

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Agency ORI Number FLO 50000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number (N.T.A.'s only) 06-19-099509
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	Weapon Seized / Type 2 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	Multiple Clearance Indicator 1
Location of Arrest (Including Name of Business) 7500 Block of Yamato Rd, Boca Raton FL		Location of Offense (Business Name, Address) 7500 Block of Yamato Rd, Boca Raton FL
Date of Arrest 08/01/2019	Time of Arrest 1958	Booking Date, Booking Time, Jail Date, Jail Time, Location of Vehicle City Towing

Name (Last, First, Middle) **Daney, Diane** Alias (Name, DOB, Soc. Sec. #. Etc.)

Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 6/6/1956	Height 5'03	Weight 163	Eye Color Br	Hair Color Br	Complexion Fair	Build Med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Left Shoulder					Marital Status Married	Religion NONE	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N	

Local Address (Street, Apt. Number) (City) (State) (Zip) 7767 Great Glen Cir, Delray Beach, FL 33446	Phone (347) 287 5071	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2
Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation Retired
D/L Number, State D500160567060, FL	Soc. Sec. Number	INS Number
	Place of Birth (City, State) Queens NY	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"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent Name (Last) (First) (Middle)	Residence Phone
<input type="checkbox"/> Legal Custodian	
<input type="checkbox"/> Other	
Address (Street, Apt. Number) (City) (State) (Zip)	Business Phone

Notified by: (Name) 1-DK Date Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated
Released To: (Name) Relationship	Date Time

The above address provided by defendant and / or defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.
 Yes, by: (Name) No: (Reason)

Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property
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NOTICE TO APPEAR

Drug Activity	S. Sell	R. Smuggle	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown
N. N/A	B. Buy	D. Deliver	E. Use			N. N/A	C. Cocaine	M. Marijuana	S. Synthetics	Z. Other
P. Possess	T. Traffic	E. Use				A. Amphetamine	E. Heroin	O. Opium/Dariv.		

Charge Description Driving Under The Influence (DUI)	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)	Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit	Offense # 19-099509	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

Location (Court, Room Number, Address)
Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

Court Date and Time
Month **8** Day **29** Year **19** Time **8:30** AM PM

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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Diane Daney **08/01/2019**
Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed

HOLD for other Agency Name	Signature of Arresting Officer <i>A. Soloway</i>	Name Verification (Printed by Arrestee) AUG 1 PM 11:00
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Name of Arresting Officer (Print) I.D. # Inv. A. Soloway #8586 8586	(PRINT)
Intake Deputy I.D. # / Patch # D/S B. SHATARA #7623	Inv. A Soloway ID # 8586 Agency PBSO	Witness here if subject signed with an -X" 1 OF 1

0509888 NR

#7 1/12

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1 DAY OF AUGUST 20 19, AT 1920 AM PM

SUBJECT: Danay, Diane, CASE NUMBER: 19-099509

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. A. Soloway #8586

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

I was conducting selective traffic enforcement in the 7500 block of Yamato Road. I observed a silver vehicle traveling eastbound at a high rate of speed. I visually estimated the speed to be in excess of 65 MPH in a posted 45 MPH zone. My I activated my Stalker XLR #F004589 and it indicated a target speed of 68 MPH. I then attempted to position my vehicle behind the suspect vehicle. I identified the vehicle as a silver Subaru bearing a FL tag 6454FC. The vehicle continued eastbound at a high rate of speed, in excess of 65 MPH, according to my pace clock (asset #78183) and my in car moving radar unit (#DP006577). The vehicle then traveled southbound on S. Jog Rd. I conducted a traffic stop on this vehicle at S. Jog Road/Equstrian Dr. I made contact with the driver who was identified by her FL DL as Diane Danay. She was the sole occupant.

OBSERVATION OF DRIVER:

The driver had an odor of an unknown alcoholic beverage on her breath. Her eyes were red and glassy. Her speech was slurred. The driver was visibly upset and crying.

DRIVER'S STATEMENTS:

The driver stated she was coming from the golf course and was heading to a restaurant to meet friends for dinner. She said she drank 2 glasses of wine at the golf course. She later said she also drank 1 shot of Fireball. Numerous times she said her husband was going to kill her because of this. Numerous times she said "I'm sorry" and that she was not a bad person.

ODORS:

The driver had an odor of an unknown alcoholic beverage on her breath.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Compliant, Crying

CLOTHING: Tank top, pants, sneakers

MEDICAL/OTHER: [REDACTED]

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. A. Soloway #8586
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of August 20 19 by Inv. A. Soloway #8586

Print name of Arresting/Investigative Officer, who is personally known to me and licensed to investigate and produce Known LEO

T. Leashey
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

The driver was swaying during this task.

HAND COORDINATION:

The driver stated she had a prior knee surgery so the Walk and Turn was not attempted. In it's place, I conducted the Hand Coordination task.

The driver incorrectly counted her hand rotations. She did not correctly count the hand clapping. She attempted this task 3 times and performed poorly each time.

ONE LEG STAND:

The driver was swaying while balancing. The driver used her arms for balance. The driver put her foot down on the count of 1007 and asked if it was ok. She also asked if she was supposed to continue. She then raised her foot and counted to 1009 before almost falling over. She asked if she could attempt the task again. She then counted to 1008 before putting her foot down and almost falling over.

FINGER TO NOSE:

The driver touched the side of her nose on the first attempt. The driver was searching for the tip of her nose on the sixth attempt.

ROMBERG ALPHABET:

The driver correctly recited the alphabet from A-Z

BREATH TEST RESULTS: .105 .098

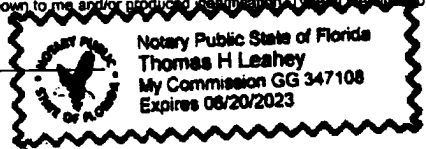
STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. A. Soloway #8586
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of August 2019 by Inv. A. Soloway #8586

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced Known LEO

Notary Public, Clerk of Court, Officer (F.S.S 117.10)



WITNESS LIST

CASE NUMBER: 19-099509

ARRESTING OFFICER: Inv. A. Soloway #8586

ADDRESS: PBSO

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: DUI INVESTIGATION

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PESO

SUBJECT: DONALD, PRINCE

CASE NUMBER: 19-099509

DATE: 08/01/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 2059

ENDING TIME: 2116

BREATH TESTS RESULTS: 1) 105 TIME 2103 AM/PM (PM) 2) 098 TIME 2104 AM/PM (PM)
3) N/A TIME --- AM/PM 4) N/A TIME --- AM/PM

BREATH OPERATOR: G. PARRIS #7907

MAINTENANCE TECHNICIAN: KAROL #6467

TESTING OFFICER'S OBSERVATIONS:

SPEECH: THICK, DELICATE, PRONOUNCED

ATTITUDE: UPSET, CRYING, RAMBLING, REPEATS, UNCOMFORTABLE

CLOTHING: DARK BLUE LEGGINGS, SLEEVLESS FRONTAL BRA, SANDALS

MEDICAL CONDITIONS: [REDACTED]

IMMUNIZATIONS: NONE

OTHER: EYES WATERY AND BLOODSHOT, OODOR OF AN UNKINDLY
ALCOHOLIC BEVERAGE ON BREATH

A ADMITS TO DRINKING 2 GASSES OF WINE AND DRINKING AT
RESTAURANT AT CENTER A/O BEGAN THE 20-MINUTE
OBSERVATION PERIOD AT 2035 HRS.

A AGREES TO TAKE TEST

A/O READ RIGHTS

A STATES SHE UNDERSTOOD RIGHTS

TECH. READS BREATH TEST RESULTS A STATES THAT
NOT SO FAR RIGHT A/O ADVISED HER SHE WOULD
TAKE TEST

A/O CONFIRMED Q/A

A SIGNATURE AND ASKED FOR SIGNATURE

SUBJECT: Donay, Dore CASE NUMBER: 19-079-009

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST REQUESTED.

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of detecting the presence or concentration of alcohol.

-OR-

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.

-OR-

I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of detecting the alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

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. If you refuse to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to a lawful test of your blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is a criminal offense.

SUBJECT'S SIGNATURE: _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE RIGHT TO REMAIN SILENT.

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, one will be appointed for you before any questioning if you cannot afford one.
5. If at any time during the interrogation you do not wish to answer any questions, you are privileged to stop answering.
6. Anything you say can be used against you in court.
7. You have the right to stop answering at any time.

OFFICER'S SIGNATURE: (C) Ross or Camacho

SUBJECT: ROVAY, DIANE

CASE NUMBER: 19-00050

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OR ALL OF THEM. YOU MAY STOP AT ANY TIME. YOU MAY STOP AT ANY TIME. YOU MAY STOP AT ANY TIME.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE ACCIDENT? of course

WHERE WERE YOU GOING? North Carolina

WHAT STREET OR HIGHWAY WERE YOU ON? Interstate 27

DIRECTION OF TRAVEL? S WHERE DID YOU START? Southwest

WHAT TIME DID YOU START? 11:00 WHAT TIME IS IT NOW? not sure

WHAT IS TODAY'S DATE? 2/6 WHAT DAY OF THE WEEK IS IT? Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? PRC

WHEN DID YOU LAST EAT? 11 A WHAT DID YOU EAT? chicken or beef

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS?

HOW MUCH? bill HAVE YOU BEEN DRINKING? Yes WHAT?

WHEN DID YOU LAST DRINK? had beer since we started AND YOUR LAST DRINK?

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU EVER BEEN DRUNK SINCE THE ACCIDENT? No HOW MUCH?

WHAT? beer WHEN?

WHAT LINE OF BUSINESS ARE YOU IN? not sure WHEN DID YOU LAST WORK?

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT?

ARE YOU SICK OR INJURED? No WHAT'S WRONG?

DO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY PILLS OR DRUGS TODAY? No WHAT?

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? None

ARE YOU TAKING ANY PRESCRIPTION DRUGS? No WHAT? None

DO YOU HAVE ANY VISION DEFECTS THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION?

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes

WHERE WAS YOUR LAST DRIVER'S LICENSE?

HOW LONG HAS YOUR DRIVER'S LICENSE BEEN VALID?



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/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.	3,6
	<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: 2019025159	Date: 8/1/2019
	Specialist Name/ID: J. Beck/9007