

0513797

2020CT000079 ASB 486

ARREST / NOTICE TO APPEAR

- 1. Arrest
- 2. N.T.A.
- 3. Request for Warrant
- 4. Request Ex Capias
- 5. Juvenile Referral

1 JUVENILE

Agency ORI Number <b>0500200</b>	Agency Name <b>Boca Raton Police Department</b>	Agency Report Number (N.T.A.'s only) <b>3, 2   2020-000164</b>
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	If Weapon Seized Enter Type: <b>None/not Applicable</b>	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>50 SW 12TH AVE, BOCA RATON, FL</b>		Location of Offense (Business Name, Address) <b>50 SW 12TH AVE, BOCA RATON, FL 33486</b>
Date of Arrest <b>01/04/2020</b>	Time of Arrest <b>23:14</b>	Booking Date <b>01/04/2020</b>
Booking Time <b>23:27</b>	Jail Date <b>01/05/2020</b>	Jail Time <b>00:38</b>
Location of Vehicle <b>EMERALD TOWING</b>		
Name (Last, First, Middle) <b>BURSTEIN, SARAH G</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)
Race W - White B - Black I - American Indian O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/08/1990</b>
Height <b>5'06</b>	Weight <b>215</b>	Eye Color <b>HAZEL</b>
Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>Large</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT R FORE ARM / SCRIPTURE WITH A WATCH; TATT F CHEST/</b>		Marital Status <b>S</b>
Religion <b>NONE</b>		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) <b>1490 GOODWOOD TER, WELLINGTON, FL 33414</b>		Phone <b>(561) 294-4348</b>
Permanent Address (Street, Apt. Number) <b>1490 GOODWOOD TER, WELLINGTON, FL 33414</b>		Phone <b>(561) 294-4348</b>
Business Address (Name, Street) <b>FLORIDA CAREER COLLEGE, WEST PALM</b>		Occupation <b>Student</b>
D/L Number, State <b>B623780907080 / FL</b>	Soc. Sec. Number	Citizenship <b>Dominican Republic</b>
Co-Defendant Name (Last, First, Middle)		Race Sex Date of Birth
Co-Defendant Name (Last, First, Middle)		Race Sex Date of Birth
Name (Last, First, Middle)		Residence Phone
Address (Street, Apt. Number)		Business Phone
Notified by: (Name)		Date Time
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 355-2526) informed of any change of address.		School Attended Grade
Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperse/ 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. Synthetic	U. Unknown Z. Other	
Charge Description <b>DUI</b>	Statute Violation Number <b>316.193(1)</b>	Violation of ORD #
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number	Bond <b>OR</b>	
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number	Bond	
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number	Bond	
Health / Apparent Physical Condition of Defendant <b>GOOD</b>		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 type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail
Transported By <b>CASAS, J 818</b>		Released By <b>CASAS, J 818</b>
Date Transported <b>01/05/2020</b>		Time Transported <b>02:42</b>
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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>
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.		Court Date and Time <b>02/10/2020 08:30:00</b>
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed <b>1-5-20</b>
HOLD for Other Agency		Name Verification (Printed by Arrestee)
Signature of Arresting Officer <b>818</b>		(PRINT)
Name of Arresting Officer (Print) <b>CASAS, J</b>		I.D. # <b>818</b>
Transporting Officer <b>CASAS, J</b>		I.D. # Agency <b>818 BRPD</b>
Fouch #		WITNESS here if subject signed with an "X"

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2020-000164</b>
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>BURSTEIN, SARAH G</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/08/1990</b>
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Charge Description <b>316.193(1) DUI</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>	Race <b>U</b>	Sex <b>U</b>	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>	Phone <b>(561) -</b>	Address Source <b>DEFENDANT</b>	
Business Address (Name, Street) (City) (State) (Zip)	Phone <b>(56) -</b>	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 4 day of January, 2020 at 23:14 (Specifically include facts constituting cause for arrest.)

On 1/4/20, at approximately 2235 hours, I was dispatched to a possible drunk driver in the area of Camino Real and Dixie Hwy. The vehicle was described as a "late model maroon Hyundai", bearing FL tag IIML32. The caller claimed it was swerving in and out of lanes and running red lights. The caller last saw the vehicle westbound on W Camino Real, passing SW 12th Ave.

Detective Alvarez located the vehicle a short time after in the area of Palmetto Park Rd and Military Trail. She observed the vehicle fail to maintain its lane at approximately 1600 W Palmetto Park Rd and immediately initiated a traffic stop on the vehicle at approximately 2241 hours. The driver was slow to respond to Detective Alvarez's emergency lights and sirens but eventually came to a stop at 50 SW 12th Ave. I responded to Detective Alvarez's location as a back-up unit for the traffic stop (see Detective Alvarez's supplement for more information about her involvement).

Upon arrival, I observed that the driver of the vehicle, Sarah Burstein, had slurred speech and was slow to respond to Detective Alvarez's questions/commands. I also observed that her eyes were red and glossy. When asked for her driver's license, Burstein located the license and then placed it back inside of her purse and continued to search for it. She eventually located the license again and handed it to Detective Alvarez. Burstein had to be reminded to provide registration and proof of insurance multiple times. She ultimately stopped searching and simply said she had "too many". It should also be noted that, when asked where she was, Burstein told Detective Alvarez that she was in Coconut Creek.

Based on my observations, along with Detective Alvarez's, I suspected that Burstein may be driving while intoxicated. I requested that Burstein step out of the vehicle for further investigation. I asked Burstein where she was coming from and she told me "World of Beer". Burstein informed me that World of Beer was located in Coconut Creek.

SWORN AND SUBSCRIBED BEFORE ME		
<b>SHANNAHAN, TIMOTHY C</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. § 100.01)		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<u>01/05/2020</u> DATE		<b>CASAS, JAVIER (818)</b> NAME OF OFFICER (PLEASE PRINT)
		<u>01/05/2020</u> DATE

**PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT**

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

**1**

JUVENILE

<small>OBTS Number</small>		<small>Agency ORI Number</small>	<small>Agency Name</small>	<small>Agency Report Number</small>
		<b>FL 0500200</b>	<b>BOCA RATON POLICE DEPARTMENT</b>	<b>3   2   2020-000164</b>

<small>Charge Type: Check as many as apply.</small>	<small>Special Notes:</small>
<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	

<small>Name (Last, First, Middle)</small>	<small>Race</small>	<small>Sex</small>	<small>Date of Birth</small>
<b>BURSTEIN, SARAH G</b>	<b>W</b>	<b>F</b>	<b>06/08/1990</b>

Burstein then informed me that she was on her way home to Wellington. I asked Burstein if she had consumed any alcoholic beverages and she stated that she had been drinking beer with friends.

I asked Burstein if she had any medical conditions that would affect her ability to perform Standardized Field Sobriety Exercises and she advised she did not. Burstein also told me she was not diabetic. She said she was not currently taking any prescription medications. I questioned Burstein about her ability to walk in the shoes she was wearing, and she advised that they would not affect her ability to perform any field sobriety exercises. Burstein did not complain of any physical injuries. She agreed to participate in the Standardized Field Sobriety Exercises.

The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Burstein stated that she understood. Burstein moved her head side to side despite being instructed to follow the stimulus with her eyes and her eyes only. She also swayed in a circular motion while the exercise was being done.

The second exercise was the Walk and Turn. I administered the instructions and demonstrated how the exercise should be completed. Burstein broke the starting position multiple times despite being told to remain in the position until told to begin the exercise. While doing the exercise, Burstein took 11 steps on the first set of steps and 10 steps on the second set of steps. Burstein continually stepped off the line and missed heel to toe on every step.

The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how it should be completed. Burstein stated she understood. Burstein attempted to do the exercise but was only able to keep her foot in the air for approximately 2-3 seconds at a time. Burstein ultimately stated that she couldn't do complete the exercise. Burstein swayed and used her arms for balance throughout.

The fourth exercise was the Finger to Nose. I confirmed that Burstein 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. The pattern was L-R-L-L-R-L-R.

Left - Burstein missed the tip of her nose.  
 Right - No issues noted.  
 Left - Burstein missed the tip of her nose.  
 Left - Burstein missed the tip of her nose.  
 Right - Burstein held her finger in place.  
 Left - Burstein held her finger in place.  
 Right - Burstein held her finger in place.

The final exercise was the Romberg Alphabet exercise. Burstein was informed that she would need to recite the alphabet without singing. She was told she would have her eyes

<p><small>SWORN AND SUBSCRIBED BEFORE ME</small></p> <p><b>SHANNAHAN, TIMOTHY C</b>  <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 111.10)</small></p> <p><b>01/05/2020</b>  <small>DATE</small></p>	<p><small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small></p> <p><b>CASAS, JAVIER (818)</b>  <small>NAME OF OFFICER (PLEASE PRINT)</small></p> <p><b>01/05/2020</b>  <small>DATE</small></p>
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OBTS Number  Agency ORI Number <b>FL 0500200</b>	<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>	JUVENILE  Agency Report Number <b>3   2   2020-000164</b>
Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Special Notes:	
Charge Type: Check as many as apply. <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			
Name (Last, First, Middle) <b>BURSTEIN, SARAH G</b>		Race <b>W</b>	Sex <b>F</b>
		Date of Birth <b>06/08/1990</b>	
PROBABLE CAUSE STATEMENT	<p>closed and head tilted backwards during the exercise. Burstein felt confident that she could complete the exercise. She recited the alphabet without any issues but did so in a rhythmic manner. She claimed that she could not say the alphabet without singing due to her 8th grade level of education.</p> <p>Based on the totality of the circumstances, I found probable cause to believe that Burstein was operating a motor vehicle while under the influence of drugs or alcohol. She was placed under arrest for DUI per F.S.S 316.193(1).</p> <p>Burstein was transported to BRPD for post arrest booking. Officer Howard responded to BRPD booking to assist with the operation of the Intoxilyzer 8000 and the completion of the DUI influence report (see supplement for further). Officer Howard and I kept constant visual on Burstein during the 20-minute observation period. Burstein provided two breath samples. The results were .234 and .232. She was then transported to Palm Beach County Jail and turned over to PBSO.</p>		
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;"><b>SHANNAHAN, TIMOTHY C</b></p> <p style="text-align: center;">NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p style="text-align: center;"><b>01/05/2020</b></p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%; text-align: center;"> <p>_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>CASAS, JAVIER (818)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>01/05/2020</b></p> <p>DATE</p> </div> </div>		
		PAGE <b>3 OF 3</b>	

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: BOCA RATON PD  
Instrument Serial Number: 80-006622 Software: 8100.27  
Date of Test: 01/05/2020

Date of Last Agency Inspection: 12/27/2019

Observation Period Began: 23:55

Subject's Name: SARAH G BURSTEIN

DOB: 06/08/1990 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	00:20
	Air Blank	0.000	00:20
	Control Test	0.079	00:20
	Air Blank	0.000	00:21
	Subject Sample #1	0.234	00:22
	Air Blank	0.000	00:23
	Air Blank	0.000	00:24
	Subject Sample #2	0.232	00:24
	Air Blank	0.000	00:25
	Control Test	0.079	00:26
	Air Blank	0.000	00:26
	Diagnostics Check	OK	00:26

Cylinder Lot: 22419080A3  
Exp: 10/05/2021

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who () is personally known to me or () produced FLDL as identification, and who after being placed under oath, states:

I HALEY M HOWARD, 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: 01/05/20  
Signature

Sworn to (or affirmed) before me this 5<sup>th</sup> day of January, 2020

Signature of Notary Public-State of Florida \_\_\_\_\_ Printed Name of Notary Public-State of Florida Javier Casas

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.

2020000104  
1015: 2314  
005V: 2330  
restarted @ 2355

## DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2<sup>nd</sup> Avenue  
Boca Raton, FL 33432

Horizontal Gaze Nystagmus:

- Left eye does not follow smoothly
- Left eye jerks at 45 degrees angle or less
- Distinct jerking left eye maximum deviation
- Right eye does not follow smoothly
- Right eye jerks at 45 degrees angle or less
- Distinct jerking right eye maximum deviation

Can not do, Why? \_\_\_\_\_

Walk and turn: \_\_\_\_\_

see PC

Can not do, Why? \_\_\_\_\_

One leg stand: \_\_\_\_\_

see PC

Can not do, Why? \_\_\_\_\_

Finger to nose: \_\_\_\_\_

see PC

Can not do, Why? \_\_\_\_\_

Alphabet (speech pattern): \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Breath/Blood test results: \_\_\_\_\_

State of Florida, County of Palm Beach,  
Sworn and subscribed before me this 01/04/2020 (date) by DFC Howard

[Signature] Notary/Clerk of Court/Officer (FSS 117.10)      01/04/2020 Date

\_\_\_\_\_  
Signature of Arresting Officer      J. Casas  
Name of Officer (print)

ARRESTING OFFICER: J. Casas

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

NOTA CERTIFIED COPY



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2020000164

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Sunday January, 5, 2020.  
(day) (month) (date) (year)

B. The time is now approximately 0018 AM/PM.

C. The following is in reference to case number 2020000164.

D. Present at this time is J. Casas of the Boca Raton Police Department  
(Officer's Name)

E. Officer Casas, have you arrested Sarah Burstein in violation of  
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? YES

G. Mr./Mrs./Ms. Burstein, I am required to inform you these  
proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

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**II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.**

*Note: Read only the paragraph applicable to the type of test you are requesting.*

- [Handwritten mark]* A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

**IMPLIED CONSENT WARNINGS**

*Note: Read only if the subject does not comply with your request.*

I am OFC. CASAS of the Boca Raton PD.

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 Signature: \_\_\_\_\_

*Note: Also read for CDL holders:*

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

*Note: After reading the implied consent warning, the arresting officer must request a breath sample again.*

**(IF REFUSAL THEN)**

At this time Mr./Mrs./Ms. \_\_\_\_\_ has refused to submit to a breath test.

The date is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and the time is \_\_\_\_\_ AM/PM.  
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT  
JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.**  
**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means. (You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means. (If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means. (You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means. (If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means. (If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means. (I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means. (Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Sarah Burstein

CASE #: 2020000114 DATE: 01/04/20

BREATH TEST RESULTS

1) TIME 0.234 00:22 AM/PM 2) TIME 0.232 00:24 AM/PM  
3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: OFC. Howard

MAINTENANCE TECHNICIAN: OFC. Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred speech, glassy eyes, Smell of alcoholic beverage  
eminating from person/mouth

ATTITUDE: Crying

CLOTHING: blue jean long sleeve, black shorts, black sandals

MEDICAL CONDITION: asthma

OTHER: C-section, swaying when standing,  
eye closed

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: [Signature] Date: ~~1-5-20~~ 1-5-20 Time: 12:03

**QUESTIONS AND ANSWERS**

Were you operating a motor vehicle at the time of the accident/stop? Yes  
Where were you going? Home - West palm - Wellington  
What street or highway were you on? Somewhere in margate  
Direction of travel? Northbound  
Where did you start driving from? The promenade - Coconut creek  
What city (county) were you stopped in? Coral springs  
What time did you start? No idea AM/PM What time is it now? 12:03 am  
What is today's date? 1-5-20 What day of the week is it? Sunday  
When did you last eat? 1400 What did you eat? Sandwich  
What have you been doing the past three hours prior to this stop/accident? Hanging out / socializing  
How much do you weigh? 213 Have you been drinking? Yes What were you drinking? Beer  
How much? 3 Where? World of Beer Firewater With whom were you drinking? Friends  
When did you have your first drink? 1000 AM/PM When did you stop drinking? 1100 AM/PM

How did you consume your last two drinks? Conversating / Normal pace

Are you under the influence of alcohol now?  Yes  No

Can you feel the effects of alcohol?  Yes  No

Have you consumed alcohol since the accident?  Yes  No

Can you feel the effects of alcohol?  Yes  No

Have you consumed alcohol since the accident?  Yes  No How much? \_\_\_\_\_

What? \_\_\_\_\_ Where? \_\_\_\_\_

What line of work are you in? student / unemployed

When did you last work? school on Friday

Do you have any physical defects or injuries?  Yes  No If yes, explain: \_\_\_\_\_

Are you sick or injured?  Yes  No If yes, explain: \_\_\_\_\_

Do you limp?  Yes  No Did you get a bump on the head?  Yes  No

Were you in an accident today? NO

Have you taken any drugs or smoked marijuana today? NO

What? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today?  Yes  No Who? \_\_\_\_\_

Are you taking any prescription medications?  Yes  No What? \_\_\_\_\_ When? \_\_\_\_\_

Do you have: Epilepsy?  Yes  No Inner ear trouble?  Yes  No

Glass eye?  Yes  No Ear infection?  Yes  No

False teeth?  Yes  No Diabetes?  Yes  No

Any problems not correctable by glasses or contact lenses? NO

Do you take insulin?  Yes  No If yes, when was your last injection? \_\_\_\_\_

Have you ever had a driver's license in any other state? NO

I am now ending this video recording. The time is now approximately 0038 AM/PM.

The date is January, 5, 2020.  
(month) (day) (year)



# 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.	3
	<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: 2020000411	Date: 1/5/2020
	Specialist Name/ID: Gammage/5660



FLORIDA DUI UNIFORM TRAFFIC CITATION **A6L09TE**

COUNTY OF <b>PALM BEACH</b>		<input type="checkbox"/> (1) F.H.P. <input checked="" type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE) <b>BOCA RATON 06/32</b>		AGENCY NAME <b>BOCA RATON POLICE</b>	
		AGENCY # <b>32</b>	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
SUMMONS (VIOLATOR'S COPY)			
DAY OF WEEK <b>SATURDAY</b>	MONTH <b>01</b>	DAY <b>04</b>	YEAR <b>2020</b>
		11:14 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	
NAME (PRINT) FIRST <b>SARAH</b>		LAST <b>BURSTEIN</b>	
STREET <b>1490 GOODWOOD TER</b>			
CITY <b>WELLINGTON</b>		STATE <b>FL</b>	ZIP CODE <b>33414</b>
TELEPHONE NUMBER	DATE OF BIRTH MO <b>06</b> DAY <b>08</b> YR <b>1990</b>	RACE <b>W</b>	SEX <b>F</b>
		HOT <b>506</b>	
DRIVER LICENSE NUMBER <b>B 6 2 3 7 8 0 9 0 7 0 8 0</b>	STATE <b>FL</b>	CLASS <b>E</b>	COL. LICENSE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
YR. LICENSE EXP. <b>2020</b>	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
YR. VEHICLE <b>2014</b>	MAKE <b>HYUN</b>	STYLE <b>4D</b>	COLOR <b>RED</b>
VEHICLE LICENSE NO. <b>ILML32</b>	TRAILER TAG NO.	STATE <b>FL</b>	YEAR TAG EXPIRES <b>2020</b>
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY <b>50 SW 12TH AVE, BOCA RATON</b>		MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		COMPANION CITATION(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FT. _____ MILES _____ OF ROAD _____			

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCE; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF

COMMENTS PERTAINING TO OFFENSE (Only one offense each citation)  
**DUI**  YES  NO

<input type="checkbox"/> AGGRESSIVE DRIVER	PASSENGER IN YEARS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	STATE STATUTE <b>316.193</b>	SECTION <b>(1)</b>	SUB-SECTION <b>(1)</b>
CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DAMAGE TO OTHER PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FATAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

**02/10/2020 08:30 AM** **A6L09TE**  
 COURT DATE THE  
**SOUTH COUNTY COURTHOUSE**  
**200 W ATLANTIC AVE, DELRAY BCH, FL 33444**

ARREST DELIVERED TO \_\_\_\_\_ DATE \_\_\_\_\_  
I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN AN ARREST. THE SIGNATURE AND SEAL OF THE OFFICER IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR  
EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:  
 DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED?  YES  NO REASON **DUI**  
ELIGIBLE FOR PERMIT?  YES  NO REASON \_\_\_\_\_

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE **LANTANA 33462-1516** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

NAME - SIGNATURE OF OFFICER *[Signature]* 818 818 84  
BADGE NO. ID NO. TROOP UNIT

CERTIFIED COPY