0531371 50-2022-CT-007128-ASB 4:45 1604

ARREST / NOTICE TO APPEAR

OBTS Number | 1. Arrest (No Warrant) 2. N.T.A. 3. Request for Warrant 4. Request for Capias 5. Juvenile Referral 6. Arrest (Warrant) | 1 | JUVENILE

ADMINISTRATION

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0500200	Boca Raton Police Department	3 2 2022-005851

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized: Enter Type UNARMED | Multiple Clearance Indicator

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
1000 S DIXIE HWY, BOCA RATON FL 33432, 1000 S DIXIE HWY,	1000 S DIXIE HWY, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/04/2022	02:12	05/04/2022	02:22	05/04/2022	03:25	EMERALD

DEFENDANT

Name (Last, First, Middle): LEONOV, VOLHA | Alias: | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	01/16/1982	5'02	125	GREEN	BLONDE	LIGHT	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) | Marital Status: D | Religion | Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence ☐ Yes ☐ No ☐ Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
3201 NE 14TH ST CSWY 201, POMPANO BEACH, FL 33062	(616) 642-6411	3

Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
3201 NE 14TH ST CSWY 201, POMPANO BEACH, FL 33062	(616) 642-6411	PERSON

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
DENTAL ASSISTANT,		

D/L Number, State	INS Number	Place of Birth (City, State)	Citizenship
L510860825160 / FL [redacted]		BELARUSE, ASH, FT UK	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian | Name (Last, First, Middle) | Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone

1:02

Notified by: (Name) | Date | Time | JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) | Relationship | Date | Time

The above address was provided by ☐ defendant and/or ☐ 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.
☐ Yes, by: ☐ No: | School Attended | Grade

Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Dispenses/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

Charge Description	Statute Violation Number	Violation of ORD #
DUI	316.193(1) A	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant: TALKATIVE | Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries Explain

Check which applies: ☐ Released O.R. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☒ T.O.T. County Jail

PROPERTY - Received By	Released By	Released To
HARRISON	PBCJ	OWNER

Transported By	Date Transported	Time Transported	Other
	/ /	: :	

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 06/07/2022 08:30:00

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed: MAY 4 AM 5:56

No Photo Available

ADMIN

HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other	Name of Arresting Officer (Print): HARRISON, D. M. I.D. #: 856	(PRINT)
Issue Deputor: Barillo I.D. #: 183-R Pouch #	Transporting Officer: Kolnick I.D. #: 675 Agency: BRPD	Witness here if subject signed with an "X".

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

KOLNICK.

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

JUVENILE:

Agency ORI Number: FL FL0500200

Agency Name: BOCA RATON POLICE DEPARTMENT

Agency Report Number: 3 2 2022-005851

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle): LEONOV, VOLHA

Alias:

Race: W Sex: F Date of Birth: 01/16/1982

CHARGES

Charge Description: 316.193(1)(c) DUI

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle): STATE OF FLORIDA,

Race: U Sex: U Date of Birth:

Local Address (Street, Apt. Number) (City) (State) (Zip): 100 NW 2ND AVE, BOCA RATON, FL 33432

Phone: (561) 338-1234

Address Source:

Business Address (Name, Street) (City) (State) (Zip):

Phone: (561) -

Occupation:

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 4 day of May, 2022 at 02:12 (Specifically include facts constituting cause for arrest.)

On 05/04/2022 at approximately 0144 hours, I observed a tan Dodge vehicle bearing FL tag JDPQ89 driving Southbound on Federal Hwy approaching the 100 south block swerving right and left in the outside lane. I then began driving behind the vehicle to observe its driving pattern, concerned for the welfare of the driver. The vehicle then made a westbound turn towards Dixie Hwy and then a Southbound turn onto Dixie Hwy towards Camino Real. When the vehicle was approaching Camino Real, it was also swerving left and right, crossing the dashed lines a few times. The vehicle then attempted to make an eastbound turn onto Camino Real, and hit the curb then continue driving eastbound in the westbound left turn lane. At this point, I activated my lights and sirens in my marked police vehicle and the vehicle stopped while facing the wrong way in traffic at approximately 1000 S Dixie Hwy.

I made contact with the driver and sole occupant of the vehicle, identified by her FL DL to be Volha Leonov, and asked her to turn her vehicle off. She had her vehicle in park and then moved it into drive, then I corrected her, telling her to put it into park and she did. I then asked her to turn off her vehicle and hand me her car keys, and she took the keys out of the ignition and handed them to me. I then placed them on the roof of her vehicle and asked her to step outside of her vehicle since we were in the roadway.

She then willingly stepped outside of the vehicle. While stepping outside of her vehicle, I noticed her swaying and almost losing her balance. I asked her if she was sick or injured, to which replied she was not. I asked if she needed paramedics, and she replied she did not. She advised she does not have any medical conditions, does not take any prescription medications, and does not have any physical injuries that would impede her from walking, standing, or balancing. She further advised she is not a diabetic and does not taken insulin. I asked her where she was coming from, and she replied she was coming from the streets with her friends. She advised she left her friends at approximately 2330 hours. I asked her where she was heading to, and she

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

KINGMAN, DARRYL
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

05/04/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HARRISON, DANIELLE MARIE (856)
NAME OF OFFICER (PLEASE PRINT)

05/04/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2022-005851

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
LEONOV, VOLHA		W	F	01/16/1982

PROBABLE CAUSE STATEMENT

replied she was heading to her residence in Pompano Beach, FL. While speaking with Leonov, I noticed her eyes were bloodshot and glossy red, she was slurring her speech, and I could smell a strong odor of an unknown alcoholic beverage emanating from her breath and person. I then advised her that based on her swerving back and forth on the roadway and hitting the curb in front of me, I was concerned for her ability to drive. I asked her if she would be willing to perform a series of field sobriety exercises to dispel my alarm that she is under the influence. She agreed to perform the exercises.

It should be noted that Leonov`s vehicle did not have any damage on it, and there was no damage to the curb or anywhere near.

I then walked Leonov over to a solid white line, which Leonov agreed was flat and clear of any debris. Leonov advised she was comfortable with performing the tasks using this line. I then afforded her the opportunity to perform the tasks with her shoes on or off. She chose to perform them with her shoes on. I explained and demonstrated each task for her.

The first task performed was the Horizontal Gaze Nystagmus. After explaining to Leonov not to move her head and only follow with her eyes, she would slightly move her head. I also noticed significant jerking in both eyes at maximum deviation and lack of smooth pursuit.

The second task performed was the Walk and Turn. I explained and demonstrated this task multiple times. Leonov did not remain in the starting position like I instructed her to do. She would also keep stepping off the line, losing balance. She failed to keep her feet heel-to-toe on every step and would occasionally step off the solid white line. She took 12 steps forward. Upon turning around, she almost lost balance and almost fell down but did not. She then did not turn around correctly as I demonstrated and explained. She then took 12 steps back.

The third task performed was the One Leg Stand. Leonov chose to balance on her left leg. Leonov was swaying and using her arms to balance. After a few seconds, she lost her balance and fell slowly to the ground. I then assisted her back up and she perform the task again. She then used her arms to balance completely and counted as such, "1001, 1002, 1003, 1004, 1005, 1006, 1007, 1006, 1009, 1010, 1011,1012,1013,1014,1013, 1015, 1016." I then asked her to stop.

The fourth task performed was the Rhomberg Balance (estimate 30 second sequence). I explained the instructions and showed Leonov on my timer what 30 seconds looks like. She then estimated 46 seconds in 30 seconds.

The fifth task performed was the Finger-to-Nose (L-R-L-R-R-L). I explained the instructions and asked Leonov to show me which hand was her right and which hand was her

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

KINGMAN, DARRYL
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

05/04/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HARRISON, DANIELLE MARIE (856)
NAME OF OFFICER (PLEASE PRINT)

05/04/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1 Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2022-005851

Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
	LEONOV, VOLHA		W	F	01/16/1982

PROBABLE CAUSE STATEMENT

left. At first, she told me her right hand was her left hand. I then asked her again to clarify, then she corrected herself and showed me her right hand correctly and her left hand correctly. I had her show me her index fingers, which she did correctly. I then showed her what the tip of the index finger was and what the tip of the nose was. On every attempt, Leonov left her index finger on her nose for a few seconds. She also did not tilt her head back as I instructed. On her third right, she used her left hand, touched her nose, then brought it back down. I then instructed her "left" for the third left, and she did not use either hand to touch her nose.

Based on my observations of Leonov`s driving pattern, slurred speech, glossy red eyes, odor of unknown alcoholic beverage on her breath and person, and her performance on the tasks, I developed probable cause to arrest Volha Leonov for DUI pursuant to F.S.S. 316. 193(1)(a). I handcuffed Leonov, conducted a search of her person, and placed her into my marked police vehicle. I then transported her to BRPD booking BAT facility.

Upon arrival, Ofc Williams responded as the BAT operator. A 20-minute observation was conducted on Leonov. It should be noted that during this 20-minute observation, Leonov asked me approximately ten different times when she could text her mother. I answered each time, but she would forget and then ask me again. Once the 20-minute observation was completed, Leonov was brought into the BAT room. Leonov refused to provide a breath sample. I then read her Florida Implied Consent Warnings. She again refused to provide a breath sample. I then read her Florida Constitutional Warnings from a preprinted card issued by BRPD. Leonov advised she understood her Constitutional Warnings and declined to answer my questions. See DUI Influence Report. I issued Leonov a DUI citation (#A6LQHFE). I also issued her a citation for driving on the wrong side of the divided roadway (#AG3ZG4E).

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

KINGMAN, DARRYL
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

05/04/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HARRISON, DANIELLE MARIE (856)
NAME OF OFFICER (PLEASE PRINT)

05/04/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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: 05/04/2022

Date of Last Agency Inspection: 04/29/2022
Observation Period Began: 02:30
Subject's Name: VOLHA LEONOV DOB: 01/16/1982 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	02:55
Air Blank	0.000	02:56
Control Test	0.079	02:56
Air Blank	0.000	02:56
Subject Sample #1	NSP*	03:00
Air Blank	0.000	03:00
Air Blank	0.000	03:02
Subject Sample #2	REF**	03:02
Air Blank	0.000	03:03
Control Test	0.079	03:03
Air Blank	0.000	03:03
Diagnostics Check	OK	03:04

*No Sample Provided
**Subject Test Refused

Cylinder Lot: 15421080A1
Exp: 08/05/2023

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 DAVID K WILLIAMS, 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: 5/4/2022
Signature

Sworn to (~~or~~ affirmed) before me this 4 day of May, 2022

_____ D. Henson
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.

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

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

I, Ofc. D. Hanson, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Boca Raton Police Dept, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 4 day of May, 20 22, at 0212 ☐ P.M ☒ A.M.

DRIVER Volha Leonau Leonau,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# L510860825760, state of Florida, was placed under lawful arrest for

the offense of DUI by Ofc. D. Hanson and
(Name of Arresting Officer)

issued Citation # A6LQHFE.

That on or about the 4 day of May, 20 22, at 0300 ☐ 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 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:

Signature of Attesting Officer

Title Officer

Date 5/4/2022

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20_____, by _____, who is personally known to me or who has produced _____ as identification

Notary Public _____

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.

HSMV-BAR1001 (REV. 10/2016)

Ob 0230
22-5951
Kis 0212

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 _____ day of _____, at _____ AM/PM:

Subject: _____ Case Number: _____

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

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: CCL

Can not do, Why? _____

One leg stand: CCL

Can not do, Why? _____

Finger to nose: CCL

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: Refused

State of Florida, County of Palm Beach
Sworn and subscribed before me this 5/4/22 (date) by Ofc. Williams.

Notary/Clerk of Court/ Officer (FSS 117.10) — Date 5/4/22

Signature of Arresting Officer — Name of Officer (print) D. Harrison

ARRESTING OFFICER: Danielle Harrison

Name: Williams, David Phone # _____ Work # _____

Address: _____

Can testify to: Breath test

Name: Dr. Rochetti Phone # _____ Work # _____

Address: 100 NW 2nd Ave, BR

Can testify to: SFST's

Name: Dr. Lawhon Phone # _____ Work # _____

Address: "

Can testify to: SFST's

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: _____

BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2022-005851

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Wednesday (day), May (month), 4 (date), 2022 (year).

B. The time is now approximately 0251 AM/PM.

C. The following is in reference to case number 22-5851.

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

E. Officer Harrison, have you arrested Valha Leonov (Defendant's name) in violation of Florida State Statute 316.193?

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

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

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

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.

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 _____ 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 Signature: Read on Camera

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. Cesar has refused to submit to a breath test.

The date is May (month), 4th (day), 2022 (year), and the time is 0300 AM/PM.

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:

) 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.)

) 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.)

) 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.)

) 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.)

) 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.)

) 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.)

) 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.)

) 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: Volha Leonov

CASE #: 22-5851 DATE: 5/4/22

BREATH TEST RESULTS

1) TIME ref. AM/PM 2) TIME _____ AM/PM

3) TIME ref. AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Williams David

MAINTENANCE TECHNICIAN: J Vancamp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: poor

CLOTHING: Black shirt, pants

MEDICAL CONDITION: None

OTHER: /

COMMENTS: /

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.
(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: Refused on Camera Date: _____ Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____
_____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____AM/PM

How did you consume your last two drinks? _____

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? _____

When did you last work? _____

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? _____

Have you taken any drugs or smoked marijuana today? _____

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? _____

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? _____

I am now ending this video recording. The time is now approximately 0305 (AM)/PM.

The date is May (month), 4 (day), 2022 (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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022011663	**Date:** 05/05/2022
	Specialist Name/ID: T Howard/7185