

21CT18373ASB

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Capias
2. N.T.A. 5. Juvenile Referral

1 JUVENILE

AD M I N I S T R A T I O N	ORIS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2021-012914	
	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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type: UNARMED		Multiple Clearance Indicator			
D E F E N D A N T	Location of Arrest (Including Name of Business) 116 CAMINO GARDENS BLVD, BOCA RATON FL 3, 116 CAMINO				Location of Offense (Business Name, Address) 116 CAMINO GARDENS BLVD, BOCA RATON, FL 33432			
	Date of Arrest 10/31/2021	Time of Arrest 21:53	Booking Date 10/31/2021	Booking Time 22:03	Jail Date 10/31/2021	Jail Time 23:41	Location of Vehicle WESTWAY TOWING	
C O D E F	Name (Last, First, Middle) MCCOY, CELINE MICHELLE				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:			
	Race W - White 1 - American Indian B - Black 2 - Oriental/Asian W				Sex F	Date of Birth 01/13/1974	Height 5'07	Weight 185
	Eye Color BROWN				Hair Color RED		Complexion LIGHT	Build Small
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT BOTH EYE / EYELINER TATTOO; TATT BACK BUTTOCKS /				Marital Status S	Religion CHRISTIAN	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 1100 SW 9TH AVE, BOCA RATON, FL 33486				(City) BOCA RATON	(State) FL	(Zip) 33486	Phone (561) 445-2854
	Permanent Address (Street, Apt. Number) 1100 SW 9TH AVE, BOCA RATON, FL 33486				(City) BOCA RATON	(State) FL	(Zip) 33486	Phone (561) 445-2854
	Business Address (Name, Street) UNEMPLOYED,				(City) BOCA RATON	(State) FL	(Zip) 33486	Phone (561) 445-2854
	D/L Number, State M200113745130 / FL				Soc. Sec. Number [REDACTED]	INS Number [REDACTED]	Place of Birth (City, State) PITTSBURGH, PA	Citizenship US
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
J U V E N I L E	Name (Last, First, Middle) <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____				Residence Phone			
	Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____				Business Phone			
	Notified by: (Name) _____ Relationship _____				Date _____	Time _____	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 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. <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No				School Attended _____ Grade _____			
C H A R G E	Drug Activity N. N/A P. Possess				S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispenses/ Distribute	M. Manufacture/ Produce/ Cultivate
	Drug Type N. N/A A. Amphetamine				B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description DUI - PROPERTY DAMAGE				Statute Violation Number 316.193(4)(F)(3)(C)(D)			
	Drug Activity N				Drug Type N	Amount / Unit /	Offense # /	Counts 1
C H A R G E	Charge Description				Statute Violation Number			
	Drug Activity				Drug Type	Amount / Unit	Offense #	Counts
	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Warrant / Capias Number			
	Bond				Violation of ORD #			
C H A R G E	Charge Description				Statute Violation Number			
	Drug Activity				Drug Type	Amount / Unit	Offense #	Counts
	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Warrant / Capias Number			
	Bond				Violation of ORD #			
I N T A K E	Health / Apparent Physical Condition of Defendant INTOXICATED				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			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By HARRISON			
	Released By PBCJ				Released To OWNER			
	Transported By HARRISON				Date Transported 11/01/2021	Time Transported 01:24	Other	
	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			
N O T I C E T O A P P E A R	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.				Court Date and Time 11/16/2021 08:30:00			
	Signature of Defendant (or Juvenile and Parent/Custodian) _____ Date Signed _____				No Photo Available			
A D M I N	HOLD for Other Agency				Signature of Arresting Officer [Signature]			
	Name of Arresting Officer (Print) HARRISON, D. M.				I.D. # 856			
	Transporting Officer HARRISON				I.D. # 856			
Intake Deputy _____ I.D. # _____				Pouch # _____ Agency BRPD				
Name Verification (Printed by Arrestor) _____ (PRINT)				Witness here if subject signed with an _____				

JOSEPH HARRISON
PALM BEACH COUNTY, FL
CLERK
AM: 6:32
ED

1

PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL FLO500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-012914	
	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 checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:	
D E F E N D A N T	Name (Last, First, Middle) MCCOY, CELINE MICHELLE					Race W	Sex F	Date of Birth 01/13/1974
	Charge Description 316.193(3A) DUI - PROPERTY DAMAGE					Charge Description		
C H A R G E S	Charge Description					Charge Description		
	Charge Description					Charge Description		
V I C T I M	Victim's Name (Last, First, Middle) STATE OF FLORIDA,					Race U	Sex U	Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432					Phone (561) 338-1234		Address Source
B U S I N E S S	Business Address (Name, Street) (City) (State) (Zip)					Phone (561) -		Occupation
	<p>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.</p> <p>The Person taken into custody ...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 31 day of October, 2021 at 21:53 (Specifically include facts constituting cause for arrest.)</p> <p>On 10/31/2021 at approximately 2130 hours, I responded lights and sirens to the area of W Camino Real and Camino Gardens Blvd in reference to a single vehicle crash where the vehicle was still driving reverse in the wrong lane of traffic.</p> <p>The caller and witness to the crash, white male and active Delray FD, Christopher Zider, advised that he first observed the gray SUV coming from SW 18th St and noticed it was swerving in and out of a lane, so he became concerned for the safety of children outside trick-or-treating. He then followed the vehicle until it ended up at the intersection of W Camino Real/SW 2nd Ave and Camino Gardens Blvd, where he observed the gray SUV strike the two signs that were in the grass by the curb on the west side of the intersection of W Camino Real and Camino Gardens Blvd. Zider advised the front of the vehicle struck the two signs. The two signs indicated to be aware of the curb and that there were irrigation systems nearby. Photos of these signs were captured on my MVR body camera. After striking the signs, the vehicle then tried reversing facing eastbound in the westbound lanes, and then struck the bushes on Camino Gardens Blvd, north side. The vehicle then continued driving forward and backward attempting to leave. Zider described the driver to be a heavy-set white female with tattoos. Zider remained on scene until BRPD officers arrived. A statement was captured from Zider on my MVR body camera, marked and labeled as evidence.</p> <p>I then arrived and was the first officer on scene. I observed the gray SUV vehicle, a 2017 Gray Kia bearing FL tag KNST86, stationary and facing eastbound in the westbound lanes on Camino Gardens Blvd, just west of the intersection with W Camino Real/SW 2nd Ave. I also observed a white female, later identified by her FL DL, to be Celine McCoy, sitting in the driver seat of the vehicle with the vehicle on and running. I immediately made contact with McCoy, and I advised her to put her vehicle in park shift, turn off her vehicle, and step outside of the vehicle since we were in the roadway. She then put the vehicle into park shift, and then stepped outside of the vehicle onto the sidewalk.</p>							
S W O R N	SWORN AND SUBSCRIBED BEFORE ME							
	VOLGUARDSON, ROBERT R NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) 10/31/2021 DATE					SIGNATURE OF ARRESTING / INVESTIGATING OFFICER HARRISON, DANIELLE MARIE (856) NAME OF OFFICER (PLEASE PRINT) 10/31/2021 DATE		
<div style="float: right; text-align: right;"> PAGE 1 OF 3 </div>								

COURT

STATE ATTORNEY

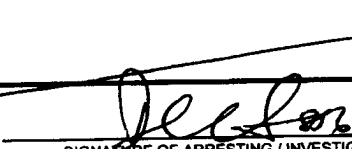
CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
A	Agency ORI Number	Agency Name	Agency Report Number				
	FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 2 2021-012914				
N	Charge Type: Check as many as apply		Special Notes				
	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other						
D E F	Name (Last, First, Middle)				Race	Sex	Date of Birth
	MCCOY, CELINE MICHELLE				W	F	01/13/1974
<p>She never turned off the vehicle. I observed the keys to the vehicle in the center console. No airbags were deployed in the vehicle.</p> <p>I then had McCoy sit down on the curb of the sidewalk to speak with me. Up until this point, my MVR body camera was not activated. However, my In-Car Video was activated from prior to my arrival that captured all of this. I then retrieved my MVR body camera while Ofc Henderson stood by with McCoy. Once retrieved and activated, I then began speaking with McCoy. While I was speaking with McCoy, Ofc Henderson spoke with the caller and witness, Zider, in reference to the vehicle crash. Ofc Henderson then completed the crash investigation. See his supplemental report for further details.</p> <p>When speaking with McCoy, McCoy was confused as to what was going on. I then explained to her that her vehicle had struck the two signs that were next to us and her vehicle, and so I was now present to conduct a DUI investigation. I then asked McCoy where she was coming from, and she advised she was coming from a party on SW 18th St. I asked her if she knew where she was currently. She then said she was on Camino Real, either near 4th Ave or 2nd Ave as she was looking at the traffic signs nearby. I asked where she was heading to, and she advised she was heading to get some food since she has not eaten since 1700 hours today, where she had cottage cheese. I then asked if she had anything to drink tonight, and she advised she had three glasses of wine. I then asked if she was taking any prescription medications, and she advised she takes methadone for her back pain and migraines. She advised she last took a dose of methadone at 2000 hours today, approximately 1 hour and 47 minutes ago. It should be noted that methadone is known to be a highly addictive opioid, that can cause side effects including impaired balance and coordination and should be not used when operating heavy machinery including motor vehicles. I then asked what her highest level of education was, and she advised she has an associate degree from a college/university. She further advised English is her first language. At this point, I had McCoy stand up. While McCoy was standing, I could see her swaying back and forth. The entire time I was speaking with her, I could also smell a strong odor of alcohol emanating from her breath and person. Her speech was also slurred as she was answering my questions.</p> <p>At this point, I became concerned that McCoy was under the influence of alcohol in combination with a chemically controlled substance. I then asked McCoy if she would be willing to perform a series of field sobriety tasks to dispel my alarm that she was under the influence. McCoy stated she would not perform the field sobriety tasks. I then advised McCoy of her Taylor warnings: that these tasks are voluntary, and she did not have to do, however, if she refused to do them, I will be forced to base my decision on whether or not she is under the influence on the totality of circumstances. In addition, her refusal can be used against her in court as evidence. After advising her of these warnings, I then asked her again if she would be willing to perform the field sobriety tasks. McCoy advised she did not wish to perform the field sobriety tasks. At this point, I then told McCoy to place her hands behind her back, which she did without</p>							
A D M I N I S T R A T I V E	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>VOLGUARDSON, ROBERT R</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.30)</p> <p>10/31/2021</p> <p>DATE</p> </div> <div style="width: 45%; text-align: right;"> <p><i>[Signature]</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>HARRISON, DANIELLE MARIE (856)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>10/31/2021</p> <p>DATE</p> </div> </div>						
							PAGE 2 OF 3

OBS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A	Agency ORI Number	Agency Name	Agency Report Number						
D	FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 2 2021-012914						
M	Charge Type. Check as many as apply.		Special Notes:						
I	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				
N	Name (Last, First, Middle)		Alias		Race		Sex		Date of Birth
D	MCCOY, CELINE MICHELLE				W		F		01/13/1974
E	<p>incident. I handcuffed McCoy, checked for tightness and proper fit. I then advised her she was being placed under arrest for DUI.</p> <p>I then searched McCoy and placed her into my marked police vehicle. I then captured photos of the damage to the vehicle, which included a scratch mark on the front of the vehicle, consistent with the witness, Zider's statement, and a scratch along with rear driver side. These photos were marked and labeled on my MVR body camera.</p> <p>I then transported McCoy to Boca Raton Regional Hospital to be medically cleared from the accident. While entering the hospital, McCoy spontaneously uttered to be that she did not have "that much to drink." McCoy was then medically cleared at 2342 hours, with all vitals found normal, including blood sugar 108. I then transported her to BRPD BAT for a breath test at 0007 hours on 11/01/2021. Ofc Careccia responded as the breath tech operator. See Ofc Careccia's supplemental report for further details. Once at the BRPD BAT, I conducted a 20-minute observation of McCoy. McCoy refused to provide a lawful sample of her breath. I then read her Florida Implied Consent Warnings, which McCoy acknowledged she understood. I then asked McCoy if she wanted to provide a lawful sample of her breath, and McCoy again refused. I then read McCoy her Florida Constitutional Warnings, which McCoy acknowledged she understood. McCoy then refused to answer my additional questions. See DUI Influence Report. Celine McCoy is being charged under 316.193(3)(a) for DUI with Property Damage (estimated \$2000.00 damages). McCoy's vehicle was towed by Westway towing. TOT CJ.</p>								
P	NOT A CERTIFIED COPY								
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U	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>VOLGUARDSON, ROBERT R</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>10/31/2021</p> <p>DATE</p> </div> <div style="width: 45%;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>HARRISON, DANIELLE MARIE (856)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>10/31/2021</p> <p>DATE</p> </div> </div>								
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**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: 11/01/2021

Date of Last Agency Inspection: 10/29/2021
Observation Period Began: 00:08
Subject's Name: CELINE M MCCOY

DOB: 01/13/1974 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.

Test	g/210L	Time
Diagnostics Check OK		00:44
Air Blank	0.000	00:45
Control Test	0.080	00:45
Air Blank	0.000	00:46
Subject Sample #1 REF*		00:46
Air Blank	0.000	00:46
Control Test	0.080	00:47
Air Blank	0.000	00:47
Diagnostics Check OK		00:47

*Subject Test Refused

Cylinder Lot: 15421080A1
Exp: 08/05/2023

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, CHERYL J. BARNES, 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: _____

Signature

Date: 11/01/21

Sworn to (or affirmed) before me this 1st day of November, 2021

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.

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

I, Off. D Harrison, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Boca Raton Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 31 day of October, 20 21, at 2:53 ☒ P.M. ☐ A.M.

DRIVER Celine M. McGoy,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M200113745130, state of Florida, was placed under lawful arrest for

the offense of DUI by Off. D Harrison and
(Name of Arresting Officer)

issued Citation # A6LQF3E.

That on or about the 1 day of November, 20 21, at 0034 ☐ 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:

[Signature]
Signature of Attesting Officer

Title Off. Corrections

Date 11/1/21

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before

me this 1 day of November, 20 21,

by _____,

who is personally known to me or who has produced

_____ as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

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.

Arr - Ofc Harrison
Ofc Careccia

1015 2153 hours

21-12914

DUI INFLUENCE REPORT



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

20 min at 0008



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the ^{31st}~~31st~~ day of October, at 2153 AM/PM

Subject: Mcroy, Celine Case Number: 21-12914

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

Horizontal Gaze Nystagmus:

- ☐ Left eye does not follow smoothly
☐ Left eye jerks at 45 degrees angle or less
☐ Distinct jerking left eye maximum deviation

- ☐ Right eye does not follow smoothly
☐ Right eye jerks at 45 degrees angle or less
☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

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 1 (date) by November

Notary/Clerk of Court/ Officer (FSS 117.10)

Date

Signature of Arresting Officer

Name of Officer (print)

ARRESTING OFFICER: Harrison #856

Name: Christopher Zuler Phone # 954-263-3290 Work # _____

Address: _____

Can testify to: Wheel witness

Name: Ofc. Henderson Phone # 561-768-1234 Work # _____

Address: 100 NW 2nd Ave, BR

Can testify to: Crash investigator

Name: Ofc. Caraccia Phone # Same as above Work # _____

Address: Same as above

Can testify to: breath tech operator

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: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 21-12914

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is Monday November 1st, 2021
(day) (month) (date) (year)

B. The time is now approximately 02:29 AM/PM.

C. The following is in reference to case number 21-12914.

D. Present at this time is Off. Harrison of the Boca Raton Police Department
(Officer's Name)

E. Officer Harrison, have you arrested Celine McCoy in violation of
Florida State Statute 316.193? (Defendant's name)

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

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

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

Harrison -

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.

- 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 Off. Harrison of the Boca Raton Police Department

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: read on camera

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.

Guy
(IF REFUSAL THEN)

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

The date is November, 1st, 2021, and the time is 12:34 (AM/PM).
(month) (day) (year)

A refusal form will be completed by the arresting officer.



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: _____



20 min obsv - 0008

BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: McCoy, Celine

CASE #: 21-12914 DATE: 1/01/21

BREATH TEST RESULTS

1) TIME refuse AM/PM 2) TIME _____ AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Ofc. Careccia

MAINTENANCE TECHNICIAN: Ofc. Vancamp

Careccia TESTING OFFICER'S OBSERVATIONS

SPEECH: raised voice

ATTITUDE: emotional, cooperative

CLOTHING: clean

MEDICAL CONDITION: low blood sugar

OTHER: _____

COMMENTS: _____

Harrison

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: reed on camera Date: 11/01/21 Time: 1235 am

QUESTIONS AND ANSWERS

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

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

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

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

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

How did you consume your last two drinks? _____

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? _____

When did you last work? _____

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

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? _____

Have you taken any drugs or smoked marijuana today? _____

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? _____

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? _____

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

The date is _____ (month) _____ (day) _____ (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	<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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021027433

Date: 11/01/2021

Specialist Name/ID: T Howard/7185