

20 CT 151444 SB

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number			Agency Name			Agency Report Number (N.T.A.'s only)				
0500400			Delray Beach Police Department			4 0 20-015278				
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 1				
Location of Arrest (Including Name of Business) LAKE IDA RD/N CONGRESS AVE DELRAY BEACH			Location of Offense (Business Name, Address) 1999 LAKE IDA RD/N CONGRESS AVE, DELRAY BEACH, FL							
Date of Arrest 11/22/2020		Time of Arrest 18:43		Booking Date 11/22/2020		Booking Time 18:53		Jail Date Jail Time Location of Vehicle		
Name (Last, First, Middle) HASSIBI, BRIANA LEWIS										
Alias: Alias:										
Race W - White B - Black		Sex W F		Date of Birth 09/25/1979		Height 5'09		Weight 135		
Eye Color GREEN		Hair Color BROWN		Complexion LIGHT		Build MEDIUM				
Marital Status M		Religion NOT INDICA		Indication of Alcohol Influence Yes		No Unk.				
Drug Influence Yes		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Phone (561) 445-9500		1 1				
Local Address (Street, Apt. Number) 1175 NW 20TH AVE, DELRAY BEACH, FL 33445		(City) State (Zip)		Phone (561) 445-9500		Address Source DL				
Permanent Address (Street, Apt. Number) 1175 NW 20TH AVE, DELRAY BEACH, FL 33445		(City) State (Zip)		Phone		Occupation Unemployed				
Business Address (Name, Street)		(City)		(State)		(Zip)				
DL Number, State H210072798450 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) ALLENTOWN, PA		Citizenship US		
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		
Name (Last, First, Middle) Parent <input type="checkbox"/> Other: _____										
Address (Street, Apt. Number) (City) (State) (Zip)										
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 <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's Office (Phone 355-2526) informed of any change of address.					School Attended			Grade		
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:					Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description of Property		
								Value of Property		
Drug Activity S. Sell N. V/A P. Possess					R. Smuggle B. Buy T. Traffic		K. Dispose/ Distribute D. Deliver E. Use		M. Manufacture/ Produce/ Cultivate Z. Other	
					Drug Type N. V/A		B. Barbiturates C. Cocaine E. Heroin		H. Hallucinogens M. Marijuana O. Opium/Deriv.	
							P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description DUI-DAMAGE TO PERSON/PROPERTY					Statute Violation Number 316.193(3)(C)(1)			Violation of SGD #		
Drug Activity N					Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Statute Violation Number Violation of SGD #		
Charge Description								Violation of SGD #		
Drug Activity N					Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Violation of SGD #		
Charge Description								Violation of SGD #		
Drug Activity N					Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Violation of SGD #		
Health / Apparent Physical Condition of Defendant					Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health					PROPERTY - Received By			Released By		
Transported By					Date Transported	Time Transported	Released To			
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> 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			No Photo Available		
					Court Date and Time 12/14/2020 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.										
Signature of Defendant (or Juvenile and Parent/Custodian)										
Signature of Arresting Officer					Date Signed					
Name of Arresting Officer (Print) BONET, LUIS C					Name Verification (Printed by Arrestee) NOV 22 PM 10:02					
LD # 1148					(PRINT)					
Transporting Officer BONET					Agency DELRA					
					PAGE 1 OF 1					
Witness here if subject signed with an "X".										

0519795

XLR

#1442

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22nd DAY OF November 20 20 AT 1752 AM PM
SUBJECT: Briana Lewis Hassibi CASE NUMBER: 20-015278
AGENCY: Delray Beach PD ARRESTING OFFICER: Ofc. Bonet 1148

PERSONAL CONTACT

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

On November 22nd, 2020, I responded to Lake Ida Rd/N Congress Ave in reference to a traffic accident involving a white Chevy Tahoe (FL Tag RJY099) and Delray Beach Patrol Vehicle 1532. Ofc. Reinhart arrived on scene immediately once the crash occur and observed the driver of the Chevy, Briana Hassibi, still entrapped inside of the Chevy. I made contact with the driver of the Chevy, Briana Hassibi, and the Ofc. Patrick who was driving the patrol vehicle.

OBSERVATION OF DRIVER:

Hassibi appeared impaired, had slurred and mumbled speech, had bloodshot and glassy eyes, and had droopy eyes. Hassibi also was using the car as stabilization and had numerous mood swings while on scene from being relaxed to crying to being relaxed again.

DRIVER'S STATEMENTS:

Post-Miranda, Hassibi stated that she drank two glasses of wine with her lunch at approximately 4pm. Hassibi stated that she takes numerous medications (celebrex, cymbalta, prednisone, and lisinopril) throughout the day for her medical issues. Hassibi also stated that she usually always drinks two glasses of wine every day with her meal. Hassibi stated that certain medications that she had taken does make her drowsy and are not supposed to be mixed with alcohol.

ODORS:

The odor of an unknown alcoholic beverage was emanating from her person.

GENERAL OBSERVATIONS

SPEECH: Slurred and mumbled speech

ATTITUDE: Cooperative and Polite

CLOTHING: Black Tanktop and Yellow Skirt

MEDICAL/OTHER:

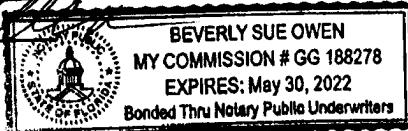
**STATE OF FLORIDA
COUNTY OF PALM BEACH**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of November, 2020, by St. Leo Bond, Notary Public.

The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____, 19_____.
[Signature]

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



SUBJECT: Briana Lewis Hassibi

CASE NUMBER 20-015278

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

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

Other Observations:

Hassibi moved her head during the exercise even though instructed not too.

WALK & TURN:

Hassibi was unable to complete this task due to her medical condition.

ONE LEG STAND:

Hassibi was unable to complete this task due to her medical condition.

FINGER TO NOSE:

Hassibi did not touch the tip of her nose 4 out of the six times. Hassibi also jerked her left hand when instructed to move her right hand.

ROMBERG ALPHABET:

Hassibi completed this task but was unable to keep her feet all the way together due to her medical conditions.

BREATH TEST RESULTS: 1) .271 2) .254 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

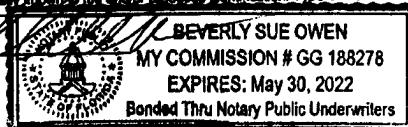
(Signature of Arresting/Investigative Officer)

22nd day of November 2020 by Ofc. Luis Bonet 1148

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

(Print name of Arresting/Investigative Officer), who is personally known to me or whose true identity is known to me.

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



TESTING FACILITY TASK REPORT

AGENCY: DELRAY BEACH P.D.

SUBJECT: HASSIBI, BRIANA LEWIS

CASE NUMBER: 20129554

DATE: 11/22/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1929

ENDING TIME: 1947

BREATH TESTS RESULTS: 1) .271 TIME 1935 A.M. P.M. 2) .254 TIME 1938 A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: CO-OPERATIVE, PLEASANT

CLOTHING: TENNIS SHOES, YELLOW SKIRT, BLACK TANK TOP

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

DEFENDANT IN ACCIDENT

COMMENTS:

A/O AND DEFENDANT ARRIVED AT 1905 HOURS. DEFENDANT HAD GUM IN MOUTH, NEW OBSERVATION TIME WAS 1909 HRS. A/O OBSERVED 20 MINUTES. A/O REQUESTED BREATH TEST, TECH EXPLAINED RESULTS. A/O READ C/W DEFENDANT UNDERSTOOD RIGHTS. ANSWERED Q & A, ADMITTED DRINKING WINE (2 GLASSES) AT HER HOME. COULDN'T FEEL EFFECTS OF ALCOHOL. DEFENDANT BLEW .271 AND .254.

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 11/22/2020

Date of Last Agency Inspection: 11/13/2020

Observation Period Began: 19:09

Subject's Name: BRIANA L HASSIBI

DOB: 09/25/1979 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:

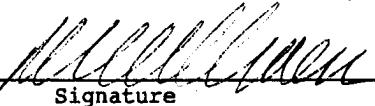
Test	g/210L	Time
Diagnostics Check OK		19:32
Air Blank	0.000	19:33
Control Test	0.080	19:33
Air Blank	0.000	19:34
Subject Sample #1	0.271	19:35
Air Blank	0.000	19:36
Air Blank	0.000	19:37
Subject Sample #2	0.254	19:38
Air Blank	0.000	19:39
Control Test	0.079	19:39
Air Blank	0.000	19:40
Diagnostics Check OK		19:40

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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 SUE OWEN, 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: 11/22/2020
Signature

Sworn to (or affirmed) before me this 22nd day of November, 2020

ofc L. Bonet

Signature of Notary Public-State of Florida

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.

WITNESS LIST

CASE NUMBER: 20-015278

ARRESTING OFFICER: Ofc. Luis Bonet 1148

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: DUI Investigation

NAME: Ofc. Rodney Patrick

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: Driver of other vehicle involved. Wheel Witness

NAME: Ofc. Anna Reinhart

ADDRESS 300 W Atlantic Ave Delray Beach FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: Wheel Witness

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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: _____

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

PBSO CASE # 20129554 PBSO ZONE 4-11

AGENCY CASE # 20-015278 CRASH CASE # 20-015278

TIME OF STOP/CRASH 17:52 DATE 11/22/20 DAY Sunday

SUBJECT'S NAME Briana Hassibi RACE W SEX F

HGT 5'09" WGT 140 lbs DOB 9/25/79

LOCATION Lake Id. Rd/S Congress Ave Delray Beach FL

ARRESTING OFFICER'S NAME & ID L. Bonet 1149 AGENCY Delray Beach

DIVISION: Road Patrol NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 190Shrs

Arrest Time 1843 hrs

BREATH RESULTS:

1. .271

2. .254

3. /

4. /

TESTING OFFICER'S ID 3184

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 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) _____

SUBJECT: _____ CASE NUMBER: _____

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:

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



**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"/>		
Other	<input type="checkbox"/> F.C. Art. 1, Sect 16	Other: Marsy's Law	
	<input type="checkbox"/> 119.07(1)	Other: Bail bond agents and runners are confidential until investigation is completed or ceases to be "active".	

REVIEW COMPLETED BY

Booking Number: 2020027534	Date: 11/23/2020
	Specialist Name/ID: VARGO/6665