

50-2024-CT-000497ASB

0544234

773

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

A D M I N I S T R A T I O N	OBT's Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2024-000381		Multiple Clearance Indicator																	
	Charge Type: Check as many as apply		Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)		If Weapon Seized Enter Type		Multiple Clearance Indicator																	
	<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		2500 N FEDERAL HWY, BOCA RATON, FL 33431		2500 N FEDERAL HWY, BOCA RATON, FL 33431		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		UNARMED																	
	<input checked="" type="checkbox"/> 3 Misdemeanor <input checked="" type="checkbox"/> 4 Traffic Misdemeanor		Date of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle													
			01/10/2024		01/10/2024		02:04		01/10/2024		04:46		EMERALD													
	Name (Last, First, Middle) BUCHMANN, CLARA JEAN												Alias (Name, DOB, Soc. Sec. #, Etc.)													
	Race W - White I - American Indian W B - Black O - Oriental/Asian F												Date of Birth 12/28/2001		Height 5'06		Weight 128		Eye Color BLUE		Hair Color BLONDE		Complexion LIGHT		Build Medium	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT TOP ARM / BOW												Marital Status S		Religion NONE		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/>							
	Local Address (Street, Apt. Number) (City) (State) (Zip) 9260 BOCA VUE DR 109, BOCA RATON, FL 33428												Phone (303) 949-3400		Residence Type 1 City 3 Florida 4 Out of State 1		Permanent Address (Street, Apt. Number) (City) (State) (Zip) 9260 BOCA VUE DR 109, BOCA RATON, FL 33428		Phone (303) 949-3400		Address Source DEF		Business Address (Name, Street) (City) (State) (Zip) LYNN UNIVERSITY,		Occupation Student	
	D/L Number, State 163630975 / CO												INS Number		Place of Birth (City, State) ARVADA, CO, United		Citizenship US									

C O D E F	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 6 Other	

J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)		Residence Phone	
	<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone	
	Notified by (Name)		Date		Time	
	Released To (Name)		Relationship		Date	

1.1000

The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> 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.		School Attended		Grade	
<input type="checkbox"/> Yes, by <input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
Drug Activity: S Sell, N N/A, P Possess		R Smuggle, D Deliver, E Use		K Disperse/Distribute	
M Manufacturer/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					

C H A R G E	Charge Description DUI-ENHANCED		Statute Violation Number 316.193(4)		Violation of ORD #	
	Drug Activity: N		Amount / Unit		Warrant / Capias Number	
	Charge Description		Statute Violation Number		Violation of ORD #	

FILED PBC - GUN CLUB
24 JAN 11 AM 7:59

C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #	
	Drug Activity		Amount / Unit		Warrant / Capias Number	
	Charge Description		Statute Violation Number		Violation of ORD #	

I N T A K E	Health / Apparent Physical Condition of Defendant TALKATIVE		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries	
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By HARRISON	
	Transported By		Released By PBCJ	

N O T I C E	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> 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 02/12/2024 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

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

A D M I N	HOLD for Other Agency		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) HARRISON, D. M.		(PRINT)	
	Name of Deputy Bonillo		ID # 18302		Fouch # 657	

Name of Arresting Officer (Print) HARRISON, D. M.		I.D. # 856		PAGE 1 OF 1	
Transporting Officer N. Champ		I.D. # 657		Agency BRPD	
Witness here if subject signed with an "X".					



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



PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number		Agency GRI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2024-000381	
Charge Type: Check as many as apply.		Special Notes:		Race		Sex	
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				W		F	
Name (Last, First, Middle) BUCHMANN, CLARA JEAN		Alias		Date of Birth 12/28/2001			
Charge Description 316.193(4) DUI - ENHANCED		Charge Description		Charge Description		Charge Description	
Victim's Name (Last, First, Middle) State Of Florida		Race		Sex		Date of Birth	
Local Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____		Phone		Address Source			
Business Address (Name, Street) _____ (City) _____ (State) _____ (Zip) _____		Phone		Occupation			
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody . . .</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>10</u> day of <u>January</u>, <u>2024</u> at <u>02:04</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 01/10/2024 at approximately 0128 hours, I responded to the area of 2500 N. Federal Hwy in reference to a single vehicle accident.</p> <p>Upon my arrival, I met with BRPD Officers on scene. I met with Ofc. Suboyu who advised he saw the female driver still seated in the driver seat of a white Chevy SUV bearing CO tag DLXU95. The female driver was identified by her CO DL to be Clara Buchmann. I observed the white Chevy SUV had drove into an FPL pole, causing a wire to fall down next to the vehicle. The Chevy SUV had also struck multiple city signs, including a bicycle "Share the road" sign and another large sign. I captured photos of the scene on my MVR body camera. BRPD responded to the scene to treat Clara, however, Clara refused any medical treatment or transportation to a hospital (BRPD run # 2024-000494).</p> <p>I then met with Clara to discuss the accident. According to Clara, she was driving down the roadway going approximately 50mph when she got distracted by her phone and turned right too soon. See HSMV # 25898679. While speaking with Clara, I could smell a strong odor of an unknown alcoholic beverage emanating from her breath and person. Clara also had bloodshot glassy eyes, slurred speech, and was swaying. Based on her driving pattern which resulted in a single vehicle accident with a light pole along with my observations, I became concerned that Clara had been operating a motor vehicle while under the influence of alcohol and/or a chemically controlled substance. After I concluded my accident investigation, I advised Clara that I was done with my accident investigation. I stated I would now be conducting a criminal DUI investigation. Clara advised she understood. I asked Clara if she had anything to drink tonight, and she replied she had one glass of wine. According to Clara, the only physical injury she had was a busted lip from the accident. She advised she had no known medical issues, she takes prescription medications for birth control, she is not diabetic, does not take insulin, her highest level of education is a high school diploma with some college credits, and she does not have any issues with her eyes that are not corrected by</p>							
SWORN AND SUBSCRIBED BEFORE ME		 IMMLER, AMANDA NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER HARRISON, DANIELLE MARIE (856) NAME OF OFFICER (PLEASE PRINT)		01/10/2024 DATE	
01/10/2024 DATE		01/10/2024 DATE		PAGE 1 OF 3			

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE
A D M I N I S T R A T I V E	OBTS Number	Agency ORI Number FL FL0500200	Agency Name BOCA RATON POLICE DEPARTMENT		
		Agency Report Number 3 2 2024-000381			
	Charge Type: Check as many as apply		Special Notes:		
	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				
D E F	Name (Last, First, Middle) BUCHMANN, CLARA JEAN		Alias	Race W	Sex F
				Date of Birth 12/28/2001	
P R O B A B L E C A U S E	<p>contact lenses or glasses. I then asked Clara if she would be willing to participate in field sobriety tasks to dispel my alarm that she was under the influence. Clara agreed to participate in the tasks.</p> <p>I then guided Clara over to a solid white line on a dry, flat and leveled surface. Clara agreed the light was straight and pointed to it, stating it was "white." I afforded Clara the opportunity to participate in the tasks with her shoes on or off, and she chose to perform the tasks with her shoes off. I explained and demonstrated each task before she performed them.</p> <p>The first task was the Horizontal Gaze Nystagmus. I asked Clara if she was able to see the tip of my pen for this task, and she replied she was able to. After explaining the instructions, I asked her if she understood. She replied yes. I then asked if she had any questions, and she replied no. I noticed equal pupil size in both eyes. I then observed lack of smooth pursuit in both eyes, distinct and sustained nystagmus at maximum deviation in both eyes, and nystagmus prior to 45 degrees in both eyes. Clara was swaying the entire time.</p> <p>The next task was the Walk and Turn. After I explained and demonstrated the task, Clara advised she understood and did not have any questions. Clara did not remain in the starting position. She then took nine steps forward starting with the incorrect foot, turned incorrectly, then took an incorrect number of steps back. She also used her arms to balance.</p> <p>It should be noted that it began to lightly rain. I asked Clara if she would be okay if we walked approximately 25 feet away off the roadway under some cover. Clara agreed. Once under the cover, I then explained the next task, One Leg Stand. After explaining and demonstrating the task, Clara advised she understood and did not have any questions. Clara performed this task without issue.</p> <p>The next task was the Finger to Nose (L-R-L-R-R-L). After I explained and demonstrated the task, she advised she understood. She showed me she knew what hand was her left and right. She also showed me she knew what her index/pointer finger was, and where the tip of her nose was. On the third right, she started to use her left hand then switched to her right hand.</p> <p>The next task was the Rhomberg Alphabet. Clara advised she could recite the English alphabet from A-Z without skipping letters and without singing it. Clara recited the alphabet correctly.</p> <p>The final task was the Rhomberg Balance (estimate 30 sequence). After I explained the instructions, Clara advised she understood and did not have any questions. The first attempt, she estimated 60 seconds in 60 seconds. I then informed her that I asked her to</p>				
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;"> IMMLER, AMANDA NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 01/10/2024 DATE</p> </div> <div style="width: 45%;"> <p style="text-align: center;"> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER HARRISON, DANIELLE MARIE (856) NAME OF OFFICER (PLEASE PRINT) 01/10/2024 DATE</p> </div> </div>				
					PAGE 2 OF 3

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
Agency ORI Number FL FL0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2024-000381			
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other					Special Notes: _____
Name (Last, First, Middle) BUCHMANN, CLARA JEAN	Alias _____	Race W	Sex F	Date of Birth 12/28/2001	
<p>count to 30 seconds, not 60 seconds. On the second attempt, she estimated 30 seconds in 32 seconds.</p> <p>Based on my observations, I developed probable cause to arrest Clara Buchmann for DUI. I handcuffed Clara, checked for tightness and proper fit. I then conducted a search of her person and placed her into Ofc. Grubbs' marked patrol vehicle. Clara was then transported to BRPD booking facility to obtain a sample of her breath. Ofc. Walker responded as the BAT tech operator. Upon arrival, a 20-minute observation was conducted and then Clara was taken into the BAT room. I asked Clara for a breath sample, and she agreed to provide a sample. She then provided two breath samples of 0.198 and 0.193. I then read her Constitutional Warnings, and she advised she understood and declined to answer my questions. See DUI Influence report.</p> <p>Clara Buchmann is being charged with DUI (Enhanced) pursuant to F.S.S. 316.193(4). I issued Clara a DUI citation (#AG452ME). Clara was also issued a citation for failure to provide current insurance (#AG452OE) and a warning citation for an expired registration under 6 months (#1237515). Clara's vehicle was towed by Emerald Towing. Clara was medically cleared at Boca Raton Regional Hospital and then transported to Palm Beach County Jail without incident.</p>					
NOT A CERTIFIED COPY					
SWORN AND SUBSCRIBED BEFORE ME	_____ IMMLER, AMANDA NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER HARRISON, DANIELLE MARIE (856) NAME OF OFFICER (PLEASE PRINT)		
	_____ 01/10/2024 DATE		_____ 01/10/2024 DATE		
A D M I N I S T R A T I V E	PAGE 3 OF 3				

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: 01/10/2024

Date of Last Agency Inspection: 12/16/2023

Observation Period Began: 02:30

Subject's Name: CLARA J BUCHMANN

DOB: 12/28/2001 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	02:58
	Air Blank	0.000	02:58
	Control Test	0.080	02:59
	Air Blank	0.000	02:59
	Subject Sample #1	0.198	03:00
	Air Blank	0.000	03:01
	Air Blank	0.000	03:02
	Subject Sample #2	0.193	03:03
	Air Blank	0.000	03:04
	Control Test	0.079	03:04
	Air Blank	0.000	03:04
	Diagnostics Check	OK	03:05

Cylinder Lot: 29122080A2
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 KIANA P WALKER, 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: [Signature] Date: 1/10/24
Signature

Sworn to (or affirmed) before me this 10 day of January, 2024

[Signature] Signature of Notary Public-State of Florida
D. Hansen 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.

2024 - 381 Buchmann, Clara

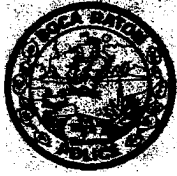
X15 204

20 - 230

DUI INFLUENCE REPORT



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



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 10 day of January, at 0204 (A)M/PM:

Subject: Clara Buchmann Case Number: 24-381

PERSONAL CONTACT

Driving Pattern: _____
_____ CPC _____

Observation of Driver: _____
_____ CPC _____

Driver's Statement: _____
_____ CPC _____

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: _____

CPC

Can not do, Why? _____

One leg stand: _____

CPC

Can not do, Why? _____

Finger to nose: _____

CPC

Can not do, Why? _____

Alphabet (speech pattern): _____

CPC

Can not do, Why? _____

Breath/Blood test results: 0.198 / .193

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 1/10/24 (date) by K. Walker

[Signature] Notary/Clerk of Court/ Officer (FSS 117.10) Date 1/10/24

[Signature] Signature of Arresting Officer Name of Officer (print) D. Harrison

ARRESTING OFFICER: D. Harrison

Name: K. Walker Phone # 561-368-6201 Work # _____

Address: 100 NW 2nd Ave, BR

Can testify to: BTO

Name: D. Subayo Phone # " Work # _____

Address: "

Can testify to: wheel witness

Name: A. Gibbs Phone # " Work # _____

Address: "

Can testify to: wheel witness

Name: K. Sorie Phone # " Work # _____

Address: "

Can testify to: wheel witness

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

NOT A CERTIFIED COPY



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 24-381

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Wednesday, January, 10, 2024.
(day) (month) (date) (year)

B. The time is now approximately 0253 AM/PM.

C. The following is in reference to case number 24-381.

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

E. Officer HARRISON, have you arrested Clara Buchmann in violation of Florida State Statute 316.193?
(Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? yes

G. Mr./Mrs./Ms. Buchmann, I am required to inform you these proceedings are being video recorded.

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

NOT A CERTIFIED COPY

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.



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: Buchmann, Clara

CASE #: 24-000381 DATE: 1/10/24

BREATH TEST RESULTS

1) TIME 0.198 (0300) AM/PM 2) TIME 0.193 (0303) AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: K. Walker

MAINTENANCE TECHNICIAN: A. Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Compassionate, talkative

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

COMMENTS: _____

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: Read 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 0306 AM/PM.

The date is Jan. 10 2021
 (month) (day) (year)

Refused

NOT RECORDED COPY

DNA Collectible Offense Search:

Search

No offender has matched with provided search criteria.

Offender Search

- ▶ You are **NOT** required to enter information into each field. But you are required to enter at least ONE search criteria. A search list may be obtained by entering information into one or more fields.
- ▶ Enter the offender's last name and first name in the appropriate fields. If the offender has an unusual last or first name, use the wildcard search options for possible spelling variations (See 'Include Similar Names' *)
- ▶ NOTE: The submissions received by the Database may **NOT** include all field information. For example, the Date of Birth may not be included or differ from your entry. So, if you do not receive any results after entering the offender's last name, first name, and a Date of Birth, try a search without a birth date.
- ▶ If no results occur after an initial search, try several variations or contact the FDLE DNA Investigative Support Database for assistance at 850-617-1300, FAX: 850-921-6086 or Email: dnadatabase@fdle.state.fl.us

First Name: BUCHMANN

Include Similar Names

Last Name: CLARA

Date of Birth:

SSN (no dashes):

DOC #:

FDLE #:

Click this box 'Include similar names' to run a wildcard search. With this type of search, entering the last name Smith, will return Smith, Smithson, Goldsmith, etc. Another option is to include a % sign within the name field to extend the search to all names with similar middle letters. For example, S%son will return Samson, Simpson, and Smithson. These searches may return very large result sets, so it is advisable to start with specific criteria, then adjust your search options until the desired record is found.

Search

Reset

Name

Date of Birth

No offender found for the search.



(1 of 1)

10 ▾

FDLE DNA Investigative Support Database
Phone: (850) 617-1300 Fax: (850) 921-6086
Email: dnadatabase@fdle.state.fl.us

HARRISON
(856)

WARNING CITATION

YOU ARE HEREBY OFFICALLY WARNED OF THE BELOW DESCRIBED VIOLATION.
YOUR ONLY REQUIRED ACTION IS TO EXERCISE SAFER DRIVING HABITS IN THE FUTURE

BOCA RATON POLICE DEPARTMENT

COUNTY OF PALM BEACH		1237515	
CITY (IF APPLICABLE) BOCA RATON 06/32			
DAY OF WEEK WEDNESDAY	MONTH 01	DAY 10	YEAR 2024 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.
NAME (PRINT) FIRST CLARA	MIDDLE JEAN	LAST BUCHMANN	
STREET 9260 BOCA VUE DR - 109			
CITY BOCA RATON	STATE FL	ZIP CODE 33428	
TELEPHONE NUMBER (303)949-3400	DATE OF BIRTH MO 12 DAY 28 YR 2001	RACE W	SEX F HT 506
DRIVER LICENSE NUMBER 1 6 3 6 3 0 9 7 5	STATE CO	CLASS R	CDL LICENSE Y (C)
YR LICENSE EXP. 2027	IF COMMERCIAL MTR VEH. "X" HERE <input type="checkbox"/>		
YR VEHICLE 2015	MAKE CHEV	STYLE UTIL	COLOR WHI
IF PLACARDED HAZARDOUS MATERIAL "X" HERE <input type="checkbox"/>			IF COMPANION CITATIONS "X" HERE <input type="checkbox"/>
VEHICLE LICENSE NO. DLXU95	TRAILER TAG NO.	STATE CO	YEAR TAG EXPIRES 2023
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY 2500 N FEDERAL HWY, BOCA RATON			

VIOLATIONS

- UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH
(INTERSTATE 4-LANE HWY WITH 20 FT. MEDIAN OUTSIDE BUS. OR RES. DIST.)
- CARELESS DRIVING CHILD RESTRAINT EXPIRED DRIVER LICENSE
 VIOLATION OF TRAFFIC CONTROL DEVICE SAFETY BELT VIOLATION > SIX (6) MONTHS
 FAILURE TO STOP AT A TRAFFIC SIGNAL IMPROPER OR UNSAFE EQUIPMENT NO VALID DRIVER LICENSE
 IMPROPER LANE CHANGE OR COURSE EXPIRED TAG < SIX (6) MONTHS DRIVING WHILE LICENSE SUSPENDED OR REVOKED
 NO PROOF OF INSURANCE EXPIRED TAG > SIX (6) MONTHS
 VIOLATION OF RIGHT-OF-WAY DRIVING UNDER THE INFLUENCE
 IMPROPER PASSING BAL _____
 OTHER: _____

IN VIOLATION OF STATE STATUTE **320.07 (3A)**

COMMENTS PERTAINING TO VIOLATION:

X SIGNATURE OF VIOLATOR

NAME - SIGNATURE OF OFFICER
HARRISON

BADGE NO.
856

Case # **2024000381**

NOT A CERTIFIED COPY



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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2024000813	Date: 1/11/2024
	Specialist Name/ID#: T.HOWARD/7185