

2023 CT - 022943 A SB
991

0545890



Arrest Report

FLORIDA HIGHWAY PATROL
P.O. BOX 540007, GREENACRES, FL 33454

②

Report Date / Time 12/25/2023 03:01 AM	Report Number FHP99ARR877121	Case Number/Cad Number FHP23ON0675436 / RCC23IN1000605	Reporting Officer Name ZIMMERMAN, JONATHAN
Originating Agency ORI FL0509000	Occur Date Time Range 12/24/2023 22:51:48 -	Jurisdiction	
OBTS Number	Other Number	Clearance	

Location of Occurrence

County PALM BEACH	Location Type PUBLIC PLACE	Location Description SB I95 (SR9) SOF WOOLBRIGHT ROAD	
Street Number SB I-95	Street	Apt/Lot/Bldg	City BOYNTON BEACH
		State FL	Zip Code 33435

Defendant

First Name ARIETA	Middle Name	Last Name LEKAJ	Suffix	Race WHITE	Sex FEMALE	Height 505	Weight 153	Hair BRO	Eyes BRO
MNI #	SSN	Date of Birth 03/29/1993	Age 30	ID Type D	Drivers License or other ID 038611351	State CT	OCA / Agency ID		
Place of Birth:		DANBURY CT US							
Address * RESIDENCE / 3479 S FEDERAL HIGHWAY K, BOYNTON BEACH, FL 33435 /									

Arrest

Arrest Date/Time 12/25/2023 12:01:23 AM	Arrest Location Type PUBLIC PLACE	Arrest Location Description SB I95 (SR9) SOF WOOLBRIGHT ROAD	
Street Number SB I-95	Street	Apt/Lot/Bldg	County PALM BEACH
		City BOYNTON BEACH	State FL
		Zip Code 33435	

Charge : S

Counts 1	Charge 316.193.1c	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree S	Charge Level MISDEMEANOR		
General Offense Code	Arrest Offense Code DUI-UNLAW BLD ALCH		
Charge Description DUI BREATH ALCOHOL 0.08 OR MORE PER 210 L			
Administrative Code - Description			

FILES PEG - SUN CLUB
'23 DEC 26 AM 8:28

Burillo 19342

SCANNED
DEC 26 2023

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Bond Set by Court

▶ Bond Amount	<input type="checkbox"/> No Bond
Bond Type(s)	

Probable Cause

On December 24, 2023 at approximately 10:51pm I was dispatched to a vehicle crash that occurred on southbound Interstate 95 (State Road 9) south of Woolbright Road, I responded in my fully marked Florida Highway Patrol vehicle (#1437 VIN:2C3CDXAT444632157).

Upon arrival, I observed a black Chevy truck (V02) on the inside left shoulder facing south. A white Mercedes sedan (V01) directly in front of V02 on the left inside shoulder which was rolled over onto its roof and facing north. A BMW SUV (V03) located on the right outside shoulder facing south. The driver of V01 (D01) was being assessed by Boynton Beach fire Rescue (BBFR), during which I spoke with the driver V02. Trooper McDonough (Badge #2772) was on scene assisting with the driver of V03 (D03). After speaking with Tpr. McDonough and the other drivers involved I was advised by BBFR that D01 refused medical attention and was not going to be transported. I observed no obvious signs of any injury to D01. I asked D01 if she had any identification on her, she provided me with her Connecticut driver's license. V01 also had an attached Connecticut license plate of #404YOP.

D01 was identified as Arieta Lekaj (Connecticut DL: 038611351, W/F, DOB: 3/29/1993) which was entered in to NCIC/FCIC yielding no negative results. V01 attached license plate#404YOP was entered in to NCIC/FCIC revealing a white 2016 Mercedes-Benz C300 out of Connecticut registered to a Gani Lekaj.

While verify all information at hand, BBFR advised me that Mrs. Lekaj was showing signs of possible impairment. Once BBFR was completely done assessing Mrs. Lekaj, I began attempting to speak with Mrs. Lekaj regarding my crash investigation and while speaking with her I observed numerous signs of impairment. Based on my investigation it was determined that her driving (D01) caused this crash and cause damage to both vehicles, V02 and V03. No other driver's or involved passengers received any personal injuries. Note: The crash was so severe that if there would have been another occupant within V01, they would have been immediately assessed by BBFR on scene at the time of my arrival. After completing my initial crash investigation, I advised Mrs. Lekaj to walk over to the front of my patrol vehicle in order to speak with her a bit more. I had also moved and positioned my patrol vehicle directly behind the white Mercedes so that Mrs. Lekaj and the vehicle where both clearly visible on my patrol vehicle's front dash camera. While speaking with Mrs. Lekaj in front of my

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patrol vehicle I advised her that I was now done conducting my crash investigation and that I would now be moving onto a criminal investigation regarding DUI. Directly prior to asking Mrs. Lekaj and questions she was read Florida Miranda Warning at approximately 1158pm in which she stated that she understood and was willing to answer questions. While speaking with Mrs. lekaj I could smell a strong odor of an unknown alcoholic substance emanating from her breath, her eyes were blood shot and glassy, she appeared slightly off balance, and her emotions shifted quickly and significantly from sad and emotional to attentive and responsive, as she spoke, she rambled and had a slightly slurred speech. I asked Mrs. Lekaj to explain to me everything that happened regarding the accident which she explained again, she did state that she was driving the vehicle however as she was driving everything sort of went black and that she did not remember much, I pointed again at the white Mercedes as she was speaking and she confirmed. I pointed directly at the white Mercedes directly in front of us and asked her if she was driving that vehicle in specific and if it was hers, she stated yes and that it was hers. She also made spontaneous utterances such as, I can't believe I'm still alive, is anyone else hurt? I asked her where she was going, she stated that she was going home and that she lives in Boynton however she was traveling southbound toward Delray Beach and Boynton Beach was currently north of our location. I asked here where she was coming from, she stated that she was coming from the Dolphins football game. I asked if she had anything to drink and she stated that she had 2 mixed drinks. (see in car dash cam footage for a more in-depth video of questions and answers). I explained to Mrs. Lekaj that based on the totality of circumstances I believe she may be under the influence of drugs and or alcohol. I offered Mrs. Lekaj the opportunity to take voluntary Field Side Sobriety exercise to better determine her level of possible intoxication, she agreed.

Prior to administering the voluntary exercises, I advised Mrs. Lekaj to stand in the starting position with her feet together and her arms at her sides. I asked Mrs. Lekaj if she had any medical conditions, if she took any medication to which she stated no. I asked her if she wore contacts or glasses to which she stated yes however could still clearly see the silver tip of my pen (Stimulus). Each exercise was explained and demonstrated prior to Mrs. Lekaj attempting to perform the exercises. Video and audio footage are available upon request. The summary below is not intended to be a verbatim account of all the events that took place during the administration of the standardized field sobriety exercises. (See in car dash camera footage for an in-depth video of events)

Horizontal Gaze Nystagmus Exercise

A black ballpoint pen with a Silver tip was used. Mrs. Lekaj stated that she could clearly see the tip of the stimulus as well as the tip of my finger. The exercise was explained and demonstrated. During this exercise she portrayed a clear and distinct orbital sway and she did not keep her head still nor did she maintain the starting position.

- I checked for resting nystagmus which was not observed in either eye
- I checked for equal pupil size and equal tracking;

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Report Date / Time 12/25/2023 03:01 AM	Report Number FHP99ARR877121	Case Number/Cad Number FHP23ON0675436 / RCC23IN1000605	Reporting Officer Name ZIMMERMAN, JONATHAN
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(Both pupils were equal in size but both eyes did not track the stimulus equally)

- I observed a lack of smooth pursuit in both eyes
- I did observe horizontal gaze nystagmus at maximum deviation in both eyes
- I did observe horizontal gaze nystagmus prior to 45 degrees in both eyes
- I did not observe vertical gaze nystagmus in either eye

Walk and Turn Exercise

A solid yellow outside lane line was used as a solid straight line. The exercise was explained and demonstrated. I asked Mrs. Lekaj if she felt comfortable performing the exercise here, she stated yes. I further asked her if she thinks the ground surface is level and if the line look straight, she agreed.

- Did not maintain the starting position
- Started to soon
- Used arms for balance

One Leg Stand Exercise

The exercise was explained and demonstrated. Mrs. Lekaj stated that she understood the directions however performed the exercise in correctly, she was given a second attempt. she continued to seem to have a difficult time following direction.

- Swayed
- Used arms for balance
- Hopped
- Unable to maintain balance
- Put foot down

Based upon the performance of the above exercises and the totality of the circumstances I determined that there was probable cause to believe that Arieta Lekaj committed the offense of driving under the influence by being in actual physical control/operating a motor vehicle while under the influence of alcoholic beverages, any chemical substance per Florida State Statute 316.193, or any controlled substance per Chapter 893, while their normal faculties were impaired. She was placed under arrest at approximately 12:01AM for the above offense. She was handcuffed behind her back in the front of my patrol vehicle. She was escorted to the rear of my patrol vehicle, a search was conducted of her person prior to placing her in the rear right seat of my patrol vehicle which yielded no results. Note: Boynton Beach Police Department Officer Anderson (Female/Badge #1138) responded in order to conduct the search of Mrs. Lekaj's person.

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I transported Mrs. Lekaj to Palm Beach County Breath Alcohol Testing (BAT) facility at approximately 12:14am with no further incidents. Note: While being transported to Palm Beach County BAT, Mrs. Lekaj continued to make spontaneous utterances such as, I can't believe I am alive, well it is what is, now I don't have a car and that no one is home to watch her dogs, and that she was supposed to pick her friend up in the morning. (See in car rear seat camera footage and audio for an in-depth video of events) Mrs. Lekaj underwent a 20-minute observation period where she did not ingest anything by mouth or regurgitate (mouth was confirmed to be empty prior to beginning the observation period. Mrs. Lekaj consented to breathe testing at approximately 12:58am, result one was 0.146, result 2 was 0.147. Mrs. Lekaj was read Florida Miranda Warning in which she did invoke her rights. (See BAT video footage for a complete account of the question and answering segment). Mrs. Lekaj was transported to Good Samaritan Medical Center at approximately 1:23am reference medical clearance for booking, she then booked into Palm Beach county jail with no further incident.

All events occurred in Palm Beach County, State of Florida.

Jail Booking Facility

Booking Date/Time	Booking County PALM BEACH	Booking Facility PALM BEACH COUNTY CORRECTIONS	Booking Facility Phone (561) 688-4400
Booking Facility Location 3228 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406		Booking Number	
Booking Comments			

Court

Court County PALM BEACH	Court Location 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406		
Court CRIMINAL JUSTICE COMPLEX	Court Phone 561-355-2994	Court Appearance Date / Time 01/24/2023 8:30AM	Court Fine
Comments			

Officer Name Rank / ID #	Involvement On Report / Reporting Role	Officer Agency Org/Unit
ZIMMERMAN, JONATHAN TPR 5061	REPORTING OFFICER	FLORIDA HIGHWAY PATROL FHPLILWRCC\PALM BEACH\BROW LN TO SR804


Arrest Report

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Originating Agency ORI FL0509000	Occur Date Time Range 12/24/2023 22:51:48 -	Jurisdiction	
OBTS Number	Other Number	Clearance	

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

Reporting Officer

Officer Name ZIMMERMAN, JONATHAN	Office Rank TPR	Officer ID No 5061	Sworn and subscribed before me, the undersigned authority This the _____ day of _____ DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Agency FLORIDA HIGHWAY PATROL			
Officer Signature 			

<input type="radio"/> No Bill / Petition	<input type="radio"/> Issue Warrant	<input type="radio"/> Prosecution Approved	Signature of Assistant State Attorney _____	Date _____
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NOT A CERTIFIED COPY

FLORIDA HIGHWAY PATROL

RECIPIENT COPY

Vehicle Tow

CASE NUMBER
FHP23ON0676436

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DATE / TIME 12/25/2023 12:07:48 AM	COUNTY PALM BEACH	CITY BOYNTON BEACH	OTHER NUMBER	CITATION / REPORT 89754011
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NO HOLD - MAY BE RELEASED

OWNER	NAME (FIRST MIDDLE LAST SUFFIX) / BUSINESS NAME ARIETA LEKAJ				
	ADDRESS 186 INDIAN TRAIL RD		CITY NEW MILFORD	STATE CT	ZIP CODE 06776
<input type="checkbox"/> OWNER PRESENT		<input type="checkbox"/> OWNER NOTIFICATION ATTEMPTED		<input type="checkbox"/> OWNER NOTIFICATION SUCCESSFUL	

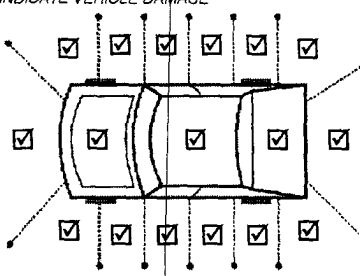
DRIVER	NAME FIRST ARIETA	NAME MIDDLE	LAST NAME LEKAJ	SUFFIX NAME
	ADDRESS 186 INDIAN TRAIL RD	CITY NEW MILFORD	STATE CT	ZIP CODE 06776

CMV	CARRIER NAME	CITY	STATE	ZIP CODE	TELEPHONE
	ADDRESS				

VEHICLE / TRAILERS	YEAR 2016	MAKE MERC	MODEL C300	VEHICLE STYLE 4d	VEHICLE COLOR WHI	TAG STATE / NUMBER CT 404Y0P	VIN 55SWF4KB6GU140403	ODOMETER	
	CIC ENTRY	RED TAG DATE / TIME			ID NUMBER	NAME			
	REASON VEHICLE TOWED CRASH								
	POWER UNIT	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE	EXP. DATE
TRAILER 1	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE	EXP. DATE	
TRAILER 2	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE	EXP. DATE	

TOW	TOW SELECTION TYPE ROTATION WRECKER	LOCATION VEHICLE INVENTORIED / TOWED FROM SB INTERSTATE 95 (STATE ROAD 9)	DAY TELEPHONE 561-533-5573	NIGHT TELEPHONE
	TOWING SERVICE PRIORITY TOWING	ADDRESS 214 SE 7TH AVE BOYNTON BEACH, FL	CITY / STATE / ZIP	

STORAGE	VEHICLE STORAGE LOCATION PRIORITY TOWING	DAY TELEPHONE 561-533-5573	NIGHT TELEPHONE
	ADDRESS 214 SE 7TH AVE BOYNTON BEACH, FL	CITY / STATE / ZIP	

VEHICLE INVENTORY & DAMAGE	<input type="checkbox"/> CELLULAR PHONE (MAKE/MODEL)	<input type="checkbox"/> WHEEL COVERS QTY	INDICATE VEHICLE DAMAGE 	MARK AREA OF DAMAGE <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OVERTURN <input type="checkbox"/> WINDSHIELD <input type="checkbox"/> FIRE <input type="checkbox"/> TRAILER
	<input type="checkbox"/> RADAR DETECTOR (MAKE/MODEL)	<input type="checkbox"/> CUSTOM RIMS QTY		
	<input type="checkbox"/> STEREO SYSTEM (RADIO / CD / TAPE, ETC.)	NUMBER OF TIRES (INCLUDE SPARE)		
<input type="checkbox"/> CB RADIO / 2 WAY RADIO	<input type="checkbox"/> TRUNK ACCESSIBLE	<input type="checkbox"/> NO DAMAGE		
<input type="checkbox"/> TRAILER HITCH	<input type="checkbox"/> REAR SPOILER			
PROPERTY IN VEHICLE MISC PERSONAL ITEMS; DRIVER PLACED UNDER ARREST				

OFFICER COMMENTS CRASH REPORT 89754011-01
--

NO HOLD - MAY BE RELEASED

WE THE UNDERSIGNED OFFICER(S) AND TOW DRIVER, HEREBY CERTIFY THAT THE ABOVE LISTED JOINT PROPERTY INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.

SIGNATURE OF TOW TRUCK DRIVER _____ DATE _____
PRINTED NAME OF TOW TRUCK DRIVER _____

SIGNATURE OF OFFICER 
RANK AND NAME OF OFFICER
TPR ZIMMERMAN, JONAT L

SCANNED
DEC 26 2023

ORG / UNIT I.D. NUMBER
5061

FLORIDA TRAFFIC CRASH DRIVER INFORMATION EXCHANGE

This Traffic Crash Report can be purchased online at:
www.FloridaCrashPortal.gov

Crash Number 89754011	Reporting Agency FLORIDA HIGHWAY PATROL		
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CRASH IDENTIFIERS

County of Crash PALM BEACH	City or Place of Crash BOYNTON BEACH	<input type="checkbox"/> City Limits	Crash Date/Time 12/24/2023 10:41 PM	Reported Date/Time 12/24/2023 10:51 PM
Roadway Description for Location of Occurrence SB INTERSTATE 95 (STATE ROAD 9)				

VEHICLE

V01	Year 2016	Make MERC	Model C300	Color WHI	State CT	License Number 404Y0P	Registration Expires 10/27/2024	<input type="checkbox"/> Permanent Registration	VIN 55SWF4KB6GU140403
Owner First Name ARIETA		Owner Middle Name		Owner Last Name LEKAJ		Owner Suffix	Owner Business (if not Person)		
Address				Address Other			City	State	Zip Code
Owner Phone Number		Owner Phone Number (other)		Insurance Company HANOVER AMERICAN			Insurance Policy Number AA3007189		
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles

VEHICLE

V02	Year 2023	Make FORD	Model MAVERICK	Color BLK	State FL	License Number PWGU85	Registration Expires 1/30/2025	<input type="checkbox"/> Permanent Registration	VIN 3FTTW8E91PRA98788
Owner First Name RENIEL		Owner Middle Name DANIEL		Owner Last Name RODRIGUEZ GONZALEZ		Owner Suffix	Owner Business (if not Person)		
Address 1301 NE 7TH ST APT 403				Address Other			City HALLANDALE BEACH	State FL	Zip Code 33009-0000
Owner Phone Number		Owner Phone Number (other)		Insurance Company GOVERNMENT EMPLOYEES INS			Insurance Policy Number 4460479050		
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles

VEHICLE

V03	Year 2024	Make BMW	Model X8	Color GRN	State FL	License Number 52DPVL	Registration Expires 9/1/2024	<input type="checkbox"/> Permanent Registration	VIN SUX13EU05R9S40770
Owner First Name MOHAMMED		Owner Middle Name DINAJ		Owner Last Name KHAN		Owner Suffix	Owner Business (if not Person)		
Address 9505 NEW WATERFORD COVE				Address Other			City DELRAY BEACH	State FL	Zip Code 33446-0000
Owner Phone Number		Owner Phone Number (other)		Insurance Company PROGRESSIVE			Insurance Policy Number 967734964		
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles

PERSON RECORD

Person Type DRIVER	NM#	Vehicle# V02	First Name FELIX	Middle Name RAIDEL	Last Name RODRIGUEZ GONZALEZ	Suffix
Address 1301 NE 7TH ST		Address Other			City HALLANDALE	Zip Code FL 33009
Phone Number 786-660-1414	Phone Number (other)	Other Comments (Write In)				

PERSON RECORD

Person Type DRIVER	NM#	Vehicle# V03	First Name MOHAMMED	Middle Name DINAJ	Last Name KHAN	Suffix
Address 9505 NEW WATERFORD COVE		Address Other			City DELRAY BEACH	Zip Code FL 33446
Phone Number 954-520-0822	Phone Number (other)	Other Comments (Write In)				

PERSON RECORD

Person Type DRIVER	NM#	Vehicle# V01	First Name ARIETA	Middle Name	Last Name LEKAJ	Suffix
Address 3479 S FEDERAL HIGHWAY APT K		Address Other			City BEACH	Zip Code FL 33435
Phone Number 203-448-9788	Phone Number (other)	Other Comments (Write In)				

REPORTING OFFICER

ID Number 5061	Rank TPR	Name ZIMMERMAN, JONATHAN	Troop / Post L	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 561-357-4040
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SCANNED
DEC 26 2023



**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 23-141045 PBSO ZONE 6-12
 AGENCY CASE # FHP20 FHP30U0675516 CRASH CASE # 89754011-01
 TIME OF STOP/CRASH 22:51 DATE 12/24/23 DAY Sunday
 SUBJECT'S NAME Lekaj Arieta RACE W SEX F
LAST FIRST MID
 HGT 505 WGT 153 DOB 3/29/1993
 LOCATION SB I95 (SR9) Jct of Woolbright Road
 ARRESTING OFFICER'S NAME & ID Jonathan Zimmerman AGENCY FHP
 DIVISION: Troop L 5061
 NOTIFIED BY COMMO Y
 ARRIVAL AT FACILITY 00:35
 ARREST TIME 00:01

BREATH RESULTS:

- 1) .146
- 2) .147
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A

SCANNED
DEC 26 2023

TESTING FACILITY TASK REPORT

AGENCY: FHP-L

SUBJECT: LEKAJ, ARIETA

CASE NUMBER: 23-141045

DATE: Dec 25, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:58

ENDING TIME: 01:12

BREATH TESTS RESULTS: 1) .146 TIME 01:05 A.M. P.M. 2) .147 TIME 01:10 A.M. P.M.
3) N/A TIME N/A A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: PRONOUNCED

ATTITUDE: CALM, TALKATIVE

CLOTHING: BLUE JEANS, GREEN / ORANGE JERSEY, WHITE SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:35 HRS.

SUBJECT: AGREED TO TAKE TEST

SUBJECT: REFUSED TO FOLLOW TECH INSTRUCTIONS ON SECOND SAMPLE

A/O: READ I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

SCANNED
DEC 26 2023

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006477 Software: 8100.27
Date of Test: 12/25/2023

Date of Last Agency Inspection: 12/08/2023
Observation Period Began: 00:35
Subject's Name: ARIETA LEKAJ

DOB: 03/29/1993 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	01:02
	Air Blank	0.000	01:02
	Control Test	0.079	01:03
	Air Blank	0.000	01:03
	Subject Sample #1	0.146	01:05
	Air Blank	0.000	01:06
	Air Blank	0.000	01:08
	Subject Sample #2	0.147	01:10
	Air Blank	0.000	01:11
	Control Test	0.079	01:11
	Air Blank	0.000	01:12
	Diagnostics Check	OK	01:12

Cylinder Lot: 06723080A5
Exp: 04/05/2025

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 PARIS D BOUND, 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: 12-25-2023
Signature

Sworn to (or affirmed) before me this 25 day of December, 2023

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida TPR. J. ZIMMERMAN

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.

SUBJECT: LEKAJ, ARIETA CASE NUMBER: _____

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.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____ *What is the color, make and model of the vehicle that you were driving?*

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY 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? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE 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? _____

WERE 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? _____

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DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

SUBJECT: LEK AJ, ARIETA

CASE NUMBER: _____

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 determining 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) READ ON CAMERA

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) READ ON CAMERA

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WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL



Palm Beach County Sheriff's Office
 Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	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)	
	<input type="checkbox"/>	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	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	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	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2023033644	Date: 12/26/2023
	Specialist Name/ID#: Rebeca Castro/40259

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 DEC 26 2023