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: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.'s only): 3 2 2022-008646

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): 1600 W GLADES RD, 1600 W GLADES RD, BOCA RATON, FL
Location of Offense (Business Name, Address): 1600 W GLADES RD, BOCA RATON, FL 33431

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/07/2022	00:05	07/07/2022	00:21	07/07/2022	00:21	WESTWAY TOWING

DEFENDANT

Name (Last, First, Middle): MASSILLON, LINDSAY MARIE
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	04/06/1986	5'07	203	HAZEL	BROWN	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):
Marital Status: D
Religion: NONE
Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence ☐ ☐ ☒
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 3

Local Address (Street, Apt. Number): 8806 PARADISE CT, TAMARAC, FL 33321 (City) (State) (Zip)
Phone: (954) 681-1983

Permanent Address (Street, Apt. Number): 8806 PARADISE CT, TAMARAC, FL 33321 (City) (State) (Zip)
Phone: (954) 681-1983
Address Source: FL DL

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M245533866260 / FL	[redacted]		PLAINFIELD, NJ,	US

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian
Name (Last, First, Middle)
Residence Phone
Address (Street, Apt. Number) (City) (State) (Zip)
Business Phone
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. Dispense/ 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- PROPERTY DAMAGE	316.193(3C1)	

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: FAIR
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

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
A. RICCIARDI 817	C. LEYVA 828	TOT CJ

Transported By	Date Transported	Time Transported	Other
C. LEYVA 828			

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: 08/08/2022 08:30:00

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed: 7/7/22

No Photo Available

JUL 7 AM 3:57

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Officer: OT McNeal 7720 I.D. # Pouch #

Signature of Arresting Officer
Name of Arresting Officer (Print): CASAS, J. I.D. # 818
Transporting Officer: C. LEYVA I.D. # 828 Agency BRPD

Name Verification (Printed by Arrestee)
(PRINT) Lindsay Massillon
Witness here if subject signed with an "X".

PAGE 1 of 1

[redacted]

053285 053285 JUL 07 2022 58

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	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2022-008646

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MASSILLON, LINDSAY MARIE		W	F	04/06/1986

CHARGES

Charge Description	Charge Description
316.193(3C1) DUI- PROPERTY DAMAGE	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

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

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

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

The Person taken into custody

- ☐ committed the below acts in my presence.
- ☐ confessed to _____ admitting to the below facts.
- ☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.
- ☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 7 day of July, 2022 at 00:05 *(Specifically include facts constituting cause for arrest.)*

PROBABLE CAUSE STATEMENT

On 7/6/22, at approximately 2314 hours, I responded to the area of 1600 W Glades Rd (Glades Rd/NB I-95 Ramps) in reference to a motor vehicle crash. Upon arrival, I met with FHP Sergeant Alarcon (ID3254). Sergeant Alarcon informed me that while closing the roadway for construction, he observed that a silver Nissan Rogue and a red Toyota Camry had been involved in a crash at this location. Sergeant Alarcon made contact with the occupants of the Nissan and the driver of the Toyota to collect their information to pass along to me when I arrived. According to Sergeant Alarcon, he suspected that the driver of the Toyota may have been impaired. I collected the information from Sergeant Alarcon and then made contact with both drivers.

I first spoke with the driver of the Nissan, Francoeur Antoine. Antoine stated that he was traveling straight ahead, westbound on W Glades Rd, when the front of the Toyota collided with the rear of his Nissan. Antoine advised that he was traveling at approximately 45mph, indicating that the Toyota must have been traveling well above the 45mph posted speed limit considering that both vehicles suffered disabling damage from the impact. Antoine stated that he never got out of his vehicle to make contact with the driver of the Toyota, but he did confirm that nobody got out of the Toyota or got into the Toyota following the crash. Being that the Toyota was only occupied by one person, this indicated that the person currently sitting in the driver seat of the Toyota was the same person driving the Toyota at the time of the crash. Antoine provided a sworn statement which was captured on my BWD and classified as evidence.

I next spoke with the driver of the Toyota, Lindsay Massillon, who was still sitting in the driver seat of the vehicle. When I asked Massillon to explain what happened, she stated that she had "popped a tire". I then asked Massillon if she was aware that she had been involved in a crash and she stated "no". While speaking with Massillon, I observed that her eyes were red and glassy, she was confused and disoriented, and she did not understand what had happened. Massillon had an open wound on her left knee, but

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VOLGUARDSON, ROBERT R
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

07/07/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASAS, JAVIER (818)
NAME OF OFFICER (PLEASE PRINT)

07/07/2022
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 | 2022-008646

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MASSILLON, LINDSAY MARIE		W	F	04/06/1986

PROBABLE CAUSE STATEMENT

she claimed it was an old injury that had just torn open. BRFR responded to the scene to provide medical treatment, but Massillon refused all treatment upon their arrival.

Upon completion of my crash investigation, I informed Massillon that my crash investigation was complete and that I would be conducting a criminal DUI investigation. Massillon stated she understood. I then informed Massillon of her constitutional warnings (Miranda) and she stated she understood those too. It should be noted that Massillon had exited her vehicle by this time, and I observed that she was unsteady on her feet and used the side of her car for balance while walking towards the rear. I could also now smell the odor of an unknown alcoholic beverage emanating from Massillon`s breath when she opened her mouth the speak.

When I asked Massillon what happened, she stated "Honestly, I don`t know". She later stated that she assumed she hit the other vehicle given that her vehicle was damaged. According to Massillon, she was on her way home from her job. Massillon confessed to consuming 3 glasses of wine while at work.

Massillon advised she was not sick or injured. According to Massillon, the laceration on her kneed did not cause any trouble with walking. She also stated the laceration did not cause her to limp. Massillon denied consuming any prescription medications, drugs, or marijuana this evening. Lastly, Massillon advised she was not diabetic or epileptic and stated she did not have any problems with her eyes that are not correctable by glasses or contacts.

Based on the manner of collision, FHP Sergeant Alarcon`s observation, my observations, and Massillon`s confession of having consumed alcohol, I suspected that, at the time of the crash, Massillon may have been operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. I then asked Massillon to submit to Standardized Field Sobriety Exercises to dispel any suspicion that she was driving impaired, and she agreed to participate. Due to being on the uphill portion of an overpass, I asked Massillon if she was willing to relocate a short distance to the base of the overpass where it was flat, firm, and dry. Massillon agreed to relocate.

The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Massillon stated that she understood. I first ensured that Massillon`s eyes had equal pupil sizes and tracked equally. I then continued with the exercise. Massillon displayed lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and onset of nystagmus prior to 45 degrees in both eyes. Massillon also displayed lack of convergence. Massillon had to be reminded to not move her head at the beginning of the exercise. I could smell a strong odor of an unknown alcoholic beverage emanating from her breath when she exhaled.

The second exercise was the Walk and Turn. I administered the instructions and

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VOLGUARDSON, ROBERT R
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

07/07/2022
DATE

818
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASAS, JAVIER (818)
NAME OF OFFICER (PLEASE PRINT)

07/07/2022
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 | 2022-008646

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MASSILLON, LINDSAY MARIE		W	F	04/06/1986

PROBABLE CAUSE STATEMENT

demonstrated how the exercise should be completed. Massillon stated that she understood. Massillon had slight difficulty getting into the starting position and began the exercise before being told to do so. During the exercise, Massillon missed heel to toe numerous times, stepped off the line, used her arms for balance, made an improper turn, and took an incorrect number of steps. Massillon also paused after completing the turn, looked at me with a blank stare, and then continued with the exercise after I asked her if she was done.

The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how the exercise should be completed. Massillon stated she understood. Massillon swayed, used her arms for balance, and put her foot down during the exercise.

The fourth exercise was the Finger to Nose. I confirmed that Massillon knew her left from her right by asking him to show me her left hand and then her right hand. I then administered the instructions and Massillon stated she understood. The pattern was L-R-L-R-R-L.
L - Missed the tip of her nose.
R - Missed the tip of her nose.
L - Missed the tip of her nose.
R - Missed the tip of her nose.
R - No obvious issues.
L - Used the pad of her finger.

The final exercise was a modified Romberg balance exercise. I administered the instructions and conducted the exercise. Massillon estimated the passage of 30 seconds in one minute and one second (61 seconds).

Based on my investigation, and the totality of the circumstances, I found probable cause to believe that, at the time of the crash, Massillon was operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. Massillon was placed under arrest for DUI per F.S.S. 316.193(3c1).

Massillon was transported to BRPD booking for post arrest processing and the administration of a breath test. Officer Ricciardi (ID817) (Breath Test Operator) responded to BRPD booking and assisted with the BAT room procedures. Massillon was asked to provide a sample of her breath for the purpose of determining the alcohol content and she refused to submit. Massillon was then informed of Implied Consent, and she stated she understood. Massillon continued to refuse to submit to a breath test. Massillon was then informed of her constitutional warnings (Miranda), and she stated she understood. Massillon did not wish to answer any of my questions. See DUI Influence Report for further.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VOLGUARDSON, ROBERT R
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

07/07/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASAS, JAVIER (818)
NAME OF OFFICER (PLEASE PRINT)

07/07/2022
DATE

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

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 07/07/2022

Date of Last Agency Inspection: 06/11/2022
Observation Period Began: 00:21
Subject's Name: LINDSAY M MASSILLON DOB: 04/06/1986 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	00:49
Air Blank	0.000	00:50
Control Test	0.079	00:50
Air Blank	0.000	00:51
Subject Sample #1	REF*	00:51
Air Blank	0.000	00:51
Control Test	0.080	00:52
Air Blank	0.000	00:52
Diagnostics Check	OK	00:52

*Subject Test Refused

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

State of Florida, County of Palm Beach,

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

I AMANDA J RICCIARDI, 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: 7/7/22
Signature

Sworn to (or affirmed) before me this 7 day of JULY, 2022

_____ J. Casas
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, OFFICER JAVIER CASAS , a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of BOCA RATON POLICE SERVICES DEPARTMENT , and I do swear
(Name of law enforcement agency)

or affirm that on or about the 7TH day of JULY , 20 22 , at 0005 ☐ P.M ☐ A.M.

DRIVER LINDSAY MARIE MASSILLON ,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M245533866260 , state of FLORIDA , was placed under lawful arrest for

the offense of DUI by OFFICER JAVIER CASAS and
(Name of Arresting Officer)

issued Citation # A6LQIHE .

That on or about the 7TH day of JULY , 20 22 , at 0046 ☐ P.M ☐ A.M.

in PALM BEACH County,

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

Signature of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title OFFICER A. RICCIARDI

Date 7/7/2022

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this _____ day of _____, 20 _____ ,

by _____ ,

who is personally known to me or who has produced

_____ as identification

Notary Public _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

Observation: 0021
10-15: 0005
Case # 2280460

DUI INFLUENCE REPORT

BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

Revised: July 9, 2018

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

On the 7 day of July, at 0021 (AM)/PM:

Subject: Lindsay Marrillan Case Number: 20220086460

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: see pc

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

Horizontal Gaze Nystagmus:

☐ Left eye does not follow smoothly ☐ Right eye does not follow smoothly

☐ Left eye jerks at 45 degrees angle or less ☐ Right eye jerks at 45 degrees angle or less

☐ Distinct jerking left eye maximum deviation ☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? see pc

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 7/7/22 (date) by A. Ricciardi.

_____ 7/7/22
Notary/Clerk of Court/ Officer (FSS 117.10) Date

_____ J. Casas
Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: J. Casas

Name: C. Leyva Phone # / Work # 5613381234
Address: 100 NW 2nd Ave, Boca Raton FL 33432
Can testify to: SFSTs

Name: A. Ricciardi Phone # / Work # 5613381234
Address: 100 NW 2nd Ave, Boca Raton FL
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: _____

Name: _____ Phone # _____ Work # _____
Address: _____
Can testify to: _____

Name: _____ Phone # _____ Work # _____
Address: _____
Can testify to: _____

END OF PART ONE

BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 20220086046

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Thursday (day), July (month), 7 (date), 2022 (year).

B. The time is now approximately 1224 (AM)/PM.

C. The following is in reference to case number 20220086046.

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

E. Officer Casas, have you arrested Lindsay Massilon (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) Massilon, 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 Refused on camera

Note: Read only if the subject does not comply with your request.

I am _____ of the _____.

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

Subject Signature: _____

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. Massillon has refused to submit to a breath test.

The date is July (month), 07 (day), 2022 (year), and the time is 1245 (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.)

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. *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.)

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. *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.)

5) 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.)

6) 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.)

7) 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.)

8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Lindsay Massillon

CASE #: 2022008646 DATE: 7/7/2022

BREATH TEST RESULTS

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

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

BREATH OPERATOR: Ricciardi

MAINTENANCE TECHNICIAN: Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: slowed

ATTITUDE: polite, calm

CLOTHING: Black dress, brown sandal

MEDICAL CONDITION: None

OTHER: flushed face, glassy eyes, odor of alcohol coming from person.

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: Retried on camera _____ Date: _____ Time: _____

QUESTIONS AND ANSWERS

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

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

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

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

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

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

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

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

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

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain:

_____

Are you sick or injured? ☐ Yes ☐ No If yes, explain:

_____

Do you limp? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☐ No Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 1247 (AM)/PM.

The date is July (month), 07 (day), 2022 (year)

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☒	119.071(4)(c)	Undercover personnel.	1-2
	☐	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: 2022017272	**Date:** 7/7/2022
	Specialist Name/ID: Pinkneya/7796