22CT 17778 SB

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0500200	Boca Raton Police Department	3 | 2 | 2022-013530

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)
550 NE MIZNER BLVD, 550 NE MIZNER BLVD, BOCA RATON,	550 NE MIZNER BLVD, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/21/2022	22:18	10/21/2022	22:18	10/22/2022	02:14	550 NE MIZNER BLVD BOCA

DEFENDANT

Name (Last, First, Middle): EARLE, ANGELA CATHERINE

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

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	08/05/1982	5'08	150	BLUE	BROWN	LIGHT	Thin

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)

Marital Status: M

Religion: CATHOLIC

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 11620 NW 12TH ST, CORAL SPRINGS, FL 33071

Phone:

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 3

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 11620 NW 12TH ST, CORAL SPRINGS, FL 33071

Phone:

Address Source:

Business Address (Name, Street) (City) (State) (Zip): FHE HEALTH, 505 S FEDERAL HWY

Phone: (866) 534-3586

Occupation: Nurse

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
E640003827850 / FL	[redacted]		CINCINNATI/HAMILT OH	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
				☐ 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): CORAL (State) (Zip):

Business Phone:

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. Disperses/ 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)	

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: OKAY

Any knowledge of the following: ☐ Mental ☐ Explosive ☐ Medication ☐ Drugs ☐ Injuries
Explain: NONE

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

PROPERTY - Received By	Released By	Released To
OFC BAUMGARTEN	OFC BAUMGARTEN	PBCJAIL

Transported By	Date Transported	Time Transported	Other
WALTER	10/22/2022	02:15	

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: 11/28/2022 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.

No Photo Available

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: 870

Name of Arresting Officer (Print): BAUMGARTEN, C. M. I.D. # 870

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: I.D. # Pouch #

Transporting Officer: WALTER I.D. # 848 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

J# 0535452

P# 3322

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

JUVENILE:

ADMIN

Agency ORI Number: FL FL0500200

Agency Name: BOCA RATON POLICE DEPARTMENT

Agency Report Number: 3 | 2 | 2022-013530

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): EARLE, ANGELA CATHERINE

Alias:

Race: W | Sex: F | Date of Birth: 08/05/1982

CHARGES

Charge Description: A EU 316.193(1) DUI

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle): State Of Florida

Race | Sex | Date of Birth

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source

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

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 OFC COCCIA who told OFC BAUMGARTEN 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 21 day of October, 2022 at 22:18 (Specifically include facts constituting cause for arrest.)

On October 21, 2022, at approximately 2201 hours, I responded to the scene of a crash at 550 NE Mizner Boulevard.

When I arrived on scene, I made contact with Officer Coccia #841. Officer Coccia advised that when she arrived on scene to the crash, the driver of the 2019 White Honda Van FL Tag: LKDC36 was still in the vehicle. The female driver was identified with a Florida Driver`s license as, Angela Earle, W/F, DOB: 08/05/1982. Earle had crashed into a vehicle that was parked in front of a residence off the main roadway. The impact of the crash was severe enough to cause injury to the driver of the other vehicle. The other driver advised that he had a left shoulder injury.

Officer Coccia advised that Earle had slurred speech, glassy eyes, stumbled when she got out of the vehicle and did not know where she was at. Officer Coccia advised that Earle stated she was coming from Mizner Boulevard and was now on Yamato Road heading home. Earle had stated to Officer Coccia that she had crashed into the back of a vehicle though she did not know how the crash had occurred. Earle asked Officer Coccia if she would be going to jail. Officer Coccia asked Earle why she would ask that, to which Earle replied that she did not know. When Earle was asked to provide her driver`s license, registration, and insurance information, she had a delayed response and had to be asked multiple times.

Since Earle was the driver involved in a crash and was showing signs of impairment, I determined that I would be conducting a DUI investigation. I made contact with Earle and observed that Earle`s eyes were red and glassy. I smelled a strong odor of an alcoholic beverage coming from Earle`s person. I had Earle walk to the front of my vehicle and when she did, it appeared that her balance was impaired. Earle was informed that the crash investigation portion was concluded and that I would now be conducting a DUI investigation. I read Earle her constitutional rights from a department issued card.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

8760

CODLING, TODD

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

10/22/2022

DATE

M. Baumgarten 870

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BAUMGARTEN, CHAYA M (870)

NAME OF OFFICER (PLEASE PRINT)

10/22/2022

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 | 2022-013530

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
EARLE, ANGELA CATHERINE		W	F	08/05/1982

PROBABLE CAUSE STATEMENT

When Earle was asked if she understood, she advised that she wanted a lawyer. Earle refused to do the standardized field sobriety tests.

Based on the totality of the circumstances and all the information I had gathered, I placed Earle under arrest for DUI. Earle was observed by Officer Coccia to be in actual physical control of a vehicle within this state and that was involved in a crash that caused injury to the other driver. I believe Earle was affected to the extent that she had lost her normal faculties and was too impaired to be operating a vehicle where the public has access to in violation of F.S.S. 316.193, DUI.

After Earle was placed under arrest, she refused to provide a breath sample even after being read her implied consent. Earle was transported to Boca Raton Regional Hospital for medical clearance due to the crash and then transported to Palm Beach County Jail.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME
R760
CODLING, TODD
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)
10/22/2022
DATE

870
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
BAUMGARTEN, CHAYA M (870)
NAME OF OFFICER (PLEASE PRINT)
10/22/2022
DATE

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

Case # 2022-013530

A - 2218

O - 2304

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: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

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 _____ (date) by _____.

_____ _____
Notary/Clerk of Court/ Officer (FSS 117.10) Date

_____ _____
Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: Baumgarten

Name: Ofc. Baumgarten Phone # 561-368-6201 Work # _____

Address: 100 NW 2nd Ave Boca Raton, FL 33432

Can testify to: DUI (SFST)

Name: Ofc. Coon Phone # 561-368-6201 Work # _____

Address: 100 NW 2nd Ave Boca Raton, FL 33432

Can testify to: DUI (SFST)

Name: Ofc. Timoney Phone # 561-368-6201 Work # _____

Address: 100 NW 2nd Ave Boca Raton, FL 33432

Can testify to: Breath Tech

Name: OFC. KELNER Phone # 561 368 6201 Work # _____

Address: 100 NW 2ND AVE, BOCA RATON, FL, 33432

Can testify to: CRASH INVESTIGATION

Name: OFC. COCCIA Phone # 561 368 6201 Work # _____

Address: SCENE SAFETY

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 # 2022-013530

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday (day), October (month), 21 (date), 2022 (year).

B. The time is now approximately 2326 AM/(PM)

C. The following is in reference to case number 2022-013530.

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

E. Officer Baumgarten, have you arrested Angela C. Earle (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. Earle, 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 OFC. BANMGARTEN of the BOCA RATON POLICE DEPT

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject Signature: SEE VIDEO

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. ENCLE has refused to submit to a breath test.

The date is OCTOBER (month), 21 (day), 2022 (year), and the time is 2331 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?

gned: _____ Date: _____ Time: _____

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Angela C. Earle

CASE #: 2022-013530 DATE: 10-21-22

BREATH TEST RESULTS

1) TIME Refused AM/PM 2) TIME Refused AM/PM

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

BREATH OPERATOR Ofc. Timoney

MAINTENANCE TECHNICIAN: Ofc. Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: Good

ATTITUDE: Good

CLOTHING: White tank top, gray jeans, Brown/white Sandals

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: _____ 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 1134 AM/PM.

The date is October (month), 21 (day), 2022 (year).

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: 10/21/2022

Date of Last Agency Inspection: 10/19/2022
Observation Period Began: 23:04
Subject's Name: ANGELA C EARLE DOB: 08/05/1982 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	23:30
Air Blank	0.000	23:30
Control Test	0.079	23:31
Air Blank	0.000	23:31
Subject Sample #1	REF*	23:31
Air Blank	0.000	23:32
Control Test	0.079	23:32
Air Blank	0.000	23:33
Diagnostics Check	OK	23:33

*Subject Test Refused

Cylinder Lot: 02422080A1
Exp: 02/05/2024

State of Florida, County of Palm Beach,

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

I RYAN P TUOHEY, 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: 10-21-22
Signature

Sworn to (or affirmed) before me this 21 day of October, 2022

_____ #870 Chaya Baumgarten #870
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, Baumgarten (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer,

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

or affirm that on or about the 21 day of October, 20 22, at 23 ☑ P.M ☐ A.M.

DRIVER Angela (FIRST NAME) C. (MIDDLE OR MAIDEN NAME) Earle (LAST NAME),
(Type or Print)

DL# E640-003-82-785-0, state of FL, was placed under lawful arrest for

the offense of DUI by Baumgarten (Name of Arresting Officer) and

issued Citation # A6LQX1E.

That on or about the 21 day of October, 20 22, at 23 ☑ 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.

#870
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 Breat tech

Date 10-21-22

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 21 day of October, 20 22,

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.

H8MV-BAR1001 (REV. 10/2016)

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: 2022027609	**Date:** 10/22/2022
	Specialist Name/ID: Chantel Daniels/30347