0539426 23CT 6143 545

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	Agency Name	Agency Report Number (N.T.A.'s only)
0500200	Boca Raton Police Department	3 | 2 | 2023-004508

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

If Weapon Seized: Enter Type UNARMED — Multiple Clearance Indicator

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
, 500 S FEDERAL HWY, BOCA RATON, FL 33432	500 S FEDERAL HWY, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/03/2023	03:16	04/03/2023	03:26	04/03/2023	04:39	NONE

DEFENDANT

Name (Last, First, Middle): LIMA FERREIRA, THALITA — 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	08/10/1986	5'10	120	BROWN	BLACK	LIGHT	M

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): None

Marital Status: S — Religion: NONE — Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. — Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 2812 SE 5TH CIR, BOYNTON BEACH, FL 33435 — Phone — Residence Type: 1. City 3. Florida 2. County 4. Out of State: 3

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 2812 SE 5TH CIR, BOYNTON BEACH, FL 33435 — Phone — Address Source

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

DrL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
L516800867900 / FL	None		SAN PAO, Brazil	BZ

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 ☒ 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 #
DRIVE UNDER INFLUENCE ALC	316.193(1A)	

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

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

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

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: GOOD

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

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

PROPERTY - Received By	Released By	Released To
868	868	PBCJ

Transported By	Date Transported	Time Transported	Other
868	04/03/2023	04:39	

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444

Court Date and Time: 05/08/2023 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.

No Photo Available

SCANNED APR 04 2023

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

ADMIN

HOLD for Other Agency — Signature of Arresting Officer — Name Verification (Printed by Arrestee)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): WILLIAMS, D. — I.D. #: 868 — (PRINT) 04/3 16:49

Intake Deputy	I.D. #	Pouch #	Transporting Officer	I.D. #	Agency
Dumagh			Clinard	780	BOCA

Witness here if subject signed with an "X".

PAGE 1 OF 1

Clinard #780

FILED PBC - GUN CLUB '23 APR 4 AM 7:13

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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 2023-004508

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
LIMA FERREIRA, THALITA		W	F	08/10/1986

CHARGES

Charge Description	Charge Description
316.193(1A) DUI	
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) -	

PROBABLE CAUSE STATEMENT

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.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☐ confessed to _____ admitting to the below facts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 3 day of April, 2023 at 03:16 (Specifically include facts constituting cause for arrest.)

On 4/3/2023, at approximately 0234 hours, I was traveling southbound on Federal Highway approaching the intersection of Federal Highway and SE 5th Ave. I observed a silver Kia (FL 13CCUC) make a right turn from SE 5th Ave onto Federal Highway southbound. As the vehicle negotiated the right turn it failed to turn into the right most lane and in doing so pulled out In front of another vehicle already proceeding southbound on Federal Highway. As the Kia proceeded southbound it was traveling at a speed of 20 MPH in a clearly posted 35 MPH zone. Once the light turned green at the intersection of E Camino Real and Federal Highway the vehicle began to travel at 30 MPH in a posted 45 MPH zone. While following behind the vehicle I observed it weaving within its lane. I activated my emergency equipment and conducted a traffic stop on the vehicle where it came to a complete stop at 1700 S Federal Highway.

I walked up to the driver`s side window and was immediately presented with the overwhelming odor of alcohol emanating from within the vehicle. The driver advised she did not have any paperwork but was the RO of the vehicle. After confirming her address and D.O.B. the driver was identified as Thalita Lima Ferreria. In speaking with Thalita I observed her eyes to be bloodshot and watery as well as the odor of alcohol emanating from her breath. Thalita advised her primary language is Portuguese and that she understands some English. I made several attempts to acquire a Portuguese speaker, but all attempts failed. In the interest of making sure Thalita understood all my instructions, I rephrased and repeated everything multiple times until she advised she understood. Based upon the combination of pre and post-stop indicators I requested Thalita participate in Field Sobriety Exercises (FSEs) to which she complied. Thalita advised she is healthy.

The FSEs were conducted as follows.

Horizontal Gaze Nystagmus (HGN)

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VAN CAMP, JEFFERY ALAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

04/03/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

04/03/2023
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: FL FL0500200	Agency Name: BOCA RATON POLICE DEPARTMENT	Agency Report Number: 3 | 2 2023-004508		
	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
	LIMA FERREIRA, THALITA		W	F	08/10/1986

PROBABLE CAUSE STATEMENT

The defendant identified the stimulus as red. The defendant had equal pupil size and equal tracking in both eyes. The defendant`s eyes continued to jump as she attempted to follow the stimulus. In conducting the exercise, I was able to observe a Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, the onset of Nystagmus prior to 45 degrees, and Vertical Nystagmus. While giving the instructions the defendant continued to sway.

Walk and Turn

The surface was flat and hard. The defendant attempted to do the exercise without shoes. The line used was a painted white line. I made sure the defendant both knew the line she would be using and the color of that line. I began the exercise by instructing and demonstrating to the defendant how to complete the exercise. While giving instructions the defendant lost balance several times and failed to stay in the starting position. In conducting the exercise, the defendant walked an improper number of steps, made an improper turn, and failed to walk Heal-to-Toe.

One Leg Stand

The surface was flat and hard. The defendant attempted to do the exercise without shoes. The defendant raised her right leg. During the exercise, the defendant continued to sway, placed her foot down, and lost balance.

Finger to nose

The surface was flat and hard. The defendant conducted the exercise without shoes. The defendant failed to touch the tip of her finger to the tip of her nose multiple times. During the exercise, the defendant continued to sway.

Due to the totality of the circumstances and my training/experience, I felt the defendant was unable to perform simple tasks during the exercises due to being impaired. I felt the defendant is too impaired to operate a motor vehicle safely. The defendant was placed under arrest at 0316 hours, for driving under the influence. Thalita was placed in handcuffs that were checked for tightness and double-locked.

The vehicle was released to the passenger per Thalita`s request.The passenger of the vehicle was identified as Rafael Aroujo with DOB 10/21/1985.

Thalita was transported to the BRPD DUI room. Officer Walker conducted the 20-minute observation and operated the Intoxilyzer. Thalita requested to know what would happen if she did not provide a breath sample and as such was read her implied consent warnings

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VAN CAMP, JEFFERY ALAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

04/03/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

04/03/2023
DATE

SCANNED
APR 04 2023

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 | 2023-004508

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
LIMA FERREIRA, THALITA		W	F	08/10/1986

PROBABLE CAUSE STATEMENT

at 0401 hours. After acknowledging she understood Thalita still did not wish to provide a breath sample. Reference Intoxilyzer 8000 S#80-006622 results were (Refused)

Thalita was transported to Palm Beach County Jail.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VAN CAMP, JEFFERY ALAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

04/03/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

04/03/2023
DATE

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

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, David Williams (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer, am a member of Boca Raton Police (Name of law enforcement agency), and I do swear or affirm that on or about the 3 day of April, 20 23, at 0316 ☐ P.M ☒ A.M.

DRIVER Thalita (Type or Print) FIRST NAME Lima MIDDLE OR MAIDEN NAME Ferreira LAST NAME,

DL# L516800687100, state of Florida, was placed under lawful arrest for the offense of DUI by David Williams (Name of Arresting Officer) and issued Citation # AG42QCE.

That on or about the 3 day of April, 20 23, at 0401 ☐ P.M ☒ A.M. in Palm Beach County,

I requested that the driver submit to a ☒ **breath and/or** ☐ **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

K. Walker 8161
Signature of Attesting Officer

Title Police officer

Date 4/3/23

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20_____, by _____, who is personally known to me or who has produced _____ as identification

Notary Public _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

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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: 04/03/2023

Date of Last Agency Inspection: 03/15/2023
Observation Period Began: 03:35
Subject's Name: THALITA LIMA FERRIERA DOB: 08/10/1986 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	04:00
Air Blank	0.000	04:00
Control Test	0.079	04:00
Air Blank	0.000	04:01
Subject Sample #1	REF*	04:02
Air Blank	0.000	04:02
Control Test	0.080	04:02
Air Blank	0.000	04:03
Diagnostics Check	OK	04:03

*Subject Test Refused

Cylinder Lot: 02422080AI
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 [redacted], hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 4/3/23
Signature

Sworn to (or Affirmed) before me this 3 day of April, 2023

_____ David Crimmons 868
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Notes: 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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Ob 0335 23-4508
X15 0316 Refusal

DUI INFLUENCE REPORT

NOT A CERTIFIED 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 3rd day of April, at 316 AM/PM:

Subject: Thalita Lima Ferreira Case Number: 23-4508

PERSONAL CONTACT

Driving Pattern: CPC

Observation of Driver: CPC

Driver's Statement: CPC

Odors:

GENERAL OBSERVATIONS

Speech:

Attitude:

Clothing: CPC

Medical Problems:

Medications:

Other:

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Horizontal Gaze Nystagmus:

☐ Left eye does not follow smoothly ☐ Right eye does not follow smoothly

☐ Left eye jerks at 45 degrees angle or less ☐ Right eye jerks at 45 degrees angle or less

☐ Distinct jerking left eye maximum deviation ☐ 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: Refusal

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 4/3/23 (date) by Ofc. Walker.

Notary/Clerk of Court/ Officer (FSS 117.10) Date 4/3/23

Signature of Arresting Officer Name of Officer (print) David Collins

NOT A CERTIFIED COPY

ARRESTING OFFICER: D. Williams

Name: J. Rochetti Phone # _____ Work # _____

Address: _____

Can testify to: SFSE's

Name: K. Walker Phone # _____ Work # _____

Address: _____

Can testify to: breath sample

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: _____

NOT A CERTIFIED COPY

-END OF PART ONE-

BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 23-4508

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Monday (day), April (month), 3 (date), 2023 (year).

B. The time is now approximately 357 AM/PM.

C. The following is in reference to case number 23-4508.

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

E. Officer Williams, have you arrested Thalita Lima Ferreira 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.) Lima ferreira, 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: _____

NOT A CERTIFIED COPY

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Thalita Lima Ferreira

CASE #: 23-4508 DATE: 4/3/23

BREATH TEST RESULTS

1) TIME Refusal AM/PM 2) TIME _____ AM/PM

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

BREATH OPERATOR: K. Walker

MAINTENANCE TECHNICIAN: A. Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: quiet

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

_____

COMMENTS: _____

_____

_____

_____

_____

_____

NOT A CERTIFIED COPY

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: Refusal 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

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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 0102 AM/PM.

The date is April (month), 3 (day), 2023 (year).

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