05/4/023 2024CT-5245 AMS 1282

# ARREST / NOTICE TO APPEAR
## Juvenile Referral Report

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

**ADMINISTRATION**

| OBTS Number | Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|---|
| | FL0500300 | BOYNTON BEACH POLICE DEPT. | 34-24-004785 |

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 | Multiple Clearance Indicator

| Location of Arrest (Including Name of Business) | Location of Offense (Business Name, Address) |
|---|---|
| Old Boynton Rd and Velaire Dr, Boynton Beach, FL, 33426 | Old Boynton Rd and Velaire Dr, Boynton Beach, FL, 3342 |

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 03/23/2024 | 20:56 | | | | | |

**DEFENDANT**

Name (Last, First, Middle): SALOPEK, AMBER LYNN — Alias (Name, DOB, Soc. Sec. #, Etc)

| W - White B - Black | I – American Indian O – Oriental / Asian | Race | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|---|---|
| | | W | F | 09/11/1984 | 5'04 | 130 | Green | Blonde | FAIR | MEDIUM |

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | Marital Status: Married | Religion: UNK | Indication of: Alcohol Influence ☒ Y ☐ N ☐ Unk. / Drug Influence ☐ Y ☒ N ☐ Unk.

| Local Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Residence Type (1. City 3. Florida 2. County 4. Out of State) |
|---|---|---|---|---|---|
| 1022 OLD BOYNTON RD, BOYNTON BEACH, FL, 33426 | | | | (561)729-7667 | 1 |

| Permanent Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Address Source |
|---|---|---|---|---|---|
| | | | | ( ) - | VERBAL |

| Business Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Occupation |
|---|---|---|---|---|---|
| | | [redacted] | | ( ) - | UNK |

| D/L Number, State | See Sec. Number | SID Number | Place of Birth | Citizenship |
|---|---|---|---|---|
| S412-012-84-831-0 / FL | [redacted] | | Cleveland, OH | YES |

**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 ☐ Legal Custodian ☐ Other | 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 Dept. and Released 2. TOT HRS/DYS 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 561-355-2526) informed of any change of address. ☐ Yes, By: (Name) ☐ No: (Reason) | 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 D. Deliver E. Use K. Dispense/ Distribute M. Manufacture Produce/ Cultivate Z. Other

Drug Type: N. N/A A. Amphetamine B. Barbituate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| DUI | 1 | ☐ Yes ☒ No | 316.193.1C | |

| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond |
|---|---|---|---|---|---|
| - | - | - | 24-004785 | | $1,000 |

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| | | ☐ Yes ☒ No | | |

| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond |
|---|---|---|---|---|---|
| | | | | | |

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| | | ☐ Yes ☐ No | | |

| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond |
|---|---|---|---|---|---|
| | | | | | |

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| | | ☐ Yes ☐ No | | |

| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond |
|---|---|---|---|---|---|
| | | | | | |

**NOTICE TO APPEAR**

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.

Location (Court, Room Number, Address): South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444

Court Date and Time: Month APRIL Day 22 Year 2024 Time 08:30 ☒ A.M. ☐ P.M.

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/Guardian) | Date Signed

**ADMIN.**

HOLD for other Agency Name: NO Detainer
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:
Intake Deputy: [redacted] I.D. # 3606 Pouch #

Signature of Arresting Officer
Name of Arresting Officer (Print): ALEXIS I.D. # 1105
Transporting Officer: ALEXIS I.D. # 1105 Agency BBPD

Name Verification (Printed by Arrestee) (PRINT)
BU#
Witness here is subject Signed with an "X".

Page 1 OF 1



SCANNED MAR 26 2024

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

**ON THE** 23 **DAY OF** March **2024 AT** 2025 ☐ **A.M** ☒ **P.M.**

**CASE #:** 24-004785 **DEFENDANT:** SALOPEK, AMBER LYNN

**PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:**

On the above date and time, I responded as a backup officer after Sgt. James of the BBPD conducted a traffic stop on a vehicle (a 2014 white Toyota Corolla bearing FL tag Y192MD) in the area of Old Boynton Rd and Velaire Rd, City of Boynton Beach, Palm Beach County, FL, 3326. Sgt. James had contacted me and advised that the female driver was showing signs of impairment.

I arrived on the scene and met with Sgt. James who advised that he was traveling southbound on Congress Ave, approaching the intersection of Old Boynton Rd, when he observed the above vehicle running the solid red light at the intersection. The vehicle was traveling eastbound on Old Boynton Rd. Sgt James advised that he caught up with the vehicle and made contact with the driver and sole occupant, W/F Amber Lynn Salopek, who was identified via her FL DL. Sgt James advised that, upon making contact with Amber, he smelled the odor of alcoholic beverage emitting from the vehicle and observed an open/empty "WHITE CLAW" container on the passenger floorboard. Sgt James advised that Amber had slurred speech.

I approached Amber from the driving side of the vehicle and immediately detected the odor of alcoholic beverages emanating from the vehicle. Amber had glassy eyes, and I noticed the open container of "WHITE CLAWS inside the vehicle. I introduced myself and asked Amber if she knew the reason for the stop, and she said because she was speeding. Amber was crying and said that she was on her way home from the movie theater. When asked, Amber said that she had one glass of " Tall BOY"(an alcoholic drink) while at the movie theater. Amber was asked about the empty White claw cans inside of her vehicle and she said that she had drunk them earlier in the day while at the beach. Amber also had a pack of "White Claw " inside a plastic bag, which she said was purchased at Walgreens after leaving the movie theater. Let it be noted that empty cans of White Claws were cold to the touch.

Amber was asked if she would agree to perform the Standardized Field Sobriety Exercise (SFST), and she agreed. Amber stated she was currently taking medication for anxiety and stress; however, she said she did not have any physiological condition.

SFST's:



**HORIZONTAL GAZE NYSTAGMUS:**

- ☒ Left eye does not follow smoothly
- ☐ Left eye prior to 45 degrees
- ☒ Distinct jerking in left eye at maximum deviation
- ☐ Vertical Nystagmus in left eye
- ☒ Right eye does not follow smoothly
- ☐ Right eye prior to 45 degrees
- ☒ Distinct jerking in right eye at maximum deviation
- ☐ Vertical Nystagmus in right eye

**WALK AND TURN:**

The exercise was explained and demonstrated to Amber, who stated she understood. Amber started the exercise too soon and could not stand on the line during the instruction phase. During the exercise, Amber:

- used her arms for balance by holding on to her pants for support
- Missed heel to toe on all but the first two steps.
- stopped walking

**ONE LEG STAND:**

The exercise was explained and demonstrated to Amber, who stated she understood. During the exercise, Amber:

- used her arms for balance by holding on to her pants for support
- Amber stopped the exercise at 15 seconds by putting her foot down.
- Amber did not finish the exercise.

**FINGER TO NOSE:**

The exercise was explained and demonstrated to Amber, who stated she understood. During the exercise, Amber:

- Amber never returned her arms to her side

**ROMBERG/ALPHABET:**

No clues observed.

Based on my investigation, Amber was arrested at 20:56 hrs. for driving under the influence of alcohol (Handcuffed D/L and checked for spacing). She was then transported to the BBPD station in my vehicle (905).

On arrival at the BBPD station, I conducted a 20-minute observation from 21:14 to 21:34 hours. Once completed, Amber was asked to provide a sample of her breath to determine the alcohol content, and she agreed.

Amber provided the first breath sample at 21:39 hrs.; the result was **.128** g/210 L of breath. Amber provided the second breathing sample at 21:42 hrs; the result was **.133** g/210 L of breath. Amber declined the Q&As.

AMBER LYNN SALOPEK was charged with DUI according to FSS 316.193.1c. She was processed and booked at the Palm Beach County Jail. The vehicle was released to her Husband.

The following instrument was sworn to before me this 23 day of March 2024

By: Ofc. Alexis

Sgt James 943

Notary/Police Officer (F.S.S. 117.10)

Signature of Arresting Officer

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOYNTON BEACH PD
Instrument Serial Number: 80-001190 Software: 8100.27
Date of Test: 03/23/2024

Date of Last Agency Inspection: 02/28/2024
Observation Period Began: 21:14
Subject's Name: AMBER L SALOPEK DOB: 09/11/1984 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 | 21:36 |
| Air Blank | 0.000 | 21:37 |
| Control Test | 0.082 | 21:37 |
| Air Blank | 0.000 | 21:38 |
| Subject Sample #1 | 0.128 | 21:39 |
| Air Blank | 0.000 | 21:39 |
| Air Blank | 0.000 | 21:41 |
| Subject Sample #2 | 0.133 | 21:42 |
| Air Blank | 0.000 | 21:43 |
| Control Test | 0.082 | 21:43 |
| Air Blank | 0.000 | 21:44 |
| Diagnostics Check | OK | 21:44 |

Cylinder Lot: 402357111
Exp: 02/10/2025

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 VLADIMIR ALEXIS, 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: 3/23/24
Signature

Sworn to (or affirmed) before me this 24 day of March, 2024

Sgt James 943
Signature of Notary Public-State of Florida

Sgt JAMES 943
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*

SCANNED
MAR 24 2024

SUBJECT: _____ CASE NUMBER: 24-004785

# IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

**NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.**

I am now requesting that you submit to a lawful test of your ***BREATH*** for the purpose of determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your ***URINE*** for the purpose of detecting the presence of chemical or controlled substances.

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

I am _____ of the _____

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your ***breath, urine*** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

***NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,***

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS SIGNATURE: (X)_____

## CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence 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 of a court appointed lawyer before you make any statements 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 and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) on BWC

WHITE: STATE ATTY. YELLOW: DHSMV PINK: CENTRAL RECORDS GOLD: JAIL

SCANNED
MAR 24 2024

**CASE #:** 24-004785 **DEFENDANT:** SALOPEK, AMBER LYNN

## QUESTIONS AND ANSWERS

**I am now going to ask you some questions, with these rights in mind, you may answer some of, all of, or none of the following questions as you like.**

Where you operating a motor vehicle at the time of the stop/Accident? _____
Where were you going? _____
What Street or Highway were you on? _____
What was you direction of travel? _____
Where did you start from? _____
What time did you start? _____
What time is it now? _____
What is today's date? _____
What day of the week is it? _____
What City and County are you in now? _____
When did you last eat? _____
What did you eat? _____
What have you been doing for the last three hours? _____
How much do you weigh? _____
Have you been drinking? _____
What have you been drinking? _____
How much? _____
With whom? _____
When did you have your first drink? _____
When did you have your last drink? _____
Can you feel the effects of the alcohol? _____
Are you under the influence? _____
Have you consumed any alcohol since the stop/accident? _____
How much? _____ What? _____ Where? _____ When? _____
What line of work are you in? _____
When did you last work? _____
Do you have any physical defects or injuries? _____ What? _____
Are you sick or injured? _____ What's wrong? _____
Do you limp? _____
Did you receive a bump on the head recently? _____
Where you in an accident today? _____
Have you taken any drugs or smoked any marijuana today? _____ When? _____
Have you seen a doctor or dentist today? _____
Who? _____ Why? _____
Are you taking any prescription medicines? _____
What? _____ When? _____
Do you have? Epilepsy _____ Glass Eye _____ False teeth _____
Ear infection _____ Inner ear trouble _____ Diabetes _____
Do you have any problems with you eyes that are not corrected by glasses? _____
Do you take insulin? _____ If so, when was your last injection? _____
Have you ever gad a driver's license in any other state? _____
Where? _____
Interviewer: _____

CASE #: 24-004785 DEFENDANT: SALOPEK, AMBER LYNN

Arresting Officer: Alexis, 1105
Address: 2100 HIGH RIDGE ROAD, BOYNTON BEACH, FL 33426
Phone Numbers: Home: _____ Work: (561) 742-6100

Name: Sgt, James
Address: 2100 High Ridge Rd, Boynton Beach, FL 33426
Phone Numbers: Home: _____ Work: _____
Can testify to: _____

Name: _____
Address: _____
Phone Numbers: Home: _____ Work: _____
Can testify to: _____

Name: _____
Address: _____
Phone Numbers: Home: _____ Work: _____
Can testify to: _____

Name: _____
Address: _____
Phone Numbers: Home: _____ Work: _____
Can testify to: _____

Name: _____
Address: _____
Phone Numbers: Home: _____ Work: _____
Can testify to: _____

Name: _____
Address: _____
Phone Numbers: Home: _____ Work: _____
Can testify to: _____

Name: _____
Address: _____
Phone Numbers: Home: _____ Work: _____
Can testify to: _____

Name: _____
Address: _____
Phone Numbers: Home: _____ Work: _____
Can testify to: _____

## TESTING FACILITY TASK REPORT

**CASE #:** 24-004785 **DEFENDANT:** SALOPEK, AMBER LYNN
**Date:** 3/23/24 **Video Tape #:**

**BREATH TEST RESULTS: PROVIDED**

1. .128 g/210L Time 21:39 ☐ a.m. ☒ p.m. 3. ____ g/210L Time ____ ☐ a.m. ☐ p.m.
2. .133 g/210L Time 21:42 ☐ a.m. ☐ p.m. 4. ____ g/210L Time ____ ☐ a.m. ☐ p.m.

**BREATH OPERATOR:** OFC VLADIMIR ALEXIS
**MAINTENANCE TECHNICIAN:** DET. DRURY

## TESTING OFFICER'S OBSERVATIONS

**SPEECH:** slurred
**ATTITUDE:** No issues
**CLOTHING:** BLACK SHIRT, BLUE JEANS
**MEDICAL CONDITIONS:** anxiety, high blood pressure
**MEDICATIONS:**
**OTHER:** glassy eyes, strong odor of alcohol

**COMMENTS:**

**DEFENDANT AGREED TO BREATH TEST.**
**MIRANDA WARNING WAS READ**

# Palm Beach County Sheriff's Office

**Florida State Statute Exemption Sheet**

| | X | Florida State Statute | Description | Page Number(s) |
|---|---|---|---|---|
| L/E Exemptions | ☐ | 119.071(4)(c) | Undercover personnel | |
| | ☐ | 119.071(2)(e) | Confession | |
| Public Info. Exemptions | ☐ | FL Const. Art. I, s. 16(b)(5) | Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information) | |
| | ☐ | 119.071(2)(j) | Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence | |
| | ☐ | 119.0712(2) | Personal information contained in a motor vehicle record | |
| | ☐ | 316.650(11) | Driver information contained in a uniform traffic citation | |
| | ☐ | 119.071(4)(d)2.a. | Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children | |
| Florida Rules of Judicial Administration 2.420 | ☒ | (iii) 119.0714(1)(i)-(j), (2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers | 2 |
| | ☐ | (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 | ☐ | | | |
| | ☐ | | | |
| | ☐ | | | |
| | ☐ | | | |



**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2024007847 | **Date:** 3/24/2024 |
| | **Specialist Name/ID#:** MTooks #8557 |