

0523 728

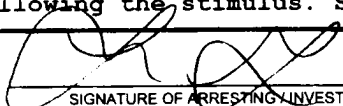
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AD M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest (No Warrant) 3. Request for Warrant 6. Arrest (Warrant) 4. Request for Capias 2. N.T.A. 5. Juvenile Referral		1	JUVENILE
	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>				Agency Report Number (N.T.A.'s only) <b>3 2 2021-006616</b>			
D E F E N D A N T	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type <b>UNARMED</b>		Multiple Clearance Indicator					
	Location of Arrest (Including Name of Business) <b>1450 NE 4TH CT, BOCA RATON</b>				Location of Offense (Business Name, Address) <b>1450 NE 4TH CT, BOCA RATON, FL 33432</b>					
C O D E F E N D	Date of Arrest <b>06/03/2021</b>	Time of Arrest <b>18:14</b>	Booking Date <b>06/03/2021</b>	Booking Time <b>18:24</b>	Jail Date <b>06/03/2021</b>	Jail Time <b>18:39</b>	Location of Vehicle <b>EMERALD TOWING</b>			
	Name (Last, First, Middle) <b>UURANNIEMI, HEIDI H</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)					
I J U V E N I L E	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex <b>F</b>	Date of Birth <b>05/22/1979</b>	Height <b>5'03</b>	Weight <b>105</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLONDE</b>	Complexion <b>LIGHT</b>	Build <b>Small</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>S</b>		Religion <b>LUTHERAN</b>		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
C H A R G E	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>7634 NW 6TH AVE, BOCA RATON, FL 33487</b>				Phone <b>(561) 866-3003</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>7634 NW 6TH AVE, BOCA RATON, FL 33487</b>				Phone <b>(561) 866-3003</b>		Address Source <b>SUBJECT</b>			
C O D E F E N D	Business Address (Name, Street) (City) (State) (Zip) <b>SELF-EMPLOYED,</b>				Phone <b>(561) 866-3003</b>		Occupation <b>Real Estate Att</b>			
	D/L Number, State <b>U655328796820 / FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>THOMASVILLE, GA,</b>		Citizenship <b>US</b>	
I J U V E N I L E	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	
C H A R G E	Name (Last, First, Middle) <input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian				Residence Phone					
	Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone					
C H A R G E	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			
C H A R G E	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			
	Property/Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property		Value of Property			
C H A R G E	Drug Activity: S. Sell R. Smuggle K. Disperse/Distribute M. Manufacture/Produce/Cultivate Z. Other N. N/A B. Buy D. Deliver E. Use P. Possess T. Traffic				Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia S. Synthetic U. Unknown Z. Other		State Violation Number <b>316.193(1A)</b>		Violation of ORD #	
	Charge Description <b>DRIVE UNDER INFLUENCE ALC</b>				Drug Activity		Drug Type		Amount / Unit	
C H A R G E	Offense # <b>2021-006616</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
	Charge Description				Statute Violation Number		Violation of ORD #		Bond	
C H A R G E	Drug Activity				Drug Type		Amount / Unit		Offense #	
	Counts				Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
C H A R G E	Charge Description				Statute Violation Number		Violation of ORD #		Bond	
	Drug Activity				Drug Type		Amount / Unit		Offense #	
I N T A K E	Health / Apparent Physical Condition of Defendant <b>GOOD</b>				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 checked="" type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By <b>GOLDEN</b>		Released By <b>GOLDEN</b>		Released To <b>COUNTY JAIL</b>	
N O T I C E T O A P P E A R	Transported By <b>GOLDEN</b>				Date Transported <b>06/03/2021</b>		Time Transported <b>00:00</b>		Other	
	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time		No Photo Available	
A D M I N I S T R A T I O N	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed			
	HOLD for Other Agency				Signature of Arresting Officer <b>[Signature]</b>		Name of Arresting Officer (Print) <b>GOLDEN, L. J.</b>		I.D. # <b>823</b>	
A D M I N I S T R A T I O N	Intake #				Transporting Officer <b>GOLDEN</b>		I.D. # <b>823</b>		Agency <b>BRPD</b>	
	Witness here if subject signed with an "X"				Page <b>1 OF 1</b>					

SCANNED

JUN 04 2021

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2021-006616</b>					
Charge Type Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes			
Name (Last, First, Middle) <b>UURANNIEMI, HEIDI H</b>						Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>05/22/1979</b>	
Charge Description <b>316.193(1)(A) DUI</b>				Charge Description					
Charge Description				Charge Description					
Victim's Name (Last, First, Middle) <b>State Of Florida</b>						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			
<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 checked="" 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 <u>3</u> day of <u>June</u>, <u>2021</u> at <u>19:51</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 6/3/2021, at approximately 1752 hours, I responded to the area of 1450 NE 4th CT to the scene of a single vehicle crash. Upon arrival, I observed a black Audi SUV in the circular driveway of the residence of 1450 NE 4th CT. The vehicle was perpendicular to the west facing curve of the driveway, and the front of the vehicle was partially embedded in the shrubbery bordering the property line of 1450 NE 4th CT. I observed WF Heidi Uuranniemi seated in the driver seat of the vehicle with the engine running. As I approached the vehicle, Uuranniemi put the vehicle in reverse and proceeded to drive the vehicle in reverse. I ordered Heidi to put the vehicle in park immediately and to shut the engine off. After repeating these instructions to Uuranniemi multiple times, she finally complied. I then had Uuranniemi step out of the vehicle. While assisting her out of the vehicle, I noticed a strong odor of alcohol emanating from inside the vehicle. I also observed that Uuranniemi's eyes were red and glassy and her speech was slurred. When I asked her to retrieve her driver's license, registration, and insurance, Uuranniemi produced several copies of expired registrations instead of an updated insurance card. Heidi was also unable to maintain her balance while standing.</p> <p>Based on my observations, and the totality of the circumstances, I suspected that Uuranniemi was operating a vehicle while impaired by alcohol. Ofc. Casas completed the crash investigation and informed Uuranniemi that the criminal DUI investigation was now going to commence. I then read Uuranniemi her constitutional rights, which she acknowledged she understood and agreed to speak with me. I asked Uuranniemi if she knew where she was, and she stated that she was in Mizner Park. I asked Uuranniemi to submit to Standardized Field Sobriety Exercises, and she agreed to participate. I asked Uuranniemi if she had any medical conditions and she stated that she had scoliosis and a bad hip, but that it did not impede her ability to walk or stand. I then proceeded with the exercises. The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Uuranniemi stated that she understood. I started to administer the exercise, and I observed Uuranniemi's head following the stimulus. She then started to</p>									
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>HARDING, BRANDON BLAZE</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>06/03/2021</u> DATE</p> <p> SIGNATURE OF ARRESTING/INVESTIGATING OFFICER</p> <p><b>GOLDEN, LISA JEANNINE (823)</b> NAME OF OFFICER (PLEASE PRINT)</p> <p><u>06/03/2021</u> DATE</p>									

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		<b>1</b>	JUVENILE
Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2021-006616</b>					
Charge Type Check as many as apply		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:	
Name (Last, First, Middle) <b>UURANNIEMI, HEIDI H</b>				Alias		Race <b>W</b>		Sex <b>F</b>	
						Date of Birth <b>05/22/1979</b>			
<p>stumble backward and had to be assisted by officers to stand without falling. Uuranniemi stated that officers were making her very nervous and anxious. I determined at that time that it was no longer safe to continue the Standardized Field Sobriety Exercises due to Uuranniemi's inability to maintain her balance.</p> <p>Based on the totality of the circumstances, I found probable cause to believe that Uuranniemi was operating a vehicle within the state while under the influence alcohol. Uuranniemi was placed under arrest for DUI per F.S.S 316.193(1a). Uuranniemi was transported to Boca Raton Police Department booking facility where BRPD Breath Operator Ricciardi (#817) conducted BAT room procedures. Uuranniemi was asked to provide a breath sample for the purpose of determining its alcohol content. Uuranniemi provided two breath samples of .36 and .35. Uuranniemi was then informed of her constitutional warnings (Miranda) and she agreed to answer all of my questions. See DUI influence report for further.</p>									
NOT A CERTIFIED COPY									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>HARDING, BRANDON BLAZE</b></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><b>06/03/2021</b></p> <p>DATE</p> </div> <div style="width: 45%;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>GOLDEN, LISA JEANNINE (823)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>06/03/2021</b></p> <p>DATE</p> </div> </div>									
								PAGE <b>2 OF 2</b>	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

1838 hours  
case # - 21-6616  
10-15 time - 1814

## DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT  
100 NW 2<sup>nd</sup> Avenue  
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART I

On the 3 day of JUNE, at 1838 AM/PM  
Subject: Uuranniemi, Heidi Case Number: 2021-006616

PERSONAL CONTACT

Driving Pattern: crash

Observation of Driver: unable to steady self, of stand still

Driver's Statement:

Odors: alcoholic beverage

GENERAL OBSERVATIONS

Speech: slow, slurred

Attitude: calm

Clothing: purple tank top, black leggings, flip flops

Medical Problems: Anxiety

Medications: Xanax

Other:

Horizontal Gaze Nystagmus:

- |  |   |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly           | <input type="checkbox"/> Right eye does not follow smoothly           |
| <input type="checkbox"/> Left eye jerks at 45 degrees angle or less  | <input type="checkbox"/> Right eye jerks at 45 degrees angle or less  |
| <input type="checkbox"/> Distinct jerking left eye maximum deviation | <input type="checkbox"/> 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 6/3/21 (date) by Picciardi

[Signature] 6/3/21  
Notary/Clerk of Court/ Officer (FSS 17.10) Date

[Signature] L. Golden  
Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: Golden

Name: ofc. J. Casas Phone # 5613381234 Work # /

Address: 100 NW 2nd Ave, Boca Raton, FL 33431

Can testify to: Entire investigation

Name: ofc. Ricciardi Phone # 5613381234 Work # /

Address: 100 NW 2nd Ave, Boca Raton, FL 33431

Can testify to: Entire investigation

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: \_\_\_\_\_

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 # 2021006616

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Thursday, JUNE, 3, 2021.  
(day) (month) (date) (year)

B. The time is now approximately 1904 AM/PM.

C. The following is in reference to case number 2021006616.

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

E. Officer Golden, have you arrested Hadi Wurranniemi 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. Wurranniemi, 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

### 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: \_\_\_\_\_



BOCA RATON POLICE SERVICES DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Heidi uuranneimi

CASE #: 2021006610 DATE: 6/3/21

BREATH TEST RESULTS

1) TIME .367 1907 AM/PM 2) TIME .355 1910 AM/PM

3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: ricciardi

MAINTENANCE TECHNICIAN: van camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: slowed, slurred

ATTITUDE: calm, annoyed

CLOTHING: purple tank top, black leggings, flip flops

MEDICAL CONDITION: anxiety

OTHER: odor of alcoholic beverage from person, glassy eyes

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: [Signature] Date: 6/3/21 Time: 1920 hrs.

**QUESTIONS AND ANSWERS**

Were you operating a motor vehicle at the time of the accident/stop? No

Where were you going? friend's house Boca Raton unknown address

What street or highway were you on? Unknown

Direction of travel? South

Where did you start driving from? Publix, 5<sup>th</sup> Ave Shops

What city (county) were you stopped in? Boca

What time did you start? 1630 hrs. AM/PM PM What time is it now? 2000 hrs.

What is today's date? 6/6/2021 What day of the week is it? Thursday

When did you last eat? 1130 hrs. today What did you eat? mashed potatoes, cocktail shrimp, broccoli, cauliflower, carrots

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

How much do you weigh? 95 lbs. Have you been drinking? Yes What were you drinking? Wine

How much? One glass Where? at home With whom were you drinking? No one else

When did you have your first drink? 1600 hrs. AM/PM PM When did you stop drinking? 1700 hrs. AM/PM PM

How did you consume your last two drinks? by drinking

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? Real Estate

When did you last work? today

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? No

What? \_\_\_\_\_ When? \_\_\_\_\_

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

Are you taking any prescription medications? ☒ Yes ☐ No What? Prozac Jenvaya When? Yesterday

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? Georgia

I am now ending this video recording. The time is now approximately 1930 AM/PM.

The date is June, 3, 2021.  
(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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021013552

Date: 6/04/21

Specialist Name/ID: J. Beck/9007