

0472753

22CT17698ASB

PCH-2708

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADVISORY	OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2022-013468		Multiple Clearance Indicator				
ARREST INFORMATION	Charge Type: Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized Eater Type UNARMED			
	Location of Arrest (Including Name of Business) 2000 NW 2ND AVE, 2000 NW 2ND AVE, BOCA RATON, FL 33431					Location of Offense (Business Name, Address) 2000 NW 2ND AVE, BOCA RATON, FL 33431						
DEFENSE	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle EMERALD TOWING					
	10/20/2022	15:22	10/20/2022	15:32								
IDENTIFICATION	Name (Last, First, Middle) AMDUR, DANIELLE ROSE				Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White B - Black		Sex F		Date of Birth 12/17/1977	Height 5'00	Weight 112	Eye Color GREEN	Hair Color BROWN	Complexion LIGHT	Build Medium	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT LO BACK / PRAYER IN LATIN; TATT BACK BACK / PRAYER IN				Marital Status M	Religion WICKEN	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>					
	Local Address (Street, Apt. Number) 4970 N CITATION DR 205, DELRAY BEACH, FL 33445				(City)	(State)	(Zip)	Phone (561) 632-3523		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2		
	Permanent Address (Street, Apt. Number) 4970 N CITATION DR 205, DELRAY BEACH, FL 33445				(City)	(State)	(Zip)	Phone (561) 632-3523		Address Source ARRESTEE		
	Business Address (Name, Street) MACYS, 5700 W GLADES RD				(City)	(State)	(Zip)	Phone (561) -		Occupation General Mgr		
	DVL Number, State A536176779570 / FL		INS Number		Place of Birth (City, State) QUEENS, NY, United			Citizenship US				
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>					
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>					
	Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian <input type="checkbox"/>		Name (Last, First, Middle)				Residence Phone			Business Phone		
Address (Street, Apt. Number)		(City)	(State)	(Zip)								
Notified by: (Name)		Date	Time	Relationship		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated						
Released To: (Name)		Date	Time	Relationship								
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.						School Attended		Grade				
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property			Value of Property							
Drug Activity		S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type		B. Barbiturate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown
N. N/A		B. Buy	D. Deliver	E. Use			A. Amphetamine		C. Cocaine	M. Marijuana	O. Opium/deriv	S. Synthetic
P. Possess		T. Traffic							E. Heroin			Z. Other
CHARGE	Charge Description DUI - PROPERTY DAMAGE/ INJURY TO PROPERTY OR PERSON ENHANCED						Statute Violation Number 316.193(3C1)		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
		N			1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
CHARGE	Charge Description LEAVE SCENE OF ACCIDENT						Statute Violation Number 316.061(1)		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
		N			1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
CHARGE	Charge Description						Statute Violation Number		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
INTAKE	Health / Apparent Physical Condition of Defendant GOOD				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							
	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				PROPERTY - Received By		Released By		Released To			
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health											
NOTICE TO APPEAR	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) South County 200 W Atlantic Ave Delray Beach, FL 33444							
				Court Date and Time 11/21/2022 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.												
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed						
ADVISORY	HOLD for Other Agency				Signature of Arresting Officer		Name Verification (Printed by Arrestee)					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) RAFALCO, T.		I.D. # 779		(PRINT)			
	Intake Deputy 019 Iommie 8093		I.D. #		Pouch #		Transporting Officer Saavedra		I.D. # 777		Agency BRPD	
Witness here if subject signed with an "X".												

SCANNED OCT 21 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 FL FLO500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2022-013468
Charge Type: Check as many as apply.	<input 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) AMDUR, DANIELLE ROSE	Alias	Race W	Sex F	Date of Birth 12/17/1977
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Charge Description 316.193(3C1) DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY	Charge Description 316.061(1) LEAVING SCENE OF ACCIDENT INVOLVING DAM
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Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)

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 20 day of October, 2022 at 15:22 (Specifically include facts constituting cause for arrest.)

On 10/20/22 at 1455 hours I responded to 2000 NW 2nd Ave in reference to a crash. Upon my arrival I made contact with CSO Lintzeris who advised me that a silver 2020 Nissan Rogue bearing GA CJE6802 had struck the rear of a 2021 white Ford F150 bearing FL tag EHZH48 on NW 2nd Ave just south of NW 20th St in the northbound lanes. The Nissan then proceeded to make a U-turn, traveled southbound for a few hundred feet, and made an additional U-turn to go northbound on NW 2nd Ave. The Nissan then attempted to flee the scene of the crash by making a left turn to go westbound on NW 20th St from NW 2nd Ave when the Nissan veered off the roadway and struck a green 2005 Ford Mustang bearing DE tag 993629 that was parked and unattended on the grassy swale on the north side of NW 20th St.

I observed that the Nissan had heavy front end damage. The F150 had moderate rear end damage. The Mustang had disabling rear end damage. The Nissan's airbags had been deployed. The driver of the Nissan was identified by FL DL as Danielle Amdur. The driver of the F150 was identified by FL DL as Sean Reardon. I spoke with Reardon who stated that he was struck from the rear by the Nissan. After the crash Reardon followed the Nissan and observed it veer off the roadway and crash into the rear of the Mustang. Following the collision, the Nissan's became disabled, and Reardon observed Amdur exit the Nissan. Reardon stated that Amdur was the driver and sole occupant of the vehicle. Reardon stated that he suspected Amdur was impaired as she had trouble balancing. Reardon completed a taped sworn statement on MVR.

BFRD responded to evaluate Amdur as she had a minor abrasion to her neck from the crash. Amdur declined to be transported to a hospital for treatment. CSO Lintzeris stated that he smelled the odor of an alcoholic beverage emanating from Amdur's person. I smelled the odor of an alcoholic beverage emanating from Amdur's person. I observed that Amdur had bloodshot and watery eyes. CSO Mandel and I asked Amdur what happened with the crash, and she stated that she was not involved in a crash. CSO Mandel then completed

SWORN AND SUBSCRIBED BEFORE ME DALY, MICHAEL D NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 10/20/2022 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER RAFALKO, TRAVIS (779) NAME OF OFFICER (PLEASE PRINT) 10/20/2022 DATE
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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 FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2022-013468
Charge Type: Check as many as apply				Special Notes:
<input 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



Name (Last, First, Middle) AMDUR, DANIELLE ROSE	Alias	Race W	Sex F	Date of Birth 12/17/1977
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his crash investigation.

I then read Amdur her constitutional warnings from a preprinted card which she advised that she understood and refused to speak with me. I then asked her to perform the SFST's to dispel my alarm that she was driving under the influence of alcohol, and she declined. I then read her Taylor Warnings and again asked her to perform to the SFST's and again she refused. I then placed Amdur under arrest for DUI with property damage in violation of F.S.S. 316.193(3C1) and leaving the scene of a crash involving property damage in violation of F.S.S. 316.061(1).

I handcuffed Amdur and Officer Gualtieri searched her incident to arrest. I then transported her to BRPD's booking facility. Officer Reisner responded to operate the Intoxilyzer 8000. Officer Reisner completed the 20-minute observation period. I then asked Amdur to provide a sample of her breath which she refused. I then read Amdur her Implied Consent warnings. I then asked her again to provide a sample of her breath and she refused. It should be noted that while at BRPD's booking facility I put a spit mask on Amdur as she was irate and spit on the floor numerous times. Officer D. Graham then transported Amdur to BRRH for medical clearance for PBCJ. Amdur was then transported to PBCJ for final disposition.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  DANN, MICHAEL D NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 10/20/2022 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER RAFALKO, TRAVIS (779) NAME OF OFFICER (PLEASE PRINT) 10/20/2022 DATE	PAGE 2 OF 2
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BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 22-13468

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Thur, 10, 20, 22.
(day) (month) (date) (year)

B. The time is now approximately 1353 AM/PM

C. The following is in reference to case number 22-13468.

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

E. Officer Rafalko, have you arrested Danielle Amus 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? _____

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

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

NOT A CERTIFIED COPY

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

I, Ofc. T. Rafalko, 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 20 day of Oct., 2022, at 1:57 P.M. A.M.

DRIVER Danielle Rose Amur,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# A536176779570, state of FL, was placed under lawful arrest for

the offense of DUI by Ofc. T. Rafalko and
(Name of Arresting Officer)

issued Citation # ABLQKOE.

That on or about the 20 day of Oct., 2022, at _____ P.M. A.M.

in Palm Beach County,

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

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

Ofc. A. Reiser
Signature of Attesting Officer

Title Ofc. A. Reiser

Date 10/20/22

(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.

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: 10/20/2022

Date of Last Agency Inspection: 10/19/2022
Observation Period Began: 15:37
Subject's Name: DANIELLE R AMUR

DOB: 12/17/1977 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	16:32
	Air Blank	0.000	16:33
	Control Test	0.080	16:33
	Air Blank	0.000	16:34
	Subject Sample #1	REF*	16:34
	Air Blank	0.000	16:34
	Control Test	0.079	16:34
	Air Blank	0.000	16:35
	Diagnostics Check	OK	16:35

*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 _____ as identification, and who after being placed under oath, states:

I ADAM REITSNEK, 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: ofc [Signature] 525 Date: 10/20/22
Signature

Sworn to (or affirmed) before me this 20 day of Oct., 2022

[Signature] Signature of Notary Public-State of Florida
T. Rafalko 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.

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: 10/20/2022

Date of Last Agency Inspection: 10/19/2022
Observation Period Began: 15:37
Subject's Name: DANIELLE R AMUR

DOB: 12/17/1977 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	16:28
	Air Blank	0.000	16:28
	Control Test	0.079	16:29
	Air Blank	0.000	16:29
	Subject Sample #1	ABT*	16:29
	Air Blank	0.000	16:30

*Sequence Aborted

Printed in Error

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, _____, 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: OFC [Signature] Date: 10/20/22
Signature

Sworn to (or affirmed) before me this 20 day of Oct., 2022

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida OFC. T. Rafalko

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.

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. Rafalko 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: Refused

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. Amur has refused to submit to a breath test.

The date is 10, 20, 22, and the time is 1357 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?

igned: _____ Date: _____ Time: _____



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Amur, Danielle

CASE #: 22-13468 DATE: 10/20/22

BREATH TEST RESULTS Refused

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

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

BREATH OPERATOR: Reisner

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Confused, Angry, Aggressive

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: strong odor of alcoholic beverage from
her mouth area when she was yelling

COMMENTS: 20 min observ. 525 - 1537
TOT observ. 512 - 1543
TOT. observ. 525 - 1544 - 1557 - Refusal

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 _____ AM/PM.

The date is _____ (month) _____ (day) _____ (year)



Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2022027511	Date: 10/21/2022
	Specialist Name/ID: C. Smith/39657