and followed instructions.

Also noted that D. agreed to have her heels removed for officer safety. D. pulled up her pants and removed her heels. D. was then asked to perform a sobriety test. D. refused to perform the test. D. was then asked to sign a refusal form. D. signed the refusal form. D. was then placed in the back of the patrol car. D. was transported to the jail. D. was released from the jail at 11:00 am.

SUBJECT: MURKIN. MURKIN. 0000 CASE NUMBER: 1000

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) Red on / 200

SUBJECT: MURDER - MURDER, SHIRLEY MARI CASE NUMBER: 10-1-100

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? NO

WHERE WERE YOU GOING? TO THE STORE

WHAT STREET OR HIGHWAY WERE YOU ON? 100

DIRECTION OF TRAVEL? N WHERE DID YOU START? 100

WHAT TIME DID YOU START? 10:00 WHAT TIME IS IT NOW? 10:30

WHAT IS TODAY'S DATE? 10/1/10 WHAT DAY OF THE WEEK IS IT? MONDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? ALBANY, NY

WHEN DID YOU LAST EAT? 10:00 WHAT DID YOU EAT? PIZZA

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? DRIVING

HOW MUCH DO YOU WEIGH? 150 HAVE YOU BEEN DRINKING? NO WHAT? NO

HOW MUCH? NO WHERE? NO WITH WHOM? NO

WHEN DID YOU HAVE YOUR FIRST DRINK? NO AND YOUR LAST DRINK? NO

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? NO

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? NO

WHAT? NO WHERE? NO WHEN? NO

WHAT LINE OF WORK ARE YOU IN? NO WHEN DID YOU LAST WORK? NO

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? NO

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? NO

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? NO

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? NO WHY? NO

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? NO WHEN? NO

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>NO</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? NO

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? NO

INTERVIEWER: 10-1-100

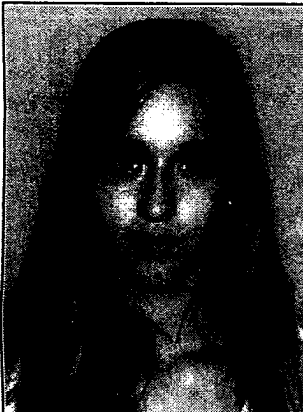
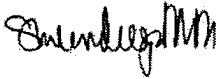
DAVID**DRIVER AND VEHICLE
INFORMATION DATABASE****STATE OF FLORIDA**

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Time printed: 9/18/2016 9:25:59 AM

Record Detail

Customer Name: SHIERLEYMARI MAISONET MORALES	Driver License Status: Valid	
DL/ID: [REDACTED]	SSN: [REDACTED]	Class: ID Card
Previous DUI: 0 <i>This count reflects total DUI convictions on record.</i>	Previous DWLS: 0 <i>This count reflects total DWLS convictions on record.</i>	

  SAFE DRIVER REAL ID COMPLIANT	Address: 6590 ROOSEVELT ST HOLLYWOOD, FL 33024	Date of Birth: 07/19/1992	Gender: FEMALE	Height: 5' 1"	EIN: 0100294260015152
	Original License Issue Date:	Issued: 12/28/2015	Expires: 07/19/2024		
	CDL Status:				
	Form Number: Q011605020021				
	Citizen Status: US CITIZEN	Country of Birth: US OF AMERICA	State of Birth: PUERTO RICO		
Race: HISPANIC/LATINO					

Restrictions:	Endorsements:	Conditional Messages:
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