

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

| | | | | | | | | | | | | | |
|--|---|---|---|--|--|---|---|--|---|------------------------------------|---|--|--|
| AD M I N I S T R A T I O N | OBTS Number | Agency ORI Number 0500200 | | Agency Name Boca Raton Police Department | | Agency Report Number (N.T.A.'s only) 3, 2 2021-007793 | | If Weapon Seized Enter Type UNARMED | | Multiple Clearance Indicator | | | |
| D E F E N D A N T | Charge Type: Check as many as apply. <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 | | Location of Arrest (Including Name of Business) 5500 N FEDERAL HWY, BOCA RATON, FL, 5500 N FEDERAL | | Location of Offense (Business Name, Address) 5500 N FEDERAL HWY, BOCA RATON, FL 33487 | | | | |
| | Date of Arrest 07/03/2021 | Time of Arrest 01:00 | Booking Date 07/03/2021 | Booking Time 01:00 | Jail Date 07/03/2021 | Jail Time 01:00 | Location of Vehicle EMERALD TOWING | | | | | | |
| | Name (Last, First, Middle) LEOW, LILAN FRANCESCA | | | | | | | | | | | | |
| C O D E D | Alias: LEOW, LILAN FRANCESCA | | | | | | | | | | | | |
| | Race W - White B - Black O - Oriental/Asian | I - American Indian W F | Sex F | Date of Birth 10/04/1989 | Height 5'06 | Weight 125 | Eye Color BROWN | Hair Color BROWN | Complexion MEDIUM | Build Small | Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT LOL BACK / FLOWERS | | | | | | Married Status S | Religion CATHOLIC | Residence Type: 1. City 3. Florida 2. County 4. Out of State 2 | | | | |
| | Local Address (Street, Apt. Number) 22735 SW 66TH AVE 208, BOCA RATON, FL 33428 | | | | | | (City) (State) (Zip) | | Phone (561) 715-1989 | | Address Source FL DL | | |
| | Permanent Address (Street, Apt. Number) 22735 SW 66TH AVE 208, BOCA RATON, FL 33428 | | | | | | (City) (State) (Zip) | | Phone (561) 715-1989 | | Occupation | | |
| | Business Address (Name, Street) 22735 SW 66TH AVE 208, BOCA RATON, FL 33428 | | | | | | (City) (State) (Zip) | | Phone | | Occupation | | |
| | D/L Number, State L000526898640 / FL | | Sec. Sec. Number | | DNS Number | | Place of Birth (City, State) BOCA RATON, FL | | 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 | <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle): _____ <input type="checkbox"/> Legal Custodian | | | | | | | | | | | |
| Address (Street, Apt. Number) 22735 SW 66TH AVE 208, BOCA RATON, FL 33428 | | | | | | (City) (State) (Zip) | | Residence Phone | | | | | |
| Notified by: (Name) W. J. Casas | | | | | | Date | Time | JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated | | | | | |
| Released To: (Name) W. J. Casas | | | | | | Relationship | Date | Time | School Attended South County | | | | |
| 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. | | | | | | Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Description of Property | | Value of Property | | | |
| <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____ Drug Activity: N. N/A, P. Possession, S. Sell, B. Buy, T. Traffic, R. Sample/Deliver, E. Use, K. Dispense/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/Opior, P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other | | | | | | | |
| Charge Description DUI | | | | | | Statute Violation Number 316.193(1)A | | Violation of ORD # | | | | | |
| Drug Activity | | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Copies Number | Bond | | | | | |
| Drug Activity | | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Copies Number | Bond | | | | | |
| I N T A K E | | Charge Description | | | | | | Statute Violation Number | | Violation of ORD # | | | |
| | Drug Activity | | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Copies Number | Bond | | | | |
| | Charge Description | | | | | | Statute Violation Number | | Violation of ORD # | | | | |
| | Drug Activity | | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Copies Number | Bond | | | | |
| | Charge Description | | | | | | Statute Violation Number | | Violation of ORD # | | | | |
| | Drug Activity | | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Copies Number | Bond | | | | |
| | Health / Apparent Physical Condition of Defendant FAIR | | | | | | 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 J. CASAS 818 | | Released By J. CASAS 818 | | Released To TOT CJ | | |
| | Transported By J. CASAS 818 | | | | | | Date Transported | | Time Transported | | Other | | |
| | N O T I C E T O A P P E A R | <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. | | | | | | Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444 | | | | | |
| 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 THIS 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 08/02/2021 08:30:00 | | | | | | | |
| Signature of Defendant (or Juvenile and Parent/Custodian) Lilana Leow | | | | | | Date Signed 7/3/21 | | | | | | | |
| HOLD for Other Agency | | | | | | Signature of Arresting Officer J. CASAS 818 | | Name Verification (Printed by Arresting Officer) Lilana Leow | | Page 1 of 1 | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Reasoned Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other | | Name of Arresting Officer (Print) CASAS, J. | | ID # 818 | | Transporting Officer J. CASAS | | ID # 818 | | Agency BRPD | | | |
| Witness here if subject signed with an "X" | | | | | | | | | | | | | |
| HOLD for Other Agency | | | | | | Signature of Arresting Officer J. CASAS 818 | | Name Verification (Printed by Arresting Officer) Lilana Leow | | Page 1 of 1 | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Reasoned Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other | | Name of Arresting Officer (Print) CASAS, J. | | ID # 818 | | Transporting Officer J. CASAS | | ID # 818 | | Agency BRPD | | | |
| Witness here if subject signed with an "X" | | | | | | | | | | | | | |

J# 0429785

PH 3076

PROBABLE CAUSE AFFIDAVIT

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 2021-007793 | |
| Charge Type: Check as many as apply. | <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 | |
| Name (Last, First, Middle) LEOW, LILAN FRANCESCA | | | | | Race W | Sex F |
| Date of Birth 10/04/1989 | | | | | | |
| Charge Description 316.193(1A) DUI | | | Charge Description | | | |
| Charge Description | | | Charge Description | | | |
| Victim's Name (Last, First, Middle) State Of Florida | | | | | Race | Sex |
| 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 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>July</u>, <u>2021</u> at <u>01:00</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 7/3/2021, at approximately 0038 hours, I responded to the area of 5500 N Federal Hwy as a back-up unit for a traffic stop. Upon arrival, I observed that Officer Baron had stopped a silver 2014 Hyundai sedan bearing FL tag BCGI73. According to Officer Baron, the driver was staying stopped at green lights long after they had turned green, was rapidly accelerating and decelerating while driving straight ahead, and was weaving in and out of traffic without signaling lane changes causing other vehicles to apply their brakes.</p> <p>Initially, I approached the vehicle from the passenger side. After making contact with the occupants of the vehicle, Officer Baron informed me that the driver, Lilan Loew, was showing signs of impairment. I then repositioned myself to the driver's side and made contact with Leow.</p> <p>While speaking with Leow, I observed that her eyes were red and glassy, her speech was thick and slurred, and she had a strong odor of an unknown alcoholic beverage emanating from her breathe when she spoke. I asked Leow where she was coming from and she stated she was at Yard House in Mizner Park. I then asked Leow how much alcohol she consumed and, initially, she stated nothing. Leow later stated she may have had "a drink". According to Leow she was drinking Champagne.</p> <p>I asked Leow if she was sick or injured and she stated she was not. According to Leow she did not limp. I asked her if she had consumed any medications, marijuana, or other drug, and she stated she had not. Leow said she had not bumped her head or been in a crash today. She also stated she had not seen a doctor or dentist today. Lastly, Leow stated she was not diabetic or epileptic, and did not have anything wrong with her eyes that isn't corrected by glasses or contacts.</p> <p>Based on Officer Baron's observations, my observations, Leow's statements, and the</p> | | | | | | |
| SWORN AND SUBSCRIBED BEFORE ME | | JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 | | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER | | SCANNED JUL 04 2021 |
| NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 101.01) Bonded through 1st State Insurance | | | | CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT) | | |
| 07/03/2021 DATE | | 07/03/2021 DATE | | PAGE 1 OF 3 | | |

COURT

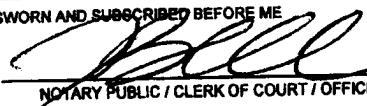


STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

| | | | | | | | | |
|---|--|--|--|--|--|------------------------------------|----------|-----------------------|
| OSTS Number | | PROBABLE CAUSE AFFIDAVIT SUPPLEMENT | | 1. Arrest 2. N.T.A. | 3. Request for Warrant 4. Request for Caption | 1 | JUVENILE | |
| Agency OIR Number FL 0500200 | | Agency Name BOCA RATON POLICE DEPARTMENT | | Agency Report Number 3 2 2021-007793 | | | | |
| Charge Type: Check as many as apply. <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) LEOW, LILAN FRANCESCA | | | | Race W | Sex F | Date of Birth 10/04/1989 | | |
| <p>totality of the circumstances, I suspected that Leow may have been operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. I requested that Leow exit her vehicle for further investigation and the administration of Standardized Field Sobriety Exercises. Leow agreed to participate. I observed that Leow was unsteady on her feet while exiting the vehicle.</p> <p>The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Leow stated that she understood. Leow swayed in a circular motion and moved her head slightly during the exercise.</p> <p>Following the first exercise, I asked Leow how much alcohol she consumed this evening and this time she confessed to having consumed "a couple of glasses" of Champagne.</p> <p>The second exercise was the Walk and Turn. I administered the instructions and demonstrated how it should be completed. Leow stated that she understood. Leow fell out of position during the instruction phase, attempted to begin the exercise before being told to do so, missed heel-to-toe several times, used her arms for balance, and counted 10 steps despite having taken 9 on the first set of steps.</p> <p>The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how the exercise should be completed. Leow stated she understood. Leow swayed, hopped, and used her arms for balance during the exercise.</p> <p>The fourth exercise was the Finger to Nose. I confirmed that Leow knew her left from her right by asking her to show me her left hand and then her right hand. I then administered the instructions and Leow stated she understood. The pattern was L-R-L-R-R-L.</p> <p>L - Missed the tip of her nose and held her finger in place. R - Used the side of her finger instead of the tip and held her finger in place. At this time, I reminded Leow to use the tip of her finger and to bring her finger back down immediately after touching her nose. I then continued with the sequence. L - Used the side of her finger instead of the tip. R - Used the side of her finger instead of the tip. R - Used the side of her finger instead of the tip. L - Used the side of her finger instead of the tip.</p> <p>The Leowl exercise was the modified romberg balance test. I asked Leow if she felt comfortable estimating the passage of 30 seconds and she stated she did. I demonstrated the passage of 30 seconds using a stop watch. The instructions were administered, and the exercise was conducted. Leow estimated the passage of 30 seconds in 33 seconds.</p> <p>Based on the totality of the circumstances, I found probable cause to believe that Leow was operating a vehicle within the state while impaired by alcohol and/or chemical or</p> | | | | | | | | |
| SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) | |  JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance | |  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT) | | | | PAGE 2 of 3 |
| 07/03/2021 DATE | | 07/03/2021 DATE | | | | | | |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

 SCANNED
 JUL 04 2021

| OBT Number | | PROBABLE CAUSE AFFIDAVIT SUPPLEMENT | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Copies | | 1 | JUVENILE |
|--|--|--|--|------------------------|--|---|-----------------|---|------------------------------------|
| ADMINISTRATIVE | Agency ORI Number FL 0500200 | | Agency Name BOCA RATON POLICE DEPARTMENT | | Agency Report Number 312 2021-007793 | | | | |
| | Charge Type: Check as many as apply. | | Special Notes: | | | | | | |
| | <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 | | | | | | | | |
| PROBABLE CAUSE STATEMENT | Name (Last, First, Middle) LEOW, LILAN FRANCESCA | | | | Race W | | Sex F | | Date of Birth 10/04/1989 |
| | <p>controlled substances. Leow was placed under arrest for DUI per F.S.S 316.193(1a).</p> <p>Leow was transported to Palm Beach County Sheriff's Office DUI Testing Facility where PISO Breath Operator Bell (#8656) conducted the BAT room procedures. Leow was asked to provide a breath sample for the purpose of determining its alcohol content. Leow refused to provide a breath sample. I informed Leow of implied consent and she continued to refuse to submit to a breath test. Leow was then informed of her constitutional warnings (Miranda) and she chose to not answer any further questions. See DUI influence report for further.</p> | | | | | | | | |
| <div style="position: relative;"> <div style="position: absolute; top: 0; right: 0; transform: rotate(-15deg); opacity: 0.3; font-size: 4em; font-weight: bold;">NOT A CERTIFIED COPY</div> </div> | | | | | | | | | |
| ADMINISTRATIVE | SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT / OFFICER (NOTAR 11789) | | JOSHUA BELL MY COMMISSION #GG6348008 EXPIRES: JUN 18, 2023 <small>Notarized through 1st State Insurance</small> | | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT) | | | | SCANNED JUL 04 2021 |
| | 07/03/2021 DATE | | 07/03/2021 DATE | | | | PAGE 3 OF 3 | | |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

SUBJECT: LEOW, Lilan Franchesca CASE NUMBER: 21-7793

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

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

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

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

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

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

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

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

WHAT? _____ WHERE? _____ WHEN? _____

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

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

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

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

WERE YOU IN AN ACCIDENT TODAY? _____

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

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

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

DO YOU HAVE:
EPILEPSY? _____
GLASS EYE? _____
FALSE TEETH? _____
EAR INFECTION? _____
INNER EAR TROUBLE? _____
DIABETES? _____

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

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

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

INTERVIEWER: Ofc. J. Casas #818

SCANNED
JUL 04 2021

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

I, OFC. JAVIER CASAS, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of BOCA RATON POLICE SERVICES DEPARTMENT, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 3RD day of JULY, 20 21, at 0100 ☐ P.M. ☐ A.M.

DRIVER LILAN F LEOW
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# L000526898640, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by OFC. JAVIER CASAS and
(Name of Arresting Officer)

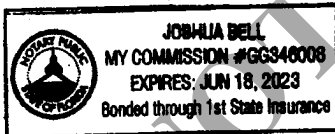
issued Citation # A6LQDZE

That on or about the 3RD day of JULY, 20 21, at 0209 ☐ P.M. ☐ A.M.

in PALM BEACH County,

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

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer



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

The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this 03 day of JULY, 20 21,
by OFC. CASAS,
who is personally known to me or who has produced

KNOWN as identification
Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

Signature of Arresting Officer

Title _____

Date _____

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

SCANNED
JUL 04 2021



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

PBSO CASE # 21-081987 PBSO ZONE 7-11
AGENCY CASE # 32-2021-007793 CRASH CASE # _____
TIME OF STOP/CRASH 0038 DATE 07/03/2021 DAY _____
SUBJECT'S NAME LEOW LILAN F RACE W SEX F
LAST FIRST MID
HGT 5'6" WGT 125 DOB 10/04/1989
LOCATION 5500 N FEDERAL HWY, BOCA RATON, FL, 33487
ARRESTING OFFICER'S NAME & ID J. CASAS 818 AGENCY BRPD
DIVISION: SPSV - DUI
NOTIFIED BY COMMO YES
ARRIVAL AT FACILITY 0146
ARREST TIME 0100

BREATH RESULTS:

REFUSED

1)
2)
3)
4)

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # N/A

SCANNED
JUL 04 2021

SUBJECT: Leow, Lilan Francesca CASE NUMBER: 21-7793

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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

-OR-

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

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

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

Read on camera

CONSTITUTIONAL WARNINGS

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

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____

Read on camera

SCANNED
JUL 04 2021

TESTING FACILITY TASK REPORT

AGENCY: BRPD

SUBJECT: LEOW, LILAN FRANCESCA

CASE NUMBER: 21-081987

DATE: Jul 3, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0207

ENDING TIME: 0214

BREATH TESTS RESULTS: 1) R TIME 0209 A.M. ☒ P.M. ☐ 2) N/A TIME XX A.M. ☐ P.M. ☐
3) N/A TIME XX A.M. ☐ P.M. ☐ 4) N/A TIME XX A.M. ☐ P.M. ☐

REFUSED

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: EMOTIONAL, CRYING, INQUISITIVE, ARGUMENTATIVE

CLOTHING: PINK SLEEVELESS SHIRT, BLACK LEGGINGS, BLACK FLIP FLOPS

MEDICAL CONDITIONS: NONE

MEDICATIONS: SYNTHROID

OTHER:

EYES: BLOODSHOT, WATERY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0146 HOURS

SUBJECT STATED SHE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED SHE UNDERSTOOD I.C

SUBJECT STATED SHE WOULD NOT TAKE BREATH TEST

REFUSAL TIME 0209 HOURS

A/O READ RIGHTS

SUBJECT WOULD NOT STATE WHETHER OR NOT SHE UNDERSTOOD HER RIGHTS

SUBJECT ASKED QUESTIONS ABOUT BREATH TEST / A/O ASKED IF SHE WOULD LIKE TO TAKE BREATH TEST
SUBJECT AGAIN STATED SHE WOULD NOT TAKE BREATH TEST

REFUSAL TIME REMAINS 0209 HOURS

A/O READ RIGHTS AGAIN / SUBJECT WOULD NOT STATE WHETHER OR NOT SHE UNDERSTOOD HER RIGHTS

Q AND A NOT CONDUCTED

SCANNED
JUL 04 2021

REFUSED



**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: 2021016274 | Date: 7/4/2021 |
| | Specialist Name/ID: T Howard/7185 |