

JKF # 0400743

## ARREST / NOTICE TO APPEAR

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

PCW 1598

1 JUVENILE

|  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
|--|--|---|--|---|--|---|--|--------------------------------|--|--|--|---------------------|--|----------------------|--|
| OBTS Number  |  | ARREST / NOTICE TO APPEAR   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Agency ORI Number  |  | Agency Name   |  | 16CT 23253 3 2 2016-018200                                |  |   |  |                                |  |  |  |                     |  |                      |  |
| 0500200  |  | Boca Raton Police Department  |  | Report Number (N.T.A.'s only)                             |  |   |  |                                |  |  |  |                     |  |                      |  |
| Charge Type:<br>Check as many as apply   |  | <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other |  | If Weapon Seized<br>Enter Type <b>None/not Applicable</b> |  |   |  |                                |  |  |  |                     |  |                      |  |
| Location of Arrest (Including Name of Business)  |  | Location of Offense (Business Name, Address)  |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| 302 PLAZA REAL, BOCA RATON, FL   |  | 302 PLAZA REAL, BOCA RATON, FL 33432  |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Date of Arrest   |  | Time of Arrest  |  | Booking Date  |  | Booking Time  |  | Jail Date                      |  | Jail Time  |  | Location of Vehicle |  |                      |  |
| 12/14/2016   |  | 22:39   |  | 12/14/2016  |  | 22:49   |  |                                |  |  |  | WESTWAY TOWING      |  |                      |  |
| Name (Last, First, Middle)<br><b>BARRIENTOS, DEBORAH LEA</b>   |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.)  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Race<br>W - White I - American Indian<br>B - Black O - Oriental/Asian  |  | Sex<br>W F  |  | Date of Birth<br>06/10/1968                               |  | Height<br>5'03  |  | Weight<br>125                  |  | Eye Color<br>BROWN   |  | Hair Color<br>BLACK |  | Complexion<br>MEDIUM |  |
| Scars, Marks, Unique Physical Features (Location, Type, Description)   |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Marital Status<br><b>S</b> Religion _____  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Indication of:<br>Alcohol Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.<br>Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Local Address (Street, Apt. Number)  |  | (City)  |  | (State)   |  | (Zip)   |  | Phone<br><b>(561) 439-6198</b> |  | Residence Type:<br>1. City 3. Florida<br>2. County 4. Out of State |  |                     |  |                      |  |
| 6348 BARTON CREEK CIR, LAKE WORTH, FL 33463  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Permanent Address (Street, Apt. Number)  |  | (City)  |  | (State)   |  | (Zip)   |  | Phone<br><b>(561) 439-6198</b> |  | Address Source   |  |                     |  |                      |  |
| 6348 BARTON CREEK CIR, LAKE WORTH, FL 33463  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Business Address (Name, Street)  |  | (City)  |  | (State)   |  | (Zip)   |  | Phone<br><b>(561) -</b>        |  | Occupation<br><b>Marketing Rep</b>                                 |  |                     |  |                      |  |
| MORSELIFE, WEST PALM BEACH, FL   |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| D/L Number, State<br><b>B653172687100 / FL</b>   |  | Soc. Sec. Number<br>[REDACTED]  |  | INS Number<br><b>N/A</b>                                  |  | Place of Birth (City, State)<br><b>FLUSHING, NY, United</b> |  | Citizenship<br><b>US</b>       |  |  |  |                     |  |                      |  |
| Co-Defendant Name (Last, First, Middle)  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Race _____ Sex _____ Date of Birth _____   |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Indication of:<br>1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile<br>2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/>  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Co-Defendant Name (Last, First, Middle)  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Race _____ Sex _____ Date of Birth _____   |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Indication of:<br>1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile<br>2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/>  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| J U V E N I L E  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) _____ Residence Phone _____  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| 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<br>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. School Attended _____ Grade _____  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.   |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| <input type="checkbox"/> Yes, by: <input type="checkbox"/> No: Property Crime? Description of Property Value of Property   |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| C O D E Drug Activity S. Sell R. Smuggle K. Disperses/ M. Manufacture/ Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown<br>N. N/A B. Buy D. Deliver Produce/ Cultivate N. N/A C. Cocaine M. Marijuana O. Opium/Deriv. S. Synthetic Z. Other<br>P. Possess T. Traffic E. Use A. Amphetamine E. Heroin                                 |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| C H A R G E Charge Description <b>DUI</b> Statute Violation Number <b>316.193(1)</b> Violation of ORD #  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Drug Activity Drug Type N Amount / Unit / Offense # <b>2016-018200</b> Counts Domestic Violence Warrant / Capias Number Bond <b>01</b>   |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| C H A R G E Charge Description <b>REFUSAL TO SUBMIT TO TESTING; PENALTIES</b> Statute Violation Number <b>316.1939(1)</b> Violation of ORD #   |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Drug Activity Drug Type N Amount / Unit / Offense # <b>2016-018200</b> Counts Domestic Violence Warrant / Capias Number Bond <b>01</b>   |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| C H A R G E Charge Description Statute Violation Number Violation of ORD #   |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Drug Activity Drug Type N Amount / Unit / Offense # Counts Domestic Violence Warrant / Capias Number Bond  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| I N T A K E Health / Apparent Physical Condition of Defendant <b>GOOD</b> 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<br>Explain: _____  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| 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 <b>783</b> Released By <b>783</b> Released To <b>CJ</b>   |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health Date Transported Time Transported Other   |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| N O T I C E <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court Location (Court, Room)<br><input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b><br>but must comply with instructions on Page 2. Court Date and Time <b>01/23/2017 08:30:00</b> |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| T O A P P E A R 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  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| A D M I N HOLD for Other Agency Signature of Arresting Officer <b>1. Qo</b> Name Verification (Printed by Arrestee)<br>(PRINT) <b>DEC 15th 2016</b>  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Name of Arresting Officer (Print) <b>CALHOUN, KEVIN</b> I.D. # <b>783</b> PAGE <b>1 OF 1</b><br><input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Suicidal <input type="checkbox"/> Other  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |
| Intake Deputy I.D. # <b>W61802</b> Pouch # Transporting Officer I.D. # <b>783</b> Agency <b>BRPD</b><br>Witness here if subject signed with an "X".  |  |   |  |   |  |   |  |                                |  |  |  |                     |  |                      |  |

CH 3709702  
No Photo Available

DECODED  
DEC 15 2016

|  |  |   |         |                      |                |                |               |
|--|--|---|---------|----------------------|----------------|----------------|---------------|
| OE#S Number  |  | PROBABLE CAUSE AFFIDAVIT  |         |                      |                |                |               |
| Agency ORI Number  |  | Agency Name   |         | Agency Report Number |                |                |               |
| FL 0500200   |  | BOCA RATON POLICE DEPARTMENT  |         | 3                    | 2              | 2016-018200    |               |
| Charge Type:<br>Check as many<br>as apply.   |  | <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other |         |                      | Special Notes: |                |               |
| Name (Last, First, Middle)   |  | Alias   |         |                      | Race           | Sex            | Date of Birth |
| BARRIENTOS, DEBORAH LEA  |  |   |         |                      | W              | F              | 06/10/1968    |
| Charge Description   |  | Charge Description  |         |                      |                |                |               |
| 316.193(1) DUI   |  | 316.1939(1E) REFUSE TO SUBMIT DUI TEST AFTER LIC S  |         |                      |                |                |               |
| Charge Description   |  | Charge Description  |         |                      |                |                |               |
| Victim's Name (Last, First, Middle)  |  |   |         |                      | Race           | Sex            | Date of Birth |
| STATE OF FLORIDA,  |  |   |         |                      | U              |                |               |
| Local Address (Street, Apt. Number)  |  | (City)  | (State) | (Zip)                | Phone          | Address Source |               |
| 100 NW 2ND AVE, BOCA RATON, FL 33432   |  |   |         |                      | (561) -        |                |               |
| Business Address (Name, Street)  |  | (City)  | (State) | (Zip)                | Phone          | Occupation     |               |
|  |  |   |         |                      | (561) -        |                |               |
| <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 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>14</u> day of <u>December</u>, <u>2016</u> at <u>22:39</u> (Specifically include facts constituting cause for arrest.)</p>  |  |   |         |                      |                |                |               |
| <p>On 12/14/2016 at 2201 hours I responded to 302 Plaza Real in reference to a drunk driver. Upon my arrival I met with Allison Sims.</p> <p>Sims stated that she was in her vehicle at 302 Plaza Real Parking Garage C when she noticed Deborah Barrientos walking and stumbling to her car (Grey 2016 Nissan Rogue FL Tag 062RWH). Sims advised that Barrientos had dropped her food multiple times before she reached her car. Sims stated that she knew something was wrong with Barrientos based on her demeanor and appearance. According to Sims, Barrientos then got into her car and backed up into a 2017 red Nissan Sentra (WI Tag 880WCL). Barrientos then pulled forward and parked into a marked parking spot prior to my arrival. Sims completed a sworn witness statement.</p> <p>I positioned my vehicle on a level surface to conduct a series of field sobriety test due to the fact that Barrientos was parked on a slope. I then made contact with Barrientos who stated that she did not hit any vehicles. At the time Barrientos was in the driver seat with the keys in the ignition, but the vehicle was off. Barrientos stated that she did not know where she was and kept slurring her words. She tried to use her phone but kept dialing too many numbers. While talking to Barrientos I could smell a strong odor of alcohol emitting from her vehicle. I asked Barrientos to step out of the vehicle to conduct a DUI investigation multiple times but she refused. Barrientos stepped out of the vehicle but again refused to cooperate with my DUI investigation. She attempted to get back into her vehicle when she was placed into custody for F.S.S. 316.193(1) Driving While Intoxicated.</p> <p>Barrientos was transported and processed at Boca Raton Police Department. She was provided a court date of 01/01/2017 at 0830hrs, Delray Beach Courthouse. Ofc. Jesionek conducted the Intoxilizer 8000 testing. Barrientos was asked to provide a sample of breath. She refused to provide a sample. She was read implied consent. She again</p> |  |   |         |                      |                |                |               |
| <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><u>IMMLER, DOUGLAS J</u> 13</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>12/15/2016</p> <p>DATE</p>   |  |   |         |                      |                |                |               |
| <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><u>CALHOUN, KEVIN (783)</u></p> <p>NAME OF OFFICER (PLEASE PRINT)</p>   |  |   |         |                      |                |                |               |
| <p>12/15/2016</p> <p>PAGE 1 OF 2</p>   |  |   |         |                      |                |                |               |

SWORN AND SUBSCRIBED BEFORE ME

**IMMLER, DOUGLAS J.**

~~NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)~~

12/15/2016

DATE

**SIGNATURE OF ARRESTING / INVESTIGATING OFFICER**

**CALHOUN, KEVIN (783)**

**NAME OF OFFICER (PLEASE PRINT)**

12/15/2016

DATE

**COURT**

## STATE ATTORNEY

## CENTRAL RECORDS

JAI

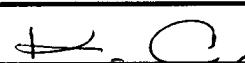
## CRIME ANALYSIS

P. I. O.

SCANNED

DEC 15 2016

|   |   |  |  |                |                        |   |                                    |          |
|---|---|--|--|----------------|------------------------|---|------------------------------------|----------|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E  | OBJ# Number   | PROBABLE CAUSE AFFIDAVIT<br>SUPPLEMENT             |  |                | 1. Arrest<br>2. N.T.A. | 3. Request for Warrant<br>4. Request for Capias | 1                                  | JUVENILE |
|   | Agency ORI Number<br><b>FL 0500200</b>  | Agency Name<br><b>BOCA RATON POLICE DEPARTMENT</b> | Agency Report Number<br><b>3   2   2016-018200</b> | Special Notes: |                        |   |                                    |          |
| N<br>D<br>E<br>F  | Charge Type:<br>Check as many<br>as apply.<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  |  |                | Race<br><b>W</b>       | Sex<br><b>F</b>                                 | Date of Birth<br><b>06/10/1968</b> |          |
| <p>refused. Barrientos was then charged with F.S.S. 316.1939(1E) Refuse to Submit to DUI Test After License Suspension (Refusal on 01/01/2010 Palm Beach County).</p> <p>Sims' witness statement was submitted to evidence. Ofc. Jesionek completed the crash report. Barrientos was transported to county jail.</p> <p style="text-align: center; font-size: 2em; color: gray; opacity: 0.5;">NOT A CERTIFIED COPY</p> |   |  |  |                |                        |   |                                    |          |

|  |                                |                                |  |                       |
|--|--------------------------------|--------------------------------|--|-----------------------|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E | SWORN AND SUBSCRIBED BEFORE ME |                                | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER                                       |                       |
|  | <b>IMMLER, DOUGLAS J.</b>      |                                |  |                       |
| NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)           |                                | NAME OF OFFICER (PLEASE PRINT) |  |                       |
| <b>12/15/2016</b>  |                                | <b>CALHOUN, KEVIN (783)</b>    |  |                       |
| DATE   |                                | DATE                           |  | PAGE<br><b>2 OF 2</b> |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAH  
SCANNED

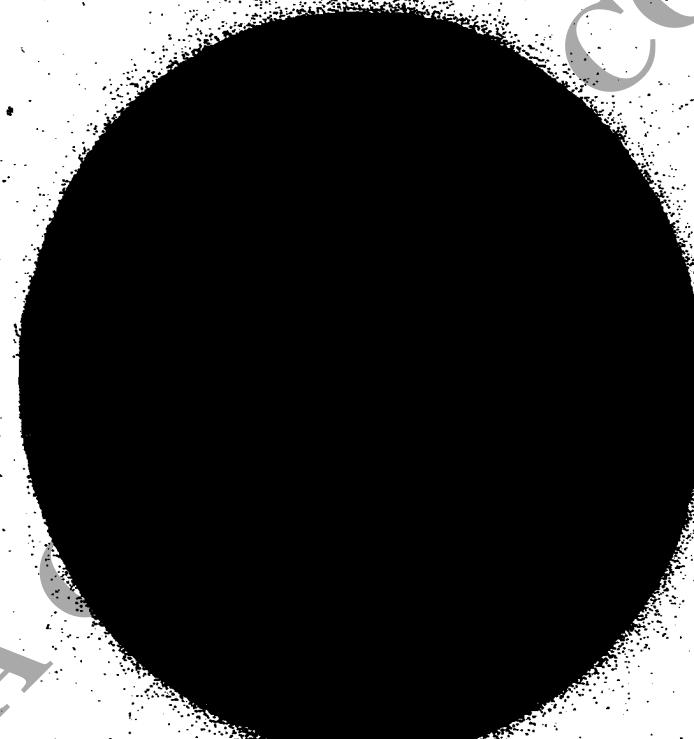
CRIME ANALYSIS

P. I. O.

DEC 15 2016

2016-018200

# **D. U. I. INFLUENCE REPORT**



NOT A  
COPY

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

**SCANNED  
DEC 15 2016**



BOCA RATON POLICE DEPARTMENT

Agency Case#

2016-018200

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

## I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: Wed (day), Dec (month), 14 (date), 2016 (year)

B. The time is now approximately 11:26  AM/PM

C. The following is in reference to case number 2016-018202

D. Present at this time is C. H. von J. S. Ionoff of the Boca Raton Police Department. (Officer's Name)

E. Officer Cs1ha, Have you arrested Deborah Breyer, et al.  
(Defendant's name)

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

G. Mr./Mrs./Ms. B. M. Santos, I am required to  
Inform you these proceedings are being video taped.

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

SCANNED  
DEC 15 2016

BOCA RATON POLICE DEPARTMENT

Agency Case # 2016-018200

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 Doc Gilham 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: 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. Barkieras has refused to submit to a breath test.

The date is Dec (Month) 14 (Day) 2016 (Year) and the time 128 AM/PM

A refusal form will be completed by the arresting officer.

SCANNED

BOCA RATON POLICE DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Barrantos, DeSorch L  
CASE #: 2016-018205 DATE 12-14-16

BREATH TESTS RESULTS

1) TIME Refused / 11:28 AM 2) TIME — AM/PM  
3) TIME — AM/PM 4) TIME — AM/PM

BREATH OPERATOR: DeSorch S31

MAINTENANCE TECHNICIAN: P/R 671

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Aggressive in talking

CLOTHING: Green Shirt, tan skirt

MEDICAL CONDITION: None

OTHER: No medications

FL#L#R653-172-68-7100 (6-10-68)

COMMENTS: 10-15- 2239 hours FOT61- 2304 hours

Strong odor of an alcoholic beverage coming from  
skirt Red & shiny eyes. Flush face.  
Subject refused skirt after being read  
implied consent

SCANNED

BOCA RATON POLICE DEPARTMENT

Agency Case # 2016018200

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) 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? \_\_\_\_\_

SCANNED DEC 15 2016

Agency Case #

2016-01820

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 11:32 AM/PM

The date is: RC (month) 14 (day) 2016 (year)

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