50.2023.CT-004342ASB

05387S4

#3780

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 | 2023-003166

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): 1999 NW 4TH AVE, BOCA RATON FL 33432, 1999 NW 4TH AVE,
Location of Offense (Business Name, Address): 1999 NW 4TH AVE, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/06/2023	19:31	03/06/2023	19:41	03/06/2023	21:17	EMERALD TOWING

DEFENDANT

Name (Last, First, Middle): POSTER, JULIA ROSE
Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	06/14/1999	5'04	125	BROWN	BROWN	LIGHT	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATT L TRICEP / ROSE; TATT R CHEST / A PLANET
Marital Status: S
Religion: NONE
Indication of: Alcohol Influence [X] Yes [ ] No [ ] Unk. [ ] Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 2033 NW 4TH CT 47B, BOCA RATON, FL 33431
Phone: (917) 331-1949
Residence Type: 1. City 3. Florida 2. County 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 2033 NW 4TH CT 47B, BOCA RATON, FL 33431
Phone: (917) 331-1949
Address Source: SELF

Business Address (Name, Street) (City) (State) (Zip): EVERGLADES UNIVERSITY,
Phone:
Occupation: Admissions Coun

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
288165858 / NY	NONE		NEW YORK CITY, NY,	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) Date Time JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address was provided by [ ] defendant and/or [ ] defendant's parents.
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.
[ ] Yes, by: [ ] No:

School Attended Grade

Property Crime? [ ] Yes [X] No
Description of Property Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other

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

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI - ENHANCED	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	2023-003166	1	[ ] Y [X] N		OR

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		

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: CALM
Any knowledge of the following: [ ] Mental [ ] Escape Risk [ ] Medication [ ] Deformities [ ] Injuries
Explain:

Check which applies: [ ] Released O.R. [ ] Released to Parent/Guardian [X] T.O.T. County Jail [ ] Posted Bond [ ] South County Mental Health

PROPERTY - Received By: HARRISON
Released By: PBCJ
Released To: OWNER

Transported By: HARRISON
Date Transported: 03/06/2023
Time Transported: 21:18
Other

NOTICE TO APPEAR

[X] 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: 04/10/2023 08:30:00

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

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

No Photo Available

ADMIN

HOLD for Other Agency: No detainer
[ ] Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other

Signature of Arresting Officer:
Name of Arresting Officer (Print): HARRISON, D. M. I.D. # 856

Name Verification (Printed by Arrestee) (PRINT)

Issue Deputy: S.S. Lawrence I.D. # 1244 Pouch #

Transporting Officer: HARRISON I.D. # 856 Agency: BRPD

Witness here if subject signed with an "X".

PAGE 1 OF 1

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

JUVENILE:

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-003166

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
POSTER, JULIA ROSE		W	F	06/14/1999

CHARGES

Charge Description	Charge Description
316.193(4) DUI - ENHANCED	
Charge Description	Charge Description

VICTIM

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

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.

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 6 day of March, 2023 at 19:31 (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

On 03/06/2023 at approximately 1900 hours, I responded to the intersection of NW 20th St and NW 4th Ave in reference to a vehicle on the wrong side of the road.

BRPD Dispatch received a call from a witness, Witness 1, who advised while she was traveling westbound on NW 20th St just past NW 4th Ave, another vehicle, a black Nissan SUV, was traveling eastbound in the westbound lanes and almost struck the witness` vehicle. When the witness saw the driver of the vehicle, a young Indian female, approximately 20 y/o, the driver appeared "dazed" and confused. There was no crash that occurred.

Upon my arrival, BRFD was also on scene. I observed a white female wearing a black dress seated in the driver seat of the vehicle with keys in the vehicle. The keys were placed on top of the hood of the vehicle. The vehicle, a black Nissan SUV bearing FL tag 12BWDS, was facing eastbound and in the inner-most westbound lane on NW 20th St just west of NW 4th Ave. Due to high volume traffic at this time, this lane was blocked by BRPD units. BRFD checked the female`s vitals and found all vitals to be normal (BRFD run # 2023003634). The female, identified by her NY DL to be Julia Poster, did not wish to go to a hospital and advised she had no medical issues and was not diabetic. I then spoke with Poster, still seated in the driver seat. I asked Poster if she knew where she was, and she advised she was in Boca Raton. She did not know exactly where in Boca Raton she was, but knew she was down the street from her residence. She did not know her residence but read her residence from her phone: 2033 NW 4th Ct, Unit 47B. She advised she was coming from work at Everglades University by T-Rex Ave and was heading to her residence. She stated her vehicle was near the crosswalk. From the driver side of the vehicle, I observed Poster`s eyes were bloodshot and glossy, and I could smell a strong odor of an unknown alcoholic beverage emanating from the vehicle.

I then asked Poster if she would be willing to step outside of her vehicle, and she

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

ROSEN, STEPHEN JEFFREY
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/06/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HARRISON, DANIELLE MARIE (856)
NAME OF OFFICER (PLEASE PRINT)

03/06/2023
DATE

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

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-003166

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
POSTER, JULIA ROSE		W	F	06/14/1999

PROBABLE CAUSE STATEMENT

willingly stepped outside. I then guided her to a solid yellow line behind her vehicle. I showed her where her vehicle currently was and asked her what the grass median was while pointing to it. Poster replied it was the crosswalk. I then told her it was the median, and her vehicle was on the wrong side of the road. Poster apologized and could not explain how it happened. According to Poster, she had two drinks earlier (two White Claws), she has no physical injuries, she does not take any prescription medications, she has no medical issues, she is not diabetic, she has no issues with her eyes not corrected by contact lenses or glasses, her highest level of education is a graduate degree, and English is her first language. I then asked Poster if she would be willing to participate in field sobriety tasks to dispel my alarm that she is under the influence of alcohol and/or a chemically controlled substance. Poster agreed to participate in the tasks. While speaking with Poster, I could smell a strong odor of an unknown alcoholic beverage emanating from her breath and person.

I asked Poster to point to the line we would be using for the tasks and state the color of it. She then pointed to the solid yellow line and stated it was, "yellow." She also agreed the surface was flat and well-lit. I afforded Poster the opportunity to participate in the tasks with her shoes on or off, and she chose to perform the tasks barefoot. I explained and demonstrated each task and asked if she had any questions.

The first task was the Horizontal Gaze Nystagmus. After explaining the instructions, I asked Poster if she understood. She replied yes. I then asked if she had any questions, and she replied, no. Poster could not keep her head still and kept moving her head left and right. I then had Poster hold her head in her two hands to keep her head straight. During the task, I noticed equal pupil size in both eyes, a lack of smooth pursuit in both eyes, sustained and distinct nystagmus at maximum deviation in both eyes, and nystagmus prior to 45 degrees in both eyes. Poster was also swaying during this exercise.

The second task was the Walk and Turn. She chose to participate in the task barefoot. After explaining the instructions, I asked Poster if she understood. She replied, yes. I then asked if she had any questions, and she replied, no. I demonstrated the task in front of her. She then took an incorrect number of steps forward, turned around incorrectly, stepped off the line, did not maintain heel-to-toe and took wide steps, then took an incorrect number of steps back.

The third task was the One Leg Stand. After explaining the instructions and demonstrating the task, I asked Poster if she understood. She replied, yes. I then asked if she had any questions, and she replied, no. She chose to balance on her right leg and raise her left leg for this task. It should be noted that she would look forward instead of at her foot, she counted incorrectly, she could not keep her foot up for more

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

ROSEN, STEPHEN JEFFREY
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/06/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HARRISON, DANIELLE MARIE (856)
NAME OF OFFICER (PLEASE PRINT)

03/06/2023
DATE

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

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-003166

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
POSTER, JULIA ROSE		W	F	06/14/1999

PROBABLE CAUSE STATEMENT

than a few seconds.

The fourth task was the Finger-to-Nose (L-R-L-R-R-L). After I explained and demonstrated each 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. She kept opening her eyes and had eyelid flutter with her eyes closed. She missed the tip of her nose on each attempt and attempted to use the wrong hand once.

The fifth task was the Rhomberg Alphabet. Poster advised she knew the English alphabet and could recite it from A-Z without skipping any letters and not singing it. Poster recited the English alphabet incorrectly two separate times.

The sixth and final task was the Rhomberg Balance (estimate thirty sequence). She acknowledged she understood the instructions. I then told her to begin. After 10 seconds, she stated it had been thirty seconds.

Based on the above information, I placed Julia Poster under arrest for DUI. I then handcuffed Poster, checked for tightness and proper fit. During an inventory to tow of the black Nissan SUV, two opened and empty White Claw cans were found on the passenger floorboard in a White Claw box. An unopened White Claw can was located in the center console. A large and used clear bong was located on the rear passenger floorboard, to which Poster spontaneously uttered, "Sorry for the bong." A 200mL partially filled rum glass bottle was found inside of a pink purse on the front passenger seat. Photos of these were captured on Ofc. Soria`s MVR body camera. I captured photos of the Nissan SUV`s position in the roadway on my MVR body camera.

I conducted a search of her person and placed her into my marked police vehicle. I then transported Poster 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. Poster was then taken into the BAT room. I asked Poster for a breath sample. She then asked what would happen if she did not provide a breath sample. I then read her Florida Implied Consent Warnings. She advised she understood and agreed to provide a breath sample. Poster then provided two samples of 0.274 and 0275. I then read Poster her Constitutional Warnings, and she advised she understood. She declined to answer any further questions. See DUI Influence report.

Julia Poster is being charged with DUI (Enhanced) pursuant to F.S.S. 316.193(4). Poster is being issued a DUI citation (#AG4205E).

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

ROSEN, STEPHEN JEFFREY
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

03/06/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HARRISON, DANIELLE MARIE (856)
NAME OF OFFICER (PLEASE PRINT)

03/06/2023
DATE

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

2023-3164 Poster, Julia
X15 · 1931 hrs
20 min - 1945 hrs

DUI INFLUENCE REPORT

NOT ACCREDITED COPY

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 6th day of March, at 731 AM/PM

Subject: Julia Poster Case Number: 23-31606

PERSONAL CONTACT

Driving Pattern: CPC

Observation of Driver: CPC

Driver's Statement: CPC

Odors: CPC

GENERAL OBSERVATIONS

Speech:

Attitude:

Clothing: CPC

Medical Problems:

Medications:

Other:

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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: .275, .274

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 3/6/23 (date) by K Walker.

_____ 3/6/23
Notary/Clerk of Court/ Officer (FSS 117.10) Date

_____ D. Hansen
Signature of Arresting Officer Name of Officer (print)

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ARRESTING OFFICER: D. Harrison

Name: K. Walker Phone # 5613681234 Work # _____

Address: _____

Can testify to: breath sample operator

Name: K. Soria Phone # 4 Work # _____

Address: _____

Can testify to: SFST's

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 23-31606

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Monday (day), March (month), 6 (date), 2023 (year).

B. The time is now approximately 2011 AM (PM)

C. The following is in reference to case number 23-31606.

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

E. Officer Harrison, have you arrested Julia Poster (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) Poster, I am required to inform you these proceedings are being video recorded.

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

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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: Read on camera

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 _____ (month), _____ (day), _____ (year), and the time is _____AM/PM.

A refusal form will be completed by the arresting officer.

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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: _____

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BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: [redacted] Julia Poster

CASE #: 23-31606 DATE: 3/6/23

BREATH TEST RESULTS

1) TIME 274 815 AM/PM 2) TIME 1275 818 AM/PM

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

BREATH OPERATOR: K. Walker 861

MAINTENANCE TECHNICIAN: A. Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: quiet

ATTITUDE: calm

CLOTHING:

MEDICAL CONDITION:

OTHER:

COMMENTS:

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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: 3/6/23 Time: 2020

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

_____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____AM/PM

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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 2022 AM/PM.

The date is March (month), 16 (day), 2023 (year).

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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: 03/06/2023

Date of Last Agency Inspection: 02/20/2023
Observation Period Began: 19:45
Subject's Name: JULIA R POSTER DOB: 06/14/1999 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	20:12
Air Blank	0.000	20:13
Control Test	0.080	20:13
Air Blank	0.000	20:14
Subject Sample #1	0.274	20:15
Air Blank	0.000	20:16
Air Blank	0.000	20:17
Subject Sample #2	0.275	20:18
Air Blank	0.000	20:19
Control Test	0.078	20:19
Air Blank	0.000	20:20
Diagnostics Check	OK	20:20

Cylinder Lot: 02422080A1
Exp: 02/05/2024

State of Florida, County of Palm Beach,

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

I 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: _____ Date: 3/6/23
Signature

Sworn to (or affirmed) before me this 6 day of March, 2023

_____ D. Hamsa
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

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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	1225700
CITY (IF APPLICABLE): BOCA RATON 06/32	

DAY OF WEEK	MONTH	DAY	YEAR	
MONDAY	03	06	2023	07:31 ☐ A.M. ☒ P.M.

NAME (PRINT) FIRST: JULIA | MIDDLE: ROSE | LAST: POSTER

STREET: 2033 NW 4TH CT - 47B | IF DIFFERENT THAN ONE OR DRIVER LICENSE "X" HERE ▶

CITY: BOCA RATON | STATE: FL | ZIP CODE: 33431

TELEPHONE NUMBER	DATE OF BIRTH MO	DAY	YR	RACE	SEX	HGT
(917)331-1949	06	14	1999	W	F	504

DRIVER LICENSE NUMBER: 2 8 8 1 6 5 8 5 8

STATE	CLASS	CDL LICENSE	YR LICENSE EXP.	IF COMMERCIAL MTR. VEH. "X" HERE
NY	D	☐	2025	▶ ☐

YR. VEHICLE	MAKE	STYLE	COLOR	IF PLACARDED HAZARDOUS MATERIAL "X" HERE
2022	NISS	UT	BLK	▶ ☐

VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG EXPIRES	IF COMPANION CITATION(S) "X" HERE
12BWDS		FL	2023	▶ ☐

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY
1999 NW 4TH AVE, 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: DRIVING ON WRONG SIDE OF DIVIDED HIGHWAY

IN VIOLATION OF STATE STATUTE 316.090 (1)

COMMENTS PERTAINING TO VIOLATION:

Driving eastbound in westbound lanes on NW 20th St with grass median

X SIGNATURE OF VIOLATOR

RANK - SIGNATURE OF OFFICER: HARRISON

BADGE NO.: 856

Case # 2023003166

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