

0481167

N/H

3546

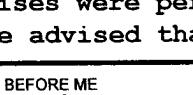
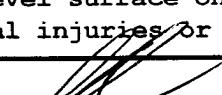
ARREST / NOTICE TO APPEAR

16 CT 17813

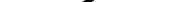
OBTS Number		ARREST / NOTICE TO APPEAR																			
Agency ORI Number		Agency Name		1. Arrest 3. Request for Warrant																	
0500200		Boca Raton Police Department		2. N.T.A. 4. Request for Capias																	
Charge Type:		<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 6. Other		If Weapon Seized		3. Request for Warrant									
Check as many as apply.		<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor								4. Request for Capias									
Location of Arrest (Including Name of Business)												Agency Report Number (N.T.A.'s only)									
2298 N DIXIE HWY BOCA RATON, FL												3 2 2016-013586									
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
09/17/2016		01:29		09/17/2016		01:57		09/17/2016		01:57		EMERALD TOWING									
Name (Last, First, Middle)																					
LASHLEY, BRENDA L																					
Race		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color		Complexion							
W - White B - Black		F		12/26/1976		5'04		160		BROWN		BROWN		MEDIUM							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																					
Marital Status		Religion												Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence							
M		NONE												Residence Type: 1. City 3. Florida 2. County 4. Out of State							
Local Address (Street, Apt. Number) (City) (State) (Zip)																					
4200 COMMUNITY DRIVE, WEST PALM BEACH, FL 33409																					
Phone (727) 688-6939																					
Permanent Address (Street, Apt. Number) (City) (State) (Zip)																					
Phone (727) 688-6939																					
Address Source SUBJECT																					
Business Address (Name, Street) (City) (State) (Zip)																					
Phone																					
Occupation Receptionist																					
DL Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship													
L240072769660 / FL						WORCESTER, FL,															
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 <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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor							
Name (Last, First, Middle)																					
Parent <input type="checkbox"/> Other: _____																					
Legal Custodian																					
Address (Street, Apt. Number) (City) (State) (Zip)																					
Business Phone																					
Notified by: (Name) Date Time JUVENILE DISPOSITION																					
1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated																					
Released To: (Name) Relationship Date Time																					
The above address was provided by <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																					
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property																					
Yes, by: <input type="checkbox"/> No:																					
Drug Activity		S. Sell		R. Smuggle		K. Disperses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type		B. Barbiturate C. Cocaine A. Amphetamine		H. Hallucinogen M. Marijuana E. Heroin		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
N. N/A B. Buy P. Possess T. Traffic E. Use																					
Charge Description DUI Statute Violation Number 316.193(1) Violation of ORD #																					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number				Bond OR					
2016-013586																					
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Statute Violation Number Violation of ORD #																					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number				Bond					
SEP 17 AM 5:47																					
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Statute Violation Number Violation of ORD #																					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number				Bond					
Charge Description Health / Apparent Physical Condition of Defendant INTOXICATED 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: N/A																					
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 PROPERTY - Received By 683 Released By 683 Released To CJ																					
Posted Bond <input type="checkbox"/> South County Mental Health																					
Transported By Date Transported Time Transported Other																					
INSTRUCTION NO. 1 - Mandatory appearance in court Location (Court, Room) INSTRUCTION NO. 2 - You need not appear in Court South County 200 W Atlantic Ave Delray Beach, FL 33444 but must comply with instructions on Page 2. Court Date and Time 10/17/2016 08:30:00																					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																					
Signature of Defendant (or Juvenile and Parent/Custodian) 9/19/16 Date Signed																					
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)																	
N/A																					
Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/>		Name of Arresting Officer (Print) CRAWFORD, ANDREW I.D. # 683		(PRINT)																	
Suicidal <input type="checkbox"/> Other <input type="checkbox"/>																					
Intake Deputy W8156030 D # Pouch #		Transporting Officer CALARKA I.D. # 787 Agency BRPD		PAGE 1 OF 1																	
Witness here if subject signed with an "X".																					

SEP 20 2016

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OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2016-013586		Special Notes:			
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other							
Name (Last, First, Middle) LASHLEY, BRENDA L		Alias				Race	Sex	Date of Birth	
Charge Description 316.193(1) DUI		Charge Description							
Charge Description		Charge Description							
Victim's Name (Last, First, Middle) State Of Florida				Race	Sex	Date of Birth			
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source			
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation			
<p>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.</p> <p>The Person taken into custody . . .</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____</p> <p><input type="checkbox"/> confessed to _____ that he/she saw the arrested person committ the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>17</u> day of <u>September</u>, <u>2016</u> at <u>01:00</u> (Specifically include facts constituting cause for arrest)</p>									
<p>On 09/17/16, at approximately 0100 hours, I responded to the area of 2298 N Dixie Highway reference a report of a suspicious vehicle, occupied, parked and running on the side of the roadway. Upon my arrival, I met with Detective Lamia.</p> <p>According to Detective Lamia, he was traveling southbound on N Dixie Highway at approximately the 2300 block when he observed a black Volkswagen Jetta bearing Florida tag 296MYI stopped on the right side of the roadway in the grass. The vehicle had its daytime running lights on. Detective Lamia passed the Volkswagen and then turned around, coming back to the Volkswagen. He walked up to the Volkswagen, the engine was also running and spoke with the driver and sole occupant of the vehicle whom he identified by her Florida driver license as Brenda Lashley. She was sitting in the driver's seat behind the wheel with the engine on and air conditioning blowing. While speaking with Lashley, he could see that her eyes were glassy and bloodshot and she was slurring her speech at times. Detective Lamia provided a supplemental report.</p> <p>I then walked up to the Volkswagen and spoke with Lashley who was still in the driver's seat and behind the wheel with the engine running and air conditioning blowing. While speaking with Lashley, I could smell an odor of alcoholic beverage emanating from her breath and her eyes were glassy and bloodshot. She was also slurring her speech at times. According to Lashley, she was at Blue Martini where she had several alcoholic beverages before she drove and pulled over onto the side of the roadway along Dixie Highway. She also advised she did not feel well at that time and that's why she stopped because she had to vomit. It should be noted there was a small pile of vomit on the ground directly opposite of Lashley's driver's side window. Also when asked where she thought she was she thought she was in Boynton Beach and did not know she was still in Boca Raton. I asked Lashley if she would participate in roadside exercises. She replied yes. The exercises were performed on a clean, flat and level surface on that was clear of debris. She advised that she did not have any physical injuries or disabilities that</p>									
<p>SWORN AND SUBSCRIBED BEFORE ME  WOLLSCHLAGER, ANTHONY J NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>09/17/2016</u> DATE </p>									
<p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  CRAWFORD, ANDREW (683) NAME OF OFFICER (PLEASE PRINT) <u>09/17/2016</u> DATE </p>									

SWORN AND SUBSCRIBED BEFORE ME


WOLLSCHLAGER, ANTHONY J.
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

09/17/2016
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CRAWFORD, ANDREW (683)

NAME OF OFFICER (PLEASE PRINT)

22/12/2013

09/17/2016
DATE

COURT

STATE ATTORNEY

CENTRAL RECORDS INDEXED JAIL

CRIME ANALYSIS

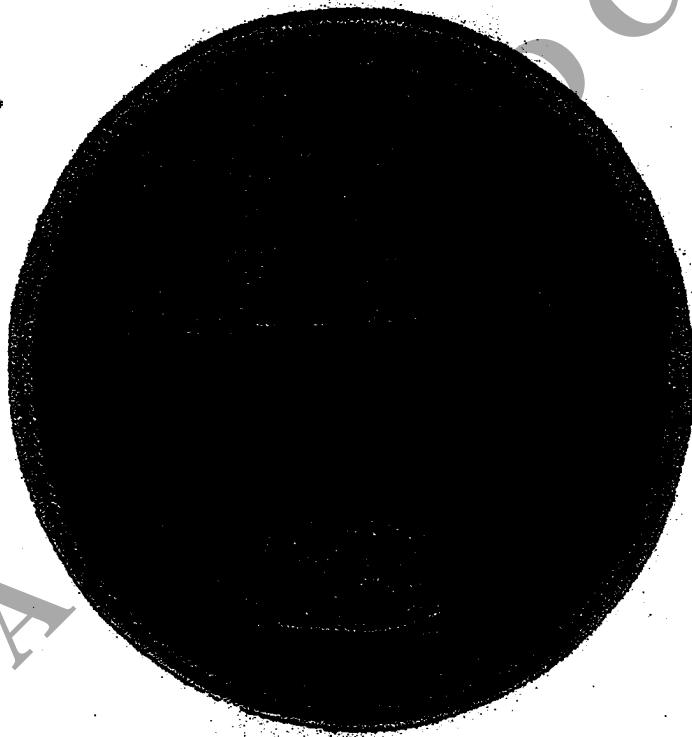
P.I.O.

<p>A D M I N I S T R A T I V E</p> <p>OBTS Number FL 0500200</p> <p>charge Type: Check as many as apply. 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other</p> <p>Name (Last, First, Middle) LASHLEY, BRENDA L</p>	<p style="text-align: center;">PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</p> <p style="text-align: right;">1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias</p> <p style="text-align: right;">1 JUVENILE</p> <p style="text-align: center;">Agency Name BOCA RATON POLICE DEPARTMENT</p> <p style="text-align: center;">Agency Report Number 3 2 2016-013586</p> <p style="text-align: center;">Special Notes:</p>	<p style="text-align: center;">Alias</p> <p style="text-align: right;">Race Sex Date of Birth W F 12/26/1976</p>
<p>would prohibit her from completing the exercises.</p> <p>HGN: There was lack of smooth pursuit seen in both eyes. There was distinct and sustained nystagmus seen in both eyes at maximum deviation. Onset of nystagmus was also seen prior to 45 degrees. She also swayed slightly during the exercise. Vertical nystagmus was also seen.</p> <p>Walk and Turn: She started before being instructed to do so two times. She also was unable to maintain the instruction stance as she stepped off the line and lost her balance. She walked twelve steps forward and sixteen steps back. Almost all of her steps were not heel to toe as seen by my hand gesture on video tape. She also never counted aloud. She also lost her balance while walking as seen on videotape.</p> <p>One Leg Stand: She dropped her foot four times. She also used her arms for balance and never counted aloud. She also swayed slightly.</p> <p>Finger to Nose: R,L,R,L,R,L,R, She had a slight sway. She had eyelid tremors. Except for the last few times, she touched the base of her nose instead of the tip all the other times. She also had to be told three times to return her finger back to her side after touching her nose; however, she still had two separate times that she still forgot about what we talked about and she forgot to return them back to her side.</p> <p>Numbers: She was instructed to count from 25 to 75. She had a slight sway. She counted to 80 instead of 75.</p> <p>Based upon my investigation, I have probable cause to believe that Brenda Lashley did drive or be in actual physical control of a vehicle while under the influence of alcoholic beverages, or chemical substances as set forth in F.S. 877.111, or any substance controlled under Chapter 893 or any combination thereof, to the extent that her normal faculties were impaired, or while having a blood or breath alcohol level of .08 or higher, contrary to Florida Statute 316.193(1). At approximately 0129 hours, I placed Brenda Lashley under arrest for DUI.</p> <p>I transported Lashley to the Boca Raton Police Department for breath alcohol testing. Officer Murphy performed the twenty minute observation and conducted the breath testing process. I asked Lashley if she would provide a sample of her breath for breath alcohol testing and she said yes. Breath results were volume not met two times. I read implied consent for which she stated that she understood and was willing to start another breath test. Second breath test results were .122 and slope not met at 0249 and 0253 hours. Another twenty minute observation period was conducted. Third breath test results were .124 and .112 at 0325 and 0328 hours. Lashley refused to answer my questions after being advised of her constitutional rights. Lashley was then transferred to the Palm Beach County Jail.</p>		
<p>ADMINISTRATIVE</p>	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>730</i> WOLLSCHLAGER, ANTHONY J NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>09/17/2016 DATE</p> <p>SCANNED</p>	
	<p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><i>SCANNED</i> CRAWFORD, ANDREW (683) NAME OF OFFICER (PLEASE PRINT)</p> <p>09/17/2016 DATE</p>	
	<p>PAGE 2 OF 2</p>	

CASE# : 16-13586
10-15: 0129
OBV: 0205 1st
0257 2nd

D. U. I. INFLUENCE

REPORT



NOT A
COPY

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

SCANNED
SEP 20 2016

WITNESS LIST

ARRESTING OFFICER: W.W. Crawford

Name: Crawford Phone # Home _____ Work 561-336-1234

Address: 100 NW 2nd Ave Boca Raton FL

Can testify to: investigation

Name: Lamia Phone # Home _____ Work "

Address: "

Can testify to: investigation

Name: Gannon Phone # Home _____ Work "

Address: "

Can testify to: investigation

Name: Murphy Phone # Home _____ Work "

Address: "

Can testify to: boozing

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

SCANNED

SEP 20 2016

BOCA RATON POLICE DEPARTMENT

Agency Case# 16-13586

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

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: 1 Saturday (day) September (month) 17 (date) 2016 (year)

B. The time is now approximately 02 26 AM/PM

C. The following is in reference to case number 16-13586

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

E. Officer Crawford, Have you arrested Brenda Lashley (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 / Ms. Lashley, I am required to inform you these proceedings are being video taped.

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

SCANNED
SEP 20 2016

BOCA RATON POLICE DEPARTMENT

Agency Case # 16-13586

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.

*- ASU X
- Yes
- VNM X 2
, Imp. consent
, and test
, Yes*

1. 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 OC Crawford of the BRPD

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

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. _____ has refused to submit to a breath test.

The date is _____ (Month) _____ (Day) _____ (Year) and the time _____ AM/PM

A refusal form will be completed by the arresting officer.

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SEP 20 2016

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Brenda Lashley

CASE #: 16-13586 DATE: 9-17-16

BREATH TESTS RESULTS: (3rd)

1) TIME .124 0325 AM/PM 2) TIME .112 0328 AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Murphy

MAINTENANCE TECHNICIAN: Broch

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: grey long sleeve shirt, blue jeans

MEDICAL CONDITIONS: back and neck issues

OTHER: _____

COMMENTS: See officers report for further

SCANNED

BOCA RATON POLICE DEPARTMENT

Agency Case # 16-13586

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? _____

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SEP 20 2016

BOCA RATON POLICE DEPARTMENT

Agency Case #: 16-13586

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 0327 AM/PMThe date is: September (month) 17 (day) 2016 (year).

SCANNED

SEP 20 2016