

17 CU 389 8

ARREST / NOTICE TO APPEAR

18 CT 022671

PFF 5013

|  |   |   |  |  |   |  |  |  |   |  |                       |
|--|---|---|--|--|---|--|--|--|---|--|-----------------------|
| OBTS Number  | Agency ORI Number<br><b>0500200</b>   |   | Agency Name<br><b>Boca Raton Police Department</b> |  | Agency Report Number (N.T.A.'s only)<br><b>3, 2   2018-017119</b>                     |  | 3. Request for Warrant<br>4. Request for Capias<br>5. Juvenile Referral  | 1  | JUVENILE  |  |                       |
| Charge Type:<br>Check as many as apply   | <input type="checkbox"/> 1 Felony<br><input type="checkbox"/> 2 Traffic Felony<br><input checked="" type="checkbox"/> 3 Misdemeanor<br><input type="checkbox"/> 4 Traffic Misdemeanor<br><input type="checkbox"/> 5 Ordinance<br><input type="checkbox"/> 6 Other |   | If Weapon Seized                                   |  | Eater Type <b>None/not Applicable</b>   |  | Multiple Occurrence Indicator  |  |   |  |                       |
| Location of Arrest (Including Name of Business)<br><b>3700 N OCEAN BLVD</b>  |   |   |  | Location of Offense (Business Name, Address)<br><b>3700 N OCEAN BLVD, BOCA RATON, FL 33431</b>   |   |  |  |  |   |  |                       |
| Date of Arrest<br><b>12/19/2018</b>  | Time of Arrest<br><b>02:43</b>  | Booking Date<br><b>12/19/2018</b>                         | Booking Time<br><b>02:53</b>                       | Jail Date<br><b>12/19/2018</b>   | Jail Time<br><b>02:47</b>   | Location of Vehicle<br><b>EMERALD TOWING</b>   |  |  |   |  |                       |
| Name (Last, First, Middle)<br><b>WILLIAMS, BARBARA MICHAELLA</b>   |   |   |  | Alias:   |   | Alias (Name, DOB, Soc. Sec. #, Etc.)   |  |  |   |  |                       |
| Race<br>W - White<br>B - Black<br>O - Oriental/Asian   | Sex<br><b>F</b>   | Date of Birth<br><b>05/29/1997</b>                        | Height<br><b>5'05</b>                              | Weight<br><b>110</b>   | Eye Color<br><b>BLUE</b>  | Hair Color<br><b>BROWN</b>   | Complexion<br><b>LIGHT</b>   | Build<br><b>SML</b>                        |   |  |                       |
| Spouse, Partner, Union Physical Features (Location, Type, Description)<br><b>TATT R BUTTCKS / PEACHY; TATT BACK BACK / SUN AND MOON</b>  |   |   |  | Marital Status<br><b>S</b>   | Religion<br><b>NONE</b>   | Indication of Alcohol Influence<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> |  |  |   |  |                       |
| Local Address (Street, Apt. Number)<br><b>85 LARIAT CIR, BOCA RATON, FL 33487</b>  |   |   |  | Phone  | Residence Type<br>1. City 3. Florida<br>2. County 4. Out of State                     |  |  | 1 1  |   |  |                       |
| Permanent Address (Street, Apt. Number)<br><b>85 LARIAT CIR, BOCA RATON, FL 33487</b>  |   |   |  | Phone  | Address Source<br><b>DEFENDANT</b>  |  |  |  |   |  |                       |
| Business Address (Name, Street)<br><b>MACYS, 6000 W GLADES RD</b>  |   |   |  | Phone  | Occupation<br><b>Sales Associate</b>  |  |  |  |   |  |                       |
| DL Number, State<br><b>W452073976890 / FL</b>  |   | DIS Number  |  | Place of Birth (City, State)<br><b>BUSWELL, FL</b>   |   | Citizenship<br><b>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<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor |  |   |  |                       |
| 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<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor |  |   |  |                       |
| <input type="checkbox"/> Parent <input type="checkbox"/> Other<br><input type="checkbox"/> Legal Guardian<br>Name (Last, First, Middle)  |   |   |  | Address (Street, Apt. Number)  |   |  | Residence Phone  |  |   |  |                       |
| <input type="checkbox"/> Parent <input type="checkbox"/> Other<br><input type="checkbox"/> Legal Guardian<br>Name (Last, First, Middle)  |   |   |  | Address (Street, Apt. Number)  |   |  | Residence Phone  |  |   |  |                       |
| Notified by: (Name)  |   |   |  | Date   | Time  | JUVENILE DISPOSITION<br>1. Held/Processed with Detainers and Released<br>2. TOT IAC<br>3. Incompetent                                |  |  |   |  |                       |
| 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 Owner?  |   | Description of Property  |  | Value of Property                          |   |  |                       |
| Drug Activity<br>N N/A<br>P Potency  |   | S Sell<br>B Buy<br>T Traffic                              | R Seizure<br>D Deliver<br>E Use                    | K Dispense/<br>Distribute  | M Manufacture/<br>Production/<br>Cultivate  | Z Other  | Drug Type<br>N N/A<br>A. Amphetamine   | B. Barbiturate<br>C. Cocaine<br>E. Ecstasy | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Operv | P. Pseudoephedrine/<br>Equipment<br>S. Synthetic | U Unknown<br>Z. Other |
| Charge Description<br><b>DUI</b>   |   |   |  | Statute Violation Number<br><b>316.193(1)</b>  |   | Violation of ORD #   |  |  |   |  |                       |
| Drug Activity<br><b>N</b>  | Drug Type<br><b>N</b>   | Amount / Unit<br><b>~ 1A</b>                              | Offense #<br><b>2018-017119</b>                    | Counts<br><b>1</b>   | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number  |  | Bond<br><b>OK</b>                          |   |  |                       |
| Charge Description   |   |   |  | Statute Violation Number   |   | Violation of ORD #   |  |  |   |  |                       |
| Drug Activity  | Drug Type   | Amount / Unit   | Offense #  | Counts   | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number  |  | Bond                                       |   |  |                       |
| Charge Description   |   |   |  | Statute Violation Number   |   | Violation of ORD #   |  |  |   |  |                       |
| Drug Activity  | Drug Type   | Amount / Unit   | Offense #  | Counts   | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number  |  | Bond                                       |   |  |                       |
| Health / Apparent Physical Condition of Defendant<br><b>GOOD</b>   |   |   |  | Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deliberate <input type="checkbox"/> Ignorant<br>Exploit: <b>NONE</b> |   |  |  |  |   |  |                       |
| Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> TOT T. County Jail  |   |   |  | PROPERTY - Received By<br><b>825</b>   |   | Released By<br><b>BRPD</b>   |  | Released To<br><b>PRSO</b>                 |   |  |                       |
| Transported By<br><b>BRPD</b>  |   |   |  | Date Transported<br><b>12/19/2018</b>  | Time Transported<br><b>02:48</b>  | Other  |  |  |   |  |                       |
| <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.  |   |   |  | Location (Court, Room)<br><b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>  |   | Court Date and Time<br><b>01/24/2019 08:30:00</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 |   |   |  | Signature of Defendant (or Juvenile and Parent/Custodian)  |   | Date Signed<br><b>DEC 23 2018</b>  |  | No Photo Available                         |   |  |                       |
| HOLD for Other Agency<br><b>NONE</b>   |   |   |  | Signature of Processing Officer  |   | Name Verification (Printed by Arrestee)  |  | PAGE<br>1 OF 1                             |   |  |                       |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Recidivist<br><input type="checkbox"/> Escaped Arrest<br><input type="checkbox"/> Other   |   | Name of Arresting Officer (Print)<br><b>JENNEY, R. M.</b> |  | ID #<br><b>825</b>   | Name Verification (Printed by Arrestee)   |  | PAGE<br>1 OF 1   |  |   |  |                       |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Recidivist<br><input type="checkbox"/> Escaped Arrest<br><input type="checkbox"/> Other   |   | Name of Arresting Officer (Print)<br><b>JENNEY, R. M.</b> |  | ID #<br><b>825</b>   | Name Verification (Printed by Arrestee)   |  | PAGE<br>1 OF 1   |  |   |  |                       |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Recidivist<br><input type="checkbox"/> Escaped Arrest<br><input type="checkbox"/> Other   |   | Name of Arresting Officer (Print)<br><b>JENNEY, R. M.</b> |  | ID #<br><b>825</b>   | Name Verification (Printed by Arrestee)   |  | PAGE<br>1 OF 1   |  |   |  |                       |

BACHA 2/19/13

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

|             |  |  |  |  |
|-------------|--|--|--|--|
| OBTS Number | Agency ORI Number<br><b>FL 0500200</b> |  | Agency Name<br><b>BOCA RATON POLICE DEPARTMENT</b> | Agency Report Number<br><b>3   2   2018-017119</b> |
|-------------|--|--|--|--|

|   |  |   |                                      |                |
|---|--|---|--------------------------------------|----------------|
| Charge Type:<br>Check as many as apply. | <input type="checkbox"/> 1 Felony          | <input checked="" type="checkbox"/> 3 Misdemeanor | <input type="checkbox"/> 5 Ordinance | Special Notes: |
|   | <input type="checkbox"/> 2. Traffic Felony | <input type="checkbox"/> 4. Traffic Misdemeanor   | <input type="checkbox"/> 6 Other     |                |

|  |       |                  |                 |                                    |
|--|-------|------------------|-----------------|------------------------------------|
| Name (Last, First, Middle)<br><b>WILLIAMS, BARBARA MICHAELLA</b> | Alias | Race<br><b>W</b> | Sex<br><b>F</b> | Date of Birth<br><b>05/29/1997</b> |
|--|-------|------------------|-----------------|------------------------------------|

|   |                    |
|---|--------------------|
| Charge Description<br><b>316.193(1) DUI</b> | Charge Description |
| Charge Description                          | Charge Description |

|  |       |                |               |
|--|-------|----------------|---------------|
| Victim's Name (Last, First, Middle)<br><b>State Of Florida</b> | Race  | Sex            | Date of Birth |
| Local Address (Street, Apt. Number)<br>(City) (State) (Zip)    | Phone | Address Source |               |
| Business Address (Name, Street)<br>(City) (State) (Zip)        | Phone | 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 19 day of December, 2018 at 02:33 (Specifically include facts constituting cause for arrest)


The following incident took place on December 19, 2018 in the City of Boca Raton, Palm Beach County, Florida.

At 0113hrs Ofc Crowe conducted a traffic stop on a white Nissan bearing FL CRJZ23 at 3700 N. Ocean Blvd. Ofc Crowe called Ofc Bradley and I on the phone and requested our assistance with a DUI investigation.

Ofc Bradley and I arrived on the traffic stop at 0119hrs and observed the sole occupant of the vehicle to be the driver, w/f Barbara Williams 5/29/97, who was still seated in the driver's seat with the ignition on. It should be noted that there was no tire on the front passenger wheel. I spoke with Barbara through the open driver's window and she told me that she'd just left O'Brian's bar. I asked Barbara if she'd consumed any alcoholic beverages while at O'Brian's and she stated that she had three alcoholic beverages. Based upon Barbara stating that she'd consumed alcoholic beverages, along with there being no tire on the right front wheel, and Ofc Crowe's observation of Barbara driving the vehicle without said tire, I asked Barbara to exit the vehicle to participate in Standardized Field Sobriety Tasks (SFSTs). Barbara agreed without incident.

Once Barbara was out of the vehicle and I was standing face to face with her I could smell the odor of an alcoholic beverage emanating directly from her breath.

The first SFST that I observed about Barbara was Horizontal Gaze Nystagmus. I instructed Barbara to stand still, with her feet together and her hands down by her sides; while maintaining this general position, Barbara swayed gently in a small "hula hoop" style motion. Barbara's pupils were of equal size and had equal tracking of the stimulus. I observed a general lack of smooth pursuit in both eyes and in both directions. I observed the onset of Nystagmus prior to 45 degrees in both eyes and in

|   |  |
|---|--|
| SWORN AND SUBSCRIBED BEFORE ME  | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER                                       |
| <b>BURKE, ZACHARY D</b><br>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) |  |
| <u>12/19/2018</u><br>DATE   | <b>JENNEY, RYAN MICHAEL (825)</b><br>NAME OF OFFICER (PLEASE PRINT)                  |
|   | <u>12/19/2018</u><br>DATE  |

|   |   |   |   |                        |   |
|---|---|---|---|------------------------|---|
| <b>CRIS Number</b>  | <b>PROBABLE CAUSE AFFIDAVIT<br/>SUPPLEMENT</b>            | 1 Arrest<br>2 N.T.A.                                      | 3 Request for Warrant<br>4 Request for Copies | <b>1</b>               | JUVENILE                                  |
| <b>Agency ORI Number</b><br><b>FL 0500200</b>   | <b>Agency Name</b><br><b>BOCA RATON POLICE DEPARTMENT</b> | <b>Agency Report Number</b><br><b>3   2   2018-017119</b> |   |                        |   |
| Charge Type<br>Check as many as apply.  |   |   | Special Notes                                 |                        |   |
| <input type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance<br><input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other |   |   |   |                        |   |
| <b>Name (Last, First, Middle)</b><br><b>WILLIAMS, BARBARA MICHAELLA</b>   |   |   | <b>Race</b><br><b>W</b>                       | <b>Sex</b><br><b>F</b> | <b>Date of Birth</b><br><b>05/29/1997</b> |

both directions.


The second SFST that I observed about Barbara was the Walk and Turn. I issued Barbara verbal instructions and provided a demonstration. Barbara took 15 steps instead of 9, none of which were heel to toe, and none of which were counted out loud. Barbara turned around and walked 12 steps instead of 9, none of which were heel to toe, and her hands and arms were away from her sides.

The third SFST that I observed about Barbara was the One Leg Stand. I issued verbal instructions and provided a demonstration. Barbara counted out loud and reached a count of 14 and put her foot down, never raising it back up during this 30 second timed SFST (timed by Ofc Bradley's wrist watch).

The fourth SFST that I observed about Barbara was the Finger to Nose. Ofc Bradley issued verbal instructions and provided a demonstration. After the command of "right", Barbara held her right pointer finger against her nose, kept it there, and began walking down the line that we previously used for the Walk and Turn; I stopped Barbara after she'd taken a few steps and did not correct herself.

After observing the above SFSTs I had probable cause to arrest Barbara for DUI, a violation of FSS 316.193(1). I placed Barbara in handcuffs and transported her to the BRPD holding facility for arrest processing and breath testing. Barbara provided breath samples of .218 and .208. DUI citation A6LQ68E was issued.

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|  |   |                     |               |
|--|---|---------------------|---------------|
| SWORN AND SUBSCRIBED BEFORE ME<br><br><u><b>BURKE, ZACHARY D</b></u><br><small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 710)</small><br><br><u>12/19/2018</u><br><small>DATE</small> | <br>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br><br><u><b>JENNEY, RYAN MICHAEL (825)</b></u><br><small>NAME OF OFFICER (PLEASE PRINT)</small><br><br><u>12/19/2018</u><br><small>DATE</small> |                     |               |
| <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><small>PAGE</small></td> <td style="padding: 2px;"><b>2 of 2</b></td> </tr> </table>      |   | <small>PAGE</small> | <b>2 of 2</b> |
| <small>PAGE</small>  | <b>2 of 2</b>   |                     |               |

18-17119

OBSV

Arrest

0147

0125

## DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2<sup>nd</sup> Avenue

Boca Raton, FL 33432

**Horizontal Gaze Nystagmus:**

- |  |   |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly           | <input type="checkbox"/> Right eye does not follow smoothly           |
| <input type="checkbox"/> Left eye jerks at 45 degrees angle or less  | <input type="checkbox"/> Right eye jerks at 45 degrees angle or less  |
| <input type="checkbox"/> Distinct jerking left eye maximum deviation | <input type="checkbox"/> Distinct jerking right eye maximum deviation |

Can not do, Why? \_\_\_\_\_

Walk and turn: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

One leg stand: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Finger to nose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Alphabet (speech pattern): \_\_\_\_\_

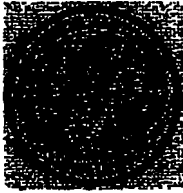
Can not do, Why? \_\_\_\_\_

Breath/Blood test results: \_\_\_\_\_

State of Florida, County of Palm Beach,  
Sworn and subscribed before me this \_\_\_\_\_ (date) by \_\_\_\_\_

\_\_\_\_\_  
Notary/Clerk of Court/ Officer (FSS 117.10) Date

\_\_\_\_\_  
Signature of Arresting Officer Name of Officer (print)



**BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART I**

On the \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_ AM/PM:

Subject: \_\_\_\_\_ Case Number: \_\_\_\_\_

**PERSONAL CONTACT**

Driving Pattern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Observation of Driver: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's Statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Odors: \_\_\_\_\_  
\_\_\_\_\_

**GENERAL OBSERVATIONS**

Speech: \_\_\_\_\_

Attitude: \_\_\_\_\_

Clothing: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

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ARRESTING OFFICER: Jenney

Name: Ofc. Bafaliko Phone # \_\_\_\_\_ Work # 561 838 1234

Address: 100 NW 2nd Ave Boca

Can testify to: Breath Test

Name: Ofc. Bradley Phone # \_\_\_\_\_ Work # 11

Address: 11

Can testify to: Backup

Name: Ofc. Crowe Phone # \_\_\_\_\_ Work # 11

Address: 11

Can testify to: Stop

Name: Ofc. Torsello Phone # \_\_\_\_\_ Work # 11

Address: 11

Can testify to: Backup

Name: Ofc. Meade Phone # \_\_\_\_\_ Work # 11

Address: 11

Can testify to: 11

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

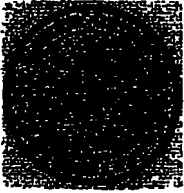
Address: \_\_\_\_\_

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 # ~~18-17119~~ 18-17119

L. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Wednesday, December, 19, 2018.  
(day) (month) (date) (year)

B. The time is now approximately 209 AM/PM.

C. The following is in reference to case number 18-17119

D. Present at this time is Jenney/~~Grady~~/Rafaliko  
Loceker of the Boca Raton Police Department.  
(Officer's Name)

E. Officer Jenney, have you arrested Barbara Williams 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. Williams, 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 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.*

I am \_\_\_\_\_ of the \_\_\_\_\_.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject Signature: \_\_\_\_\_

*Note: Also read for CDL holders:*

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your **SECOND REFUSAL**, you will be permanently disqualified from operating a commercial motor vehicle.

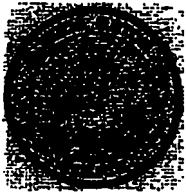
*Note: After reading the implied consent warning, the arresting officer must request a breath sample again.*

**(IF REFUSAL THEN)**

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

The date is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and the time is \_\_\_\_\_ AM/PM.  
(month) (day) (year)

A refusal form will be completed by the arresting officer.



**BOCA RATON POLICE SERVICES DEPARTMENT  
TESTING FACILITY TASK REPORT**

SUBJECT: Barbara Williams

CASE #: 18-17119 DATE: 12/19/18

**BREATH TEST RESULTS**

1) TIME .218 0213 AM/PM      2) TIME .208 215 AM/PM  
 3) TIME \_\_\_\_\_ AM/PM      4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: Bafalko

MAINTENANCE TECHNICIAN: Van Camp

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: Slurred

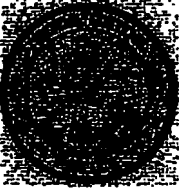
ATTITUDE: Good

CLOTHING: White shirt, Blue jeans, Black Boots

MEDICAL CONDITION: None

OTHER: Slurred speech, odor of alcoholic Beverage

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



**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: \_\_\_\_\_

**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: Refuse & Date: \_\_\_\_\_ Time: \_\_\_\_\_

**QUESTIONS AND ANSWERS**

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

Where were you going? \_\_\_\_\_

What street or highway were you on? \_\_\_\_\_

Direction of travel? \_\_\_\_\_

Where did you start driving from? \_\_\_\_\_

What city (county) were you stopped in? \_\_\_\_\_

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

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

When did you last eat? \_\_\_\_\_ What did you eat? \_\_\_\_\_

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

How much do you weigh? \_\_\_\_\_ Have you been drinking? \_\_\_\_\_ What were you drinking? \_\_\_\_\_

How much? \_\_\_\_\_ Where? \_\_\_\_\_ With whom were you drinking? \_\_\_\_\_

When did you have your first drink? \_\_\_\_\_ AM/PM When did you stop drinking? \_\_\_\_\_ AM/PM

How did you consume your last two drinks? \_\_\_\_\_

Are you under the influence of alcohol now?  Yes  No

Can you feel the effects of alcohol?  Yes  No

Have you consumed alcohol since the accident?  Yes  No

Can you feel the effects of alcohol?  Yes  No

Have you consumed alcohol since the accident?  Yes  No How much? \_\_\_\_\_

What? \_\_\_\_\_ Where? \_\_\_\_\_

What line of work are you in? \_\_\_\_\_

When did you last work? \_\_\_\_\_

Do you have any physical defects or injuries?  Yes  No If yes, explain: \_\_\_\_\_

Are you sick or injured?  Yes  No If yes, explain: \_\_\_\_\_

Do you limp?  Yes  No Did you get a bump on the head?  Yes  No

Were you in an accident today? \_\_\_\_\_

Have you taken any drugs or smoked marijuana today? \_\_\_\_\_

What? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today?  Yes  No Who? \_\_\_\_\_

Are you taking any prescription medications?  Yes  No What? \_\_\_\_\_ When? \_\_\_\_\_

Do you have: Epilepsy?  Yes  No Inner ear trouble?  Yes  No

Glass eye?  Yes  No Ear infection?  Yes  No

False teeth?  Yes  No Diabetes?  Yes  No

Any problems not correctable by glasses or contact lenses? \_\_\_\_\_

Do you take insulin?  Yes  No If yes, when was your last injection? \_\_\_\_\_

Have you ever had a driver's license in any other state? \_\_\_\_\_

I am now ending this video recording. The time is now approximately 220  AM  PM.

The date is December, 19, 2018.  
(month) (day) (year)

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: 12/19/2018

Date of Last Agency Inspection: 11/09/2018  
Observation Period Began: 01:47  
Subject's Name: BARBARA M WILLIAMS

DOB: 05/29/1997 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

| Results: | Test              | g/210L | Time  |
|----------|-------------------|--------|-------|
|          | Diagnostics Check | OK     | 02:11 |
|          | Air Blank         | 0.000  | 02:11 |
|          | Control Test      | 0.078  | 02:12 |
|          | Air Blank         | 0.000  | 02:12 |
|          | Subject Sample #1 | 0.218  | 02:13 |
|          | Air Blank         | 0.000  | 02:13 |
|          | Air Blank         | 0.000  | 02:15 |
|          | Subject Sample #2 | 0.208  | 02:15 |
|          | Air Blank         | 0.000  | 02:16 |
|          | Control Test      | 0.078  | 02:17 |
|          | Air Blank         | 0.000  | 02:17 |
|          | Diagnostics Check | OK     | 02:17 |

Cylinder Lot: 13518080A5  
Exp: 08/05/2020

State of Florida, County of Palm Beach.

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

I TRAVIS K RAFAJKO, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 12/19/18  
Signature

Sworn to (or affirmed) before me this 19 day of December, 2018

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida RYAN M. SEMEK

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.



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**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),<br>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),<br>(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),<br>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"/>            |   |  |                |
|   | <input type="checkbox"/>            |   |  |                |
| Other   | <input type="checkbox"/>            |   | Other:   |                |
|   | <input type="checkbox"/>            |   | Other:   |                |

**REVIEW COMPLETED BY**

|                            |                               |
|----------------------------|-------------------------------|
| Booking Number: 2018041816 | Date: 12/19/2018              |
|                            | Specialist Name/ID: LR/ #6673 |