

05110074

19CT 17118

1111

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number		Agency Name Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 19-001220	
	Charge Type: Check as many as apply.		Weapon Seized / Type		Multiple Clearance Indicator		UK	
	Location of Arrest (Including Name of Business) Bradley Place & Royal Poinciana way., Palm Beach, FL 33480		Location of Offense (Business Name, Address) Bradley Place & Royal Poinciana way Palm Beach, Florida 33480		Date of Arrest 09/15/2019		Time of Arrest 2108	
	Booking Date		Booking Time		Jail Date		Jail Time	
DEFENDANT	Name (Last, First, Middle) McClinton, Victoria		Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White 1 - American Indian		Sex F	
	Date of Birth 04/04/1994		Height 507		Weight 142		Eye Color Brown	
	Hair Color Brown		Complexion Fair		Build Slim		Religion NONE	
	Local Address (Street, Apt. Number) 2045 Reston Cir		(City) (State) (Zip) Royal Palm Beach FL 33411		Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State	
CO-DEF	Permanent Address (Street, Apt. Number) 2045 Reston Cir		(City) (State) (Zip) Royal Palm Beach FL 33411		Phone		Address Source FL DL	
	Business Address (Name, Street)		(City) (State) (Zip)		Phone		Occupation	
	D/L Number, State M245-860-94-624-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) Mexico, Baja	
	Citizenship USA		Co-Defendant Name (Last, First, Middle)		Race		Sex	
JUVENILE	Date of Birth		Date of Birth		Date of Birth		Date of Birth	
	Arrested		At Large		Arrested		At Large	
	Felony		Misdemeanor		Felony		Misdemeanor	
	Juvenile		Juvenile		Juvenile		Juvenile	
CHARGE	Parent Legal Custodian		Name (Last) (First) (Middle)		Residence Phone		Business Phone	
	Address (Street, Apt. Number)		(City) (State) (Zip)		Notified by: (Name)		Date	
	Relationship		Date		Time		Juv. Disposition	
	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 355-2528) informed of any change of address.	
CHARGE	Property Crime?		Description of Property		Value of Property		School Attended	
	Grade		Drug Activity		Drug Type		Amount / Unit	
	Offense #		Counts		Domestic Violence		Statute Violation Number	
	Warrant / Capias Number		Bond		Statute Violation Number		Violation of ORD #	
CHARGE	Charge Description		D.U.I. with Property Damage		Counts		Domestic Violence	
	Offense #		19-001220		Warrant / Capias Number		Bond	
	Charge Description		Leaving Scene of Accident With Property Damage		Counts		Domestic Violence	
	Offense #		19-001220		Warrant / Capias Number		Bond	
CHARGE	Charge Description		Failure to maintain single lane		Counts		Domestic Violence	
	Offense #		19-001220		Warrant / Capias Number		Bond	
	Charge Description		Counts		Domestic Violence		Statute Violation Number	
	Warrant / Capias Number		Bond		Statute Violation Number		Violation of ORD #	
NOTICE TO APPEAR	Location (Court, Room Number, Address) 3228 Gun Club Rd., West Palm Beach, FL CRIMINAL JUSTICE COMPLEX		Court Date and Time Month OCTOBER Day 02 Year 2019 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) <i>Victoria McClinton</i>	
	Date Signed 9/16/19		Signature of Arresting Officer <i>Peter Aguirre</i>		Name Verification (Printed by Arrestee) Peter Aguirre		(PRINT)	
	Name of Arresting Officer (Print) Peter Aguirre		I.D. # 0830		Name of Arresting Officer (Print) Peter Aguirre		I.D. # 0830	
	Transposing Officer Aguirre		ID # 0030		Agency FYPD		Witness here if subject signs this form	
ADMIN	HOLD for other Agency Name:		Name of Arresting Officer (Print)		I.D. #		PAGE	
	Dangerous Resisted Arrest Suicidal Other:		Name of Arresting Officer (Print)		I.D. #		PAGE	

ADMIN Agency ORI Number _____ Agency Name **Palm Beach Police Department** Agency Report Number **19-001220**
 Charge Type: Check as many as apply. 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other Special Notes: _____

DEF Name (Last, First, Middle) **McClinton, Victoria** Alias _____ Race **W** Sex **F** Date of Birth **04/04/1994**

CHARGES Charge Description **D.U.J. with Property Damage 316.193 (3C1)** Charge Description **Leaving Scene of Accident With Property Damage 316.061(1)**
 Charge Description **Failure to maintain single lane 316.089(10)** Charge Description _____

VICTIM Victim's Name (Last, First, Middle) **STATE OF FLORIDA** Race _____ Sex _____ Date of Birth _____
 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
 committed the below acts in my presence. was observed by **OFFICER DASILVA** who told **OFFICER AGUIRRE**
 confessed to _____ that he/she saw the arrested person commit the below acts.
 admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the **15** day of **SEPTEMBER** 20 **19** at **2108** A.M. P.M. (Specifically include facts constituting cause for arrest.)

On the above date and approximate time, I responded to the intersection of Bradley Place and Royal Poinciana way which is located in the City of Palm Beach, Palm Beach County, in response to a suspected impaired driver who was involved in motor vehicle crash and fled the scene which had property damage. The motor vehicle crash occurred at the 200 block of Bradley place. Officer DaSilva witnessed a silver Infiniti bearing FL Tag EHHN59 hit a black pickup truck and continue driving southbound on Bradley place.
Officer DaSilva initiated a traffic stop on the silver Infiniti. Officer DaSilva spoke with the driver and sole occupant, Victoria McClinton (W/F DOB 04/04/1994) who stated she had dropped off a friend and was on her way home. Officer DaSilva smelled the odor of an unknown alcohol emanating from McClinton's breath.
Upon my arrival I asked McClinton if she would perform the Standardized Field Sobriety Test, to which she declined. Upon McClinton's refusal she was given the Terry Warning to which she acknowledged and still refused to perform the SFST's. McClinton was taken into custody for Driving Under the Influence and further charged with Leaving the scene of an Accident with Property Damage.
Therefore, through my crash investigation and Officer DaSilva's observations, I find probable cause for the arrest of Victoria McClinton who did unlawfully, while driving a vehicle involved in a crash resulting in damage to a vehicle or other property which was driven or attended by any person, and without stopping such vehicle a the scene of such crash or as close thereto as possible and without forthwith returning to the scene and without making known to the persons present her full, true and correct name and address, did depart from the scene of such crash, before she fulfilled the requirements of Florida statute 316.062, contrary to Florida Statute 316.061, a second degree misdemeanor.

STATE OF FLORIDA
 COUNTY OF PALM BEACH
P. Aguirre
 (Signature of Arresting/Investigative Officer)
 The foregoing instrument was sworn to or affirmed and subscribed before me this **15th** day of **September** 20 **19** by **P. Aguirre**
 (Print name of Arresting/Investigative Officer), who is personally known to me and/or **GRACIA GINEA**, Type of identification produced **Aguirre**
S. Oneal
 Notary Public - State of Florida
 Commission # **FF 988854**
 My Comm. Expires **JUN 25, 2021**
 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)
 Banded through National Notary Association
 GREEN - STATE ATTORNEY
 YELLOW - AGENCY
 PINK - AGENCY
SCANNED
 PAGE **1** OF **1**
SEP 17 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15 DAY OF SEPTEMBER 20 19, AT 2108 AM PM

SUBJECT: McClinton, Victoria CASE NUMBER: 19-001220

AGENCY: Palm Beach Police Department ARRESTING OFFICER: P. Aguirre

PERSONAL CONTACT

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

On September 15, 2019 at approximately 2052 hours, Officer DaSilva observed a Silver Infiniti bearing FL Tag EHHN59 traveling southbound on the 100 block of Bradley Place, when it swerved and struck a black pickup truck and continued to drive southbound on Bradley place. Officer DaSilva initiated his lights and the vehicle came to a stop at the intersection of Bradley place and Royal Poinciana way. Officer DaSilva made contact with the driver and sole occupant of the vehicle, Victoria McClinton (W/F DOB 04/04/1994)

OBSERVATION OF DRIVER:

Officer DaSilva stated McClinton appeared to be confused and was unable to locate her drivers license.

DRIVER'S STATEMENTS:

McClinton stated she was drinking earlier and had dropped off a friend and was on her way home.

ODORS:

Strong odor of alcohol emanating from driver's breathe. Vehicle emanating odor of alcohol.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Aggravated

CLOTHING: Shirt and skirt

MEDICAL/OTHER: None.

STATE OF FLORIDA
COUNTY OF PALM BEACH

P. Aguirre

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of September 20 19 by _____

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

SCANNED

SEP 17 2019

SUBJECT: McClinton, Victoria

CASE NUMBER 19-001220

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:

Refused

WALK & TURN

Refused

ONE LEG STAND:

Refused

FINGER TO NOSE:

Refused

ROMBERG ALPHABET:

Refused

BREATH TEST RESULTS: Refused

STATE OF FLORIDA
COUNTY OF PALM BEACH

P. Aguirre
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of September 2019 by _____

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

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

SCANNED
SEP 17 2019

WITNESS LIST

CASE NUMBER: 19-001220

ARRESTING OFFICER: P.Aguirre

ADDRESS: 345 S. County Rd Palm Beach FL, 33480

PHONE NUMBERS (HOME): (561)838-5454 (WORK) _____

CAN TESTIFY TO: Arrest

NAME: Ofc. DaSilva

ADDRESS: 345 S. County Rd. Palm Beach FL, 33480

PHONE NUMBERS (HOME) (561)838-5454 (WORK) _____

CAN TESTIFY TO: Arrest, Scene of Accident.

NAME: Sgt. Watson

ADDRESS 345 S. County Rd

PHONE NUMBERS (HOME) 561-838-5454 (WORK) _____

CAN TESTIFY TO: Scene of Accident.

NAME: Officer Buscemi

ADDRESS 345 S. County Rd

PHONE NUMBERS (HOME) 561-838-5454 (WORK) _____

CAN TESTIFY TO: scene of Accident

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

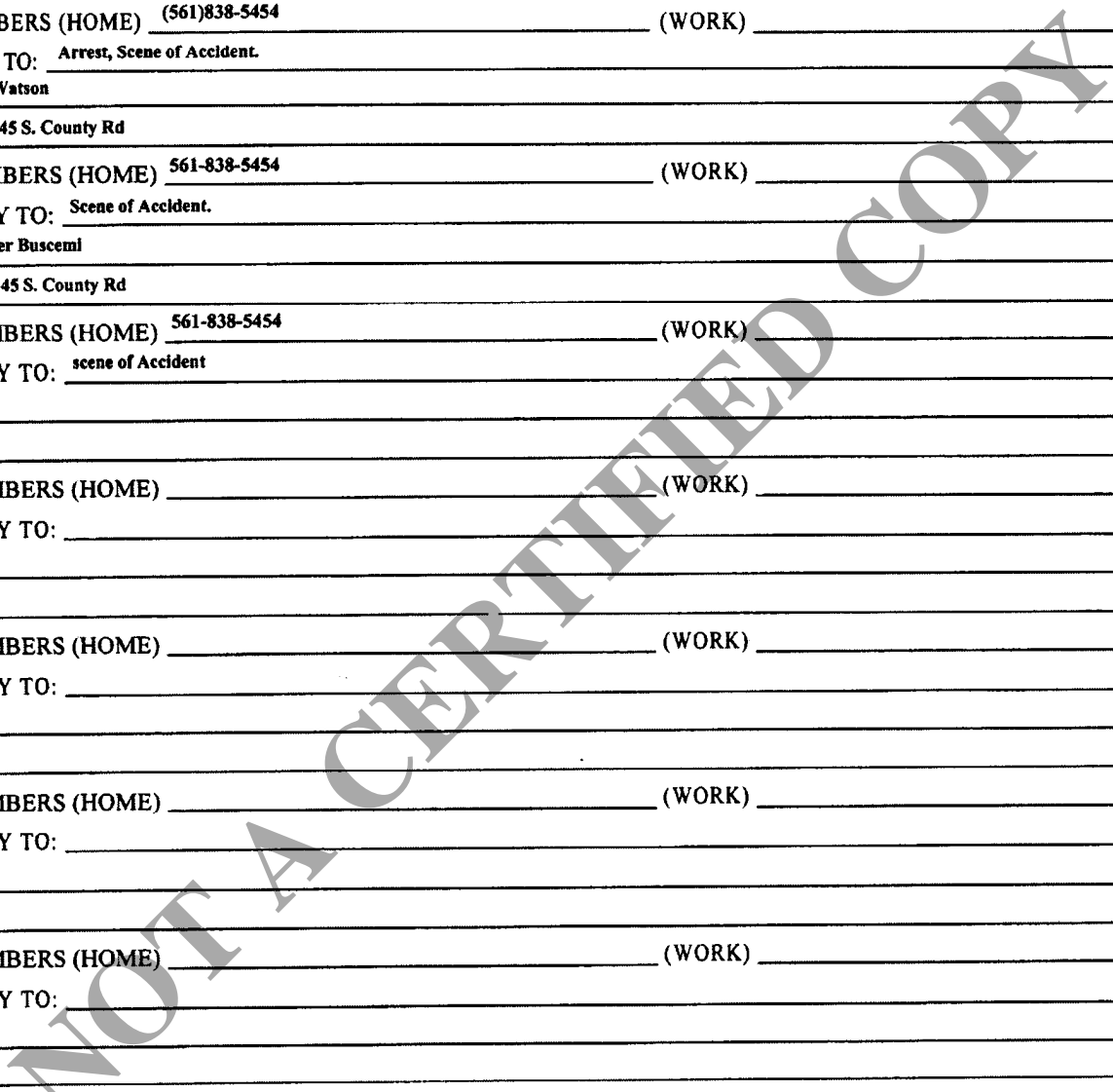
NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
SEP 17 2019



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

I, P. Aguirre, a duly certified Law Enforcement Officer or Correctional
(Person reading Implied Consent Warning)

Officer, am a member of Palm Beach Police Department, and I do swear
(Name of enforcement agency)

or affirm that on or about the 15 day of SEPTEMBER, 2019, at 2108 P.M. A.M.

NAME Victoria McClinton
(Type or Print) FIRST MIDDLE OR MAIDEN LAST (Circle One)

DL# M245-860-94-624-0, state of FLORIDA, was placed under lawful arrest for


the offense of DUI by P. Aguirre and
(Name of Arresting Officer)

issued Citation # 3913-XDV

That on or about the 15th day of September, 2019, at 2203 P.M. A.M.
(Circle One)

in, PALM BEACH COUNTY, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said
person to submit to a breath, urine, or blood test to determine the content of alcohol in his or her blood or breath or the presence of
chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or
her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of
such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits a misdemeanor, if
said person refuses to submit to a lawful test as requested above, and his her driving privilege has been previously suspended for a prior refusal to submit to
submit to a lawful test of his or her breath, urine, or blood. In cases involving a Commercial Motor Vehicle, I did inform the driver that this refusal will
result in the disqualification of the driver's Commercial Driver's License/privilege for a period of one (1) year in the case of a first refusal or
permanently if he or she has previously been disqualified as a result of a refusal to submit to such test.

Said person did at that time and place refuse to submit to such test or tests.


Signature of Law Enforcement Officer or
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 15th day of September, 2019

by P. Aguirre

who is personally known to me or who has produced
as identification.

Notary Public _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the
driver's license, the appropriate copy of the UTC, and the probable cause affidavit. If no DUI arrest is made, attach HSMV 72005 (Notice of
Commercial Driver's License/Privilege Disqualification).

HSMV 78054 (REV. 08/08) S

SCANNED
SEP 17 2019

**PALM BEACH COUNTY
SHERIFF'S OFFICE**

RIG L. BRADSHAW, SHERIFF



LABORATORY ANALYSIS REQUEST

This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis
PRINT LEGIBLY OR TYPE

Agency: Palm Beach Police Department Case #: 19-001220

Officer: P. Aguirre ID#: 0030 District: _____ Division: _____ Phone #: _____

Email: _____

Specimen Collected By: _____ Date: _____ Time: _____

Specimen Collected From: McClinton, Victoria Age: 25 Sex: F Hgt: 507 Wgt: 142

Specimen Type: Blood Urine Beverage Other-Describe _____

Type of Case: Traffic Accident Fatality DWI/DUI Other Date: 05/25/2019 Time: _____

Was any medication administered by medical personnel prior to sample being drawn: Yes No

If yes, name of Medication(s): _____

Subject Arrested: Yes No

Breath Test Performed? Yes No Reading: Refused

Tests requested: Blood Alcohol Blood Drug Screen Urine Drug Screen

DRE exam performed: Yes No DRE Officer: _____ Agency: _____

DRE Opinion: _____

Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)

SCANNED
SEP 17 2019

Florida Department of Law Enforcement Alcohol Testing Program

CERTIFICATION OF BLOOD WITHDRAWAL

I certify that as a physician, certified paramedic, registered nurse, licensed practical nurse, or other person authorized by a hospital to draw blood, or as a licensed clinical laboratory director, supervisor, technologist or technician, I am authorized by 316.1932, 316.1933, 322.63, 327.352 and 327.353, Florida Statutes, to withdraw

blood at the request of a law enforcement officer. I certify that on 09/15/2019 I
(Date)

withdrew blood from McClinton, Victoria at the request of
(Driver)

P.Aguirre The blood sample(s) were collected and labeled in accordance
(Officer)

with the provisions of Rule 11D-8.012, Florida Administrative Code. Before collecting the blood sample(s), the skin was cleansed with an antiseptic that did not contain alcohol. The blood sample(s) were collected in glass evacuation tubes that contained a preservative and an anticoagulant. immediately after collection, the tubes were inverted several times. The blood collection tubes were labeled with the name of the person tested, the date and time the sample(s) were collected and the initials of the person who collected the sample(s).

(Printed name of person withdrawing blood)

(Title)

(Signature)

(Date)

May also be used in administrative proceedings pursuant to s. 322.2615, Florida Statutes. To be forwarded to the local Bureau of Driver Improvement Office, Division of Driver Licenses, Department of Highway Safety and Motor Vehicles.

**PALM BEACH COUNTY
SHERIFF'S OFFICE**

RIC L. BRADSHAW, SHERIFF



Date: 07/17/2017

PBSO Case # 19-001220

I, McClinton, Victoria freely, knowingly and voluntarily give my consent for Doctor /Nurse / Paramedic / Phlebotomist _____ to obtain a sample (s) of my blood, urine, saliva for DNA, ethanol and/or other analysis or comparison that the Palm Beach County Sheriff s Office may deem necessary.

I consent to the obtaining of sample(s) of my blood, urine or saliva with the full understanding *that the* results of any such analysis may be used against me in a court of law, and hereby attest that I am not submitting due to coercion, duress, or promises, that I am consenting to the aforementioned of my own free will.

Signature: _____

Witness by:

SUBJECT: McClinton, Victoria

CASE NUMBER: 19-001220

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 o chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am P.Aguirre of the PALM BEACH COUNTY

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 as admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: X McClinton, Victoria

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: X McClinton, Victoria

SCANNED
SEP 17 2019

FILING PACKAGE RECEIPT FORM

Check One:

- DHSMV - Bureau of Driver Improvement Hearing Office
- State Attorney's Office D.U.I. Intake
- Felony/Misdemeanor Filing Documentation

Case Number: 19-001220

Defendant: McClinton, Victoria

Officer: P.Aguirre ID, # 0030

District: Patrol

Date Submitted: _____

Sent By: Peter Aguirre

Supervisor Approval: _____

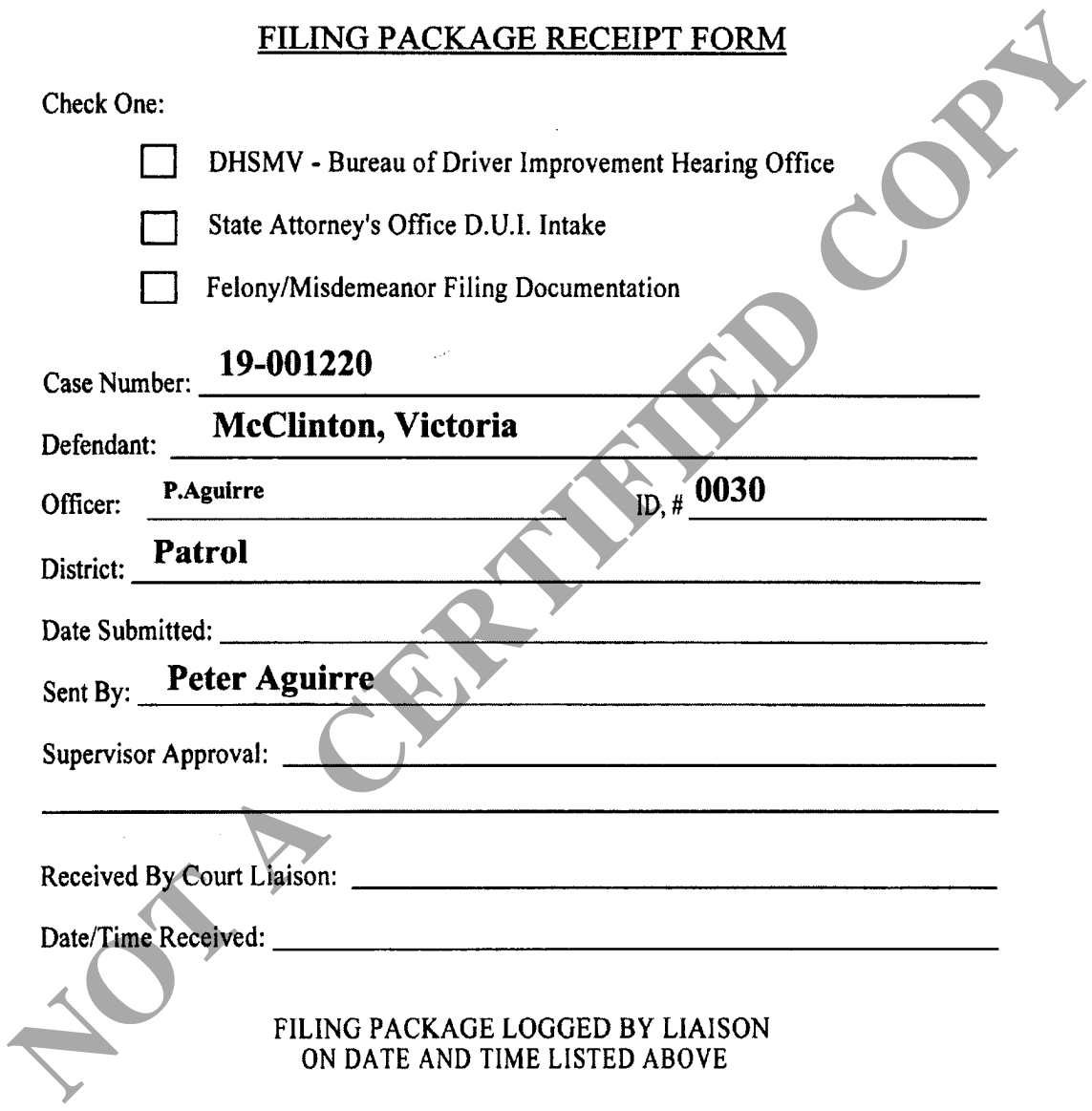
Received By Court Liaison: _____

Date/Time Received: _____

FILING PACKAGE LOGGED BY LIAISON
ON DATE AND TIME LISTED ABOVE

RETURN THIS ORIGINAL RECEIPT TO OFFICER

Ver. 0A-8
SCANNED
SEP 17 2019





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

PBSO CASE # 19-115507 PBSO ZONE 3-22

AGENCY CASE # 19-001220 CRASH CASE # N/A

TIME OF STOP/CRASH 2108 DATE 09/15/2019 DAY Sunday

SUBJECT'S NAME McClinton, Victoria RACE W SEX F

HGT 507 WGT 142 DOB 04/04/1994

LOCATION Bradley Place & Royal Poinciana way Palm Beach, Florida 33480

ARRESTING OFFICER'S NAME & ID P.Aguirre AGENCY Palm Beach Police Department

DIVISION: Patrol

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2140

BREATH RESULTS:

ARREST TIME 2108

1. Refused
2. _____
3. _____
4. _____

TESTING OFFICER'S ID _____ PBSO VIDEOTAPE # _____

SCANNED
SEP 17 2019

SUBJECT: _____

CASE NUMBER: _____

19 | 220

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: OTC Aquino #0030

SCANNED
SEP 17 2019

SUBJECT: _____

CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

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

-OR-

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

-OR-

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

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am OF Aguirre of the Isam Beach PD

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.

SCANNED

SEP 17 2019

SUSPECT'S SIGNATURE: (X) _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



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

PBSO CASE # 19-115507 PBSO ZONE 3-22

AGENCY CASE # 19-1220 CRASH CASE # N/A

TIME OF STOP/CRASH 2052 DATE 9/15/19 DAY Sunday

SUBJECT'S NAME Victoria McClinton RACE w SEX F

HGT 507 WGT 142 DOB 04/04/94

LOCATION Bradley and Royal Poinciana

ARRESTING OFFICER'S NAME & ID Aguirre 0030 AGENCY Palm Beach

DIVISION: Road Patrol

NOTIFIED BY COMMO YES.

ARRIVAL AT FACILITY 2140

Arrest Time 2108

BREATH RESULTS:

1. _____
2. _____
3. _____
4. _____

TESTING OFFICER'S ID 24520 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

SCANNED
 SEP 17 2019

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

I, Ofc. Aguirre, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Police Dept, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 15th day of September, 2019, at 2108 P.M. A.M.

DRIVER Victoria McClinden,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M245-860-94-624-0, state of FL, was placed under lawful arrest for
the offense of DUI with Property Damage by Ofc. Aguirre and
issued Citation # 3913-XDV
(Name of Arresting Officer)

That on or about the 15 day of September, 2019, at 2206 P.M. A.M.
in Palm Beach County,

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

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this 15 day of Sept, 2019,
by Ofc. Aguirre,
who is personally known to me or who has produced
_____ as identification

Signature of Attesting Officer
Title _____
Date _____

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

Notary Public _____
HSMV-BAR1001 (REV. 10/2016)

SCANNED
SEP 17 2019

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT: CASE NUMBER:

DATE: VIDEO DVD NUMBER:

BEGINNING TIME: ENDING TIME:

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

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

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

EYES: GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2140
SUBJECT REFUSED TO TAKE BREATH TEST
A/O READ I/C
SUBJECT STATED SHE UNDERSTOOD I/C
AND AGAIN REFUSED TO TAKE BREATH TEST @ 2206
A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS
AND REFUSED QUESTIONING

SCANNED
SEP 17 2019

TESTING FACILITY TASK REPORT

AGENCY:
SUBJECT: CASE NUMBER:
DATE: VIDEO DVD NUMBER:
BEGINNING TIME: ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:
MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:
ATTITUDE:
CLOTHING:
MEDICAL CONDITIONS:
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SCANNED
SEP 17 2019



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	<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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019030175	Date: 9/16/2019
	Specialist Name/ID: Gammage/5660

SCANNED
SEP 17 2019