22CT 20663 SB

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.'s only): 3 2 2022-015894

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): , 326 E PALMETTO PARK RD, BOCA RATON, FL 33432
Location of Offense (Business Name, Address): 326 E PALMETTO PARK RD, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/12/2022	22:57	12/13/2022	00:07	12/13/2022	00:07	EMERALD

DEFENDANT

Name (Last, First, Middle): SMITH, STEPHANIE CARSON
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	09/27/1987	5'06	170	BROWN	BROWN	LIGHT	M

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): None
Marital Status: S
Religion: ATHEIST
Indication of Alcohol Influence: Yes ☒ No ☐ Unk ☐ Drug Influence: Yes ☐ No ☒ Unk ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 8 ROYAL PALM WAY 307, BOCA RATON, FL 33432
Phone: (609) 410-0121
Residence Type (1 City, 2 County, 3 Florida, 4 Out of State): 3

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 8 ROYAL PALM WAY 307, BOCA RATON, FL 33432
Phone: (609) 410-0121
Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip): PEA IN THE POD,
Phone:
Occupation:

D.L. Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S530783878470 / FL	[redacted]		VOORHEES, NJ,	US

CO-DEFENDANT

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 Disperses Distribute; M Manufacture Produce Cultivate; Z Other
Drug Type: N N/A; A Amphetamine; B Barbiturate; C Cocaine; E Heroin; H Hallucinogen; M Marijuana; O Opium/Deriv; P Paraphernalia Equipment; S Synthetic; U Unknown; Z Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI- PROPERTY DAMAGE	316.193(3C1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

Charge Description — Statute Violation Number — Violation of ORD #
Drug Activity — Drug Type — Amount / Unit — Offense # — Counts — Domestic Violence ☐ Y ☐ N — Warrant / Capias Number — Bond

Charge Description — Statute Violation Number — Violation of ORD #
Drug Activity — Drug Type — Amount / Unit — Offense # — Counts — Domestic Violence ☐ Y ☐ N — Warrant / Capias Number — Bond

INTAKE

Health / Apparent Physical Condition of Defendant: GOOD
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
868	8686	PBCJ

Transported By	Date Transported	Time Transported	Other
868	12/13/2022	00:08	

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: 01/16/2023 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.

SCANNED

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

No Photo Available

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Deputy — I.D. # — Pouch #
Signature of Arresting Officer: DEC 13 2022
Name of Arresting Officer (Print): WILLIAMS, D.
I.D. #: 868
Transporting Officer: ~~WILLIAMS, DAVID~~ Soria — I.D. #: ~~868~~ 850 — Agency: BOCA
Name Verification (Printed by Arrestee) — PRINT
Witness here if subject signed with an X

PAGE 1 OF 1

☒ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

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0536656 Soria # 850 2991

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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 | 2022-015894

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
SMITH, STEPHANIE CARSON		W	F	09/27/1987

CHARGES

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

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA,	B	M	

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
100 NW 2ND AVE, BOCA RATON, FL 33432	(561) 338-1234	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	(561) -	

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 12 day of December, 2022 at 22:57 (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

On 12/12/2022, at 2224 hours, I was dispatched to 326 E Palmetto Park Rd in reference to a crash. Upon arrival, I observed several subjects standing around a three-vehicle crash. BRFD arrived on the scene and all parties involved declined any medical assistance. During the crash investigation, I determined that the defendant, Stephanie Smith, who was driving a white Lexus (BEHZ08) operated her vehicle in a careless/negligent manner resulting in her colliding with another vehicle. Stephanie was identified as the operator of the Lexus both by a party involved in the crash as well as an independent witness. While speaking with Stephanie in an attempt to collect crash information I observed the odor of alcohol emanating from her breath as well as her to have bloodshot and watery eyes.

Once I concluded my crash investigation, I informed Stephanie of my findings and explained that I was now going to begin an investigation into DUI. After I confirmed she understood I read Stephanie her Miranda Warnings. Stephanie advised she understood her warnings and would be willing to speak with me. Stephanie advised she has no medical need, no preexisting injuries, and no problems balancing. Stephanie explained prior to the accident she was eating at a restaurant with her boss and during that dinner, she had "Several glasses of wine". Due to the extensive indicators of intoxication, I asked Stephanie if she would be willing to participate in Field Sobriety Exercises (FSEs) to which she complied.

The FSEs were conducted as follows.

Horizontal Gaze Nystagmus (HGN)

The defendant identified the stimulus as red. The defendant had equal pupil size and equal tracking in both eyes. The defendant`s eyes continued to jump as she attempted to follow the stimulus. In conducting the exercise, I was able to observe a Lack of Smooth

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VAN CAMP, JEFFERY ALAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/12/2022
DATE

SCANNED
DEC 13 2022

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

12/12/2022
DATE

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

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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 | 2022-015894

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
SMITH, STEPHANIE CARSON		W	F	09/27/1987

PROBABLE CAUSE STATEMENT

Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, and the onset of Nystagmus prior to 45 degrees. While giving the instructions the defendant continued to sway.

Walk and Turn

The surface was flat and hard. The defendant attempted to do the exercise without shoes. The line used was a tape yellow line. I made sure the defendant both knew the line she would be using and the color of that line. I began the exercise by instructing and demonstrating to the defendant how to complete the exercise. While giving instructions the defendant lost balance several times and failed to stay in the starting position. In conducting the exercise, the defendant walked an improper number of steps, failed to walk Heal-to-Toe, walked off the line, and would pause to balance.

One Leg Stand

The surface was flat and hard. The defendant attempted to do the exercise without shoes. The defendant raised her right leg. During the exercise, the defendant continued to sway and was only able to hold her leg up for approximately 2 seconds. The defendant lost balance and placed her foot down multiple times.

Finger to nose

The surface was flat and hard. The defendant conducted the exercise without shoes. The defendant failed to touch the tip of her finger to the tip of her nose multiple times. During the exercise, the defendant continued to sway.

Modified Romberg Balance

The surface was flat and hard. The defendant conducted the exercise without shoes. During the exercise, the defendant continued to sway. The defendant notified me of the completion of the exercise after 40 seconds.

Lack of Convergence

During the exercise, the defendant continued to sway. A lack of convergence was observed.

Due to the totality of the circumstances and my training/experience, I felt the defendant was unable to perform simple tasks during the exercises due to being impaired. I felt the defendant is too impaired to operate a motor vehicle safely. The defendant was placed under arrest at 2257 hours, for driving under the influence. Stephanie was

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VAN CAMP, JEFFERY ALAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/12/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

12/12/2022
DATE

SCANNED
DEC 13 2022

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 | 2022-015894

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SMITH, STEPHANIE CARSON		W	F	09/27/1987

PROBABLE CAUSE STATEMENT

placed in handcuffs that were checked for tightness and double-locked.

The vehicle was towed by Emerald towing. The tow log was completed and submitted by Officer Harrison.

Stephanie was transported to the BRPD DUI room. Officer Walker conducted the 20-minute observation and operated the Intoxilyzer. Reference Intoxilyzer 8000 S#80-006622 results were (.169/.164)

Stephanie was transported to Boca Regional Hospital for medical clearance and then transported to Palm Beach County Jail.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VAN CAMP, JEFFERY ALAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/12/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

12/12/2022
DATE

SCANNED
DEC 13 2022

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: 12/12/2022

Date of Last Agency Inspection: 11/14/2022
Observation Period Began: 23:10
Subject's Name: STEPHANIE C SMITH DOB: 09/27/1987 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	23:32
Air Blank	0.000	23:32
Control Test	0.079	23:33
Air Blank	0.000	23:33
Subject Sample #1	0.169	23:34
Air Blank	0.000	23:35
Air Blank	0.000	23:37
Subject Sample #2	0.164	23:37
Air Blank	0.000	23:38
Control Test	0.077	23:38
Air Blank	0.000	23:39
Diagnostics Check	OK	23:39

Cylinder Lot: [illegible]
Exp: 02/05/2024

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 [illegible], 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: 12/12/22
Signature

Sworn to (or affirmed) before me this 12 day of December 2022

_____ David Williams 868
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 35 - MARCH 2004, Ref. 11D-8.007

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SCANNED
DEC 13 2022

2022-15894
Smith, Stephanie
XIS 2257
observation 2310

DUI INFLUENCE REPORT

NOT A CERTIFIED COPY

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

SCANNED
DEC 13 2022

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

On the 12 day of December, at 1057 AM/PM:

Subject: Stephanie Carson Smith Case Number: 22-15894

PERSONAL CONTACT

Driving Pattern: See PC

Observation of Driver: See PC

Driver's Statement: See PC

Odors: See PC

GENERAL OBSERVATIONS

Speech: See PC

Attitude: See PC

Clothing:

Medical Problems:

Medications: See PC

Other:

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DEC 13 2022

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: _____

See PC

Can not do, Why? _____

One leg stand: _____

See PC

Can not do, Why? _____

Finger to nose: _____

See PC

Can not do, Why? _____

Alphabet (speech pattern): See PC

Can not do, Why? _____

Breath/Blood test results: .164, .169

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 12/12/22 (date) by Officer Walker.

Notary/Clerk of Court/ Officer (FSS 117.10) Date 12/12/22

Signature of Arresting Officer Name of Officer (print) David Williams 867

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SCANNED
DEC 13 2022

ARRESTING OFFICER: D. Williams

Name: K. Walker Phone # _____ Work # _____

Address: _____

Can testify to: breath

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: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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SCANNED
DEC 13 2022

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 22-15894

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Monday (day), December (month), 12 (date), 2022 (year).

B. The time is now approximately 1131 AM/PM.

C. The following is in reference to case number 22-15894.

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

E. Officer Williams, have you arrested Stephanie Smith (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. Smith, I am required to inform you these proceedings are being video recorded.

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

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SCANNED
DEC 13 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 _____ 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. _____ has refused to submit to a breath test.

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

A refusal form will be completed by the arresting officer.

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SCANNED
DEC 13 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?

gned: _____ Date: _____ Time: _____

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SCANNED
DEC 13 2022

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Stephanie Smith

CASE #: 22-15894 DATE: 12/12/22

BREATH TEST RESULTS

1) TIME 1609 2334 AM/PM 2) TIME _____ AM/PM

3) TIME 1647 2337 AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: R Walker

MAINTENANCE TECHNICIAN: A. Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: good

CLOTHING:

MEDICAL CONDITION:

OTHER:

COMMENTS:

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SCANNED

DEC 13 2022

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

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SCANNED
DEC 13 2022

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 10:40 AM/PM

The date is December (month), 12 (day), 2020 (year)

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SCANNED
APR 13 2022

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

Palm Beach County Sheriff's Office – Arrests Only

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

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REVIEW COMPLETED BY

Booking Number: 2022032100	**Date:** 12/13/2022
	Specialist Name/ID: T.Howard/7185

SCANNED
DEC 13 2022