

0515972

362 20CT5459SB

OBT Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
Agency Off Number R.O. 5, 0, 0, 2, 0, 0		Agency Name BOCA RATON POLICE SERVICES DEPT.		Agency Report Number (N.Y.A.'s only) 3, 2, 1, 2, 2, 10, 0, 4, 5, 3, 4, 11, 1					
Charge Type: Check as many as apply.		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 1. Yes 2. No	
Location of Arrest (Including Name of Business) 1200 Ocean Boca Raton, FL 33432		Location of Offense (Business Name, Address) 1200 Ocean Boca Raton, FL 33432							
Date of arrest 0, 4, 1, 4, 2, 0		Time of Arrest 0, 1, 1, 2		Booking Date		Booking Time		Jail Date	
Name (Last, First, Middle) HODGE, RANDI ELYSE		Alias (Name, DOR, Soc. Sec. #, Etc.)							
Race W - White B - Black		1 - American Indian 0 - Oriental/Asian		Sex W F		Date of Birth 0, 4, 0, 9, 1, 8, 0		Height 502	
Weight 115		Eye Color Brown		Hair Color Brown		Complexion Light		Build Light	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Divorced		Religion Jewish		Indication of Alcohol Influence 1. Yes 2. No			
Local Address (Street, Apt. Number) 18708 LA COSTA LN Boca Raton, FL 33416		City Boca Raton		State FL		Zip 33416		Phone (561) 245-0026	
Permanent Address (Street, Apt. Number)		City		State		Zip		Phone	
Business Address (Name, Street)		City		State		Zip		Phone	
Cit. Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State) Plantation, FL		Citizenship US	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large	
Parent Legal Custodian Other		Name (Last)		(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 MRS/DYS 3. Incarcerated			
Released To: (Name)		Relationship		Date		Time			
The above address was provided by <input type="checkbox"/> defendant and <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-245-0026) informed of any change of address.		School Attended		Grade					
Property Owned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property					
Drug Activity N. N/A P. Possession		S. Sell T. Traffic		R. Bribe/Ext. D. Delivery E. Use		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate	
Z. Other		Drug Type N. N/A A. Amphetamines		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Dark.		P. Paraphernalia/Equipment S. Synthetic	
U. Unknown Z. Other		Change Description Driving Under the Influence		Counts 1		Domestic Violence CY CH		Status Violation Number 20316 11193 111A R 11	
Drug Activity Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Change Description		Counts		Domestic Violence CY CH		Status Violation Number		Violation of ORD #	
Drug Activity Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Change Description		Counts		Domestic Violence CY CH		Status Violation Number		Violation of ORD #	
Drug Activity Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Health/Apparent Physical Condition of Defendant		Property - Rec'd. By		Released By		Released To			
Any knowledge of the following, place an "X" and explain: <input type="checkbox"/> Mental; <input type="checkbox"/> Escape Risk; <input type="checkbox"/> Medication; <input type="checkbox"/> Deformities; <input type="checkbox"/> Injuries									
Explain:									
Check which applies: <input type="checkbox"/> Released O.R.; <input type="checkbox"/> Posted Bond; <input type="checkbox"/> Released to Parent/Guardian; <input type="checkbox"/> S. County Mental Health; <input type="checkbox"/> T.O.T. County Jail									
Transported By: _____ Date _____ Time _____ Other _____									
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) Delaware Court - 200 W Atlantic Blvd.							
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time		Month 06 07 Day 13 Year 2020 Time 0830 (A.M.) P.M.					
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 (for Juvenile and Parent/Custodian)								Date Signed	
HOLD for other Agency		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)					
Name:		Name of Arresting Officer (Print) HOD		I.D. # 817		(PRINT)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest Other:		I.D. # 817		Agency BRFD		PAGE	
Misdemeanor Deputy JAMES 8101		Fouch #		Transporting Officer JAMES		I.D. # 817		Witness here if subject signed with an "X".	

DISTRIBUTION: WHITE - COURT COPY YELLOW - AGENCY PINK - JAIL GOLD - DEPARTMENT OF CORRECTIONS

SCANNED  
APR 14 2020

2020 APR 14 AM 7:29  
SHARON R. BOCH, CLERK  
FLA. RESEARCH COUNTY JAIL

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		2		Juvenile	
OBTS Number		Agency ORI Number FL0500200		Agency Name <b>BOCA RATON POLICE SERVICES DEPT.</b>		Agency Report Number 3,210,20-0045341(1)					
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:			
Name (Last, First, Middle) <b>HODGE, RANDI, ELYSE</b>		Alias		Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>04.09.80</b>			
Charge Description <b>316.193(VA)(B) - Driving Under the Influence</b>		Charge Description		Charge Description		Charge Description					
Victim's Name (Last, First, Middle)		Race		Sex		Date of Birth					
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.            The Person taken into custody ...  <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.  <input type="checkbox"/> confessed to _____ <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.            admitting to the below facts.            On the <u>14<sup>th</sup></u> day of <u>April</u> 20<u>20</u> at <u>0012</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>I responded to 1200 S Ocean, which is within the jurisdictional limits of the city of Boca Raton, in the State of Florida, and Palm Beach County. The above named defendant did commit the violation of driving under the influence. Hodge did then and there unlawfully drive, and was in actual physical control of a motor vehicle, a 2017 Kia Niro 4-door vehicle bearing FL tag FFNM45, while he was under the influence of an alcoholic beverage to the extent that her normal faculties were impaired and with a blood alcohol level of .160 on the first test, and .163 on the second test.</p>											
SWORN AND SUBSCRIBED BEFORE ME											
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>[Signature]</u> #814 NAME OF OFFICER (PLEASE PRINT) <u>Officer Hood</u> DATE <u>04/14/20</u>									
DATE		PAGE _____ OF _____									

DISTRIBUTION: WHITE—Court GREEN—State Attorney Records YELLOW—Central Records PINK—P.I.O. GOLD—Crime Analysis Unit

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APR 14 2020

SUBJECT: HODGE, RANDI E CASE NUMBER: 2020-004534

**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 Officer Noel of the Boon Rahm Police Services Dept.

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

SUBJECT: HODGE, RANDI E CASE NUMBER: 2020-004534

### 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? Yamato

DIRECTION OF TRAVEL? North WHERE DID YOU START? my House

WHAT TIME DID YOU START? 8 PM WHAT TIME IS IT NOW? no idea / 1 AM

WHAT IS TODAY'S DATE? 04/14/20 WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palmer Beach County

WHEN DID YOU LAST EAT? yesterday WHAT DID YOU EAT? No remembrance

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

HOW MUCH DO YOU WEIGH? 115 HAVE YOU BEEN DRINKING? No 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? Paralegal WHEN DID YOU LAST WORK? today

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

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? Yes WHAT? Plavix WHEN? 1 in the morning and 1 in the evening

DO YOU HAVE:	EPILEPSY?	<u>No</u>
	GLASS EYE?	<u>"</u>
	FALSE TEETH?	<u>"</u>
	EAR INFECTION?	<u>"</u>
	INNER EAR TROUBLE?	<u>"</u>
	DIABETES?	<u>"</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

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

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? —

INTERVIEWER: Contra #819

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

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APR 14 2020

# TESTING FACILITY TASK REPORT

AGENCY: BRPD

SUBJECT: HODGE, RANDI E CASE NUMBER: 20-058433

DATE: 04/14/2020 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:58 ENDING TIME: 03:16

BREATH TESTS RESULTS: 1) .160 TIME 03:40 A.M.  P.M.  2) .163 TIME 03:07 A.M.  P.M.   
3) N/A TIME N/A A.M.  P.M.  4) N/A TIME N/A A.M.  P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: BLACK SHORTS, BROWN TOP, BLACK HEELS

MEDICAL CONDITIONS: LUPUS

MEDICATIONS: PLAQUENIL

## OTHER:

EYES: GLASSY AND BLOODSHOT

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 02:33 HRS.

SUBJECT: REFUSED TO TAKE TEST.

A/O: READ I/C 2XS

SUBJECT: STATED SHE UNDERSTOOD I/C AND WOULD TAKE TEST.

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED Q&A SUBJECT: ANSWERED Q&A

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APR 14 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: 04/14/2020

Date of Last Agency Inspection: 03/20/2020  
Observation Period Began: 02:33  
Subject's Name: RANDI E HODGE

DOB: 04/09/1980 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	03:02
	Air Blank	0.000	03:03
	Control Test	0.080	03:03
	Air Blank	0.000	03:04
	Subject Sample #1	0.160	03:04
	Air Blank	0.000	03:05
	Air Blank	0.000	03:07
	Subject Sample #2	0.163	03:07
	Air Blank	0.000	03:08
	Control Test	0.080	03:08
	Air Blank	0.000	03:09
	Diagnostics Check	OK	03:09

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 PARIS D POUND, 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: \_\_\_\_\_ Date: 04/14/20  
Signature

Sworn to (or affirmed) before me this 14<sup>th</sup> day of APRIL, 2020

Carl #817 Signature of Notary Public-State of Florida  
DFL. C Hood 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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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APR 14 2020





**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"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2020010508	Date: 04/14/2020
	Specialist Name/ID: T Howard/7185

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APR 14 2020**