

0501864

no ff

1646

NH

ARREST / NOTICE TO APPEAR

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias 5 Juvenile Referral

1

JUVENILE

OBTS Number	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3, 2 2018-013044</b>	
Charge Type Check as many 1 Felony 2 Traffic Felony 3 Misdemeanor 4 Traffic Misdemeanor 5 Ordinance 6 Other	If Weapon Seized		Enter Type <b>None/not Applicable</b>		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) <b>8200 CONGRESS AVE</b>			Location of Offense (Business Name, Address) <b>8200 CONGRESS AVE, BOCA RATON, FL 33487</b>			
Date of Arrest <b>09/29/2018</b>	Time of Arrest <b>18:58</b>	Booking Date <b>09/29/2018</b>	Booking Time <b>19:08</b>	Jail Date <b>09/29/2018</b>	Jail Time <b>19:01</b>	Location of Vehicle <b>EMERALD</b>
Name (Last, First, Middle) <b>LAZENBY, ASHLEY BRYNE</b>			Alias:		Alias (Name, DOB, Sec Sec #, Etc.)	
Race W - White B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>01/26/1980</b>	Height <b>5'05</b>	Weight <b>150</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>
Complexion <b>LIGHT</b>		Build <b>Medium</b>		Mental Status <b>S</b>		Religion <b>NONE</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT L WRIST / JUST BREATHE; TATT L FOOT / BUBBLES; TATT</b>			Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>2755 W ATLANTIC AVE A212, DELRAY BEACH, FL 33445</b>			Phone		Residence Type 1 City 2 Florida 3 County 4 Out of State	
Permanent Address (Street, Apt. Number) <b>2755 W ATLANTIC AVE A212, DELRAY BEACH, FL 33445</b>			Phone		Address Source <b>FLDL</b>	
Business Address (Name, Street) <b>KEE GRILL,</b>			Phone		Occupation <b>Sever</b>	
DL Number, State <b>L251002805260 / FL</b>		Sec Sec Number		INS Number		Place of Birth (City, State) <b>BOYNTON BEACH, US</b>
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"/> 1 Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)			Residence Phone	
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)			Business Phone	
Notified by (Name)		Date	Time	JUVENTILE DISPOSITION 1 Handled/Processed within Department and Released 2 TOT IAC 3 Incarcerated		
Released To (Name)		Relationship	Date	Time		
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		Value of Property
Drug Activity N N/A P Potions		S Self B Buy T Traffic	R Smuggle D Deliver E Use	K Dispense/ 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/Opium	P Paraphernalia/ Equipment S Synthetic	U Utensils Z Other	
Charge Description <b>DUI</b>			Statute Violation Number <b>316.193(1)</b>		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence	Warrant / Capias Number
<b>N</b>	<b>N</b>	<b>/</b>	<b>18-013044</b>	<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>Bond</b>
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence	Warrant / Capias Number
					<input type="checkbox"/> Y <input type="checkbox"/> N	<b>Bond</b>
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence	Warrant / Capias Number
					<input type="checkbox"/> Y <input type="checkbox"/> N	<b>Bond</b>
Health / Apparent Physical Condition of Defendant <b>CLEARED AT BRRH</b>				Any knowledge of the following E-glass: <b>NONE</b>		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Pooled Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> TOT County Jail		PROPERTY - Received By <b>817</b>
Transported By <b>CASTILLO</b>		Date Transported <b>09/29/2018</b>		Time Transported <b>19:01</b>		Released To <b>BRPD</b>
INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2			Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Released To <b>PBCJ</b>	
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						No Photo Available
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed		
HOLD for Other Agency <b>NONE</b>		Name of Arresting Officer <b>RICCIARDI, A.</b>		Name Verification (Printed by Arrestor) <b>(NR)</b>		1 of 1
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suspect		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		ID # <b>817</b>		
Initials Deputy <b>CSB</b>		Pouch #		Transposing Officer <b>CASTILLO</b>		Witness here if subject signed with an "X" <b>OCT 03 2018</b>

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2018-013044</b>
Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	Special Notes

Name (Last, First, Middle) <b>LAZENBY, ASHLEY BRYNE</b>	Aliases	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>01/26/1980</b>
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Charge Description <b>316.193(1) DUI</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>	Race	Sex	Date of Birth
Local Address (Street, Apt Number) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)
Phone <b>(561) -</b>	Address Source	Phone <b>(56) -</b>	Occupation

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


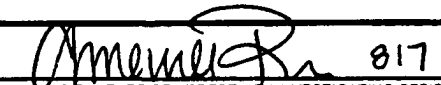
On the 29 day of September, 2018 at 17:38 (Specifically include facts constituting cause for arrest)

On 09/29/2018 at approximately 1601 hours, Officer Bradley and I responded to 8200 Congress Ave in reference to a DUI investigation. Officer Grbic was investigating traffic accident BRPD 2018-013044 and became suspicious that one of the drivers, W/F Ashley Lazenby was under the influence of an alcoholic beverage.

Upon arrival I met with Officer Grbic who advised that the driver of the white Honda Accord (bearing FL tag # 661QFS), W/F Ashley Lazenby, appeared to be under the influence of an alcoholic beverage. Officer Grbic advised that Ashley was displaying signs of impairment and that he could testify that Ashley was in actual, physical control of a motor vehicle during the time of the traffic accident.

I observed Ashley to be standing, leaning against driver's side of her white Honda. I approached Ashley and introduced myself as a Boca Raton Police Officer. I advised Ashley that Officer Grbic was finished with his traffic accident investigation and that I was conducting a DUI investigation. I asked Ashley if she had anything to drink today to which she replied, "two vodkas." I asked her when she consumed the alcoholic beverages and she advised, "two hours ago." While standing face to face with Ashley I detected the odor of an alcoholic beverage emanating from her breath. I observed Ashley's eyes to be bloodshot and glassy. Ashley advised that she was shaking because of her anxiety. However, Ashley appeared to be having trouble with her balance as she did not move away from leaning upon her vehicle.

I advised Ashley that based upon my observations of her person; I had a reasonable belief that he was impaired by an alcoholic beverage while operating a motor vehicle. I asked Ashley to perform Standardized Field Sobriety Tasks (SFSTs) and she declined. I warned Ashley that refusing to perform SFSTs would be used against her and she still refused to perform SFSTs. Ashley then stated, "I'm a little drunk, I haven't eaten all day."

SWORN AND SUBSCRIBED BEFORE ME		
<b>ADAMS, ROBERT G</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.19)		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<u>09/29/2018</u> DATE		<b>RICCIARDI, AMANDA (817)</b> NAME OF OFFICER (PLEASE PRINT)
		<u>09/29/2018</u> DATE

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1 Arrest 2 NTA	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 ORL Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2018-013044</b>	
		Charge Type. Check as many as apply <input type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6 Other		Special Notes	
D E F	Name (Last, First, Middle) <b>LAZENBY, ASHLEY BRYNE</b>			Race <b>W</b>	Sex <b>F</b>
				Date of Birth <b>01/26/1980</b>	
<p>At this point, 1707 hours, I had probable cause to arrest Ashley for DUI per F.S.S. 316.193(1). I notified Ashley that she was under arrest for DUI. I placed Ashley in handcuffs which were checked for tightness and double locked. I placed Ashley in the back seat of my patrol car (355) and transported her to BRPD booking for arrest processing and breath test operations. Officer Fong responded to conduct the Intoxilyzer 8000. While in the DUI room, Ashley refused to provide a breath sample. I read her implied consent and again she refused.</p>					
NOT A CERTIFIED COPY					
P R O B A B L E  C A U S E  S T A T E M E N T	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;"><b>ADAMS, ROBERT G</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</p> <p style="text-align: center;"><u>09/29/2018</u> DATE</p> </div> <div style="width: 45%;"> <p style="text-align: center;"><i>Amara Riccardi</i> 017 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p style="text-align: center;"><b>RICCIARDI, AMANDA (817)</b> NAME OF OFFICER (PLEASE PRINT)</p> <p style="text-align: center;"><u>09/29/2018</u> DATE</p> </div> </div>				
					PAGE 2 of 2

1707  
1728  
AMANDA  
DE RICCIARDI

2018-48  
013044

## DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT  
100 NW 2<sup>nd</sup> Avenue  
Boca Raton, FL 33432

ARRESTING OFFICER: OFF RICCIARDI

Name: OFF. BRADLEY Phone # \_\_\_\_\_ Work # 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL 33132

Can testify to: FTO - TRAINING OFFICER

Name: OFF. FONG Phone # \_\_\_\_\_ Work # 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: BREATH TECH

Name: OFF. GERBIC Phone # \_\_\_\_\_ Work # 561-368-6201

Address: 100 NW 2ND AVE

Can testify to: CRASH INVESTIGATOR

Name: OFF. RODRIGUEZ Phone # \_\_\_\_\_ Work # 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: BACK-UP OFFICER

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2018-13044

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is SATURDAY, SEPTEMBER, 29, 2018  
(day) (month) (date) (year)

B. The time is now approximately 549 AM/PM

C. The following is in reference to case number 2018-13044

D. Present at this time is OFF. RICCIARDI, OFF. FONG, OFF. BRADLEY of the Boca Raton Police Department.  
(Officer's Name)

E. Officer RICCIARDI, have you arrested ASHLEY LAZENBY 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 ASHLEY LAZENBY, 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 OFF. RICCIARDI of the BOCA RATON PD.

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: ON VIDEO

*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 September, 29, 2018, and the time is 05:50 AM PM  
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: ASHLEY LAZARDY

CASE #: 2018-13044 DATE: 9/29/18

BREATH TEST RESULTS

- 1) TIME REFUSED AM/PM
- 2) TIME REFUSED AM/PM
- 3) TIME \_\_\_\_\_ AM/PM
- 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: OFC. FONG

MAINTENANCE TECHNICIAN: OFC. PARE

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: UPSET

CLOTHING: BLACK T-SHIRT, BLACK PANTS, BLK SNEAKERS

MEDICAL CONDITION: NONE

OTHER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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 05:58 AM/PM

The date is SEPTEMBER, 29, 2018  
(month) (day) (year)



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<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"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2018032732	<b>Date:</b> 09/30/2018
	<b>Specialist Name/ID:</b> AM/31562