Broward County Sheriff's Office

21-15744mv10A MV

Booking Report

CIS #	**572102520**	BCCN #	**945702**	Booking Sheet Control Date and Time	
OBTS	607297033	Print Clearance	10/28/21 04 10 39 Prints Yes	**10/28/21 08 58 01**	
Arrest #	FL 2102520	Offense Report #	34-2110-178830	Agency	FORT LAUDERDALE
Last Name First Middle	**FAVATA, MANDY J**			SSN #	[redacted]

Race	Sex	Height	Weight	Eyes	Hair	Comp	Age Admitted	DOB	Place of Birth	State	FDLE
W	F	503	145	GRN	RED	FAR	35	1/1/1986			0

Permanent Address	504 MANATEE DR Apt# 3 FT LAUDERDALE FL 33312	Months of Residence	0
Arrest Date	10/28/21 02 26 00	Place of Arrest	500 W LAS OLAS BLVD FORT LAUDERDALE FL 33312
Arresting Officer	1555 BOHM, JONATHAN		
Inmate Logged Date	10/28/21 03 29 02	Inmate Log Type	FULL INTAKE
Place Admitted	MAIN		

Intake Comments WC- 10281 29/54- 8075 SP/CO- 8767

Alias Last name, First, Middle, DOB

Warrants Officer Id bs10281

Scars,Marks,Tattoos

Release Date/Time	Release Reason	Release Authorized By

Charge No	Charge Initiation Date	Statute	Warrant/Capias	Level	M C	B Type	Bond Amount
1	10/28/21 08 50	316 193-2a2a		4M	Y	BOND	$500 00

Charges DUI ALCOHOL OR DRUGS 1ST OFFENSE **Comments**

Booking Off ID bs06972 **County** **Judge**

* End of Report *

☐ COMPLAINT AFFIDAVIT

SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

☒ ARREST FORM

BROWARD COUNTY

ARREST # *21-02520*

OBTS #

Filing Agency *FT LAUDERDALE PD*	Offense Report *34-2110-178830*	Local ID #	FDLE	FBI	SS # [redacted]

Defendant's Last Name *FAVATA*	First *MANDY J*	Middle	SUF	Alias/Street Name	Citizenship *US*

Race	Sex	Hgt	Wgt	Hair	Eyes	Comp	Age	DOB	Birth Place
W	*F*	*5'03*	*145*	*RED*	*GREE*	*LIGHT*	*35*	*01/01/1986*	

Permanent Address *504 MANATEE DR 3, FORT LAUDERDALE, FL 33312*

Scars Marks TT

Residence Type (1) City (2) County (3) Florida (4) Out of State

Local Address *504 MANATEE DR 3, FORT LAUDERDALE, FL 33312*

Place of Employment

Length

How long defendant in Broward County	Breathalyser By/CCN	Reading	Place of Arrest	Date/Time Arrested	Arresting Officer(s) CCN
UNK			*500 LAS OLAS BLVD*	*10/28/2021 02 26*	*BOHM, JONATHAN H (1555)*

Officer Injured	Unit	Zone	Beat	Shift	Trans Unit	PMD	Transporting Officer/CCN	Pick-up Time	Time Arrived/BSO
Y ☐ N ☒	*SPEC*	*3481*		*FL03*		Y ☐ N ☒			

TYPE / ACTIVITY *1*

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

Activity: N-N/A, P-Possess, S-Sell, B-Buy, T-Traffic, A-Smuggle, D-Deliver, E-Use, M-Manufacture/Produce/Cultivate, K-Dispense/Distribute, Z-Other

Indication of	Y	N	UK
Alcohol Influence	☒	☐	☐
Drug Influence	☐	☐	☒

Attach Defendant's Photo

Defendant's Vehicle Make *HOND* Type *01* Year *2019* Color *BLUE* VIN # *2HGFC1E53KH704799*

Vehicle Towed To

Tag # *FFG8689* Other identifiers or remarks:

Name of victim(s) (if corporation exact legal name and state of incorporation)

Count #	Offenses Charged	WC# / Citation # (if applicable)	FS or Capias/Warrant #
1	*DUI ALCOHOL OR DRUGS 1ST OFFENSE*		*316.193-2A2A*

Probable Cause Affidavit

Before me this date personally appeared *BOHM, JONATHAN H (1555)* who being first duly sworn deposes and says that on *28* day of *October* (year) *2021* at *500 E LAS OLAS BLVD, FORT LAUDERDALE, FL 33301* (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows

This incident was captured on my department issued AXON body camera under listed case number

Body camera may or may not capture all of the incident described in this report or show all results as observed by Sgt Bohm

On today's date, I responded to listed location in reference to a traffic crash where

* * * Continued * * *

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated therein are true and correct to the best of my knowledge and belief

[signature] 1555

Officer/Affiant's Signature

BOHM, JONATHAN H (1555)

Officer's Name/CCN

Operations Support Division

Officer's Division

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this *28* day of *October* *2021* (year) by *SERGEANT BOHM, JONATHAN H* (name and title) who is personally known to me or has produced ____ as identification

[signature]

Notary Public Deputy Clerk of the Court or Assistant State Attorney

OFFICER / 2020

Title/Rank and CCN

SALAZAR, ANDREW S

Print Type or Stamp Commissioned Name of Notary Public

(SEAL)

21 OCT 28 AM 5:26

2021 NOV -3 AM 10:03 CENTRAL

Seventeenth Judicial Circuit
Broward County
State of Florida

FIRST APPEARANCE/ARREST FORM

Orig - Court
2nd - State Attorney
3rd - Filing Agency
4th - Arresting Agency

(SHOULD ADDITIONAL SPACE BE NEEDED, USE THE PROBABLE CAUSE AFFIDAVIT CONTINUATION (BSO DB#2a))

BSO DB-#2 (Revised 05/00)

COURT COPY

WC-10281 29154 8075 5D100-8767

☐ **COMPLAINT AFFIDAVIT**
PROBABLE CAUSE AFFIDAVIT CONTINUATION

☒ ARREST FORM

BROWARD COUNTY
ARREST # *21-02520*

OBTS #

Filing Agency	Offense Report	Local ID #	FDLE	FBI	SS #
FT LAUDERDALE PD	*34-2110-178830*				[redacted]

Defendant's Last Name	First	Middle	SUF	Alias/Street Name	Citizenship
FAVATA	*MANDY J*				*US*

Name of victim(s) (if corporation exact legal name and state of incorporation)

Count #	Offenses Charged	WC# / Citation # (if applicable)	FS or Capias/Warrant #
	*** SEE PAGE 1 ***		

Probable Cause Affidavit

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witnesses and officers on scene reported the driver showed signs of impairment

Upon arrival, I spoke to the officer on scene (Detective Walters and Officer Salazar) to obtain the incident and driver information (see officers supplement for further information) Walters advised he noticed the driver had bloodshot eyes, slurred speech, poor balance, and the odor of alcohol

I then made contact with Mandy Favata while she was standing with other officers I asked her to walk to my vehicle, and while walking, she was unsteady on her feet I advised her that the traffic crash investigation was complete and I was now conducting a criminal D U I investigation While speaking with her, I noticed she swayed while standing, had blood shot / watery eyes, slurred speech and there was an obvious odor of an alcoholic beverage coming from her breath and person I asked if she was willing to perform Standardized Field Sobriety Tasks (SFST`s) and she agreed to perform the exercises

Prior to beginning any tasks I asked the following questions

Are you sick or injured No
Do you diabetic or epileptic No
Do you take insulin No
Are you under the care of a doctor or dentist No
Do you have an injuries No
Are you taking any medications Adderall (3 days ago)
Do you have any physical handicap No

* * * Continued * * *

I swear the above statement is correct and true to the best of my knowledge and belief

1555
Officer/Affiant's Signature

BOHM, JONATHAN H (1555)
Officer's Name/CCN

Operations Support Division
Officer's Division

STATE OF FLORIDA
COUNTY OF BROWARD

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Notary Public Deputy Clerk of the Court or Assistant State Attorney

OFFICER / 2020
Title/Rank and CCN

SALAZAR, ANDREW S
Print Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit
Broward County
State of Florida

FIRST APPEARANCE/ARREST FORM

Orig - Court
2nd - State Attorney
3rd - Filing Agency
4th - Arresting Agency

BSO DB-#2a (Revised 05/00)

COURT COPY

☐ COMPLAINT AFFIDAVIT
PROBABLE CAUSE AFFIDAVIT CONTINUATION

☒ ARREST FORM

BROWARD COUNTY
ARREST # 21-02520 OBTS #

Filing Agency	Offense Report	Local ID #	FDLE	FBI	SS #
FT LAUDERDALE PD	34-2[redacted]				[redacted]

Defendant's Last Name	First	Middle	SUF	Alias/Street Name	Citizenship
EAVATA	MANDY J				US

Name of victim(s) (if corporation exact legal name and state of incorporation)

Count #	Offenses Charged	WC# / Citation # (if applicable)	FS or Capias/Warrant #
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The following Standardized Field Sobriety Tasks/Exercises were performed

HGN (Clues 6/6)
(equal pupil size / equal tracking / no resting nystagmus)
She had a lack of smooth pursuit in both eyes, Distinct Nystagmus at maximum deviation, and onset prior to 45 degrees She also swayed while standing for the exercise

Walk and Turn (Clues 5/8)
Subject was unsteady on her feet and swayed during instructions, stopped before finished, missed heal to toe, made an improper turn, and walked an incorrect number of steps 10-10

One leg stand (Clues 3/4)
Subject swayed while standing, raised arms for balance, and dropped her foot

At this time due to the officer and witness statements, my observations of SFST`s, and the obvious odor of an alcoholic beverage, I believed her normal faculties were impaired by the alcohol she consumed and placed her under arrest for DUI

I advised her that she was under arrest for D U I and per Florida Implied Consent Law, I requested a breath test to determine the alcohol content of her breath. She refused to submit to a breath test so I continued to read Florida Implied Consent Law and explain the penalties for refusal After acknowledging she understood the penalties, she still

* * * Continued * * *

I swear the above statement is correct and true to the best of my knowledge and belief

1555
Officer/Affiant's Signature

BOHM, JONATHAN H (1555)
Officer's Name/CCN

Operations Support Division
Officer's Division

STATE OF FLORIDA
COUNTY OF BROWARD

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by SERGEANT BOHM, JONATHAN H (name and title) who is personally known to me or has produced _____ as identification

Notary Public Deputy Clerk of the Court or Assistant State Attorney

OFFICER / 2020
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SALAZAR, ANDREW S
Print Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit
Broward County
State of Florida

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COURT COPY

BSO DB-#2a (Revised 05/00)

2021 NOV -3 AM 10:09

Orig - Court
2nd - State Attorney
3rd - Filing Agency
4th - Arresting Agency

☐ COMPLAINT AFFIDAVIT

PROBABLE CAUSE AFFIDAVIT CONTINUATION

☒ ARREST FORM

BROWARD COUNTY
ARREST # 21-02520

OBTS #

Filing Agency	Offense Report	Local ID #	FDLE	FBI	SS#
FT LAUDERDALE PD	34-2[redacted]				[redacted]

Defendant s Last Name	First	Middle	SUF	Alias/Street Name	Citizenship
FAVATA	MANDY J				US

Name of victim(s) (if corporation exact legal name and state of incorporation)

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refused to provide a breath sample At this time, I completed a DHSMV Refusal form and transported her to BSO main jail for booking on below listed charges

1 DUI 1st Offense

The subjects vehicle was towed by Westway Towing

"Under of perjury, I declare that I have read the foregoing and that the facts stated therein are true and correct to the best of my knowledge and belief"

Electronically signed by Sergeant J Bohm #1555 Date· 10/28/2021

I swear the above statement is correct and true to the best of my knowledge and belief

1555
Officer/Affiant's Signature

BOHM, JONATHAN H (1555)
Officer's Name/CCN

Operations Support Division
Officer's Division

STATE OF FLORIDA
COUNTY OF BROWARD

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SALAZAR, ANDREW S
Print Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit
Broward County
State of Florida

FIRST APPEARANCE/ARREST FORM

2021 NOV -3 AM 10:38

Original Court
2nd State Attorney
3rd Filing Agency
4th Arresting Agency

BSO DB-#2a (Revised 05/00)

COURT COPY