

0536531

22CF-9891 DM 3146

A D M I N I S T R A T I O N	OBTS Number		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		JUVENILE			
	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>				Agency Report Number (N.T.A.'s only) <b>3 1 2   2022-015643</b>					
	Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		IF Weapon Seized Enter Type <b>UNARMED</b>		Multiple Clearance Indicator			
D E F E N D A N T	Location of Arrest (Including Name of Business) <b>4900 N FEDERAL HWY, 4900 N FEDERAL HWY, BOCA RATON,</b>				Location of Offense (Business Name, Address) <b>4900 N FEDERAL HWY, BOCA RATON, FL 33431</b>							
	Date of Arrest <b>12/08/2022</b>		Time of Arrest <b>02:23</b>		Booking Date <b>12/08/2022</b>		Booking Time <b>02:23</b>		Jail Date <b>12/08/2022</b>			
	Jail Time <b>05:15</b>		Location of Vehicle <b>4900 N FEDERAL HWY BOCA</b>									
C O D E F	Name (Last, First, Middle) <b>APPLEDORF, CARLY ANNE</b>											
	Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)											
	Race W - White B - Black		Sex <b>F</b>		Date of Birth <b>04/08/1997</b>		Height <b>5'00</b>		Weight <b>100</b>		Eye Color <b>BROWN</b>	
	Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>		Build <b>Small</b>		Marital Status <b>S</b>		Religion <b>UNKNOWN</b>		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT U BACK / RAINBOW BUTTERFLY</b>											
	Local Address (Street, Apt. Number) <b>201 OREGON LN, BOCA RATON, FL 33487</b>				(City)		(State)		(Zip)		Phone <b>(954) 594-5874</b>	
	Permanent Address (Street, Apt. Number) <b>201 OREGON LN, BOCA RATON, FL 33487</b>				(City)		(State)		(Zip)		Phone <b>(954) 594-5874</b>	
	Business Address (Name, Street) <b>ZEN DEN YOGA, BOCA RATON</b>				(City)		(State)		(Zip)		Phone <b>(561) -</b>	
	D/L Number, State <b>A143101976280 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>FORT LAUDERDALE, FL</b>		Citizenship <b>US</b>			
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian												
Address (Street, Apt. Number)				(City)		(State)		(Zip)		Residence Phone		
Business Address (Street, Apt. Number)				(City)		(State)		(Zip)		Business Phone		
Notified by: (Name)				Date		Time		JUVENILE DISPOSITION <input type="checkbox"/> 1. Handled/Processed within Department and Released <input type="checkbox"/> 2. TOT JAC <input type="checkbox"/> 3. Incarcerated				
Released To: (Name)				Date		Time						
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.												
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property				Value of Property				
Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Disperse/Distribute, M. Manufacture/Produce/Cultivate, Z. Other Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other												
Charge Description: <b>POSSESSION OF COCAINE</b> <i>DM 715</i> Statute Violation Number: <b>893.13(6A) GOC DM</b> Violation of ORD #: _____												
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		
<b>N</b>		<b>N</b>		<b>5.6 1G</b>		<b>72-15643</b>		<b>1</b>		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Charge Description: <b>DUI</b> <i>DM 715</i> Statute Violation Number: <b>316.193(1A) DM</b> Violation of ORD #: _____												
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		
<b>N</b>		<b>N</b>		<b>/</b>		<b>27-15643</b>		<b>1</b>		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Charge Description: _____ Statute Violation Number: _____ Violation of ORD #: _____												
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		
										<input type="checkbox"/> Y <input type="checkbox"/> N		
Health / Apparent Physical Condition of Defendant: <b>GOOD</b> Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: <b>none</b>												
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By <b>BAUMGARTEN</b>		Released By <b>BAUMGARTEN</b>		Released To <b>PBCJ</b>				
Transported By				Date Transported		Time Transported		Other				
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.												
Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>						Court Date and Time <b>01/10/2023 08:30:00</b>						
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.												
Signature of Defendant (or Juvenile and Parent/Custodian) _____ Date Signed _____												
Signature of Arresting Officer <b>McQuiston</b> I.D. # <b>870</b>				Name Verification (Printed by Arrestee) (PRINT) _____		Name of Arresting Officer (Print) <b>BAUMGARTEN, C. M.</b> I.D. # <b>870</b>		Agency <b>DRPD</b>		Witness here if subject signed with an "X".		
Intake Deputy <b>319</b> I.D. # <b>5051</b>		Pouch #		Transporting Officer <b>McQuiston</b> I.D. # <b>785</b>		Agency <b>DRPD</b>		PAGE 1 OF 1				

McQuiston

DEC 09 2022

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL FLO500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2022-015643</b>
Charge Type Check as many as apply	<input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 3 Misdemeanor <input checked="" type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	Special Notes

Name (Last, First, Middle) <b>APPLEDORF, CARLY ANNE</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>04/08/1997</b>
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Charge Description <b>316.193(1) DUI</b>	Charge Description <b>893.13(6A) COC POSSESSION OF COCAINE</b>
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Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>	Race <b>B</b>	Sex <b>M</b>	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>	Phone <b>(561) 338-1234</b>	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone <b>(561) -</b>	Occupation	

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law

The Person taken into custody

committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.

On the 8 day of December, 2022 at 02:23 (Specifically include facts constituting cause for arrest.)

On December 8, 2022, at approximately 0159 hours, I was parked at the 6201 block of N Federal Highway using a radar (Dragon Eye 13864) to measure the speed of passing vehicles. Officer Walter who is certified in operating a radar device, observed a vehicle identified as a 2019 Grey Honda FL tag: 43ABTK traveling 68 miles per hour in a 45 miles per hour speed zone. I conducted a traffic stop on the vehicle. The vehicle stopped at the 4900 of N Federal Highway.

I made contact with the driver of the vehicle who was identified with a Florida driver's license as Carly Appledorf. I could smell a strong odor of alcohol coming from Carly's person. Carly's eyes were bloodshot, watery, and glassy. Carly also appeared to be slurring her words while talking. I asked Carly how much she had to drink tonight, and Carly stated she had a 1/2 a glass of wine. I had Carly turn off the vehicle, exit the vehicle and walk to the front of my patrol unit. Due to all the information, I had gathered thus far, I decided to proceed with SFST's. Sgt. Carney was on scene and offered to set his vehicle up for the SFST's. I had Carly walk to the front of Sgt. Carney's patrol vehicle.

I continued with the DUI investigation. I asked Carly what time she thought it was. Carly stated approximately 0200. The time was Carly 0209 hours. Carly advised that she was coming from her mom's home in Delray Beach where she ate dinner and had some wine. Carly stated that she was recently pregnant and had a miscarriage. I asked Carly if she needed BRFD for medical attention. Carly advised that she did not need medical attention at this time and that she was driving so fast because she just wanted to get home. Carly stated that she had her first drink at 2200 hours and her last drink at 2300 hours. Carly stated that she had 2 glasses of wine in that time. (Earlier Carly had stated that she only had a 1/2 a glass of wine.) Carly stated that the wine was Sauvignon Blanc - white wine. Carly stated that she had vision in both of her eyes and that she did not need contacts or glasses to be driving. Carly stated that she did not have any

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<b>RADFORD, STEPHEN THOMAS</b>	<b>BAUMGARTEN, CHAYA M (870)</b>
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)
<u>12/08/2022</u>	<u>12/08/2022</u>
DATE	DATE

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

**1** JUVENILE

OBTS Number	Agency ORI Number <b>FL FLO500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2022-015643</b>
Charge Type Check as many as apply	<input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 3 Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes

Name (Last, First, Middle) <b>APPLEDORF, CARLY ANNE</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>04/08/1997</b>
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medical conditions and that she had not used any legal or illegal substances. Carly stated that she did not have a recent head injury and that she was not diagnosed with diabetes.

Carly was wearing high heeled boots. I asked Carly if she preferred to keep on the boots or take them off. Carly stated that she would keep the boots on.

I then began the SFST's. The first task was the Horizontal Gaze Nystagmus. Carly's eyes did not display any resting nystagmus. Carly's eyes had equal tracking and equal pupil size. Carly had all 6 clues in the eyes, to include: lack of smooth pursuit in both eyes, distinct and sustained nystagmus at maximum deviation in both eyes, and onset of nystagmus prior to 45 degrees in both eyes. I also observed vertical gaze nystagmus in Carly's eyes.

Before the second task, I offered Carly again if she would like to remove her boots and she declined.

The second task was the Walk and Turn exercise. Carly displayed 3 of the 8 clues from the walk and turn. One during the instruction stage and 2 during the walking stage. The clues Carly displayed included: failing to maintain balance during the instruction stage, and failing to touch heel to toe, and taking the incorrect number of steps during the walking stage.

The third task was the One Leg Stand. Carly displayed three out of four clues for the one leg stand to include, putting her foot down, swaying and using her arms for balance.

Based on the totality of the circumstances and all the information I had gathered, I placed Carly under arrest for driving under the influence (DUI). I observed Carly operating and driving a vehicle within this state, on a roadway that the public has access to. I believe Carly was affected to the extent that she had lost her normal faculties and was too impaired to be operating or driving a vehicle. F.S.S. 316.193(a) - Driving Under the Influence.

I placed Carly in handcuffs and placed her in the back of my patrol vehicle. I then went to Carly's vehicle to inventory her vehicle to collect and bring along her personal belongings. I opened up Carly's wallet and observed a small plastic baggy with a white powdery substance that I know from my training and experience to be narcotics. I then located in another one of Carly's pack-backs, a clear plastic bag with a rolled up \$20 bill with a substance that I know through my training and experience to be a illegal narcotic. I seized the narcotics as evidence. I also observed in the center cup holder, a green cup which was approximately 1/3 full of an alcoholic beverage.

I transported Carly to BRPD booking and the BRPD BAT facility. There, I requested a sample of Carly's breath to which she agreed to provide. Officer Coon is a certified

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING/INVESTIGATING OFFICER
<b>RADFORD, STEPHEN THOMAS</b>	<b>BAUMGARTEN, CHAYA M (870)</b>
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)
<b>12/08/2022</b>	<b>12/08/2022</b>
DATE	DATE

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

1. Arrest  
2. N.T.A  
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**1** JUVENILE

A D M I N	OBTs Number		Agency ORI Number <b>FL FLO500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2022-015643</b>		
	Charge Type Check as many as apply.		Special Notes		Race		Sex		
<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		<b>W</b>		<b>F</b>	

D E F	Name (Last, First, Middle) <b>APPLEDORF, CARLY ANNE</b>					Alias		Date of Birth <b>04/08/1997</b>	
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breath technician and collected two samples of Carly's breath. The first sample was at 0336 hours and was a BAC of 0.134. The second sample was provided by Carly at 0339 hours and was a BAC of 0.126.

At BRPD booking, Officer Payne assisted me by testing the seized narcotics. The white powdery substance tested positive for cocaine. Officer Payne weighed the cocaine on an approved BRPD scale. The white powdery substance had a total weight of 5.6 grams which is a useable amount making Carly in violation of F.S.S. 893.13(6a) Possession of cocaine.

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	<b>RADFORD, STEPHEN THOMAS</b>		<b>BAUMGARTEN, CHAYA M (870)</b>	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)	
	<b>12/08/2022</b>		<b>12/08/2022</b>	
DATE		DATE		

2022 015643

0223

0305

APPLEDORF, CARLY

## DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2<sup>nd</sup> Avenue

Boca Raton, FL 33432

SCANNED  
DEC 09 2022



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: \_\_\_\_\_

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DEC 09 2022

Horizontal Gaze Nystagmus:

- |  |   |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly           | <input type="checkbox"/> Right eye does not follow smoothly           |
| <input type="checkbox"/> Left eye jerks at 45 degrees angle or less  | <input type="checkbox"/> Right eye jerks at 45 degrees angle or less  |
| <input type="checkbox"/> Distinct jerking left eye maximum deviation | <input type="checkbox"/> 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)

**SCANNED**  
**DEC 09 2022**

ARRESTING OFFICER: OFF. BAUMGARTEN

Name: OFF. BAUMGARTEN Phone # 561 3686201 Work # \_\_\_\_\_

Address: 100 NW 2<sup>ND</sup> AVE, BOCA RATON, FL, 33432

Can testify to: DUI INVESTIGATION

Name: OFF. WALTER Phone # 561 368 6201 Work # \_\_\_\_\_

Address: 100 NW 2<sup>ND</sup> AVE, BOCA RATON, FL, 33432

Can testify to: SCENE SAFETY

Name: SERGEANT CARNEY Phone # 561 3686201 Work # \_\_\_\_\_

Address: 100 NW 2<sup>ND</sup> AVE, BOCA RATON, FL, 33432

Can testify to: SCENE SAFETY

Name: OFF. COON Phone # 561 3686201 Work # \_\_\_\_\_

Address: 100 NW 2<sup>ND</sup> AVE, BOCA RATON, FL, 33432

Can testify to: BREATH TEST

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

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

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

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

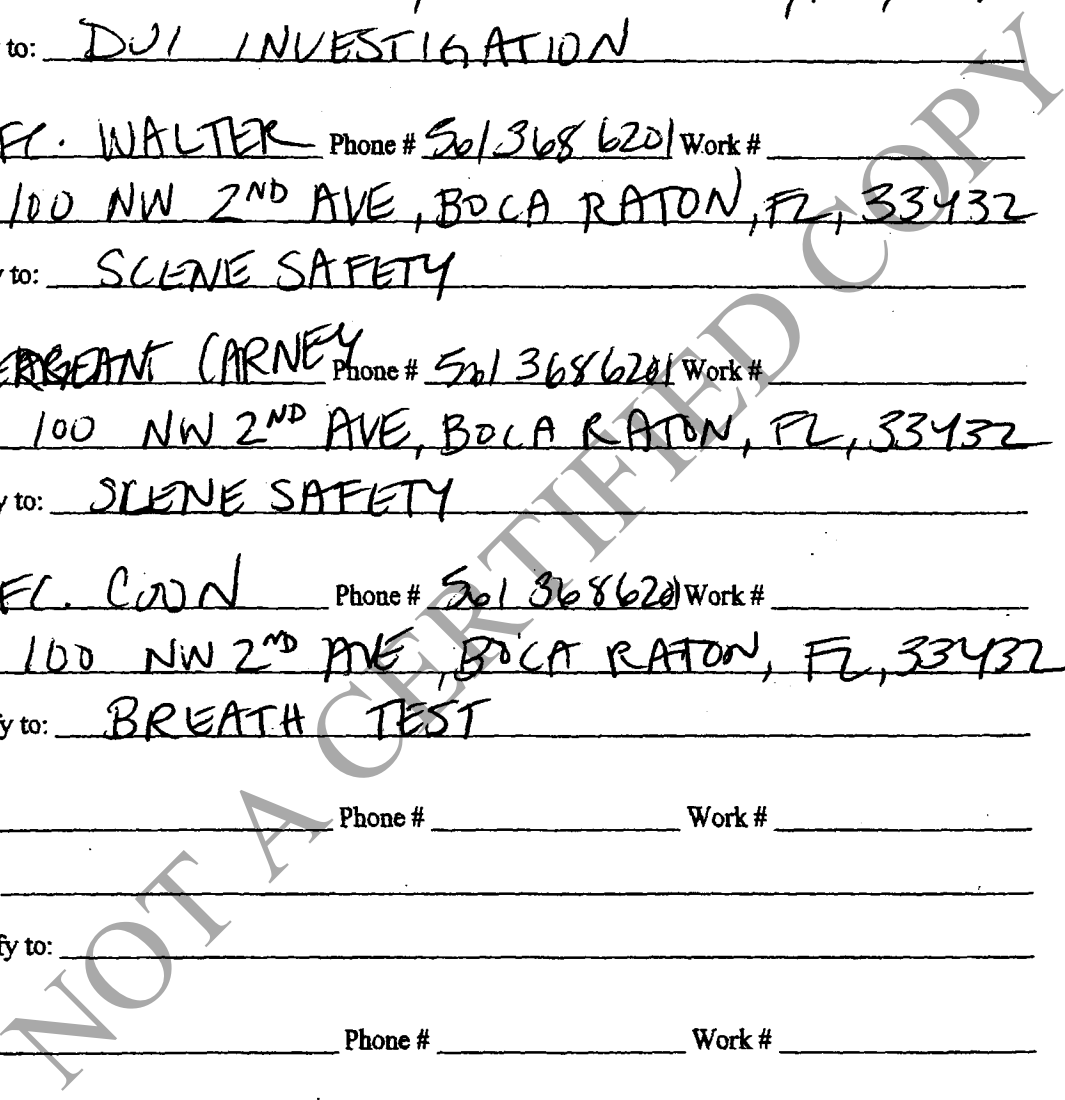
Address: \_\_\_\_\_

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

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

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

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



**SCANNED**  
DEC 09 2022



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2022015643

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is THURSDAY, DECEMBER 8, 2022.  
(day) (month) (date) (year)

B. The time is now approximately 0326 PM.

C. The following is in reference to case number 2022015643.

D. Present at this time is OFF. BAUMGARTEN, OFC. COON of the Boca Raton Police Department.  
(Officer's Name)

E. Officer BAUMGARTEN have you arrested CARLY APPLIEDORF in violation of Florida State Statute 316.193?  
(Defendant's name)

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

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

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

SCANNED  
DEC 09 2022

**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 OFF. BAUMGARDEN of the BOCA RATON PD.

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

Subject Signature: 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. APPLEDORF has refused to submit to a breath test.

The date is DECEMBER 8, 2022 and the time is AM/PM.  
(month) (day) (year)

A refusal form will be completed by the arresting officer.

**SCANNED**  
**DEC 09 2022**



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?

med: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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BOCA RATON POLICE SERVICES DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: APPLEBORN, CARLY

CASE #: 2022 015643 DATE: 12/08/22

BREATH TEST RESULTS

1) TIME 0336 AM 2) TIME 0339 AM  
3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: OFF. COON

MAINTENANCE TECHNICIAN: OFF. CRAWFORD

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED; REPETITIVE

ATTITUDE: UNCOOPERATIVE, INDIFFERENT TO SITUATION

CLOTHING: SNAKE SKIN TUBE TOP, SNAKE SKIN LEGGINGS.

MEDICAL CONDITION: NO MEDICAL CONDITIONS.

OTHER: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**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: SLE VIDEO Date: 12/8/22 Time: 0342

**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

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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 0342 AM/PM.

The date is DECEMBER, 8, 2022

(month) (day) (year)

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: BOCA RATON PD  
Instrument Serial Number: 80-006622 Software: 8100.27  
Date of Test: 12/08/2022

Date of Last Agency Inspection: 11/14/2022

Observation Period Began: 03:05

Subject's Name: CARLY A APPELDORF

DOB: 04/08/1997 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	03:34
Air Blank	0.000	03:34
Control Test	0.080	03:35
Air Blank	0.000	03:35
Subject Sample #1	0.134	03:36
Air Blank	0.000	03:37
Air Blank	0.000	03:39
Subject Sample #2	0.126	03:39
Air Blank	0.000	03:40
Control Test	0.078	03:40
Air Blank	0.000	03:41
Diagnostics Check	OK	03:41

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 \_\_\_\_\_ as identification, and who after being placed under oath, states:

I REBECCA L COON, 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: \_\_\_\_\_

Signature

Date: 12/08/22

Sworn to (or affirmed) before me this 8 day of DECEMBER, 2022

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.



**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"/>			
	<input type="checkbox"/>			
	<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: 2022031684	Date: 12/9/2022
	Specialist Name/ID: Pinkneya/7796

**SCANNED**  
**DEC 09 2022**