JH 0547988 24C15169 PR 1109

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 2024-003433

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)	Location of Offense (Business Name, Address)
101 NW 4TH ST, BOCA RATON, FL 33432	101 NW 4TH ST, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/21/2024	23:39	03/21/2024	23:49	03/21/2024	23:44	101 NW 4TH ST BOCA RATON

DEFENDANT

Name (Last, First, Middle): BLAIN, ANGELA C — Alias:

Alias (Name, DOB, Soc. Sec. #, Etc.)

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	05/02/1978	5'07	135	HAZEL	BLONDE	LIGHT	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)

Marital Status: S — Religion

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. — Drug Influence ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 3366 NW 11TH AVE, POMPANO BEACH, FL 33064 — Phone: (305) 409-6475 — Residence Type: 1. City 3. Florida 2. County 4. Out of State: 3

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 3366 NW 11TH AVE, POMPANO BEACH, FL 33064 — Phone: (305) 409-6475 — Address Source: FL DL

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
B450003786620 / FL	[redacted]		OCALA, FL, United	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) — Relationship — Date — Time

Released To: (Name) — Date — Time

JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

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 #
DRIVE UNDER INFLUENCE ALC	316.193(1A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	2024003433	1	☐ Y ☒ N		

FILED PBC - GUN CLUB '24 MAR 22 AM 6:51

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
WILLFULLY REFUSING TO SIGN AND ACCEPT SUMMONS	318.14(3)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	2024003433	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		

INTAKE

Health / Apparent Physical Condition of Defendant — 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
ALMEIDA	ALEIDA	COUNTY JAIL

Transported By	Date Transported	Time Transported	Other
ALMEIDA	03/21/2024	00:00	

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: 04/22/2024 08:30:00

SCANNED MAR 22 2024

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.

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

No Photo Available

ADMIN

HOLD for Other Agency — Signature of Arresting Officer

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): ALMEIDA, T. A. — I.D. #: 877

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy — I.D. # — Pouch #

Transporting Officer: ALMEIDA — I.D. #: 877 — Agency: BRPD

Witness here if subject signed with an "X".

PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE ☐

ADMIN

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2024-003433

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
BLAIN, ANGELA C		W	F	05/02/1978

CHARGES

Charge Description	Charge Description
316.193(1A) DRIVE UNDER INFLUENCE ALC	318.14(3) WILLFULLY REFUSING TO SIGN AND ACCEPT SU
Charge Description	Charge Description

VICTIM

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

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) -	

PROBABLE CAUSE STATEMENT

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 21 day of March, 2024 at 23:08 (Specifically include facts constituting cause for arrest.)

On 03/21/2024, at approximately 2208 hours, I responded to the parking garage of the Brightline train station located at 101 NW 4th St in reference to a DUI investigation.

Prior to my arrival, I learned that Brightline Security Guard Rick Lohr contacted BRPD dispatch after observing a female who was "not alert" in the driver seat of a 2020 silver Land Rover Range Rover Evoque bearing FL tag "AL27YX." Rick further relayed that the female kept passing out but that at one point she was attempting to "take off" in her car.

Upon my arrival, I made contact with the aforementioned silver Land Rover, which was properly parked on the third floor of the parking garage. I observed the vehicle to be running and a white female, later identified as Angela Blain (offender), in the driver seat. Angela was the sole occupant of the vehicle. Upon contact, Angela appeared disoriented and confused. I smelled the strong and distinct odor of alcohol coming from Angela`s person. Angela`s eyes were watery and glassy, and her speech was slow and slurred. For safety concerns, Ofc. K. Bagwell reached inside the vehicle and turned it off.

BRFD responded (run #24-4546), however, there were no medical concerns at the time. After BRFD left, due to my observations of Angela and the fact that she was in actual physical control of the Land Rover, I began a DUI investigation. I requested Angela to exit her vehicle, to which she refused. I explained to Angela that I was concerned she may be in physical control of a motor vehicle while impaired. I asked Angela if she would be willing to participate in field sobriety exercises to dispel my alarm that she was impaired, to which she refused.

Angela eventually agreed to exit her vehicle and I observed Angela`s balance to be unsteady. Based on my observations, and Angela`s refusal to participate in field

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GENDEN, ERIC BRADLEY
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/21/2024
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

ALMEIDA, TIMOTHY ALVES (877)
NAME OF OFFICER (PLEASE PRINT)

03/21/2024
DATE

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

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

ADMIN

OBTS Number

Agency ORI Number: FL FL0500200

Agency Name: BOCA RATON POLICE DEPARTMENT

Agency Report Number: 3 | 2 | 2024-003433

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
BLAIN, ANGELA C		W	F	05/02/1978

PROBABLE CAUSE STATEMENT

sobriety exercises to dispel my suspicion she was impaired, I developed probable cause to arrest Angela for DUI - F.S.S. 316.193(1A). I handcuffed Angela, checking for proper fit, and double-locking the handcuffs. Ofc. C. Ibanez then conducted a search of Angela`s person and placed her into my BRPD-marked patrol vehicle. I then transported Angela to BRPD booking facility to obtain a sample of her breath.

Ofc. A. Ricciardi responded as the BAT tech operator. Upon arrival, a 20-minute observation was conducted. Angela was then taken into the BAT room. I asked Angela to provide a breath sample, to which she refused.

Angela was then transported to Boca Raton Regional Hospital (BRRH) located at 800 Meadows Rd by BRFD to be medically cleared due to her inability to stand. Ofc. Ricciardi responded to BRRH and met with Angela who refused to sign her criminal DUI citation (#AG45QDE) which requires a mandatory hearing. Due to Angela`s refusal to sign the DUI citation I further developed probable cause to charge her with F.S.S. 318.14(3)- Willfully Refusing To Sign And Accept Summons.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GENDEN, ERIC BRADLEY
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/21/2024
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

ALMEIDA, TIMOTHY ALVES (877)
NAME OF OFFICER (PLEASE PRINT)

03/21/2024
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: 03/21/2024

Date of Last Agency Inspection: 02/16/2024
Observation Period Began: 22:50
Subject's Name: ANGELA C BLAIN DOB: 05/02/1978 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	23:16
Air Blank	0.000	23:16
Control Test	0.078	23:16
Air Blank	0.000	23:17
Subject Sample #1	REF*	23:17
Air Blank	0.000	23:17
Control Test	0.080	23:18
Air Blank	0.000	23:18
Diagnostics Check	OK	23:18

*Subject Test Refused

Cylinder Lot: 20122000A2
Exp: 12/05/2024

State of Florida, County of Palm Beach.

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

I [redacted], 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: 3/21/24
Signature

Sworn to (or affirmed) before me this 21 day of March, 2024

_____ T. Almeida
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, T. Almeida (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer,

am a member of Boca Raton Police Services Department (Name of law enforcement agency), and I do swear

or affirm that on or about the 21 day of March, 20 24, at 2235 ☑ P.M ☐ A.M.

DRIVER (Type or Print) Angela (FIRST NAME) C (MIDDLE OR MAIDEN NAME) Blain (LAST NAME),

DL# B450003786620, state of Florida, was placed under lawful arrest for

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

issued Citation # AG45QDE.

That on or about the 21 day of March, 20 24, at 2317 ☑ 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

Date 3/21/24

(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)

1032 2250
1015 2235
case # 24-3433

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 21 day of March, at _____ AM/PM:

Subject: Angela Blain Case Number: 2024-003433

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
☐ Left eye jerks at 45 degrees angle or less
☐ Distinct jerking left eye maximum deviation
☐ Right eye does not follow smoothly
☐ Right eye jerks at 45 degrees angle or less
☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

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: Refused.

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 3/21/24 (date) by A. Ricciardi.

_____ 3/21/24
Notary/Clerk of Court/Officer (FSS 117.10) Date

_____ T. Almeida
Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: Almeida

Name: Ricciardi Phone # _____ Work # 5613381234
Address: 100 NW 2nd Ave, Boca Raton FL 33432
Can testify to: Breath Tech

Name: Ibanez Phone # _____ Work # 5613381234
Address: 100 NW 2nd Ave, Boca Raton FL 33432
Can testify to: on scene

Name: Bagwell Phone # _____ Work # 5613381234
Address: 100 NW 2nd Ave, Boca Raton FL 33432
Can testify to: on scene.

Name: Howard Phone # _____ Work # 5613381234
Address: 100 NW 2nd Ave, Boca Raton FL 33432
Can testify to: on scene

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

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

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

BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2024-003433

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Thursday (day), March (month), 21 (date), 2024 (year).

B. The time is now approximately 2312 AM/PM.

C. The following is in reference to case number 2024003433.

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

E. Officer Almeida, have you arrested Angela Blain (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. Angela Blain, 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

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.) Blain has refused to submit to a breath test.

The date is March (month), 21 (day), 2024 (year), and the time is 2314 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:

(1) 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.)

(2) 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: Angela Blain

CASE #: 2024003433 DATE: 3/21/2024

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: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: slow, slurred

ATTITUDE: Nice then angry, randomly cries.

CLOTHING: Navy tank top, jeans shorts white, jean jacket, barefoot

MEDICAL CONDITION: Xanax 1mg daily, No major medical conditions.

OTHER: _____

COMMENTS: odor of alcohol coming from person, eyes glassy, low, goes incohetent, fails out, tired apperance, closing eyes.

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: Refused 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 2319 AM/PM

The date is March (month), 21 (day), 2024 (year).

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: 2024007714	**Date:** 3/22/2024
	Specialist Name/ID#: T.HOWARD/7185