# 0524389 21 CTILO725B 2986

	OBTS Number	ľ	ST / NOTICE			1. Arrest 3. Reques 2. N.T.A. 4. Reques		1 Juvenile
20	Agency ORI Number FL 0 5 0 0 3 0 0	Agency Name BOYNTON	y Name BOYNTON BEACH POLICE DEPT.			Agency Report Number 34-21-034126		
ADMINISTRATION	Charge Type:	3. Misdemeand 4. Traffic Misde		5. Ordinance 5. Other		If Weapon Seized Er	nter Type	Multiple Clearance Indicator
\$	400 W Boynton Beach Blvd, Boynton  Date of Arrest  Time of Arrest	Beach, FL		Location of Offen 400 W Boyr Jail Date	nton Beac	h Blvd, Boyn		n, FL
١	07/04/2021 2113	Booking Date	Booking Time	Jali Date	Jaii	Loca	ition of Vehicle	
Ī	Name (Last, First, Middle) Hager, Paige, Ray		Alias (Name, DOB,				1	
	B - Black O - Oriental / Asian W F 01	ate of Birth 1/23/1986	Height 5'4	Weight 145	Blue	Blonde	Complexio	Small
: [	Scars, Marks, Tattoos, Unique Physical Features (Location,	Type, Description)		h	larital Status Single	Religion Unk	Indication Alcohol In Drug Influ	fluence 🗐 🔲 🔲
	Local Address (Street, Apt. Number) 607 Sealofts Apt 203 Boynton Beac	(City)	(State) Florida,	(Zip) 33426	Pho: (41	4)306 - 3416	Residenc 1. City	e Type 3. Flonda
	Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Pho		Address S	4. Out of State
	Business Address (Street, Apt. Number)	(City)	(State)	(Zip)	Pho	ne ) -	Occupatio Nurse	n
ľ	D/L Number, State H260-676-86-523-0 FL	Soc Sec Number	INS	Number		Place of Birth Chicago 1	·. 1	Citizenship USA
† !	Co-Defendant Name (Last, First, Middle)	ر التتا	Race	Sex Date of Bir	th	1. Arrested 2. At Large	3. Felony 4. Misdeme	5. Juvenile
	Co-Defendant Name (Last, First, Middle)	(1,0)	Race	Sex Date of Bir	th	1. Arrested 2. At Large	3. Felony 4. Misdeme	5. Juvenile
	☐ Parent Name (Last) ☐ Legal Custodian ☐ Other	(First)	(Middle)				Reside	nce Phone
İ	Address (Street, Apt. Number)		(City)	(State)		(Zip)	Busine	ss Phone
Ì	Notified by: (Name)		Date	Time		Juvenile Disposition  1. Handled/Processe Dept. and Release		OT HRS/DYS carcerated
	Released To: (Name) Rel	ationship			L	Date	3.11	Time
	The above address was provided by defendant and/or Court Clerk's Office (Phone 561-355-2526) informed of any ( Yes, By: (Name)		child and/or parent was	s told to keep the Ju		ool Attended		Grade
	Property Crime? Description of Property Yes No					alue of Property		····
3	Drug Activity S. Sell R. Smuggle K. Dispens N. N/A B. Buy D. Deliver Distribi P. Possess T. Traffic E. Use	se/ M. Manufacture ite Produce/ Cultivate	N. Ň/ A. An	A C. Co nphetamine E. He	ocaine M. oroin O.	Marijuana E Opium/Deriv, S. Sy	raphemalia/ quipment /nthetic	U. Unknown Z. Other
	Charge Description DUI		1 1	Domestic Violence ☐Yes ■No	316.193		V	olation of ORD#
	Drug Activity Drug Type Amount/Unit		Offense # 21-034126			pias Number	Bond	
	Charge Description			Domestic Violence  Yes No		lation Number		Violation of ORD#
	Drug Activity Drug Type Amount/Unit		Offense#			pias Number	Bond	
	Charge Description			Domestic Violence  Yes No		lation Number		Violation of ORD#
	Drug Activity Drug Type Amount/Unit		Offense #			pias Number	Bond	III CAN
	Charge Description  Drug Activity   Drug Type   Amount/Unit			Domestic Violence No		ation Number	V <sub>1</sub>	JUL 98 20
4		ation (Court, Room Number			VVaitarioCa	pias Number	Bond	
	Mandatory Appearance in Court Instruction No. 2	uth County Court urt Date and Time	house, 200 V					
-	Comply with instruction on reverse side.	Month August	Day 9	R TO PAY THE FI	eer 2021 NE SUBSCRIBE	Time 8:30	HAT SHOULD	A.M. TEP.M
	APPEAR BEFORE THE COURT AS REQUIRED BY THIS N	OTICE TO APPEAR, THAT	I MAY BE HELD IN C	ONTEMPT OF CO	URT AND A WA	RRANT FOR MY ARE	RESTISHALL B	E ISSUED.
+	Signature of Defenda	nt (or Juvenile and Parent/C Signature of Arres			Nam	Data e Verification (Printed	Signed;	7
	Name:  Dangerous  Resisted Arrest	Name of Arresting	Officer (Print)	I.D. #	(PRII	ντ) <u>Ω</u>		U Description
	□Suicidal □ pther:	L.Nalerio		982 1.D. # Agent 982 BBP	1	ess here is subject	50	4°*09 1
	17/1 NY (1814/)   10010	L.Nalerio	5	982 BBP	U Signe			-

### D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE	4	_ DAY OF _	July	2021	AT	2113		⊠ P.M.
CASE #: _	21-034	126	D	EFENDA	NT:	Hager, Pa	ige, Ray	
PERSONA	AL CO	NTACT/DRIV	/ING PAT	TERN/OE	BSERV	ATION	OF DRIVER:	.1
possible dr vehicle (FI Volkswage was operat injured. O was lookin was fumbli license. Ha spoke to m Every time slurred. I the on my obse on her feet advised that Once ou coming froglassy and and she tol that she was was very si on her feet would. Hag had no disa	unk driver tag 04 en appearing the fificer B g within the ger there e, I cou e Hager the en asked ervation and kep at she we tside of her speed me the sat Detrong could be abilities	ver. The caller 8NWV Red Mared to be impared to be impared to be impared to red and the wallet and the wallet and the wallet and the wallet are spoke, the smeet Hager to steems, I would be so the wallet and the vehicle, I der's mouth area ech was still slat she has. Hagelray Beach for the me that she had or issues with	advised tha azda). Upon ired. I made here was not ed the crash vas having a liftest pulled she was driving odor of a ell intensifie pout of the starting a Dibicle for balto me.  could still do a me six hours was hours was driving a liftest pout of the starting a bloom to me.	t a White Non arrival, I be contact who damage on investigate a hard time of lout a creed wing home un unknowned. I detected wehicle. Our investigate and the state of the sta	was action. I can alcohold the care of the	vagen bear livised by ige Hager vehicles ar asked Hager it. When the living it. When t	officers on scene c, who was in the nd Hager advised ger for her driver en Hager found he lager a while to the Bar) in Delray B rage coming from to be glassy and he ehicle, I advised f the vehicle, Hage er Miranda warm unknown alcoho ed speaking. Hage med alcoholic beven drink at Tin Ro f an unknown alc I still saw that sl ses; which she ac sues walking. Hage sues walking. Hage	that driver of the driver seat and that she was not is license. Hager er wallet, Hager find her driver each. While Hager in her mouth area. Hager that based ger was unsteady ings and Hager in the beverage er's eyes were still verages tonight of. Hager advised toholic beverage he was unsteady livised that she
advised that together ar	at she ur ad arms	nderstood it. H by her side and	ager was plad to keep he	aced in the or head still	startir l. Hage	ng position or moved	n of standing up s her head several a vily back and fort	straight with feet times and had to
		GAZE NYSTA			~			
		not follow smo to 45 degrees	othly				es not follow smoor to 45 degrees	ootnly
Distinc		OUTEUN TO THE TENTON				116 CAC 11.1		^
maxim		g in left eye at			Dis Dis		ing in right eye at	ye MI OS ANNE

### **WALK AND TURN:**

The second exercise was the Walk and Turn. The task was demonstrated and explained to Hager and Hager advised that she understood it. Hager had trouble with balance while in ready position. Hager started early. Hager used her arms for balance. Hager was unsteady while in the starting position. Hager advised she had knee pain and that she was unable to complete the exercise.

#### **ONE LEG STAND:**

The third exercise was the One Leg Stand. Hager put her foot down. Hager did not count like instructed. Hager used arms for balance. Hager did not count.

### **FINGER TO NOSE:**

The fourth exercise was the Finger To Nose. Hager advised she understood the instructions. Hager missed finger to nose on every try. Hager did not bring her arm down automatically like instructed. Hager stopped tilting her head towards the end of the exercise.

#### **ROMBERG/ALPHABET:**

The fifth exercise was the alphabet; Hager started too soon and did not complete the alphabet correctly. Hager recited the alphabet in a fast manner.

Based on the initial indicators that I observed on scene, during the encounter and the indicators that I observed during the SFST exercises, I placed Hager under arrest for DUI (316.193.1A).

I then transported Hager to PBCJ BAT. I arrived at the facility at 2133 hours and I started my 20 minutes observation at 2135. Upon completion, I requested Hager to provide a sample of her breath to determine the alcohol content, Hager refused. Implied consent was read and Hager refused once again at 2206. Hager was advised of her Miranda Rights for the QUESTIONS AND ANSWERS; Hager refused to answer questions.

The following instrument was sworn to before me this

4 day of July 2021

By: Nalerio

Notary Public State of Florida
Thomas H Leahey
Notary/Police Officer (F.S.S. 11/2 10)
My Commission GG 347108
Expires 08/20/2023

Signature of Arresting Officer

JUL OF 2021



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

PBSO CASE # 21-082524	PBSO	ZONE	6-32	
AGENCY CASE #	CRASH	CASE #	21-0341	26
TIME OF STOP/CRASH 2026 DATE	7-4-21		DAY	unday
SUBJECT'S NAME Hager, Paige Ray	RACE	W	SEX I	F
HGT 5'4 WGT 142	DOB	01/23/19	86	
LOCATION 400 W Boynton Beach Blvd, Bo	ynton Bea	ich, FL		
ARRESTING OFFICER'S NAME & ID Naleriol	982	A	GENCY BI	BPD
DIVISION: Patrol	C.A.			
	NOT	FIED BY	оммо	
	ARRI	IVAL AT F	ACILITY	2135
BREATH RESULTS:		Ar	rest Time	2113
REFUSED				
4				
TESTING OFFICER'S ID 19183				
			•	SCANNED JUL 06 2021

SUBJECT: House Pare R	CASE NUMBER:
<i>y</i>	-
IMPLIED CONSENT FOR D	UI 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. 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. 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)\_ CONSTITUTIONAL WARNINGS I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS: You have the right to remain silent and not answer any questions. 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. Any statement can and will be used against you in a court of law. Red on camera

> PINK - CENTRAL RECORDS GOLD - IAIL YELLOW · DHSMV WHITE - STATE ATTY.

SUSPECT'S SIGNATURE: (X)

	•			•	*	
./	<u> </u>	2		÷	į	
SUBJECT: Hoger	Parge	<u> </u>	CASE NUM	BER:		
	v	<b>QUESTION</b>	NS AND ANS	SWERS		
I AM NOW GOING TO AS NONE OF THE FOLLOW	SK YOU SOME VING QUESTIC	QUESTIONS. WITI NS AS YOU LIKE.	H THESE RIGHTS IN	N MIND, YOU MAY	ANSWER SOME OF,	ALL OF, OI
WERE YOU OPERATING	G A MOTOR VE	HICLE AT THE TI	ME OF THE STOP/A	ACCIDENT?		
WHERE WERE YOU GO						
WHAT STREET OR HIG	HWAY WERE Y	OU ON?			4	
DIRECTION OF TRAVE						
WHAT TIME DID YOU S WHAT IS TODAY'S DAT	TART?	<b>W</b> H	AT TIME IS IT NOW	ı?		
WHAT IS TODAY'S DAT	E?	WHAT	T DAY OF THE WEE	K IS IT?		
WHAT COUNTY AND CI	TY ARE YOU'U	NOW?				
WHEN DID YOU LAST E	AT?	<u> </u>	_ WHAT DID YOU EA	AT?		
WHAT HAVE YOU BEEN	N DOING FOR T	HE LAST THREE	HOURS?			
HOW MUCH DO YOU WI	EIGH?	HAVE-YO	OU BEEN DRINKING	?WHA	.T?	
HOW MUCH?	WHE	RE?	WIT	TH WHOM?		
WHEN DID YOU HAVE		\				
HOW DID YOU CONSUM	IE YOUR LAST	TWO DRINKS? 📐		. v=		
CAN YOU FEEL THE EF	FECTS OF TH	E ALCOHOL?	ARE YOU	UNDER THE INF	LUENCE?	
HAVE YOU CONSUMED	ANY ALCOHO	L SINCE THE ACC	IDEM?	HOW MUCH?		
WHAT?	W	HERE?		WHEN?		
WHAT LINE OF WORK	ARE YOU IN? _			WHEN DID YO	OU LAST WORK?	
DO YOU HAVE ANY PH	YSICAL DEFEC	TS OR INIURIES?	MHAY	<b>?</b>		
ARE YOU SICK OR INJU	RED?	WHAT'S	wrong?			
DO YOU LIMP?	DID YOU F	RECEIVE A BUMP	ON THE HEAD RE	ENTLY?	·	
WERE YOU IN AN ACCID	ENT TODAY?_			<del></del>		
HAVE YOU TAKEN ANY	DRUGS OR SM	OKED ANY MARIJ	UANA TODAY?	WI	IEN?	
HAVE YOU SEEN A DO	CTOR OR DENT	TIST TODAY?	WHO?		WHY?	
ARE YOU TAKING ANY	PRESCRIPTION	N MEDICINES?	WHAT?		WHEN?	
	EPILEPSY?			_ \		
	GLASS EYE? FALSE TEETH?			_ \	_	
	EAR INFECTIO	N?		_ \	,SCANA	IEn
	INNER EAR TR DIABETES?	OORTE!		_ \	SCANN JUL 06 202	ΣU 1

INTERVIEWER:\_

PBSO #0129C REV. 9/93

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

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

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

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS

GOLD - JAIL

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

L Ofc.Nalerio	, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)	
am a member of Boynton Beach Police	, and I do swear
(Name of law e	enforcement agency)
or affirm that on or about the 4th day of July	, 20 21, at 2113P.MA.M.
DRIVER Paige, Ray, Hager (Type or Print) FIRST NAME MIDDLE OR	,
• • •	MAIDEN NAME LAST NAME
DL# H260-676-86-523-0 , state of	Florida , was placed under lawful arrest for
the offense of DUI	by Ofc.Nalerio and (Name of Arresting Officer)
issued Citation # AE9GF0E	(Name of Arresting Officer)
That on or about the 4th day of July	, 20 <u>21</u> at <u>2206</u> P.M
in County,	
and/or the presence of chemical or controlled substantest(s) would result in the suspension of his or her drivitor a period of eighteen (18) months if his or her drivitors submit to a breath, urine or blood test. I also informed to submit to a lawful test as requested above if his refusal to submit to a lawful test of his or her breath, or she holds a CDL, or was operating a CMV, refusal License/driving privilege for a period of one (1) year previously been disqualified as a result of a refusal refused to submit to the test(s) requested.	for a prime test to determine his or her blood alcohol level ces. I informed the driver that the refusal to submit to such ing privilege for a period of one (1) year for a first refusal, or ring privilege had been previously suspended for refusing to the driver that he or she commits a misdemeanor by refusing or her driving privilege has been previously suspended for urine, or blood. Additionally, I informed the driver that if he will result in the disqualification of the Commercial Driver's in the case of a first refusal or permanently if he or she has to submit to any such lawful test. Nonetheless, the driver  Signature of Law Enforcement Officer or Correctional Officer  TARIZED OR ATTESTED TO (F.S. 117.10)
Notary Public State of Florida Thomas H Leahey My Commission GG 347108 Expires 06/20/2023	The foregoing instrument was swom and subscribed before me:
E AMERICAN AND A SECOND A SECOND AND A SECOND A SECOND AND A SECOND A SECOND AND A SECOND AND A SECOND AND A SECOND A SECO	Signature of Attesting Officer
The foregoing instrument was sworn and subscribed before	Title
me this 4th day of July , 20 2021,	Date
who is personally known to me or who has produced  LEO as identification  Notary Public The Applied Control of the	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.
HSMV-BAR1001 (REV. 10/2016)	JUI OC -

## **TESTING FACILITY TASK REPORT**

	AGENCY: BBPD			
SUBJECT: Hager, Paige R	CASE NUMBER: 21-082526			
DATE: Jul 4, 2021	VIDEO DVD NUMBER: n/a			
BEGINNING TIME: 2205	ENDING TIME: 2207			
BREATH TESTS RESULTS: 1) R TIME 2206 A.M.	P.M.⊠ 2) n/a TIME 0 A.M.∏ P.M.☐			
3) n/a TIME 0 A.M	P.M. 4) n/a TIME 0 A.M. P.M.			
BREATH OPERATOR: Thomas H Leahey #19183				
MAINTENANCE TECHNICAN: Jason Karlecke #6467				
TESTING OFFICER'S OBSERVATIONS				
SPEECH: slurred, thick				
ATTITUDE: talkaktive, fidgety, repetitive				
CLOTHING: blue/white Jumper, orange bikini bathing suit, white s	andals			
MEDICAL CONDITIONS: depression, anxiety				
MEDICATIONS: Effexor, Xanax				
other: eyes are glassy & bloodshot odor of unknown alcoholic beverage on breath  REFUSED				
COMMENTS:				
arrived at center A/O conducted 20 minute observation period at 2135 hrs				
Subject refused to perform breath test  A/O read I/C & subject understood I/C				
subject refused to perform breath test  A/O read rights & subject understood rights	REFUSED			
A/O attempted Q&A				
subject declined to answer questions				

JUL 06 2021

CASE #: _21-034126	DEFENDANT: Hager, Paige, Ray
Arresting Officer: Nalerio	
Address: 2100 High Ridge Rd, Boynt	
Phone Numbers: Home:	
Name: Ofc.Borrero	
Address: 2100 High Ridge Rd, Boynt	on Beach FL
Phone Numbers: Home:	
Can testify to: Crash investigator	
Name:	
A didmoss:	
Phone Numbers: Home:	Work:
Can testify to:	
Name:	
Address:	
Phone Numbers: Home:	Work:
Can testify to:	
Name:	
Name:	
Address:Phone Numbers: Home:	Work:
Can testify to:	
Can testify to:	
Name:	
Address:	
Phone Numbers: Home:	Work:
Can testify to:	
Can tostily to:	
Name:	
Address:	
Phone Numbers: Home:	Work:
Cam Anadific Ana	
Name:	
A Jahreney	
Phone Numbers: Home:	Work:
Can testify to:	
Name:	
Phone Numbers: Home:	
Can testify to:	



### Palm Beach County Sheriff's Office - Arrests Only

	х	Florida State Statute	Description	Page Number(s)
		119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
tions		943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
L/E Exemptions		119.071(4)(c)	Undercover personnel.	
L/E E		119.071(2)(f)	Confidential informants (CIs).	
		119.071(2)(e)	Confession.	
suc		985.04(1)	Juvenile offender records.	
mptio		119.071(h)(i)	Assets of a crime victim.	
Public Info. Exemptions		395.3025(7)(a), 456.057(7)(a)	Medical information.	
blic In		394.4615(7)	Mental health information.	
nd		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.	
	×	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
		(viii) 394.4615(7)	Clinical records under the Baker Act.	
of 23)		(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
(Rule		(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)				
l Administr				
es of Judicia				
Florida Rule				
Other			Other:	
ŏ		<b>\</b>	Other:	

#### REVIEW COMPLETED BY

	Date: 7/5/21		
Booking Number: 2021016412	Specialist Name/ID: A. Pinkney/7796		