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ARREST / NOTICE TO APPEAR

ADMI NIST RATI ON	OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2018-006553		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE	
DEF END ANT	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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		Multiple Clearance Indicator N			
	Location of Arrest (Including Name of Business) 50 E CAMINO REAL, BOCA RATON, FL					Location of Offense (Business Name, Address) 50 E CAMINO REAL, BOCA RATON, FL 33432					
CO DE F	Date of Arrest 05/10/2018	Time of Arrest 21:19	Booking Date 05/10/2018	Booking Time 21:29	Jail Date 05/10/2018	Jail Time 00:00	Location of Vehicle FRIEND				
	Name (Last, First, Middle) LINDSAY, BROOKE ANN					Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:					
CO DE F	Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex W	Date of Birth 10/22/1982	Height 5'10	Weight 135	Eye Color BLUE	Hair Color BLACK	Complexion LIGHT	Build Small	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 14 SCHROYER LN, CONNELLS, PA 15425					Marital Status S		Religion CATHOLIC		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
CO DE F	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 14 SCHROYER LN, CONNELLS, PA 15425					Phone (724) 858-5675		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1		DEFENDANT	
	Business Address (Name, Street) (City) (State) (Zip) SEQUILA,					Phone (724) 858-5675		Address Source DEFENDANT			
CO DE F	D/L Number, State 26471461 / PA		Soc. Sec. Number		INS Number		Place of Birth (City, State) CONNELLSVILLE, PA,		Citizenship US		
	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth			
CO DE F	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth			
	Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)					Residence Phone		Business Phone			
CO DE F	Legal Custodian					Residence Phone		Business Phone			
	Address (Street, Apt. Number) (City) (State) (Zip)					Residence Phone		Business Phone			
CO DE F	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	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
CO DE F	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 MAY 10 PHIL 30		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	
CO DE F	Drug Activity N. N/A P. Possess					S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine
	B. Barbiturate C. Cocaine E. Heroin					H. Hallucinogen M. Marijuana O. Opium/Deriv.	U. Unknown Z. Other		Equipment S. Synthetic		
CO DE F	Charge Description DUI					Statute Violation Number 316.193(1)		Violation of ORD #			
	Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond		
CO DE F	Charge Description					Statute Violation Number		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		
CO DE F	Charge Description					Statute Violation Number		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		
CO DE F	Health / Apparent Physical Condition of Defendant FAIR					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:					
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health					<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By VAN CAMP		Released By VAN CAMP	
CO DE F	Transported By VAN CAMP					Date Transported 05/10/2018	Time Transported 00:00	Other		Released To PBCJ	
	<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 33424		Court Date and Time 06/11/2018 08:30:00			
CO DE F	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		Name Verification (Printed by Arrestor)		PAGE 1 OF 1	
CO DE F	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other					Name of Arresting Officer (Print) VAN CAMP, J. A.		I.D. # 747		Witness here if subject signed with an "X"	
	Pouch #					Transporting Officer VAN CAMP		I.D. # 747		Agency BOCA	

7/11/2018
AM 5:45
SCANNED
MAY 11 2018

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number		
Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-006553
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		Special Notes:

Name (Last, First, Middle) LINDSAY, BROOKE ANN	Alias	Race W	Sex F	Date of Birth 10/22/1982
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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) 100 NW 2ND AVE, BOCA RATON, FL 33432	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)
Phone (561) -	Address Source		
Phone (56) -	Occupation		

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.
 The Person taken into custody...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person committ 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 **10** day of **May**, **2018** at **20:03** (Specifically include facts constituting cause for arrest.)

On 5-10-2018 at 1912 hours, I responded to a two vehicle traffic crash investigation at the intersection of E. Camino Real and S. Dixie Hwy. On arrival, I made contact with both drivers, (D1) Brooke Lindsay and (D2) Terrell Randolph.

I spoke with Randolph who advised that he was stopped at a solid red-light at the intesection of E. Camino Real and S. Dixie Hwy facing westbound. Randolph further advised that as he was stopped, V1 collided with the rear of his vehicle, causing minor damage. Randolph proceeded to notify 9-1-1 about the accident. Randolph completed a written witness statement which was later submitted into BRPD Evidence.

I then spoke with Lindsay about the accident. Lindsay was still sitting in the driver's seat of the vehicle with it turned on. Lindsay was not sure what happened and seemed very confused. I asked Lindsay if she knew where she was at and she said she was in Boynton Beach, Fl. She began to cry and was extremely upset during our interaction. While I was trying to get more information from her, Lindsay said, "can you just arrest me." I asked her for what and she said, "no idea." While speaking with Lindsay there was a strong odor of an alcoholic beverage coming from her person. Lindsay had a slurred speech and glossy eyes. Lindsay had a hard time locating her documents and was fumbling with paperwork unrelated to what I asked her to provide me with.

After completing my accident investigation, I requested that Lindsay step out of her vehicle so that I could speak to her further. Lindsay stated she was, "so sad" and had trouble getting out of her car by losing her balance. She started walking to the rear of her vehicle and again fell on the car because she could not maintain her balance. I had her lean on the rear of her vehicle so that she did not fall on the ground.

At this point, I informed Lindsay I was done with my accident investigation and was now completing a DUI Investigation. I read Lindsay her constitutional rights, she stated

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
VAZQUEZ-BELLO, YVETTE D	VAN CAMP, JEFFERY ALAN (747)
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 17.10)	NAME OF OFFICER (PLEASE PRINT)
05/10/2018	05/10/2018
DATE	DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

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Name (Last, First, Middle) LINDSAY, BROOKE ANN	Alias	Race W	Sex F	Date of Birth 10/22/1982
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she understood and would speak to me without an attorney present. This time Lindsay stated that she was in Delray Beach, Fl. She had no idea where she was at but did state that she was driving to her boyfriend's house. Lindsay was unsure as to what street she was on and was completely lost. I asked her if she remembered about the accident but she said that "the car didn't stop." Lindsay continued to sway and was holding onto her car for balance. She also had a slurred speech and while in close proximity with her the odor of an alcoholic beverage remained strong. I then asked Lindsay how much alcohol she consumed today and she stated she didn't know. She admitted to consuming alcohol but did not say how much or what she drank other than stating she had "alcohol."

I requested that she consent to the standard roadside exercises to dispel my alarm she was driving impaired. She initially provided consent.

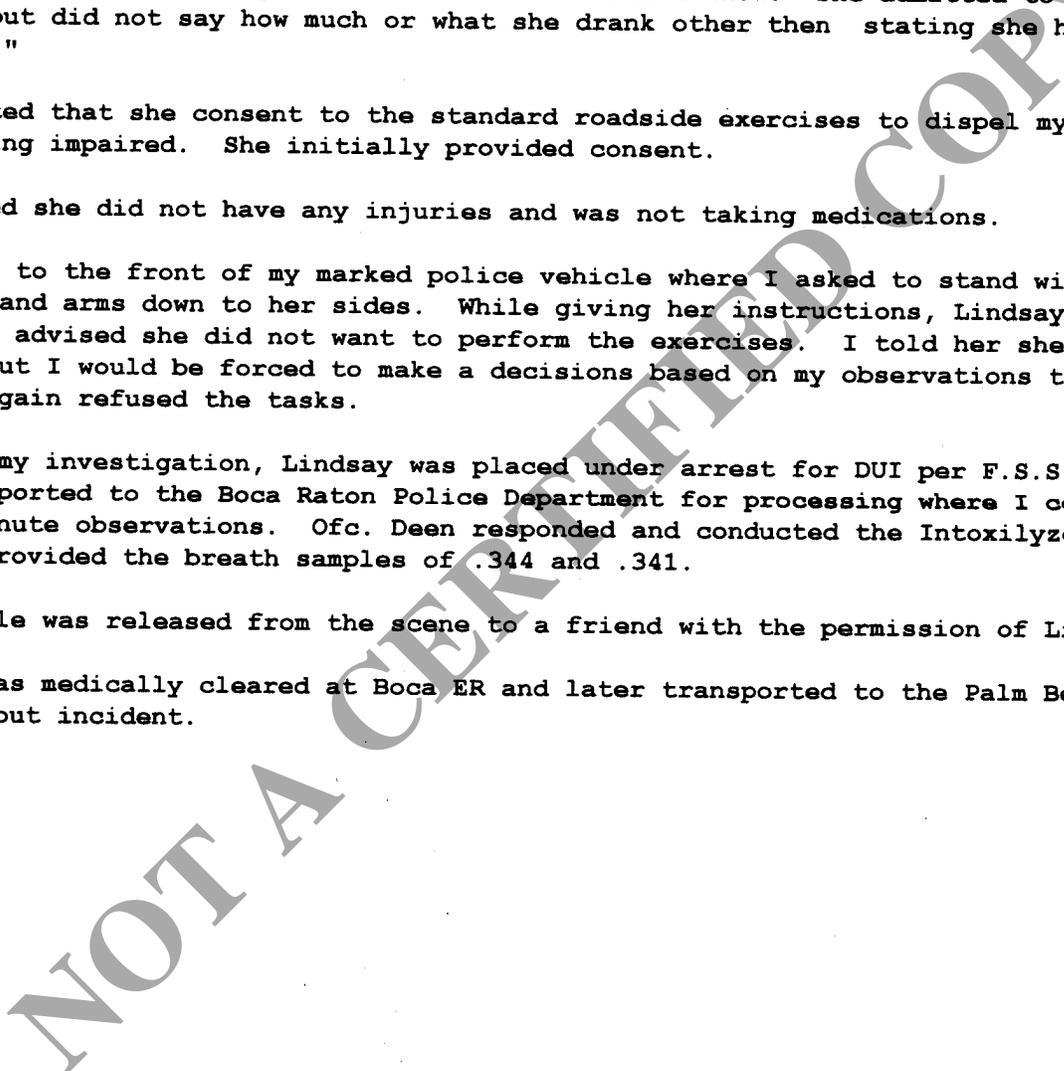
She stated she did not have any injuries and was not taking medications.

We walked to the front of my marked police vehicle where I asked to stand with her feet together and arms down to her sides. While giving her instructions, Lindsay became upset and advised she did not want to perform the exercises. I told her she did not have to but I would be forced to make a decisions based on my observations thus far. Lindsay again refused the tasks.

Based on my investigation, Lindsay was placed under arrest for DUI per F.S.S. 316.193(1) and transported to the Boca Raton Police Department for processing where I completed the 20 minute observations. Ofc. Deen responded and conducted the Intoxilyzer 8000. Lindsay provided the breath samples of .344 and .341.

The vehicle was released from the scene to a friend with the permission of Lindsay.

Lindsay was medically cleared at Boca ER and later transported to the Palm Beach County jail without incident.



SWORN AND SUBSCRIBED BEFORE ME VAZQUEZ-BELLO, YVETTE D NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 05/10/2018 DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  VAN CAMP, JEFFERY ALAN (747) NAME OF OFFICER (PLEASE PRINT) 05/10/2018 DATE	PAGE 2 OF 2
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