

6320549

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number		ARREST / NOTICE TO APPEAR						2199					
Agency ORI Number 0500200		Agency Name Boca Raton Police Department				Agency Report Number (N.T.A.'s only) 3 2 2017-012502							
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				If Weapon Seized Enter Type: None/not Applicable		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) 1551 W CAMINO REAL				Location of Offense (Business Name, Address) 1551 W CAMINO REAL, BOCA RATON, FL 33486									
Date of Arrest 09/06/2017		Time of Arrest 20:58		Booking Date 09/06/2017		Booking Time 21:10		Jail Date 09/06/2017		Jail Time 21:40			
Location of Vehicle RELEASED TO WAKELING													
Name (Last, First, Middle) WAGNER, BONNIE MONTGOMERY													
Alias: WAGNER, BONNIE MONTGOMERY													
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian W F		Date of Birth 12/11/1970		Height 5'06		Weight 160		Eye Color BLUE			
Hair Color BLONDE		Complexion LIGHT		Build Medium									
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT BACK NECK / POWER AND STRENGTH TATTOO						Marital Status S		Religion CATHOLIC					
Local Address (Street, Apt. Number) 1500 SW 9TH ST, BOCA RATON, FL 33486						Phone (561) 350-4460		Residence Type: 1. City 2. County					
Permanent Address (Street, Apt. Number) 1500 SW 9TH ST, BOCA RATON, FL 33486						Phone (561) 350-4460		Address Source FLDL					
Business Address (Name, Street) SELF EMPLOYED,						Phone		Occupation Self Employed					
D/L Number, State W256073709510 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) PHILADELPHIA, PA,		Citizenship US					
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth			
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth			
Name (Last, First, Middle) Parent: _____ Other: _____													
Residence Phone													
Address (Street, Apt. Number) (City) (State) (Zip)													
Business Phone													
Notified by: (Name)						Date		Time		JUVENILE DISPOSITION			
										1. Handled/Processed within Department 2. TOT JAC			
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			
C O D E Drug Activity S. Sell R. Smuggle K. Disperses/ M. Manufacture/ Z. Other						Drug Type N. N/A A. Ampphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv		P. Paraphernalia/ Equipment S. Synthetic	
D R A G E Charge Description DUI													
D R A G E Drug Activity Drug Type Amount / Unit Offense # N / 2017-012502						Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Statute Violation Number 316.193(1)	
D R A G E Charge Description												Violation of ORD #	
D R A G E Drug Activity Drug Type Amount / Unit Offense # /						Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
D R A G E Charge Description												Violation of ORD #	
D R A G E Drug Activity Drug Type Amount / Unit Offense # /						Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
D R A G E Health / Apparent Physical Condition of Defendant GOOD						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:							
D R A G E Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By BISSOON		Released By BISSOON		Released To COUNTY JAIL			
D R A G E Transported By / : /						Date Transported / : /		Time Transported / : /		Other			
D R A G E <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> 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 10/09/2017 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 FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.													
Signature of Defendant (or Juvenile and Parent/Custodian) Bonnie M. Wagner													
Date Signed 09/06/17													
HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Signature of Arresting Officer STEPHEN R. BISSOON				Name Verification (Printed by Arrestee) BONNIE M. WAGNER					
				Name of Arresting Officer (Print) STEPHEN R. BISSOON				ID. # 664					
Intake Deputy STEPHEN R. BISSOON				Transporting Officer GANNON				Agency BRPD					
Pouch # 775				I.D. # 775				PAGE 1 OF 1					
Witness here if subject signed with an "X".													

PROBABLE CAUSE AFFIDAVIT

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

JUVENILE

A	OBTS Number		PROBABLE CAUSE AFFIDAVIT						
D	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-012502						
N	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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:					
D	Name (Last, First, Middle) WAGNER, BONNIE MONTGOMERY			Alias		Race W	Sex F	Date of Birth 12/11/1970	
C	Charge Description 316.193(1) DUI		Charge Description						
E	Charge Description		Charge Description						
V	Victim's Name (Last, First, Middle) STATE OF FLORIDA,					Race	Sex	Date of Birth	
C	Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432		(City)	(State)	(Zip)	Phone (561) -	Address Source		
T	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone (56) -	Occupation		
I	The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.								
M	The Person taken into custody . . .								
<input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was observed by NUNEZ, ERIC who told CSO BOYSLTON & that he/she saw the arrested person committ the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
On the 6 day of September , 2017 at 20:58 (Specifically include facts constituting cause for arrest.)									
<p>On 09/06/2017 I responded to 1551 W Camino Real in reference to an impaired driver. I met with CSO Miller and CSO Boylston who were working a traffic post at the above address. They advised that they were flagged down by Eric Nunez who advised them that a female driving a silver SUV almost ran him off the roadway and he believed that the driver might have been impaired. Nunez then identified the vehicle as it got closer to CSO Miller's marked car with the lights activated. The 2014 Hyundai bearing FL tag #BKXT24 came close to striking CSO Miller's vehicle before moving over at the last second to avoid striking his vehicle. CSO Miller and CSO Boylston stopped the vehicle and met with the driver Bonnie Wagner. CSO Boylston advised that while speaking with Wagner he could smell an odor of an alcoholic beverage coming from her person as well as Wagner stating to him that she had something to drink. CSO Miller also made similar observations and believed that Wagner might be impaired. See CSO Boylston and CSO Miller supplement for further details.</p> <p>I then met with Wagner and I could immediately smell a strong odor of an alcoholic beverage emanating from her person, her eyes were blood shot and glassy and she was also slurring her speech as I spoke with her. I asked Wagner where she was going and she stated that she was going home and lived around the corner. I then asked Wagner if she had anything to drink and she stated that she had a glass of wine and was on her way home. While speaking with Wagner she was also slurring her speech. Based on my observations I then asked Wagner if she would submit to road side sobriety tasks to dispel my alarm that she was under the influence. Wagner refused to submit to the roadside sobriety tasks. I then informed Wagner of her Taylor Warnings and she still refused to submit to the roadside sobriety tasks. I then placed her into custody for driving under the influence.</p> <p>Ofc Fong responded to BRPD as my Breath Test Operator. Ofc Fong and I conducted the 20 minute observation and Wagner was taken into the BAT room. Wagner</p>									
A	SWORN AND SUBSCRIBED BEFORE ME CODLING, JEREMY R NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)								
D	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BISSOON, STEPHEN R (664) NAME OF OFFICER (PLEASE PRINT)								
M	09/06/2017 DATE								
I	09/06/2017 DATE								
S	PAGE 1 OF 2								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

A	OBTS Number
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PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

D	Agency ORI Number	Agency Name	Agency Report Number
M	FL 0500200	BOCA RATON POLICE DEPARTMENT	3 2 2017-012502

N	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:
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D	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
E	WAGNER, BONNIE MONTGOMERY		W	F	12/11/1970

refused to provide a breath sample. I then read her Implied Consent Warnings, which she advised she understood and still refused to provide a breath sample. I also read Wagner her Constitutional Warnings which she advised she understood and she wouldn't answer my questions without an attorney present. See DUI influence report.

Wagner is being charged under F.S.S. 316.193(1) for DUI. Wagner vehicle was released to the owner George Wakeling. Wagner was transported to the Palm Beach County Jail for further processing.

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NOT A CERTIFIED COPY

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME		
	CODLING, JEREMY R		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		
	09/06/2017		
	DATE		
			BISSOON, STEPHEN R (664)
			NAME OF OFFICER (PLEASE PRINT)
			09/06/2017
			DATE

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

2058

2140

2012-12502

D. U. I. INFLUENCE REPORT

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

WITNESS LIST

ARRESTING OFFICER: OFC. BISSON

Name: BOYLSTON Phone # Home _____ Work 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL

Can testify to: BACK UP

Name: OFC. FONG Phone # Home _____ Work 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL

Can testify to: BREATH TECH

Name: NEAL MILLER Phone # Home _____ Work 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL

Can testify to: BACK UP

Name: COON Phone # Home _____ Work 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL

Can testify to: BACK UP

Name: GANNON Phone # Home _____ Work 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL

Can testify to: BACK UP

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

BOCA RATON POLICE DEPARTMENT

Agency Case# 2017-12502

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

L. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: WEDNESDAY SEPTEMBER 6, 2017
(day) (month) (date) (year)

B. The time is now approximately 9:31 AM/PM

C. The following is in reference to case number 2017-12502

D. Present at this time is OFC BISSON & OFC FONG of the Boca Raton Police Department. (Officer's Name)

E. Officer BISSON Have you arrested BONNIE WAGNER (Defendant's name)
In violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida?

G. Mr./Mrs. Mrs. BONNIE WAGNER, I am required to
Inform you these proceedings are being video taped.

Operator Note: Video tape breath request, breath sample, and interview.

BOCA RATON POLICE DEPARTMENT

Agency Case # 2017-12502

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 OTC BISSON of the Boca Raton Police Dept

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. BUNNIE WAGNER has refused to submit to a breath test.

The date is SEPT (Month) 06 (Day) 2017 (Year) and the time 11:38 AM/PM

A refusal form will be completed by the arresting officer.

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: BONNIE WAGNER

CASE #: 2012 12507 DATE 9-6-12

BREATH TESTS RESULTS

1) TIME _____ AM/PM 2) TIME _____ 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 MULTI COLORED DRESS

MEDICAL CONDITION: HEART RARE ISSUES

OTHER: _____

COMMENTS: WAGNER ADVISED SHE DRANK 2 GLASSES OF
WINE. SHE SAID SHE KNEW SHE WAS DRUNK.

STRONG ODOR OF ALCOHOL FROM BREATH

BOCA RATON POLICE DEPARTMENT

Agency Case # 2017-12507

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) ON VIDEO

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 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? _____

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? _____ Did you get a bump on the head? _____

Were you involved in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? _____ Who? _____

Are you taking any prescription medicines? 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 eye 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 videotaping. The time now is approximately 9:44 AM/PM

The date is: SEPTEMBER (month) 06 (day) 2012 (year).

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

I, OF.C. BISSON, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of BONARATON PD, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 06 day of SEPT, 20 17, at 9:40 P.M. A.M.

DRIVER BONNIE FIRST NAME MIDDLE OR MAIDEN NAME WAGNER LAST NAME
(Type or Print)

DL# W-256-073-70-55102, state of FLORIDA, was placed under lawful arrest for the offense of DVI by OFC. BISSON and issued Citation # AGL PYRE.
(Name of Arresting Officer)

That on or about the 06 day of SEPT, 20 12, at 9:50 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.

 *Leby*

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

The foregoing instrument was ~~sworn and subscribed~~ before me:

 Signature of Arresting Officer

Title POLICE OFFICER
Date 9/6/17

(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.