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PH 1009

ARREST / NOTICE TO APPEAR

- 1. Arrest
- 2. N.T.A.
- 3. Request for Warrant
- 4. Request for Capias
- 5. Juvenile Referral

1 JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department	Agency Report Number (N.T.A.'s only) 3 2 2019-010427
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	If Weapon Seized Enter Type: None/not Applicable
Location of Arrest (Including Name of Business) 7200 N DIXIE HWY		Location of Offense (Business Name, Address) 7200 N DIXIE HWY, BOCA RATON, FL 33487		
Date of Arrest 08/03/2019	Time of Arrest 03:15	Booking Date 08/03/2019	Booking Time 03:25	Jail Date // : :

Name (Last, First, Middle) HINSON, BRIANNA NICOLE		Alias:			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White	Sex F	Date of Birth 04/01/1996	Height 5'02	Weight 150	Eye Color HAZEL	Hair Color BROWN	Complexion MEDIUM	Build Medium
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT R SHOULDER / "DONT FORGET TO LOVE YOURSELF"				Marital Status S	Religion CATHOLIC	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>		
Local Address (Street, Apt. Number) 5210 SW 90TH WAY 2, COOPER CITY, FL 33328		(City)	(State)	(Zip)	Phone (954) 630-6661	Residence Type: 1. City 3. Florida 4. Out of State 3		
Permanent Address (Street, Apt. Number) 5210 SW 90TH WAY 2, COOPER CITY, FL 33328		(City)	(State)	(Zip)	Phone (954) 630-6661	Address Source DEFENDANT		
Business Address (Name, Street) JED LAWYERS,		(City)	(State)	(Zip)	Phone	Occupation Assistant		
D/L Number, State H525074966210 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) RIODOSO, NM, United	Citizenship US				

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"/> 5. 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
Released To: (Name)		Relationship	Date
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

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description DUI (INJURY TO PERSON OR PROPERTY)		Statute Violation Number 316.193(3C1)	Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit	Offense #
			Courts I Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Charge Description		Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #
			Courts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Charge Description		Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #
			Courts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N

Health / Apparent Physical Condition of Defendant		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	
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	Released By
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		Date Transported	Time Transported
Transported By BRPD		Other	

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time 09/02/2019 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)	
Date Signed	

No Photo Available

HOLD for Other Agency	Signature of Arresting Officer [Signature]	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest	Name of Arresting Officer (Print) POSSET, A. J.	(PRINT) AUG 3 AM 8:07
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other	ID # 830	PAGE 1 OF 1
Intake Deputy SCANNED	Transposing Officer J. Campbell	Agency BOCA
Pouch #	ID # 830	Witness here if subject signed with an "X".

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE X

QSTS Number	Agency OR# Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2019-010427
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

Name (Last, First, Middle) HINSON, BRIANNA NICOLE	Aliases	Race W	Sex F	Date of Birth 04/01/1996
Charge Description 316.193(3C1). DUI (INJURY TO PERSON OR PROPERTY)	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	

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 3 day of August, 2019 at 05:23 (Specifically include facts constituting cause for arrest.)

On Saturday, August 3, 2019 at 0229hrs, I responded to Rockn Angels located at 7200 N Dixie Hwy in the City of Boca Raton in reference to a domestic dispute. The caller, Dana Leon (06/20/1993), advised BRPD Dispatch that she was battered while attempting to break up a physical fight. Upon my arrival, I made contact with Officer Martel (ID #811) who stated that Tiffanie McCool (11/24/1993) was struck by a red 2014 Nissan sedan bearing FL tag ISQU05 driven by Brianna Hinson (04/01/1996).

I made contact with Brianna, who was sitting on the curb approximately 10 feet from the passenger side of her red Nissan sedan, which was running with the keys in the ignition. I asked Brianna what happened and she stated that she accidentally struck Tiffanie with her vehicle. Brianna stated to me that she was in actual physical control of the vehicle at the time of collision. Brianna was adamant that it was an accident. It should be noted that Dana, who originally reported the domestic disturbance, had returned to the scene. Dana advised that she did not witness the accident and only witnessed the verbal argument.

I then made contact with Tiffanie, who was receiving medical attention from BRFD (Run 19-10472). Tiffanie was sitting on the curb on the passenger side of Brianna's vehicle. I observed a burn mark, approximately 5` in diameter on Tiffanie's left leg. Tiffanie stated that it was the direct result of being struck by Brianna's vehicle. Tiffanie stated that she had Brianna had been arguing earlier in the evening and that she was saying goodbye to Brianna at the time she was struck. Tiffanie stated that she believes Brianna had no intention of hitting her with the vehicle or causing her any injury. It should be noted that there was no video footage of the parking lot or the neighboring businesses that may have captured the incident. There were no other witnesses to this incident.

I then returned to speak with Brianna. While Brianna was speaking with officers on

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 
SHANNAHAN, TIMOTHY C NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	POSSET, AARON JOSEPH (830) NAME OF OFFICER (PLEASE PRINT)
<u>08/03/2019</u> DATE	<u>08/03/2019</u> DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE X

Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2019-010427
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) HINSON, BRIANNA NICOLE	Alias	Race W	Sex F	Date of Birth 04/01/1996
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scene, I detected a strong odor of alcohol emitting from her breath. I observed his eyes to be bloodshot, glassy, watery and red. I then read Brianna her Miranda warnings from a preprinted card which she stated she understood. When asked about what occurred and Brianna stated that she accidentally struck Tiffanie with her vehicle. Brianna confirmed post-Miranda that she was operating her vehicle. I then asked Brianna to perform voluntary Standardized Field Sobriety Exercises (SFSE's) so I could ensure she was not intoxicated and would be ok to drive and she consented. I asked Brianna if she had any medical conditions that would prevent her from performing any SFSE task and she stated no.


I asked Brianna to perform the walk and turn task. I gave the instructions and demonstrated the exercise prior to asking her to perform it. I asked Brianna if she had any physical issues that would prevent her from performing the exercise, and she stated no. Brianna was unsteady on her feet in the starting position as I was explaining the instructions. Brianna also could not keep her balance while listening to the instructions. On the first nine heel to toe steps, Brianna failed to count the first four steps, which were not heel to toe. Brianna continued past nine and stopped at twenty (20). Brianna appeared confused when she reached twenty and concluded the task. Brianna failed to perform the turn as demonstrated.

The next task that I asked Brianna to perform is the one leg stand. I gave the instructions and demonstrated the exercise prior to asking her to perform it. Brianna stopped at 1009 and also 1013. Brianna held her foot significantly higher than 6" from the ground as demonstrated. While performing the task, Brianna displayed orbital sway throughout.

I then asked Brianna to perform the finger to nose task(L-R-L-R-R-L). I gave the instructions and demonstrated the exercise prior to asking her to perform it. I asked her if she understood the instructions and she stated yes. Brianna failed to touch the tip of her finger to the tip of her nose on all attempts as demonstrated to her. Additionally, Brianna exhibited a front to back sway during the exercise.

The last task I asked Brianna to perform was the Rhomberg with recitation. I gave the instructions and demonstrated the exercise prior to asking her to perform it. I asked her if she understood the instructions and she stated yes. I asked her what level of education she had, and she stated 11th grade. I asked her if she knew the English alphabet and she stated yes. She recited the following:
A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,Y,Z. She failed to recite the alphabet in a non-rhythmic manner as instructed and she exhibited an orbital sway during the performance of the exercise.

Based on the totality of circumstances, I placed Brianna under arrest for Driving Under the Influence (Injury to Person) pursuant to F.S.S 316.193(3C1). I applied handcuffs to

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 
SHANNAHAN, TIMOTHY C NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	POSSET, AARON JOSEPH (830) NAME OF OFFICER (PLEASE PRINT)
08/03/2019 DATE	08/03/2019 DATE
	PAGE 2 of 3

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE X

Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2019-010427
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) HINSON, BRIANNA NICOLE	Alias	Race W	Sex F	Date of Birth 04/01/1996
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Brianna, checking for tightness before double locking. I placed her in the rear seat of my patrol vehicle with the in-car video activated. While in route to the Palm Beach County BAT, Brianna requested to be brought to Boca Raton Regional Hospital for an ankle pain related to the traffic accident. I then rerouted and took Brianna to BRRH for further examination and jail clearance. Due to breath being impractical at this point, I then requested Brianna submit to a voluntary blood test. Brianna refused and implied consent was read at 0414hrs at which time she refused again (See DUI Influence Report).


Brianna was medically cleared at BRRH and later transported to PBC Jail. No further involvement.

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SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 
SHANNAHAN, TIMOTHY C NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. § 104.10)	POSSET, AARON JOSEPH (830) NAME OF OFFICER (PLEASE PRINT)
08/03/2019 DATE	08/03/2019 DATE

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3 OF 3

NET
5 20

2019-010427

Transported to Hospital (BEPH)
No. 20 min - Blood Requested.

07/16/19

DUI INFLUENCE REPORT



NOT A VALID COPY

BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue

Boca Raton, FL 33432

UNANNOUNCED
AUG 06 2019

SCAN
AUG 8

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT - PART I

On the 3 day of August 2019, at 0414 AM/PM:

Subject: Brianna Hinson Case Number: 19-010427

PERSONAL CONTACT

Driving Pattern: See PC

Observation of Driver: See PC

Driver's Statement: See PC

Odors: Alcoholic Beverage

GENERAL OBSERVATIONS

Speech: Slurred; Slow, thick Tongue

Attitude: emotional

Clothing: normal

Medical Problems: none

Medications: none

Other: _____

C
A

Horizontal Gaze Nystagmus:

- Left eye does not follow smoothly
- Right eye does not follow smoothly
- Left eye jerks at 45 degrees angle or less
- Right eye jerks at 45 degrees angle or less
- Distinct jerking left eye maximum deviation
- Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: See pc

Can not do, Why? _____

One leg stand: See pc

Can not do, Why? _____

Finger to nose: See pc

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: Refused

State of Florida, County of Palm Beach
Sworn and subscribed before me this 8/3/19 (date) by otc Posset

A. Burnette 8/3/19
Notary/Clerk of Court/ Officer (FSS 117.10) Date

Signature of Arresting Officer _____ Name of Officer (print) _____

ARRESTING OFFICER: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

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Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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: _____

DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 19-010427

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Saturday, August, 3, 2019.
(day) (month) (date) (year)

B. The time is now approximately 0414 AM/PM.

C. The following is in reference to case number 19-010427.

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

E. Officer Posset, have you arrested Brianathson 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. Hinson, I am required to inform you these
proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

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 Ofe posset 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: X [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.

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: X [Signature] Date: 8/3/11 Time: 6:41

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 states? _____

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

The date is _____ (month) _____ (day) _____ (year)



**FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
DIVISION OF LAW ENFORCEMENT**



**FLORIDA BUI/DUI
IMPLIED CONSENT WARNING**

DEFENDANT'S NAME: Briana Hinson CASE NO.: 19-010

READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING

You are under arrest for operating a vessel or vehicle while under the influence of alcoholic beverages or chemical or controlled substance.

- I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content. Will you submit to a **BREATH** test?
- I am now requesting that you submit to a lawful test of your **URINE** for the purpose of detecting the presence of chemical or controlled substances. Will you submit to a **URINE** test?
- 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. Will you submit to a **BLOOD** test?

IF THE SUBJECT REFUSES TO SUBMIT TO TESTING, READ ONE OF THE FOLLOWING:

I am Ofc. Posset of the Boca Raton Police Dept.
(Officer's Name) (Agency)

VESSEL

If you fail to submit to the test I have requested of you, it will result in a civil penalty of \$500.00. Additionally, if you refuse to submit to the test I have requested of you and have previously been fined for 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.

Will you submit to the test? YES NO

VEHICLE

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 privileges have been previously suspended for 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.

Will you submit to the test? YES NO

8/3/19 0414 am [Signature]
DATE TIME DEFENDANT'S SIGNATURE

A. Posset
OFFICER'S NAME (PRINTED) OFFICER'S SIGNATURE



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), 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

Booking Number: 2019025357

Date: 08/04/2019

Specialist Name/ID: AM/31562