

0515547

20 OCT 4789

724

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

Juvenile

ADMINISTRATIVE	OBTS Number	Agency ORI Number FL0, 5, 0, 0, 2, 0, 0		Agency Name BOCA RATON POLICE SERVICES DEPT.		Agency Report Number (N.T.A.'s only) 3, 21-2, 01-37, 03		Multiple Clearance Indicator		
	Charge Type: Check as many as apply.	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 <input type="checkbox"/>		Weapon Seized / Type 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/>		
	Location of Arrest (Including Name of Business) 4141 N Federal Hwy				Location of Offense (Business Name, Address) 4141 N Federal Hwy					
DEFENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Towed by Westway			
	Name (Last, First, Middle) Bejadi, Susan Zienut									
	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build	
	W - White B - Black	I - American Indian O - Oriental/Asian	W F	0, 9, 0, 8, 5, 6	5' 07"	130	Brown	Blond	Light	Small Thin
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None.				Marital Status	Religion	Indication of Alcohol Influence Drug Influence			
	Local Address (Street, Apt. Number) 3912 S Ocean Blvd.				(City) Boca Raton	(State) FL	(Zip) 33487	Phone (561) 579-2355	Residence Type: 1. City 2. County 3. Florida 4. Out of State	
	Permanent Address (Street, Apt. Number) Same				(City)	(State)	(Zip)	Phone (561) 865-7985	Address Source Subject	
	Business Address (Name, Street) None				(City)	(State)	(Zip)	Phone ( )	Occupation Retired	
	D/L Number, State 13430-799-56-88-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) Iran, Shiraz		Citizenship US	
	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	Indication of Alcohol Influence Drug Influence			
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	Indication of Alcohol Influence Drug Influence				
CO-DEF.	Parent Legal Custodian Other:		Name (Last) (First) (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 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 356-2626) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade			
JUvenile	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property				
	Drug Activity		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Producer/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine		
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
CHARGE	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
INTAKE INFO	Health/Apparent Physical Condition of Defendant Good			Property - Rec'd. By D. Graham		Released By D. Graham		Released To County Jail		
	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									
	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									
NOTICE TO APPEAR	Transported By:		Date	Time	Other					
	Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) 200 W Atlantic Ave, Delray Bch, FL 33411							
	Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time Month March Day 17th Year 2020 Time 08:30 A.M.		P.M.					
ADMIN	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) SIZ		Date Signed 03/17/20							
	HOLD for other Agency Name:		Signature of Arresting Officer D. Graham			Name Verification (Printed by Arrestee) SCANNED				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) D. Graham			I.D. # 773					
Intake Deputy		Transporting Officer D. Graham			I.D. # 773					
Witness here if subject signed with an "X".		Page MAR 18 2020								

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17<sup>th</sup> DAY OF March 2020, AT 08:49 AM PM

SUBJECT: Susan Beladi CASE NUMBER: 2020-3703

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: P. Graham

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

### OBSERVATION OF DRIVER:

Glassy eyes and trouble standing (stumbling)

### DRIVER'S STATEMENTS:

Had she advised that she hit the acceleration instead of the breaks which caused her to get into an accident.

She also stated that she believes she had water mixed with wine in her center console  
ODORS: prior to throwing it out  
None

## GENERAL OBSERVATIONS

SPEECH: Normal

ATTITUDE: calm

CLOTHING: Clean

MEDICAL/OTHER: MS

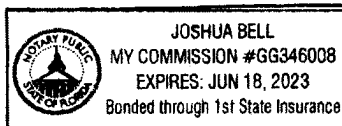
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17<sup>th</sup> day of March 2020 by \_\_\_\_\_

(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced \_\_\_\_\_

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED  
MAR 18 2021

SUBJECT: Susan Beladi CASE NUMBER: 2020-3703

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- LT EYE-LACK OF SMOOTH PURSUIT
- RT EYE-LACK OF SMOOTH PURSUIT
- LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- RT EYE- ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

**WALK & TURN:**

Took 4 steps forward instead of the explained 10 steps  
Took 11 steps back  
feet were not together,

**ONE LEG STAND:**

could not keep foot up, hand were not at her side, dropped foot multiple times,  
could not keep balance

**FINGER TO NOSE:**

completed without incident

**ROMBERG/ALPHABET:**

Skipped the letter "X"

**BREATH TEST RESULTS:** .000 + .000

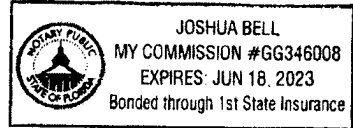
STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature]  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 17<sup>th</sup> day of March, 2020 by \_\_\_\_\_

who is personally known to me and/or produced identification. Type of identification produced Known

[Signature]  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED  
MAR 18 2020



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

PBSO CASE # 20-050298 PBSO ZONE \_\_\_\_\_

AGENCY CASE # 2020-3763 CRASH CASE # 2020-3703

TIME OF STOP/CRASH 0849 DATE 03/17/20 DAY Tuesday

SUBJECT'S NAME Susan Beladi RACE W SEX F

HGT 5'07 WGT 130 DOB 09/08/56

LOCATION 4141 N Federal Hwy

ARRESTING OFFICER'S NAME & ID D. Graham #773 AGENCY BRPD

DIVISION: Road Patrol / Field services

NOTIFIED BY COMMO yes

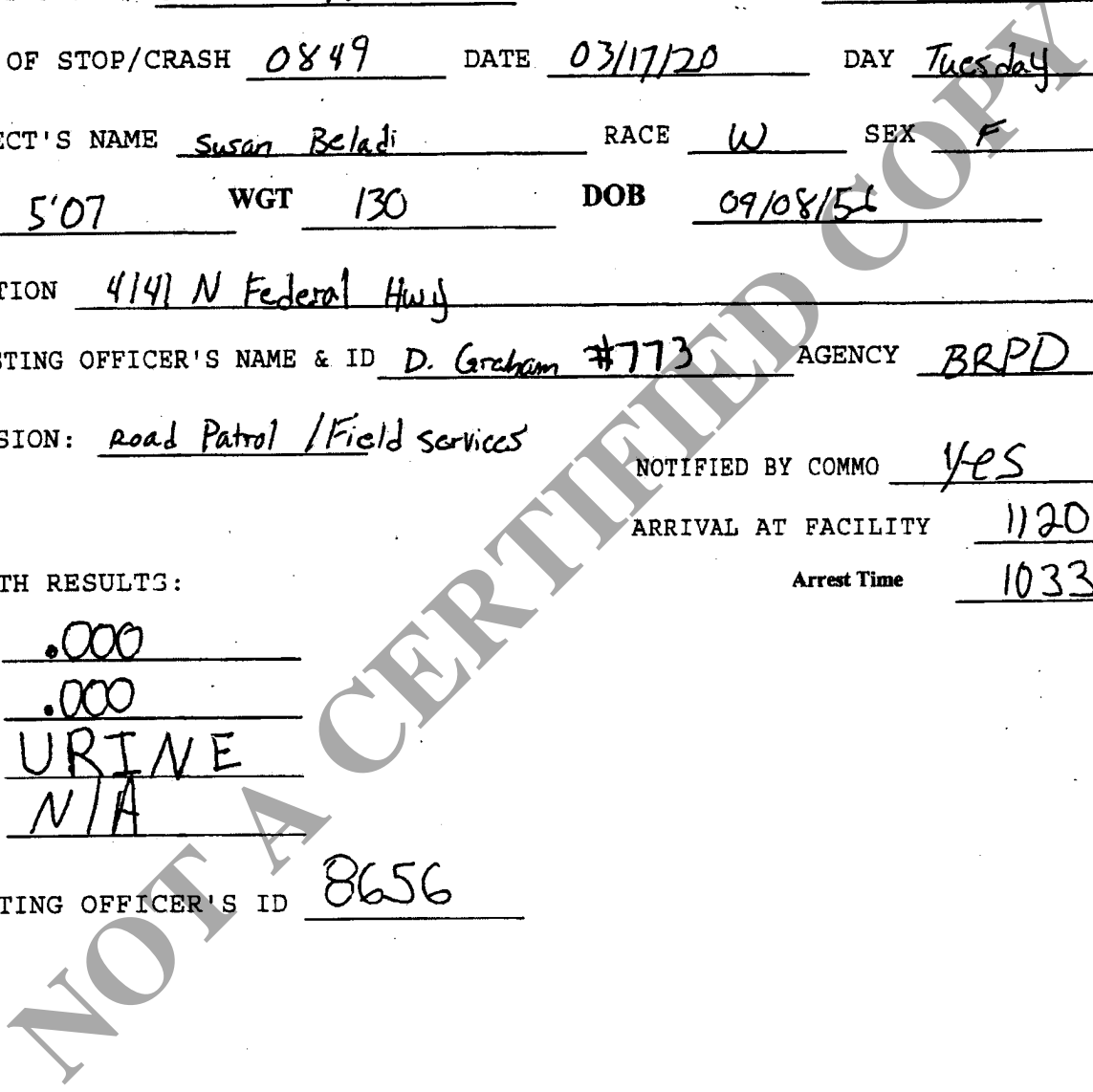
ARRIVAL AT FACILITY 1120

**BREATH RESULTS:**

Arrest Time 1033

1. .000
2. .000
3. URINE
4. N/A

TESTING OFFICER'S ID 8656



SCANNED  
MAR 18 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: 2020008644	Date: 03/17/20
	Specialist Name/ID: J. Beck/9007

SCANNED  
 MAR 18 2020