

0521285 21CT1911ASB

1797

Check if Supplement is Attached

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

Juvenile N

OBTS Number	ARREST / NOTICE TO APPEAR Juvenile Referral Report		Agency Report Number (N.T.A.'s only) 061211-0101151981111	
Agency ORI Number FLO 5000000	Agency Name Boca Raton Police Dept. PALM BEACH COUNTY SHERIFFS OFFICE			
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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	# Weapon Seized Enter Type		Multiple Clearance Indicator	

Location of Arrest (Including Name of Business) 2000 N Federal Hwy, Boca Raton FL, 33431		Location of Offense (Business Name, Address) 2000 N Federal Hwy, Boca Raton FL, 33431		
Date of Arrest 02.07.21	Time of Arrest 17:24	Booking Date 2/7/21	Booking Time	Jail Date 2/7/21
Name (Last, First, Middle) McBride, Peyton, Parke		Location of Vehicle Westway Towing		

Aliases (Name, DOB, Soc. Sec. #, Etc.)		Marital Status S		Religion Catholic		Indication of Alcohol/Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	
Race W - White B - Black	Sex M F	Date of Birth 10.11.00	Height 509	Weight 140	Eye Color BLU	Hair Color Blonde	Complexion light
Build Med		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion	

Local Address (Street, Apt. Number) 1401 39th Street, West Palm Beach FL 33407		Phone () UNKNOWN		Residence Type 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) 43445 Los Caballeros Way Temecula, CA 92592		Phone ()		Address Source Defendant	
Business Address (Name, Street) ()		Phone ()		Occupation Student	
D/L Number, State Y4217991	Soc. Sec. Number [REDACTED]	INS Number	Place of Birth (City, State) Temecula, CA	Citizenship USA	

Co-Defendant (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 (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)				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 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 (561) 355-6511) informed of any change of address.		School Attended	Grade
<input type="checkbox"/> Yes, by (Name) <input checked="" type="checkbox"/> No (Reason)			
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 B. Buy T. Traffic	R. Smuggle D. 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/Derv	P. Parapharmacia/ Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description DUI	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316119311A	Violation of ORD #
Drug Activity Y	Drug Type U	Amount / Unit	Offense #	Warrant / Capias Number

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

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

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

Location (Court, Room Number, Address) 200 W Atlantic Ave Delray Beach, FL 33444	
Court Date and Time Month March Day 4th Year 2021 Time 0830 (AM) 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) _____ Date Signed 2/7/21

<input type="checkbox"/> HOLD for other agency	Signature of Arresting Officer [Signature]	Name Verification (Printed by Arrestee) DANNED
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Inmate Duty	Name of Arresting Officer (Print) Ashton Horne	I.D.#
Transporting Officer Ashton Horne 791 (BRP)	I.D.#	Agency EB 08 2021

PROBABLE CAUSE AFFIDAVIT

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

Juvenile N

OBTS Number	Agency ORI Number FLO 5 0 0 2 0 0		Agency Name BOCA RATON POLICE SERVICES DEPT.	Agency Report Number 3 2 1 2 1 1 0 0 1 5 9 8 1 1
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 4. Traffic Misdemeanor
	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other		

Name (Last, First, Middle) McBride, Peyton Parke	Alias	Race W	Sex F	Date of Birth 1.0.1.1.0.0
Charge Description DUI 316.193(i)	Charge Description	Charge Description	Charge Description	Charge Description

Victim's Name (Last, First, Middle) State of Florida	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) Boca Raton, FL 33432	(City)	(State)	(Zip)
Phone 561-338-1234	Address Source		
Business Address (Name, Street) 100 NW Boca Raton Blvd, Boca Raton, FL 33432	(City)	(State)	(Zip)
Phone 561-338-1234	Occupation		

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ...

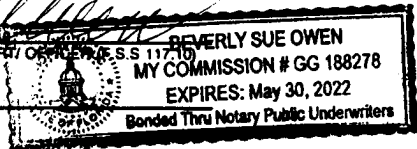
committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 7 day of February 2021 at 1724 A.M. P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

On 2/7/21 at or about 1724 hours, at the location of 2000 N Federal Hwy which is within the jurisdictional limits of the City of Boca Raton, in the State of Florida, and Palm Beach County, the above mentioned defendant did commit the violation of driving under the influence of an unknown alcoholic and unknown controlled substance. Peyton McBride did then and there unlawfully drive, or was in actual physical control of a motor vehicle, to-wit: a blue 2018 Honda Accord bearing Fl tag PYGW43, while she was under the influence of an alcoholic beverage (unknown) and controlled substance to the extent that her normal faculties were impaired, or with a blood alcohol level of 0.10 percent, to-wit: Peyton provided two samples of .257 and .256. Peyton was located in the driver seat of her vehicle, the sole occupant unconscious and unresponsive in a slumped state with the vehicle engine on with vehicle in park in the South bound inside through lane. Peyton was confused and showed signs of impairment.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER Ashton Horn #791	
	NAME OF OFFICER (PLEASE PRINT) Ashton Horn	
DATE 2/7/21	DATE 2/7/21	PAGE OF

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT - PART I

On the 7th day of February, at 1641 AM/PM

Subject: Peyton, McBricle Case Number: 21-1598

PERSONAL CONTACT

Driving Pattern: Found unconscious behind the wheel of her vehicle while stopped in the middle of traffic

Observation of Driver: The driver was impaired by an unknown drug. Was unable to keep her eyes open, eye tremors were present along with the jerking of her eyes. The driver was unable to keep her balance and was swaying from side to side, the driver was not making any rational statements, red watery eyes,

Driver's Statement: Driver stated that she was in Boynton Beach, and was on Federal Hwy

Odors: faint smell of alcoholic (unknown) emanating from her person.

GENERAL OBSERVATIONS

Speech: slow, slurred, drowsiness

Attitude: erratic, off and on, aggressive at times.

Clothing: Black halter top and black jeans.

Medical Problems: N/A - stated none

Medications: N/A - stated none

Other:

Horizontal Gaze Nystagmus:

Left eye does not follow smoothly

Right eye does not follow smoothly

Left eye jerks at 45 degrees angle or less

Right eye jerks at 45 degrees angle or less

Distinct jerking left eye maximum deviation

Distinct jerking right eye maximum deviation

Can not do, Why? N/A

Walk and turn: Could not perform

Can not do, Why? Subject kept walking and could not follow instructions.

One leg stand: Could not perform

Can not do, Why? Subject could not perform due to inebriated state.

Finger to nose: Did not perform

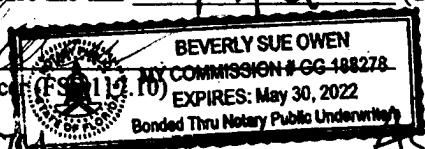
Can not do, Why? Subject could not perform due to inebriated state.

Alphabet (speech pattern): /

Can not do, Why? /

Breath/Blood test results: .257 / .256

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 2/7/21 (date) by _____

Notary/Clerk of Court/ Officer: [Signature]  2/7/21 Date

Signature of Arranging Officer: [Signature] Name of Officer (print): Ashton Harne

ARRESTING OFFICER: Ofc. Ashton Horne

Name: Ashton Horne Phone # 501-338-1234 Work # _____

Address: 100 NW 2nd Ave Boca Raton, FL (Police Dept.)

Can testify to: DUI Investigation, Arrest procedures.

Name: Brian Gannon Phone # 501-338-1234 Work # _____

Address: Boca Raton Police Dept

Can testify to: first officer on scene, wheel witness, (Drugs center console)

Name: Ryan Timoney Phone # 501-338-1234 Work # _____

Address: Boca Raton Police Dept

Can testify to: DUI Investigation, Subjects behavior.

Name: Danielle Harrison Phone # 501-338-1234 Work # _____

Address: Boca Raton Police Dept

Can testify to: Conducted pat down

Name: Zachary McKeen Phone # 501-338-1234 Work # _____

Address: DUI Investigation, Subjects behavior - Boca Raton Police Dept.

Can testify to: notes above

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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: 80-006478 Software: 8100.27
Date of Test: 02/07/2021

Date of Last Agency Inspection: 01/15/2021
Observation Period Began: 18:30
Subject's Name: PEYTON F MCBRIDE DOB: 10/11/2000 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	18:57
	Air Blank	0.000	18:58
	Control Test	0.080	18:58
	Air Blank	0.000	18:59
	Subject Sample #1	0.257	19:00
	Air Blank	0.000	19:01
	Air Blank	0.000	19:02
	Subject Sample #2	0.256	19:03
	Air Blank	0.000	19:04
	Control Test	0.079	19:04
	Air Blank	0.000	19:05
	Diagnostics Check	OK	19:05

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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: 02/07/2021
Signature

Sworn to (or affirmed) before me this 7th day of February, 2021

[Signature] ofc A. HORNE
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

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.

TESTING FACILITY TASK REPORT

AGENCY: BOCA RATON P.D.

SUBJECT: McBRIDE, PEYTON PARKE

CASE NUMBER: 21033216

DATE: 02/07/2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1857

ENDING TIME: 1906

BREATH TESTS RESULTS: 1) .257 TIME 1900 A.M. P.M. 2) .256 TIME 1903 A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: UN-CO-OPERATIVE, KEPT GETTING UP AND WALKING AROUND, HAD TO BE CUFFED TO CHAIR

CLOTHING: BLACK SOCKS, JEANS, BLACK TANK TOP

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

URINATED ON SEAT IN OBSERVATION ROOM

COMMENTS:

A/O AND DEFENDANT ARRIVED AT 1830 HRS. A/O OBSERVED 20 MIUTES. A/O REQUEST BREATH TEST, DEFENDANT AGREED. DEFENDANT VERY CONFUSED AND COULD NOT ANSWER INTRO QUESTIONS. KEPT GIVING SAME ANSWERS FOR EVERY QUESTION. NO PROBLEMS WITH BREATH TEST. A/O READ C/W, DEFENDANT UNDERSTOOD. REFUSED Q & A.



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

PBSO CASE # 21033216 PBSO ZONE 4-11

AGENCY CASE # 21-1598 CRASH CASE # _____

TIME OF STOP/CRASH 1641 DATE 2/7/21 DAY Sunday

SUBJECT'S NAME Reyton, Mcbride RACE W SEX F

HGT 509 WGT 140 DOB 10/11/2000

LOCATION 2000 N Federal Hwy, Boca Raton FL

ARRESTING OFFICER'S NAME & ID Off. Home 791 AGENCY Boca Raton

DIVISION: FS/ Patrol B-1

NOTIFIED BY COMMO yes

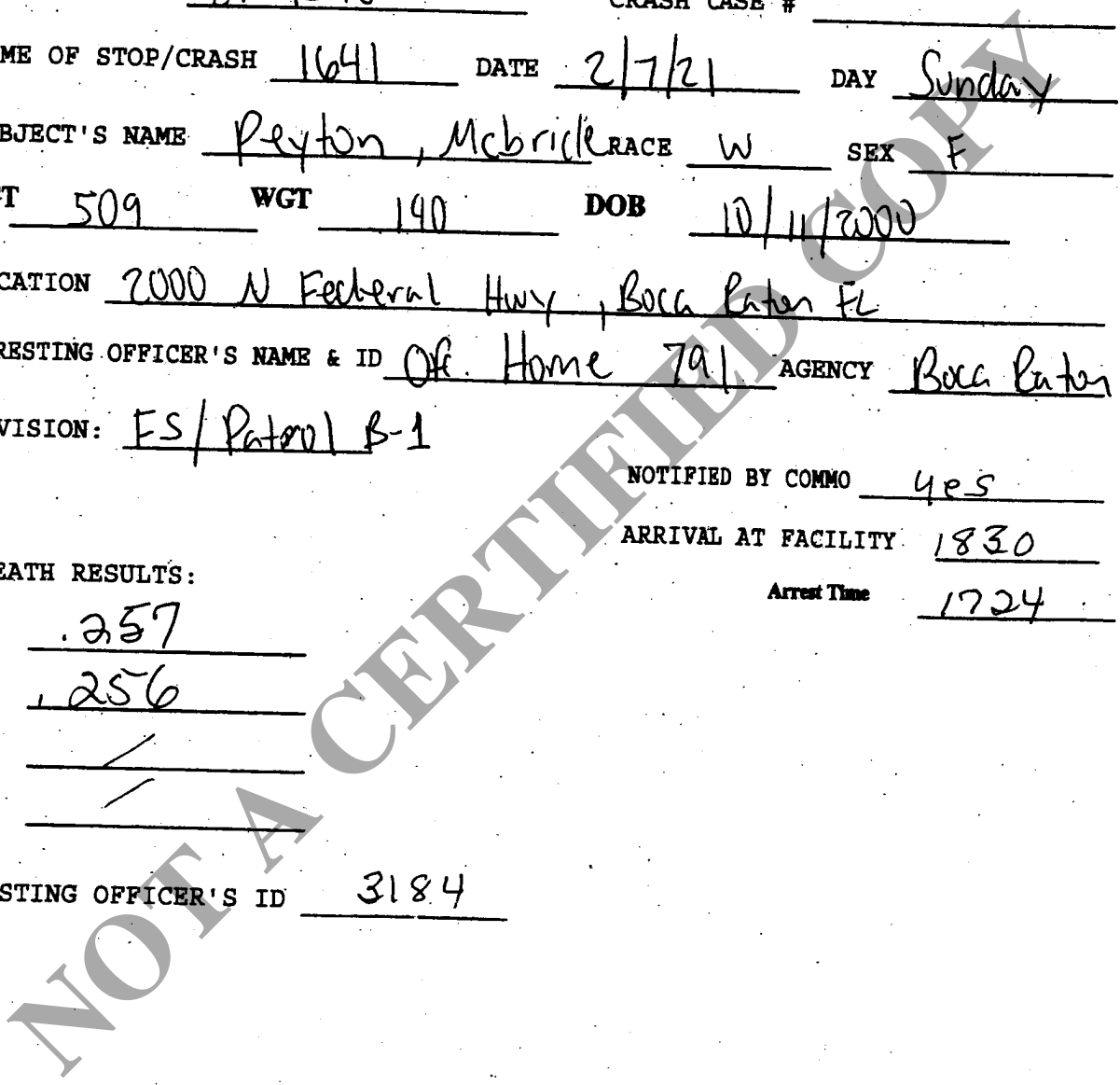
ARRIVAL AT FACILITY 1830

Arrest Time 1724

BREATH RESULTS:

- 1. .257
- 2. .256
- 3. /
- 4. /

TESTING OFFICER'S ID 3184



SUBJECT: McBride, Peyton Parke CASE NUMBER: 21-1598

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) _____

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

SUBJECT: McBride, Peyton Parke CASE NUMBER: 21-1598

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: _____

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