

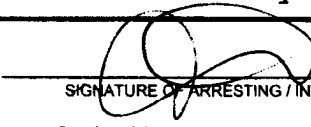
J# 0525150 50.2021-CT-013243-ASB

J# 1408

ADMINISTRATION	OBTS Number		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																																																										
	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2021-000927																																																															
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator																																																															
	Location of Arrest (Including Name of Business) 6000 W GLADES RD, 6000 W GLADES RD, BOCA RATON, FL				Location of Offense (Business Name, Address) 6000 W GLADES RD, BOCA RATON, FL 33431																																																															
DEFENDANT	Date of Arrest 08/10/2021	Time of Arrest 14:18	Booking Date 08/10/2021	Booking Time 14:28	Jail Date // : :	Jail Time	Location of Vehicle WITH OWNER																																																													
	Name (Last, First, Middle) MILLER, ERINE																																																																			
	Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)																																																																			
	<table border="1"> <tr> <td>Race W - White B - Black O - Oriental/Asian</td> <td>Sex W</td> <td>Date of Birth 07/29/1978</td> <td>Height 5'07</td> <td>Weight 240</td> <td>Eye Color BLUE</td> <td>Hair Color BLONDE</td> <td>Complexion MEDIUM</td> <td>Build</td> </tr> <tr> <td colspan="5">Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT BACK NECK / STAR</td> <td>Marital Status S</td> <td>Religion</td> <td colspan="3">Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/></td> </tr> <tr> <td colspan="5">Local Address (Street, Apt. Number) 1911 SABAL PALM DR 104, DAVIE, FL 33324</td> <td colspan="2">Phone</td> <td colspan="3">Resident Type: 1. City 3. Florida 2. County 4. Out of State</td> </tr> <tr> <td colspan="5">Permanent Address (Street, Apt. Number) 1911 SABAL PALM DR 104, DAVIE, FL 33324</td> <td colspan="2">Phone</td> <td colspan="3">Address Source DEFENDANT</td> </tr> <tr> <td colspan="5">Business Address (Name, Street) VITAS,</td> <td colspan="2">Phone</td> <td colspan="3">Occupation Clinitian Assis</td> </tr> <tr> <td colspan="2">DL Number, State M460205787690 / FL</td> <td>Soc. Sec. Number</td> <td colspan="2">DNS Number</td> <td colspan="2">Place of Birth (City, State) HOLLYWOOD, FL</td> <td colspan="3">Citizenship</td> </tr> </table>										Race W - White B - Black O - Oriental/Asian	Sex W	Date of Birth 07/29/1978	Height 5'07	Weight 240	Eye Color BLUE	Hair Color BLONDE	Complexion MEDIUM	Build	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT BACK NECK / STAR					Marital Status S	Religion	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>			Local Address (Street, Apt. Number) 1911 SABAL PALM DR 104, DAVIE, FL 33324					Phone		Resident Type: 1. City 3. Florida 2. County 4. Out of State			Permanent Address (Street, Apt. Number) 1911 SABAL PALM DR 104, DAVIE, FL 33324					Phone		Address Source DEFENDANT			Business Address (Name, Street) VITAS,					Phone		Occupation Clinitian Assis			DL Number, State M460205787690 / FL		Soc. Sec. Number	DNS Number		Place of Birth (City, State) HOLLYWOOD, FL		Citizenship	
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CO-DEFENDANT	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																																																												
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	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)																																																																			
	<input type="checkbox"/> Legal Custodian _____																																																																			
JUVENILE	Address (Street, Apt. Number) (City) (State) (Zip)				Residence Phone		Business Phone																																																													
	Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incorporated																																																													
	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:																																																																			
CODE	Drug Activity N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperse/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other				Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other																																																															
	Charge Description DUI				Statute Violation Number 316.193(1A)		Violation of ORD #																																																													
	Drug Activity N Drug Type N Amount / Unit / Offense # 2021-000927 Counts 1 Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Warrant / Capias Number				Bond																																																															
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INTAKE	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																																																															
	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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By				Released By				Released To COUNTY																																																							
	Transported By				Date Transported // : :				Time Transported				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 Court Date and Time																																																															
NOTICE TO APPEAR	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.										No Photo Available																																																									
	Signature of Defendant (or Juvenile and Parent/Custodian)										Date Signed																																																									
	HOLD for Other Agency										Signature of Arresting Officer		Name Verification (Printed by Arrestee)																																																							
	<input type="checkbox"/> Intake <input type="checkbox"/> Released Arrest <input checked="" type="checkbox"/> Intake <input type="checkbox"/> Released Arrest										Name of Arresting Officer (Print) BURNETTE, A. N.		ID # 798																																																							
ADMINISTRATION	Intake #										Pouch #		Transporting Officer TORBI		ID # 784		Agency BRPD		Witness here if subject signed with an																																																	
	HOLD for Other Agency										Signature of Arresting Officer		Name Verification (Printed by Arrestee)		Name of Arresting Officer (Print)		ID #		Agency																																																	
	Intake #										Pouch #		Transporting Officer		ID #		Agency		Witness here if subject signed with an																																																	
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Torsie11a

PROBABLE CAUSE AFFIDAVIT

OBTS Number			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2021-009278				
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:			
Name (Last, First, Middle) MILLER, ERIN E			Alias	Race W	Sex F	Date of Birth 07/29/1978
Charge Description 316.193(1) DUI		Charge Description				
Charge Description		Charge Description				
Victim's Name (Last, First, Middle)			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 ... <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. <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. On the 10 day of August , 2021 at 15:20 (Specifically include facts constituting cause for arrest.)						
On 08/10/21 at approximately 1316 hours, I responded to 6000 W Glades Rd in reference to a traffic crash.						
Upon arrival, I met with CSO Boylston who was the responding crash investigator. I approached the vehicle bearing FL tag APH8Z on the passenger's side and observed CSO Boylston conversing with a white female, later identified as Erin Miller by her VALID FL driver's license, seated in the driver's seat. CSO Boylston informed me that Miller had rear ended another vehicle while turning into the mall parking lot. As I spoke with CSO Boylston, I could smell the strong odor of an alcoholic beverage emanating from inside of the vehicle which was approximately 2 paces away from where I stood. I then approached the driver's side of the vehicle to speak with Miller and informed her that the crash investigation was complete and that I would be conducting a criminal investigation for DUI. While conversing with Miller, I could smell a strong odor of an alcoholic beverage coming from her mouth. She spoke with a heavy tongue and slurred her speech. I observed her eyes to be bloodshot, glassy, watery and red. I then asked Miller to perform voluntary Standardized Field Sobriety Exercises (SFSE's) so I could ensure she was not intoxicated and would be ok to drive and she consented. The lighting consisted of regular daylight. The temperature was approximately 90 degrees. No surface defects were noted or claimed. Officer Miller arrived on scene as backup.						
The first FSE I asked him to perform was the Horizontal Gaze Nystagmus. I instructed her on where to stand and how to perform the exercise. I asked her if she had any head injuries past or present and she stated no. She was wearing glasses, which she advised was necessary to see clearly. She did not have resting Nystagmus, and her pupil size was equal. She exhibited lack of smooth pursuit in both eyes, distinct and sustained Nystagmus at maximum deviation in both eyes, and the onset of Nystagmus prior to 45						
SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> GRAHAM, KEITH T. NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 08/10/2021 DATE </div> <div style="width: 45%; text-align: center;">  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BURNETTE, ASHLEY NICOLE (798) NAME OF OFFICER (PLEASE PRINT) 08/10/2021 DATE </div> </div>						

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2021-009278
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Special Notes:

Name (Last, First, Middle) MILLER, ERIN E	Alias	Race W	Sex F	Date of Birth 07/29/1978
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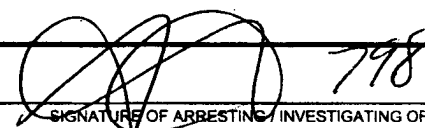
degrees in both eyes. Vertical gaze Nystagmus was not present in either eye. While conducting the HGN, I continued to smell an odor of an alcoholic beverage coming from her mouth.

The second exercise was the walk and turn. I gave the instructions and demonstrated the exercise prior to asking her to perform it. I asked her if she had any physical issues that would prevent her from performing the exercise, and she stated no. She failed to stay in the starting position as I was explaining the instructions. She also could not keep her balance while listening to the instructions. On the first nine heel to toe steps, she failed to touch heel to toe on all steps taken. She stepped off the line on all steps taken. As she walked, she placed her left hand on her hip while looking down at her feet. Realizing that she may not have understood the instructions, I explained the task again and she stated that she understood. On the second attempt, she began before I instructed her to begin. Miller attempted 3 steps before stopping and throwing her hands up in defeat. Miller shook her head and stated, "I can't". I then asked Miller if she wanted stop trying and she stated yes.

The third exercise was the one leg stand. I gave the instructions and demonstrated the exercise prior to asking her to perform it. I asked her if she had any physical issues that would prevent her from performing the exercise, and she stated no. I instructed her to begin whenever she was ready and she paused, then attempted to raise her right foot. She raised her arms six inches away from her body to assist with balance. She failed to elevate her foot six inches from the ground. She also failed to look at her elevated foot while counting and exhibited a side-to-side sway during the exercise. Realizing that she may not have understood the instructions once again, I explained the task and she stated that she understood. On the second attempt, Miller raised her foot momentarily then placed it back on the ground while simultaneously throwing her hands up in the air stating, "I can't"

The Fourth FSE I asked her to perform was the finger to nose (L-R-L-R-L-L-R). I gave the instructions and demonstrated the exercise prior to asking her to perform it. I asked her if she understood the instructions and she stated yes. She failed to touch finger to nose on every turn, touching her upper lip on the first left and/or missing her nose completely. She exhibited a front to back sway during the exercise.

Based on the totality of circumstances, I placed Miller under arrest for violation of F.S.S 316.193(1) at 1350 hours. I placed her in the left rear seat of my patrol vehicle for transport to BRPD holding facility.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BURNETTE, ASHLEY NICOLE (798) NAME OF OFFICER (PLEASE PRINT) 08/10/2021 DATE
	GRAHAM, KEITH T NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 08/10/2021 DATE	
	PAGE 2 OF 3	

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
ADMINISTRATIVE	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-009278				
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:				
DEFENDANT	Name (Last, First, Middle) MILLER, ERIN E				Race W		Sex F		Date of Birth 07/29/1978
	Alias								
<p>Ofc. Reisner responded to BRPD as my Breath Test Operator. Ofc. Reisner and I conducted the 20-minute observation and then she was taken into the BAT room. Miller was asked to provide a breath sample which she consented. The results are as follows: .290g/210L and .285g/210L. See DUI influence report.</p> <p>Miller is being charged under F.S.S. 316.193(1) for DUI. Miller was transported to Boca Raton Regional Hospital for medical clearance and subsequently transported to the Palm Beach County Jail for further processing.</p>									
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>GRAHAM, KEITH T NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 08/10/2021 DATE</p> </div> <div style="width: 45%;"> <p> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BURNETTE, ASHLEY NICOLE (798) NAME OF OFFICER (PLEASE PRINT) 08/10/2021 DATE</p> </div> </div>								
PAGE 3 OF 3									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

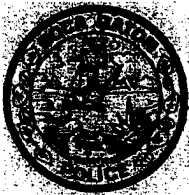
P. I. O.

21-9278
Miller, Erin

DUI INFLUENCE REPORT



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



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 21-9278

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Tues, 8, 10, 2021.
(day) (month) (date) (year)

B. The time is now approximately 7:36 AM/PM

C. The following is in reference to case number 21-9278.

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

E. Officer Burnette, have you arrested Eric Miller 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. Miller, I am required to inform you these
proceedings are being video recorded.

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

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 _____ 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 Signature: _____

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.

(IF REFUSAL THEN)

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

The date is _____, _____, _____, and the time is _____ AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Eric E. Miller

CASE #: 21-9278 DATE: 8/10/21

BREATH TEST RESULTS

1) TIME 0290 2:36 AM/PM 2) TIME 0285 2:39 AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Reisner 525

MAINTENANCE TECHNICIAN: Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Good

ATTITUDE: Good

CLOTHING: blue Jeans, black shirt

MEDICAL CONDITION: Anxiety/Depression

OTHER: _____

COMMENTS: _____

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: XG Miller

Date: 8/10/21

Time: 1445

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the (Circled) accident/stop? Yes

Where were you going? met parents & Maggiano's for lunch.

What street or highway were you on? Parking lot of mall

Direction of travel? _____

Where did you start driving from? Home (Home)

What city (county) were you stopped in? Boca

What time did you start? 12:10 AM/PM (Circled) What time is it now? 2 something

What is today's date? Aug 9 What day of the week is it? Tues.

When did you last eat? Sunday What did you eat? monster cheese sandwich

What have you been doing the past three hours prior to this stop (Circled) accident? drinking

How much do you weigh? 240 Have you been drinking? Yes What were you drinking? Vodka

How much? 2 pint this AM Where? Home With whom were you drinking? no

When did you have your first drink? 2:30 AM/PM (Circled) When did you stop drinking? 1:00 AM/PM (Circled)

How did you consume your last two drinks? Steady drink.

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? Health Care

When did you last work? A month ago

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? No

Have you taken any drugs or smoked marijuana today? Yes

What? librium, Zoloft, seragril When? 2:30 Am.

Have you seen a doctor or dentist today? ☐ Yes ☒ No Who? _____

Are you taking any prescription medications? ☒ Yes ☐ No What? see above 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? No

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? North Carolina

I am now ending this video recording. The time is now approximately 2:51 AM/PM

The date is Aug, 10, 2021.
(month) (day) (year)

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: 08/10/2021

Date of Last Agency Inspection: 07/27/2021

Observation Period Began: 14:04

Subject's Name: ERIN E MILLER

DOB: 07/29/1978 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	14:34
	Air Blank	0.000	14:34
	Control Test	0.078	14:35
	Air Blank	0.000	14:35
	Subject Sample #1	0.290	14:36
	Air Blank	0.000	14:37
	Air Blank	0.000	14:39
	Subject Sample #2	0.285	14:39
	Air Blank	0.000	14:40
	Control Test	0.078	14:40
	Air Blank	0.000	14:41
	Diagnostics Check	OK	14:41

Cylinder Lot: 22419080A3
Exp: 10/05/2021

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, ADAM REEDER, 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: OF [Signature] 575 Date: 8/10/21
Signature

Sworn to (or affirmed) before me this 10 day of Aug, 2021

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida Ashley Burnette

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.



**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: 2021019830	Date: 8/11/21
	Specialist Name/ID: A. Pinkney/7796