

0496181

AR - / - NOTICE TO APPEAR 1649

ARREST - NOTICE TO APPEAR Juvenile Referral Report

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

Agency Off. Number: FLO, 5, 0, 0, 2, 0, 0 Agency Name: **BOCA RATON POLICE SERVICES DEPT.** Agency Report Number (N.T.A.'s only): 3, 2-11, 8-10, 0, 3, 0, 6, 7, 11

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Location of Arrest (Including Name of Business): 5100 Soy Rd Boca Raton, FL Location of Offense (Business Name, Address): 5100 Soy Rd Boca Raton, FL

Date of arrest: 03.01.18 Time of Arrest: 1.5.20 Booking Date: Booking Time: Jail Date: Jail Time: Location of Vehicle:

Name (Last, First, Middle): Narvaez, Doris Alias (Name, DOB, Soc. Sec. #, Etc.):

Race: W - White B - Black I - American Indian O - Oriental/Asian Sex: F Date of Birth: 1.1.05 Height: 5'02" Weight: 114 Eye Color: Brn Hair Color: Blk Complexion: Lgt Build: Thin

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): Marital Status: Religion: Indication of: Alcohol influence Drug influence Y N Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone: (861) Residence Type: 1. City 2. County 3. Florida 4. Out of State 11

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone: 9258 Neptunes Basin Ct Boca Raton FL 33434 (561) 573-5857 Address Source: Subject

Business Address (Name, Street) (City) (State) (Zip) Phone: () Occupation:

D/L Number, State: Nb12 160699050 Soc. Sec. Number: [REDACTED] INS Number: Place of Birth (City, State): Columbia Citizenship: US

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Legal Custodian Other: Name (Last) (First) (Middle) Residence Phone: 1-011 ()

Address (Street, Apt. Number) (City) (State) (Zip) Business Phone: ()

Notified by: (Name) 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 was provided by defendant and / or 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. Yes, by: (Name) No: (Reason)

Property Crime? Yes No Description of Property Value of Property

Drug Activity: OWI Drug Type: Amount / Unit: Offense #: 2018-3067 Statute Violation Number: 311.16.1.1.9.3 Violation of ORD #: 11111111

Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

Charge Description: Counts: Domestic Violence Y N Statute Violation Number: Violation of ORD #:

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Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

Health/Apparent Physical Condition of Defendant: Property - Rec'd. By: Released By: Released To: PM 8:00

Any knowledge of the following, place an "X" and explain: Mental; Escape Risk; Medication; Deformities; Injuries

Check which applies: Released O.R.; Posted Bond; Released to Parent/Guardian; S. County Mental Health; T.O.T. County Jail

Transported By: Date: Time: Other:

Instruction No. 1 Mandatory Appearance in Court Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.

Location (Court, Room Number, Address): 200 W. Atlantic Ave. Delray Beach, FL 33444 South County Courthouse

Court Date and Time: Month April Day 09 Year 2018 Time 0830 (A.M.) P.M.

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.

Signature of Defendant (or Juvenile and Parent/ Custodian): [Signature] Date Signed: 3/11/18

HOLD for other Agency Name: Signature of Arresting Officer: [Signature] Name Verification (Printed by Arrestee): [Signature]

Dangerous Resisted Arrest Suicidal Other: Name of Arresting Officer (Print): Bisson I.D. #: [ID] (PRINT)

Transporting Officer: Bisson I.D. #: [ID] Agency: BCPD PAGE: 1

Witness here if subject signed with an "X": _____ OF _____

SUBJECT: Narvaez, Doris

CASE NUMBER 2018-3067

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

WALK & TURN:

failed to maintain starting position 11 steps forward.
 no heel to toe. 10 steps back.
 improper turn
 stepped off the line
 Stumbled.

ONE LEG STAND:

failed to count.
 Stumbled back every time she put her foot down.
 put foot down
 didn't keep foot six inches off the ground.

FINGER TO NOSE:

first left touched right nostril kept finger on nose. third right raised left hand and kept finger on nose.
 first right touched left nostril kept finger on nose. third left touched right nostril
 second left kept finger on nose.
 second right touched left nostril and kept finger on nose.

ROMBERG ALPHABET:

Didn't Recite correctly.

BREATH TEST RESULTS:

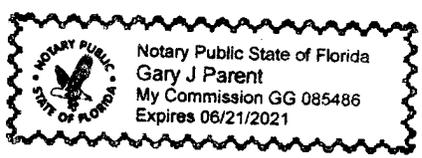
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of March 20 18 by ORC S. BISSON

(Print name of Arresting/Investigative Officer) who personally known to me and/or produced identification. Type of identification produced H.W.O.W

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



D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1 DAY OF March 2018, AT 1520 AM PM
SUBJECT: Narvaez, Doris CASE NUMBER: 2018-3067
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Bisson

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

passed out behind the wheel in the turning lane at Jog & Yamato.

OBSERVATION OF DRIVER:

glossy eyes
Slurred speech.
Strong odor of an alcoholic beverage.

DRIVER'S STATEMENTS:

Took 2 Xanax's
Took two wines.

ODORS:

Strong odor of an alcoholic beverage emanating from her person

GENERAL OBSERVATIONS

SPEECH: Slurred.

ATTITUDE: _____

CLOTHING: _____

MEDICAL/OTHER: _____

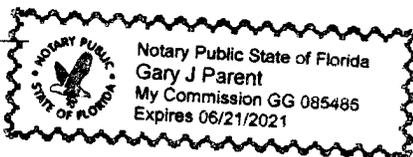
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] 664 [Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of March 20 18 by OFC S. BESSON

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

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



SUBJECT: NARVAEZ, DORES CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-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 its 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 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'S SIGNATURE: (X) Read on Camera

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

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, you are entitled to the presence of a court appointed lawyer before you make any statements 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 and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: NARVAEZ, PORES CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

TESTING FACILITY TASK REPORT

AGENCY: BRPD
SUBJECT: NARVAEZ, DORIS CASE NUMBER: 18-044899
DATE: 03/01/18 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 1726 ENDING TIME: 1729
BREATH TESTS RESULTS: 1) R TIME 1728 A.M./P.M. 2) N/A TIME --- A.M./P.M.
3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.
BREATH OPERATOR: G. PARENT # 7809
MAINTENANCE TECHNICIAN: KARLECKE # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT, SLURRED, RAPID
ATTITUDE: UPSET, REPETITIVE, DEFIANT, RAMBLING
CLOTHING: BLUE JEANS, WHITE SLEEVELESS STRIPPED BLOUSE, SANDALS ^{BLACK}
MEDICAL CONDITIONS: NONE
MEDICATIONS: ZANEX **REFUSED**

OTHER: EYES GLASSY, Δ STATED SHE ~~TOOK~~ A ZANEX THAT WOULD ACTIVATE THE ALCOHOL SO NO TEST

COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 1635 HRS.

Δ STATED NO SHE WOULD NOT TAKE TEST

A/O READ I/C

Δ STATED SHE UNDERSTOOD I/C AND REFUSED TEST

A/O READ RIGHTS **REFUSED**

Δ STATES SHE WAS NOT GOING TO ANSWER ANY QUESTIONS