

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2017-017882		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE		
	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: None/not Applicable		Multiple Clearance Indicator								
D E F E N D A N T	Location of Arrest (Including Name of Business) 3600 N MILITARY TRL						Location of Offense (Business Name, Address) 3600 N MILITARY TRL, BOCA RATON, FL 33431						
	Date of Arrest 12/29/2017	Time of Arrest 22:58	Booking Date 12/29/2017	Booking Time 23:25	Jail Date 12/30/2017	Jail Time 00:00	Location of Vehicle WESTWAY						
C O D E D	Name (Last, First, Middle) SMITH, AMY BETH						Alias:						
	Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 12/25/1968	Height 5'04	Weight 195	Eye Color GREEN	Hair Color BLONDE	Complexion LIGHT	Build Large				
J U V E N I L E	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status M	Religion JEWISH	Indication of: Alcohol Influence Yes ☒ No ☐ Drug Influence Yes ☐ No ☒ Unk. ☐				
	Local Address (Street, Apt. Number) (City) (State) (Zip) 16519 IRONWOOD DR, DELRAY BEACH, FL 33445						Phone (339) 222-2645		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2				
C O D E D	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 16519 IRONWOOD DR, DELRAY BEACH, FL 33445						Phone (339) 222-2645		Address Source SUBJECT				
	Business Address (Name, Street) (City) (State) (Zip) UN-EMPLOYED,						Phone		Occupation				
C O D E D	D/I. Number, State S53000268965 / FL		INS Number		Place of Birth (City, State) SPRINGFIELD, OH,		Citizenship US						
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		☐ 1. Arrested ☐ 2. At Large		☐ 3. Felony ☐ 4. Misdemeanor		☐ 5. Juvenile		
J U V E N I L E	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		☐ 1. Arrested ☐ 2. At Large		☐ 3. Felony ☐ 4. Misdemeanor		☐ 5. Juvenile		
	Name (Last, First, Middle)						Residence Phone						
C O D E D	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 IAC 3. Incarcerated				
J U V E N I L E	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.						School Attended	Grade					
C O D E D	Property, Crime/No ☐ Yes ☒ No						Description of Property		Value of Property				
	Drug Activity N. N/A P. Possess						S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other		
C H A R G E	Charge Description DUI						Statute Violation Number 316.193(1)		Violation of ORD #				
	Drug Activity	Drug Type N	Amount / Unit /	Offense # 2017-017882	Counts 1	Domestic Violence ☐ Y ☒ N	Warrant / Capias Number		Bond				
C H A R G E	Charge Description						Statute Violation Number		Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence ☐ Y ☐ N	Warrant / Capias Number		Bond				
C H A R G E	Charge Description						Statute Violation Number		Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence ☐ Y ☐ N	Warrant / Capias Number		Bond				
I N T A K E	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 BISSOON		Released By BISSOON		Released To COUNTY JAIL		
N O T I C E	Transported By						Date Transported //	Time Transported	Other				
	☒ 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						
T O A P P E A R	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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						Court Date and Time 01/29/2018 08:30:00						
	Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed 12-29-17						
A D M I N	HOLD for Other Agency		Signature of Arresting Officer 664		Name Verification (Printed by Arrestee) 664		(PRINT) AMY SMITH		PAGE 1 OF 1				
	☐ Dangerous ☐ Suicidal		☐ Resisted Arrest ☐ Other		Name of Arresting Officer (Print) BISSOON, STEPHEN R.		I.D. # 664		Agency BRPD		Witness here if subject signed with an "X"		
Intake Detainer WSJ. THOMAS #7956		Pouch #		Transporting Officer BISSOON		I.D. # 664		Agency BRPD		Date DEC 30 AM 1:45			

0417380

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PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBT Number		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-017882	
	Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Special Notes:		Name (Last, First, Middle) SMITH, AMY BETH		Race W	Sex F
C H A R G E S	Charge Description 316.193(1) DUI		Charge Description		Date of Birth 12/25/1968			
	Charge Description		Charge Description					
V I C T I M	Victim's Name (Last, First, Middle) STATE OF FLORIDA,		Race		Sex	Date of Birth		
	Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432		(City)	(State)	(Zip)	Phone (561) -	Address Source	
P R O B A B L E	Business Address (Name, Street) (56) -		(City)	(State)	(Zip)	Phone (56) -	Occupation	
C A U S E	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 commit 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 29 day of December, 2017 at 22:58 (Specifically include facts constituting cause for arrest.)							
	On 12/29/2017 I observed a black 2013 Bentley bearing Fl tag#J1A fail to stop or slow at a stop sign at Butts Rd and NW Executive Center Dr to go north bound on Butts Rd. I continued to follow the Bentley as it traveled northbound and the vehicle was unable to maintain its lane veering to left of the lane on several occasions. The Bentley then came to a stop at the red-light at Butts and N Military Trl to go north on North Military Trl. The Bentley then made the left turn and as it traveled north bound was still unable to maintain its lane. I then conducted a traffic stop at 3600 N Military Trl on the Bentley and met with driver Amy Smith and front seat passenger Jeffrey Smith. I advised them the reason for the stop was due to the stop sign violation and for the violation of the traffic control device. I then asked Smith for her driver's license, registration and proof of insurance, she was able to provide her Florida driver's license as well as the registration and insurance. While speaking to Smith I could smell and odor of alcoholic beverage emanating from her person, her eyes were glossy and blood shot. I asked where they were coming from and she stated dinner at New York Prime. I asked her if she had anything to drink tonight and she stated that she had nothing to drink. I then asked Smith to exit the vehicle and based on my observations I asked Smith if she would submit to roadside sobriety tasks to dispel my alarm that she was under the influence. Smith advised that she would submit to roadside tasks. Smith then advised that she had one drink tonight but earlier in the night. I then walked her over to a well lit area and asked her if she had any medical problems or medical issues that would prevent her from doing the tasks. Smith advised that she had no medical or physical issues that would prevent her from conducting the tasks. The tasks that were conducted were the Walk and Turn, One Leg Stand, Finger to Nose, and the Rhomberg Alphabet. Ofc Saavedra arrived on scene. The first SFST was the Walk and Turn. Smith could not maintain the starting							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER					
	FRENZ, JONATHAN RYAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) 12/30/2017 DATE		BISSOON, STEPHEN R (664) NAME OF OFFICER (PLEASE PRINT) 12/30/2017 DATE					

PAGE

1 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

**PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT**

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number	Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-017882	
	Agency ORI Number FL 0500200				
	Charge Type: ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Special Notes:		
	Name (Last, First, Middle) SMITH, AMY BETH			Race W	Sex F
				Date of Birth 12/25/1968	
position and stumbled off the line. Smith failed to walk heel to toe at any of the steps instead she took regular steps as she walked the line. She also made an improper turn by just turning around instead of the way that was demonstrated to her. She took 9 steps forward and then 8 steps back. The second SFST was the One Leg Stand. Smith failed to keep her feet six inches off the ground. She put her foot down several times during the task. She was swaying during the task. The third SFST was the Finger to Nose (L-R-L-R-R-L). Smith touched her right nostril on the first, second and third left. On the first right she touched in between her lips and her nose, just above the upper lip area. On the second and third right she touched the side of her nose. The fourth SFST was the Rhomberg Alphabet which she was to able to recite properly. Based on my investigation I placed Smith under arrest for DUI. I then transported her to BRPD. Ofc Reissi responded to BRPD as my Breath Test Operator. Ofc Reissi and I conducted the 20 minute observation and then she was taken into the BAT room. Smith refused to provide a breath sample. I read her Implied Consent Warnings, which Smith advised she understood and still refused to provide a breath sample. I also read Smith her Constitutional Rights which she advised she understood and would answer my questions without an attorney present. See DUI influence report. Smith is being charged under F.S.S. 316.193(1) for DUI. I also issued Smith a citation under F.S.S 316.123(2a) for the stop sign violation. Smith's vehicle was towed by Westway towing. Jeffrey Smith left without incident.					
	SWORN AND SUBSCRIBED BEFORE ME FRENZ, JONATHAN RYAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 12/30/2017 DATE <i>[Signature]</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BISsoon, STEPHEN R (664) NAME OF OFFICER (PLEASE PRINT) 12/30/2017 DATE				
	PAGE 2 OF 2				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

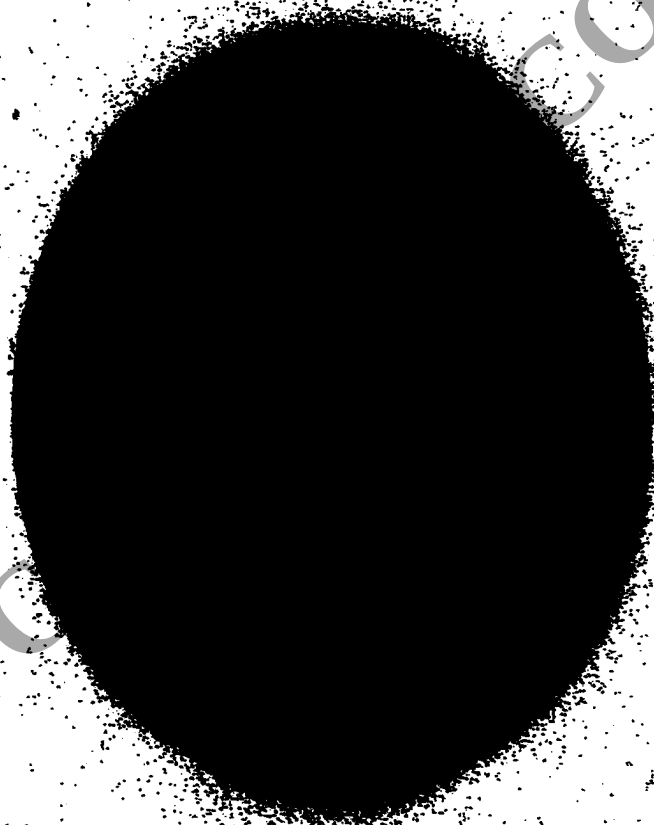
P. I. O.

17-17882

D. U. I. INFLUENCE REPORT

1015-2258

1015-2325



Boca Raton Police Services Department
100 Northwest Second Avenue
Boca Raton, Florida 33432

Name: CFC. Savedra Phone # Home Work

Address: 100 NW 2nd Ave

Can testify to: Back up

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

BOCA RATON POLICE DEPARTMENT

Agency Case#

17-17882

PART II D.U.I. REPORT
To be filled out at testing facility

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: Friday, December, 29th 2017
(day) (month) (date) (year)

B. The time is now approximately 11 44 AM PM

C. The following is in reference to case number 17-17882

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

E. Officer Bissoon Have you arrested Amy Smith
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?

G. Mr./Mrs./Ms. Smith I am required to
Inform you these proceedings are being video taped.

Operator Note:

Video tape breath request, breath sample, and interview.

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: _____

Revised 8/2006

H. 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 its alcohol content.

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.

2.

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: _____

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.

After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr/Mrs/Ms. Smith has refused to submit to a breath test.

The date is December (Month) 21 (Day) 2017 (Year) and the time 1146 AM/PM

A refusal form will be completed by the arresting officer.

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Amy Smith

CASE #: 17-17882 DATE: 12/29/17

BREATH TESTS RESULTS

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

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

BREATH OPERATOR: Reissi

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: Calm

CLOTHING: Blue Dress, Brown Sandals

MEDICAL CONDITION: Blood Clots

OTHER: Odor of Alcoholic Beverage

COMMENTS: _____

ADULT CONSTITUTIONAL WARNINGS
(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following 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 the right to the presence of a lawyer 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 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.

DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?

(X) _____

QUESTIONS AND ANSWERS

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

Where were you going? Home

What street or highway were you on? Military Trl

Direction of travel? North

Where did you start driving from? New York Penn

What City (County) were you stopped in? Palm Beach

What time did you start? 10:30 AM/PM What time is it now? Do not know

What is today's date? 29th What day of the week is it? Friday

When did you last eat? 1 1/2 days What did you eat? Steak, shrimp, baked potato, salad
What have you been doing the past three hours prior to this stop/accident? hanging out w friends/family
How much do you weigh? 175 Have you been drinking? Yes What were you drinking? Wine
How much? 1 glass Where? New York Times With whom were you drinking? husband & family
When did you have your first drink? 7:30-8:00 AM/PM When did you stop drinking? 8:30 AM/PM
How did you consume your last two drinks? Sipped

Are you under the influence of alcohol now? Yes ☐ No ☒

Can you feel the affects of alcohol? Yes ☐ No ☒

Have you consumed alcohol since the accident? Yes ☐ No ☒

Can you feel the affects of alcohol? Yes ☐ No ☐

Have you consumed alcohol since the accident? Yes ☐ No ☐ How much? What?

Where?

What line of work are you in? Retired

When did you last work? 20 yrs ago

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? No Did you get a bump on the head? No

Were you involved in an accident today? No

Have you taken any drugs or smoked marijuana today? No

What? When?

Have you seen a doctor or dentist today? No Who?

Are you taking any prescription medicines? Yes ☐ No ☐ What? Eligius When? morning

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 eye problems not correctable by glasses or contact lenses? No

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? Massachusetts, Ohio, New Hampshire

I am now ending this videotaping. The time now is approximately 11:53 AM/PM

The date is: December (month) 29 (day) 2017 (year).