

20CT4809 MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-050880	
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	Weapon Seized / Type 2 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) Clint Moore Rd/Wagon Wheel Dr, Boca Raton, FL			Location of Offense (Business Name, Address) Clint Moore Rd/Wagon Wheel Dr, Boca Raton, FL			
Date of Arrest 03/18/2020	Time of Arrest 2226	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Big City Towing

Name (Last, First, Middle) Sobnina, Mariya,						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 8/17/1973	Height 5'04	Weight 120	Eye Color Blue	Hair Color Blonde	Complexion Fair	Build Sm			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none						Marital Status Divorced	Religion NONE	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 5037 Via De Amalfi Dr, Boca Raton, FL 33496			(City)	(State)	(Zip)	Phone (305) 904 7090		Residence Type 1. City 2. County 3. Florida 4. Out of State 2			
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Address Source Def			
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation Real Estate			
D/L Number, State S155540737970, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Moscow, Russia		Citizenship US			

Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name (Last)	(First)	(Middle)	Residence Phone		
Address (Street, Apt. Number)			(City)	(State)	(Zip)	Business Phone
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		
Released To: (Name)			Relationship		Date	Time
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property			Value of Property		

Drug Activity N. N/A P. Possess	S. Sell D. Deliver T. Traffic	R. Smuggle 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/deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description Driving Under the Influence						Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)c		Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20-050880		Warrant / Capias Number		Bond OR			
Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond			
Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond			
Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond			

Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600						MAR 19 2020					
Court Date and Time Month 4 Day 16 Year 20 Time 8:30 AM <input checked="" type="checkbox"/> PM											
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) <i>[Signature]</i>						Date Signed 03/18/2020					

HOLD for other Agency Name:			Signature of Arresting Officer <i>[Signature]</i>			Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) A. Soloway 8586		I.D. # 8586	(PRINT)			
Notke Darity	I.D. #	Pouch #	Transporting Officer A. Soloway		ID # 8586	Agency PBSO	Witness here if subject signed with an X		

0515626

37 7/31

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF March 2020, AT 2116 AM PM

SUBJECT: Sobnina, Mariya, CASE NUMBER: 20-050880

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. Soloway 8586

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

I responded to assist with a crash involving a possible impaired driver. Upon arrival I observed a black Chevy with front passenger side damage and a red Toyota SUV with front passenger side damage. Based on scene evidence and witness statements I concluded the Chevy was driving eastbound in the westbound lane of Clint Moore Rd. The driver of the Toyota, Ouila Nesbetih Levers, told me she was driving westbound in the outside lane when the Chevy crashed into her vehicle head on. Witnesses, Newman and Golieb, stated they were traveling westbound behind the Toyota when they saw the Chevy coming at them. They witnessed the crash. Levers, Newman and Golieb all identified the defendant as the driver of the Chevy. Post- Miranda, the defendant stated she was the driver and sole occupant of the Chevy.

OBSERVATION OF DRIVER:

The defendant's eyes were red and glassy. There was an obvious odor of an unknown alcoholic beverage on her breath. She was swaying while standing.

DRIVER'S STATEMENTS:

The defendant stated she was coming from her boyfriend's house and heading home. She stated she drank 1/2 glass of red wine. She denied having any medical conditions or physical abnormalities. She said she was driving eastbound in the eastbound lane of Clint Moore and crashed due to a tire malfunction.

ODORS:

There was an obvious odor of an unknown alcoholic beverage on her breath.

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: compliant

CLOTHING: Blue Dress, shoes

MEDICAL/OTHER: stated none

STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Soloway 8586

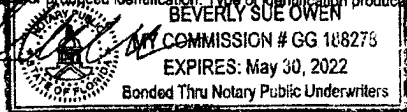
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of March 2020 by A. Soloway 8586

(Print name of Arresting/Investigative Officer), who is personally known to me as Known LEO

Sue Owen (#3184)

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



SCANNED
MAR 19 2020

SUBJECT: Sobnina, Mariya,

CASE NUMBER 20-050880

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

The defendant moved her head several times. I was unable to observe onset prior to 45 degrees due to the fact she moved her head so many times.

WALK & TURN:

The defendant elected to wear her high heel shoes for this task. She was unable to She missed heel to toe several times. She stepped off the line several times. She took 8 steps on the first pass and 7 steps on the second pass. She did not count her steps out-loud. She raised her arms for balance.

ONE LEG STAND:

The defendant began the task before being instructed. She was swaying while balancing. She put her foot down before 30 seconds elapsed. She did not look at her raised foot for the entire task.

FINGER TO NOSE:

The defendant did not keep her eyes closed for the entire task. She touched the side of her nose on the 1st attempt.

ROMBERG ALPHABET:

The defendant incorrectly recited the alphabet. She then correctly counted from 1-26.

BREATH TEST RESULTS: 1) .144 2) .137 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Soloway 8586

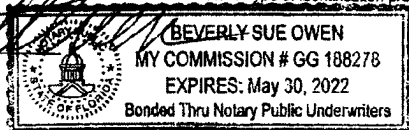
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of March 2020 by A. Soloway 8586

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

Sue Owen (#3184)

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



SCANNED
MAR 19 2020

PALM BEACH COUNTY SHERIFF'S OFFICE - **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #: 20-050874	ZONE: 4-3A	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 3/18/2020
EVENT TYPE: Accident		DEPUTY: C. Coleman Jr.	ID#: 33110

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: Golieb	FIRST NAME: Michael	MIDDLE INITIAL: D	RACE:	SEX: M
DATE OF BIRTH: 11/8/1958 (MM/DD/YYYY)	YOUR HEIGHT: 5'9"	YOUR WEIGHT: 200	YOUR HAIR COLOR: Salt/pepper	YOUR EYE COLOR: brown
YOUR HOME ADDRESS: 22544 Blue Fin Trail	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Boca Raton	STATE: FL	ZIP: 33428
YOUR WORK NAME & ADDRESS: same	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: () <input checked="" type="checkbox"/> CHECK IF NONE	CELL PHONE: 1561 859-7277 <input type="checkbox"/> CHECK IF NONE	HOME PHONE: () <input checked="" type="checkbox"/> CHECK IF NONE	EMAIL: mgolieb@gmail.com	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

YOUR NAME: Michael D. Golieb	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
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While travelling westbound on Clint Moore Rd I noticed a vehicle's headlights coming toward me on the wrong side of the street. I witnessed said vehicle hit head on into red toyota SUV. I stopped to make sure everyone was ok and render aid if needed.

PAGE 1 OF 1

READ AND SIGN	DEPUTY SHERIFF <input checked="" type="checkbox"/> NOTARY PUBLIC <input type="checkbox"/> FSS: 117.10
I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
YOUR SIGNATURE: X <i>[Signature]</i>	DATE: 3/18/20 TIME: 10:00 PM
	SIGNATURE: <i>[Signature]</i> ID: 33110

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

PALM BEACH COUNTY SHERIFF'S OFFICE - SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #: 20-050874	ZONE: 4-32	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
EVENT TYPE: Accident		DEPUTY: C Coleman Jr	ID#: 33110

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: NEWMAN		FIRST NAME: R		MIDDLE INITIAL:	RACE:	SEX: M
DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:		YOUR EYE COLOR:	
YOUR HOME ADDRESS: 22544 Dun Fern Trail		<input type="checkbox"/> CHECK IF HOMELESS		CITY: Boca Raton	STATE: FL	ZIP: 33422
YOUR WORK NAME & ADDRESS: SAME		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY: Boca Raton	STATE: FL	ZIP: 33428
WORK PHONE: <input checked="" type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	HOME PHONE: <input checked="" type="checkbox"/> CHECK IF NONE	EMAIL: robin@newmanegroup.com		<input type="checkbox"/> CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

YOUR NAME: Rubin H Newman	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>black corvette was coming Eastbound on the Westbound lane of road Moon Rd. black corvette hit red Toyota SUV in front of car (head on). We stopped to see if everyone was OK. I called 911 to report accident and location (in front of entrance to Long Lake Estates & Horse Shoe Acres)</p>	
PAGE <u>1</u> OF <u>1</u>	

<p>READ AND SIGN</p> <p>I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:</p> <p>YOUR SIGNATURE: X Rubin H Newman</p>	<p><input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10</p> <p>SWORN TO AND SUBSCRIBED BEFORE ME TODAY:</p> <p>DATE: 3/18/20 TIME: 10:00 PM</p> <p>SIGNATURE: [Signature] ID: 33110</p>
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IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW. I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #: 20-050874	ZONE: 4-32	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 3/18/20 9:16 pm
EVENT TYPE: Accident		DEPUTY: C. Coleman Jr.	ID#: 33110

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: NEBREIH Levers	FIRST NAME: Oyila	MIDDLE INITIAL: J	RACE: Black	SEX: F
DATE OF BIRTH: (MM/DD/YYYY) 10/21/1967	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
YOUR HOME ADDRESS: 10550 Lili Placida Drive	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Coral Springs	STATE: FL	ZIP: 33065
YOUR WORK NAME & ADDRESS: Fleet 1101 Chiles Road	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY: Coral Springs	STATE: FL	ZIP: 33065
WORK PHONE: <input type="checkbox"/> CHECK IF NONE (754)	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (754) 548 5152	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL:	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: I	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>On this day 3/18/2020</p> <p>I was on my way home from work going west on Chiles Road. I saw the car coming towards me. At 11:15 AM I saw that the car was coming straight at me on my side of the road. I started down to stop the car. The car ran right into the front of my car. It happened in the horse track area. I was behind the car. They stopped to help me to give pictures.</p>	
PAGE 1 OF 1	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X *[Signature]*

<input checked="" type="checkbox"/> DEPUTY SHERIFF	<input type="checkbox"/> NOTARY PUBLIC	FSS: 117.10
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:		
DATE: 3/18/20	TIME: 10:00 pm	ID: 33110
SIGNATURE: <i>[Signature]</i>		

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

deft 46 yoa in accident. slight odor of unknown alcoholic beverage detected during test.

COMMENTS:

A/O and defendant arrived at 2257 hours
A/O observed 20 minutes
A/O requested breath test, defendant asked options
A/O read I/C defendant understood and agreed to take test.

No problem with test. Tech explained results.
A/O read C/W on scene and defendant remembered and agreed to Q&A
Defendant said she had 1 1/2 glasses of wine

SCANNED
MAR 19 2020

SUBJECT: Sobnina, Mariya CASE NUMBER: 20-050880

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 Inv. Soloway of the PBSO

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.

SEARCHED
MAR 19 2020

SUSPECT'S SIGNATURE: (X) Read on Camera on Scene

SUBJECT: Sobnina, Mariya CASE NUMBER: 20-050880

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Clint Moore

DIRECTION OF TRAVEL? E WHERE DID YOU START? Lyoner

WHAT TIME DID YOU START? 9:40:ish WHAT TIME IS IT NOW? 11 something

WHAT IS TODAY'S DATE? 3/18/ WHAT DAY OF THE WEEK IS IT? Wed

WHAT COUNTY AND CITY ARE YOU IN NOW? PBC

WHEN DID YOU LAST EAT? 6:ish WHAT DID YOU EAT? Vege. Meef

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

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? Yes WHAT? Red wine

HOW MUCH? 1.5-1.25 WHERE? Friends 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? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

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

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? _____

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? only if she was in

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No 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? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: _____

NO SCANSET
MAR 19 2020

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006477 Software: 8100.27
Date of Test: 03/18/2020

Date of Last Agency Inspection: 02/14/2020

Observation Period Began: 22:57

Subject's Name: MARIYA SOBNINA

DOB: 08/17/1973 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	23:21
	Air Blank	0.000	23:22
	Control Test	0.081	23:22
	Air Blank	0.000	23:23
	Subject Sample #1	0.144	23:24
	Air Blank	0.000	23:25
	Air Blank	0.000	23:26
	Subject Sample #2	0.137	23:28
	Air Blank	0.000	23:28
	Control Test	0.080	23:29
	Air Blank	0.000	23:29
	Diagnostics Check	OK	23:29

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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 SUE OWEN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 03/18/2020
Signature

Sworn to (or affirmed) before me this 18th day of March, 2020

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida JHV. A. Soloway

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

WITNESS LIST

CASE NUMBER: 20-050880

ARRESTING OFFICER: A. Soloway 8586

ADDRESS: PBSO

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS L Alston #35650

ADDRESS: PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Crash Investigation

NAME: Nesbeth Levers, Oula, Joy

ADDRESS 10550 La Placida Dr, Coral Springs, FL 33065

PHONE NUMBERS (HOME) (954) 548 5982 (WORK) 0

CAN TESTIFY TO: _____

NAME: Golieb, Michael, D

ADDRESS 22544 Blue Fin Trail, Boca Raton FL

PHONE NUMBERS (HOME) (561) 859 7277 (WORK) 0

CAN TESTIFY TO: _____

NAME: ..

ADDRESS ,

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED
MAR 19 2020



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"/>	415.107(1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	
	<input type="checkbox"/>	119.071 (3)(A),(3)(B)(1-3C)	Other: Security of locations housed at the jail.	

REVIEW COMPLETED BY

Booking Number: 202008792	Date: 3/19/2020
	Specialist Name/ID: M. Tooks #8557

SCANNED
 MAR 19 2020