



Arrest Report

50-2021-CT-001948-AMB

FLORIDA HIGHWAY PATROL
P.O. BOX 16007, LAKE WORTH, FL 33416

Report Date / Time 2/6/2021 11:31 PM	Report Number FHP99ARR833334	Case Number/Cad Number FHPK21OFF005917 / LWRC21CAD021444	Reporting Officer Name LAMPIASI, JAKE
Originating Agency ORI	Occur Date Time Range 02/06/2021 22:01:32 -	Jurisdiction	Clearance

Location of Occurrence

County PALM BEACH	Location Type PUBLIC PLACE	Location Description			
Street Number DONALD ROSS RD//HEIGHTS BLVD	Street	Apt/Lot/Bldg	City PALM BEACH GARDENS	State FL	Zip Code 33418

Defendant

First Name SHAINA	Middle Name MICHELLE	Last Name GOOT	Suffix	Race WHITE	Sex FEMALE	Height 502	Weight 100	Hair Blk	Eyes Bfo
MNI #	SSN	Date of Birth 09/04/1993	Age 27	ID Type E	Drivers License or other ID G300793938240	State FL	OCA / Agency ID		
Place of Birth:									
Address * RESIDENCE / 7795 EDEN RIDGE WAY , WEST PALM BEACH, FL 33412 /									

Arrest

Arrest Date/Time 2/6/2021 10:35:16 PM	Arrest Location Type PUBLIC PLACE	Arrest Location Description				
Street Number DONALD ROSS RD//HEIGHTS BLVD	Street	Apt/Lot/Bldg	County PALM BEACH	City PALM BEACH GARDENS	State FL	Zip Code 33418

Charge : S

Counts 1	Charge 316.193.1a	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree S	Charge Level MISDEMEANOR	General Offense Code DUI-UNLAW BLD ALCH	
Charge Description DUI INFLUENCE OF ALCOHOL OR DRUGS			

Bond Set by Court

Bond Amount	<input type="checkbox"/> No Bond
Bond Type(s)	

Probable Cause

On the above date and time, I, Trooper J. Lampiasi ID 1649 responded to an assist call from Sgt. Martinez ID 411 regarding a possibly impaired driver (See her supplemental witness statement). Upon arrival on scene, I made contact with the

Arrest Report

CPA HO/NEAL 7206

J# 0521268

Page 1 of 3

PH 2944

FEB 7 AM 1:10

JOSEPH A. BUNDO, CLERK
PALM BEACH COUNTY, FL
GUN CLUB

2021 FEB - 7 AM 8:21

FILED

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driver, later identified via her FL DL as Shaina M. Goot.

Ms. Goot appeared to have watery/glassy eyes. I immediately smelled the odor of an alcoholic beverage emitting from within the vehicle. I asked Ms. Goot where she was coming from, which she stated her family's house. Ms. Goot stated she was traveling home. Ms. Goot stated she had two (2) glasses of wine when asked if she had anything to drink. As Ms. Goot spoke, I smelled the odor of an alcoholic beverage emitting from her breath. Ms. Goot's speech was slurred and thick.

Due to Ms. Goot's driving behavior and personal interaction, I asked Ms. Goot if she would participate in Standardized Field Sobriety Tasks (SFST's). Ms. Goot agreed to participate in SFST's. As Ms. Goot exited her vehicle, she appeared slightly unsteady on her feet. Ms. Goot was swaying visibly.

Ms. Goot performed poorly on all SFST's (See full completed incident report and dash-cam video when available). Due to Ms. Goot's driving pattern, personal interaction, and SFST performance, I concluded that Ms. Goot's normal faculties were impaired at the time she operated her motor vehicle. Ms. Goot was placed under arrest for Driving Under Influence at 2235 hours. Ms. Goot became slightly uncooperative when placing handcuffs on her and began to attempt to pull away. I regained control and placed handcuffs on Ms. Goot, double locked. Ms. Goot was placed in the rear of my patrol vehicle. Ms. Goot was transported to the Palm Beach County Jail. Ms. Goot was talkative throughout the trip.

At the jail, Ms. Goot was observed for a period of 20 minutes. I confirmed that she didn't ingest or regurgitate any object or substance. I requested a breath sample from Ms. Goot, which she refused. I read Ms. Goot implied consent at 2342 hours, which she refused once again. Ms. Goot was transferred into the custody of the Palm Beach County Sheriff's Office for booking.

Jail Booking Facility

Booking Date/Time 2/6/2021 11:16 PM	Booking County PALM BEACH	Booking Facility PALM BEACH COUNTY CORRECTIONS	Booking Facility Phone (561) 688-4400
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Report Date / Time 2/6/2021 11:31 PM	Report Number FHP99ARR833334	Case Number/Cad Number FHPK21OFF005917 / LWRC21CAD021444	Reporting Officer Name LAMPIASI, JAKE
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Booking Facility Location 3228 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406	Booking Number
Booking Comments	

Court

Court County PALM BEACH	Court Location 2950 STATE ROAD 15, ROOM S-100 BELLE GLADE, FL 33430		
Court PALM BEACH WEST COUNTY COURTHOUSE	Court Phone 561-996-4843	Court Appearance Date / Time 03/11/2021 9:00AM	Court Fine
Comments			

Officer Name LAMPIASI, JAKE	Rank / ID # 4635	Involvement On Report / Reporting Role REPORTING OFFICER	Officer Agency Org/Unit FLORIDA HIGHWAY PATROL FHPKILWRCCWPB/SR91 118-142
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The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

Reporting Officer

Officer Name LAMPIASI, JAKE	Office Rank TPR	Officer ID No 4635	Sworn and subscribed before me, the undersigned authority This the <u>07</u> day of <u>February</u> , <u>2021</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Agency FLORIDA HIGHWAY PATROL	Officer Signature <i>Tpr. J. Lampiasi</i>		Notary Seal SHARI L. O'NEAL Notary Public - State of Florida Commission # GG 972080 My Comm. Expires Jun 25, 2024 Bonded through National Notary Assn.
<input type="radio"/> No Bill / Petition <input type="radio"/> Issue Warrant <input type="radio"/> Prosecution Approved			Signature of Assistant State Attorney _____ Date _____

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

I, LAMPIASI, JAKE, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of FLORIDA HIGHWAY PATROL, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 06 day of 02, 21, at 2235 P.M. A.M.

DRIVER SHAINA MICHELLE GOOT
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# G300793938240, state of FL, was placed under lawful arrest for

the offense of 316.193(1) D.U.I. - ALCOHOL OR DRUGS (MISDEMEANOR) by LAMPIASI, JAKE and
(Name of Arresting Officer)

issued Citation # A7717HE

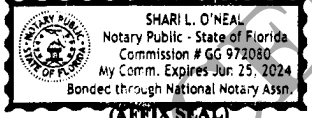
That on or about the 06 day of 02, 20 21, at 2342 P.M. A.M.
in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]

Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before me this 07 day of February, 20 21.

by _____,
who is personally known to me or who has produced

_____ as identification.
Notary Public *[Signature]*

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer
Title _____
Date _____

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.

WITNESS INTERVIEW / STATEMENT

Name	<u>Sergeant Deanna Martinez</u>	Date/Time	<u>2/6/21 10:03 pm</u>
Address	<u>Po Box 7458 Port St. Lucie, Florida 34984</u>		
Place of Employment	<u>State of Florida/FHP</u>		
Phone Number(s): Home	<u>()</u>	Work	<u>(772) 871-7635</u>
Interview Conducted By:	_____		
Identification Produced:	_____		

On the above date and time, this writer was in service traveling eastbound on Donald Ross Road approaching an intersection. I was at a stopped at the red traffic signal when a driver approached my vehicle and informed me that the vehicle in front of him was possibly an impaired driver. Once the traffic signal turned green the traffic proceeded to go forward. I observed the vehicle, a blue Hyundai SUV changed lanes to the center from the right and proceeded to travel thru a red light at the intersection of Parkside/Alton Rd. I proceeded to catch-up with the vehicle and observed the driver proceeded to accelerate and almost struck the vehicle in front. The driver proceeded to changed lanes erratically to the left and made a stop partially in ther intersection of Donald Ross Road and Pasteur Blvd. Once the traffic signal turned green the driver failed to make a left hand turn. I activated the emergency lights and I approached the vehicle on the drivers side. I obsered a white female in the drivers seat that was sleeping. I knocked on the window and was able to wake her up. I gave her verbal commands to put the vehicle in park. She appeared confused and didn't know what to do. I continued to give her verbal commands to put the vehicle in park. She finally put the window down and I told her again and she proceeded to put the vehicle in park. I immediately was

Sworn to me this 07 day of Feb, 2021

I swear/affirm that this statement is true and correct

(Law Enforcement Officer Signature)
Section 117.10 Florida Statute

Sergeant Ann Huff
(Witness Signature)

J. Campion 4639
(Print Name / PIN)

Statement Page 1 of 2

Case Number: FHPK21OFF005917

Page 1

WITNESS INTERVIEW / STATEMENT

Name	<u>Sergeant Deanna Martinez</u>	Date/Time	<u>2/6/21 10:03 pm</u>
Address	<u>Po Box 7458 Port St. Lucie, Florida 34984</u>		
Place of Employment	<u>State of Florida/FHP</u>		
Phone Number(s): Home	<u>()</u>	Work	<u>(772) 871-7635</u>
Interview Conducted By:	_____		
Identification Produced:	_____		

to smell an obvious odor of an alcoholic beverage coming from her mouth area. I asked her if she was okay and she said yes. I asked if she had consumed any alcoholic beverages and she stated she had one (1) glass of wine. She indicated she was coming from her uncle's house. I asked if she had any medical problems and she said no. Based on my training and experience I believed she was possibly an impaired driver. I requested Trooper Lampiasi to respond to the scene to conduct a DUI investigation. Once Trooper Lampiasi arrived on scene, I turned over the investigation to him.

Sworn to me this 7 day of Feb,
21

(Law Enforcement Officer Signature)
Section 117.10 Florida Statute

J Lampiasi 4635
(Print Name / PIN)

I swear/affirm that this statement is true and correct.

Sergeant Deanna Martinez
(Witness Signature)

Statement Page 2 of 2

Case Number: FHPK21OFF005917

Page 2

TESTING FACILITY TASK REPORT

AGENCY: FHP-K

SUBJECT: GOOT, SHAINA M

DATE: Feb 6, 2021

BEGINNING TIME: 23:40

CASE NUMBER: 21-033026

VIDEO DVD NUMBER: N/A

ENDING TIME: 23:44

BREATH TESTS RESULTS: 1) R TIME 23:42 A.M. P.M. 2) N/A TIME N/A 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 TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: LOUD, CRYING, UPSET, TALKATIVE

CLOTHING: BLUE SHORTS, GRAY TANK TOP, GRAY / WHITE SNEAKERS

MEDICAL CONDITIONS: HEART PROBLEMS

MEDICATIONS: NONE

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:16 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND REFUSED TEST

A/O: READ RIGHTS

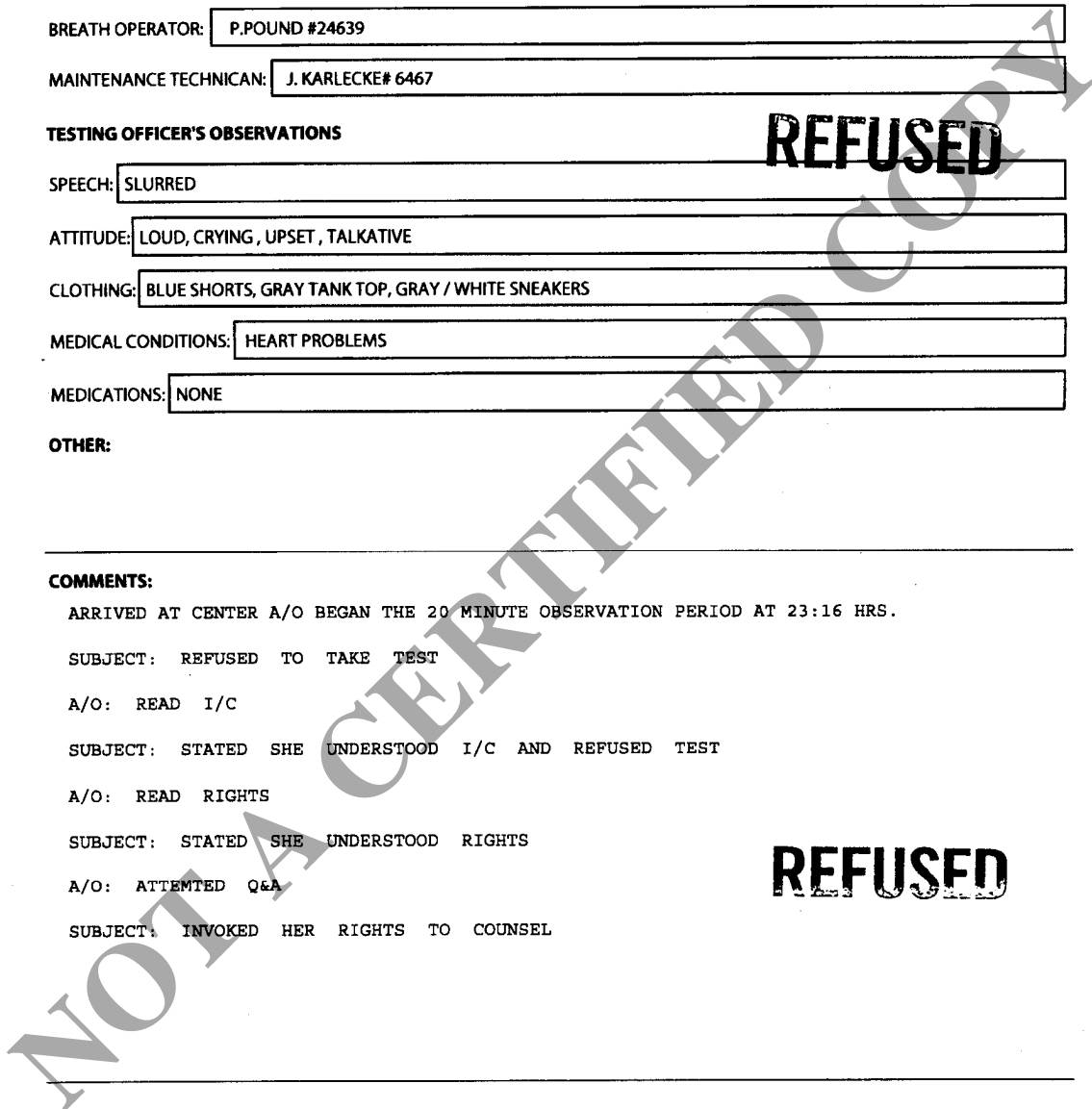
SUBJECT: STATED SHE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: INVOKED HER RIGHTS TO COUNSEL

REFUSED

REFUSED





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

PBSO CASE # 21-033026 PBSO ZONE 3-15

AGENCY CASE # FHR21OFF005917 CRASH CASE # _____

TIME OF STOP/CRASH 2203 DATE 02/06/21 DAY Saturday

SUBJECT'S NAME Shaina Mc Goot RACE W SEX F

HGT 502 WGT 100 DOB 09/04/93

LOCATION Ronald Ross / Heights Blvd, Palm Beach Gardens, FL 33418

ARRESTING OFFICER'S NAME & ID Lampiasi AGENCY FHP

DIVISION: _____

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 2316 ^{JL}

Arrival Time 2335

BREATH RESULTS:

1. _____
2. _____
3. **REFUSED**
4. _____

TESTING OFFICER'S ID 24639

NOT A CERTIFIED COPY

SUBJECT: Goot, SHAINA M CASE NUMBER: _____

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) _____

2342

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: GOOT, SHAINA M CASE NUMBER: _____

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: _____

PB80 #0129C REV. 9/93 WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL



PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>		** (viii) Clinical records under the Baker Act. §394.4615(7), Fla. Stat.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.071 (3)(A), 119.071 (3)(B)(1-3C)	Other: Security at the Jail..(Security of locations Housed at the jail)..	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2021003120	Date: 2/7/2021
	Specialist Name/ID: M. Tooks #8557