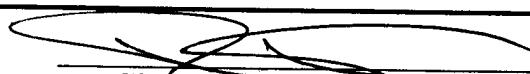


ARREST / NOTICE TO APPEAR				1		JUVENILE	
OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)	
0500200		Boca Raton Police Department		3 2 2017-002932		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <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) 5100 N DIXIE HWY				Location of Offense (Business Name, Address) 5100 N DIXIE HWY, BOCA RATON, FL 33487			
Date of Arrest 02/25/2017		Time of Arrest 13:33		Booking Date 02/25/2017		Booking Time 13:33	
Jail Date		Jail Time		Location of Vehicle TOWED			
Name (Last, First, Middle) SINGER, ELIZABETH ANN							
Alias: MARK R EYE / BIRTHMARK							
Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black		Sex W - Male F - Female		Date of Birth 06/24/1944		Height 5'03	
Weight 139		Eye Color GREEN		Hair Color BLONDE		Complexion LIGHT	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) MARK R EYE / BIRTHMARK							
Marital Status O		Religion JEWISH				Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	
Local Address (Street, Apt. Number) 24-B SOUTH PORT LANE, BOYNTON BEACH, FL 33436				(City) BOYNTON BEACH		(State) FL	
				(Zip) 33436		Phone (561) 313-9700	
Permanent Address (Street, Apt. Number) 24-B SOUTH PORT LANE, BOYNTON BEACH, FL 33436				(City) BOYNTON BEACH		(State) FL	
				(Zip) 33436		Phone (561) 313-9700	
Business Address (Name, Street) RETIRED,				(City)		(State)	
				(Zip)		Phone	
						Occupation	
D/L Number, State S526221447240/		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) NEW YORK, NY, United	
Citizenship US							
Co-Defendant Name (Last, First, Middle)				Race		Sex	
				Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <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"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
JUVENILE Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) Legal Custodian							
Residence Phone							
Address (Street, Apt. Number) ONE				(City)		(State)	
				(Zip)		Business Phone	
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	
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.							
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No				School Attended			
				Grade			
Value of Property							
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Description of Property							
C O D E Drug Activity S. Sell R. Smuggle K. Disperses/ M. Manufacture/ Z. Other							
Drug Type N. N/A B. Buy D. Deliver E. Use							
Drug Activity N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown							
Drug Possess T. Traffic C. Cocaine M. Marijuana S. Synthetic Z. Other							
Drug Activity A. Amphetamine E. Heroin							
C H A R G E Charge Description DUI Statute Violation Number 316.193(1) Violation of ORD #							
Drug Activity Drug Type Amount / Unit Offense # 2017-002932 Counts Domestic Violence Warrant / Capias Number Bond							
C H A R G E Charge Description Statute Violation Number Violation of ORD #							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond							
C H A R G E Charge Description Statute Violation Number Violation of ORD #							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond							
C H A R G E Charge Description Statute Violation Number Violation of ORD #							
I N T A K E Health / Apparent Physical Condition of Defendant GOOD 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 checked="" type="checkbox"/> T.O.T. County Jail PROPERTY - Received By Released By Released To							
E N T A K E <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health							
E N T A K E Transported By Date Transported Time Transported Other							
N O T I C E T O A P P E A R <input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.							
N O T I C E T O A P P E A R Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444							
N O T I C E T O A P P E A R Court Date and Time							
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)							
HOLD for Other Agency				Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
				Name of Arresting Officer (Print) CHRISWISSE, JACLYN		Date Signed MAR 01 2017	
				Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		FEB 25 PM 7:18	
A D M I N I T R A T I O N Intake Deputy I.D. # D/S B. SHATARA #7623				Pouch # 1705RPO		Transporting Officer I.D. # Agency	
A D M I N I T R A T I O N Witness here if subject signed with an "X".							
A D M I N I T R A T I O N PAGE 1 OF 1							

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O. DEFENDANT

OBTS Number		PROBABLE CAUSE AFFIDAVIT					
Agency ORI Number		Agency Name			Agency Report Number		
FL 0500200		BOCA RATON POLICE DEPARTMENT			3	2	2017-002932
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:		
Name (Last, First, Middle)		Alias			Race	Sex	Date of Birth
SINGER, ELIZABETH ANN					W	F	06/24/1944
Charge Description		Charge Description					
316.193(1) DUI							
Charge Description		Charge Description					
Victim's Name (Last, First, Middle)					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	
<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 checked="" 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>admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>							
<p>On the <u>25</u> day of <u>February</u>, <u>2017</u> at <u>13:49</u> (Specifically include facts constituting cause for arrest.)</p>							
<p>On 02-25-2017 at approximately 1309 hours, I arrived at 5100 North Dixie Highway in reference to a driving while under impairment investigation (DUI). Upon arrival, I met with Officer Chriswisser who, prior to my arrival, responded to the aforementioned location after a concerned citizen called 911 to report a reckless driver who was now "passed out" behind the driver seat at this location.</p>							
<p>Prior to making contact with the driver identified by her Florida Drivers License as Elizabeth Singer. I activated my body worn video camera and was flagged down by a concerned citizen who wished to remain anonymous. She stated the she was the one who called 911 because she observed the driver (Singer) of the vehicle driving reckless.</p>							
<p>I then made contact with Singer who was sitting behind the driver seat. I identified myself as Officer Buckheit of the Boca Raton Police Department. While at the driver side window, which was rolled down, I smelled the pungent order of alcoholic beverage emanating from inside the vehicle. Singer's eyes were blood shot and glassy. I asked Singer to step out of the vehicle and conduct some roadside tasks in effort to dispel my alarm she might be impaired and in operation of a motor vehicle. She complied. As she was exiting her vehicle I asked her if she had any injuries which would make it difficult to conduct roadside tasks. She stated she had a knee and hip replacement.</p>							
<p>Once outside the vehicle she was having difficulty standing and her balance was off.</p>							
<p>First, Singer conducted the Horizontal Gaze Nystagmus task. She displayed a lack of smooth pursuit in the right and left eye. She also displayed a distinct nystagmus at maximum deviation and an onset of nystagmus prior to forty five degrees in the right and left eyes.</p>							
<p>Next, I asked Singer to recite the Rhomberg alphabet. She stated she understood the</p>							
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><u>CONNARD, KEVIN T.</u></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>02/25/2017</u></p> <p>DATE</p>							
<p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><u>BUCKHEIT, PATRICK H. (648)</u></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><u>02/25/2017</u></p> <p>DATE</p>							
COURT		STATE ATTORNEY		CENTRAL RECORDS		JAIL	CRIME ANALYSIS
P. I. O.							

OETS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
A D M I N I T U T E R A T O R E S T A T E M E N T A D M I N I T U T E R A T O R E S T A T E M E N T	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-002932		Special Notes:			
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Alias		Race	Sex	Date of Birth		
Name (Last, First, Middle) SINGER, ELIZABETH ANN				W	F	06/24/1944		
<p>English alphabet. Singer could not complete the alphabet. She had difficulties once she passed the letter G and could not complete the exercise as requested.</p> <p>I then had Singer conduct the finger to nose task. She stated she could not stand on one leg so I had her stand on both. She could not touch her finger to her nose and would not keep her head back and eyes closed. She also would start before she was told to.</p> <p>I then requested her to conduct the nine step walk and turn test. She stated she was unable to perform the task because of her injuries.</p> <p>At this time based on Officer Chriswisser and my investigation, Officer Chriswisser placed Singer under arrest for driving under the influence contrary to Florida State Statue 316.193(1). Singer was handcuffed and transported to the Boca Raton Police Department. Once at the Boca Raton Police Booking facility Officer Kriger conducted the breath tech operation. Singer provided two samples .304 and .307.</p> <p>Officer Rosenthal responded and assisted in requesting a tow truck for her vehicle. I observed in plain view in the vehicle was a red solo cup filled half way with a clear liquid. I smelled the liquid which I immediately recognized though my training and experience as vodka alcohol. There was also an open vodka bottle in the passenger side floor board. Refer to video and photographs which were placed into evidence.</p> <p>Due to the fact Singer provided two breaths over .300 she was transported to the Boca Raton Regional Hospital for medical clearance. Once Singer was medically cleared she was transported back to BRPD for processing and then to the Palm Beach County Jail without incident.</p>								
<p>SWORN AND SUBSCRIBED BEFORE ME  CONNARD, KEVIN T NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 02/25/2017 DATE</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  BUCKHEIT, PATRICK H (648) NAME OF OFFICER (PLEASE PRINT) 02/25/2017 DATE</p>								
PAGE 2 OF 2								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

D. U. I. INFLUENCE

REPORT

IVOTACOPY

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

Probable Cause Affidavit

On the _____ Day of _____, at _____ AM/PM

Subject: _____ Case Number: _____

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

ROADSIDE TASKS

Horizontal Gaze Nystagmus:

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

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

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg _____

stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern) _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,

Sworn and subscribed before me this _____ (date) By: _____

Notary/Clerk of Court/
Officer (F.S. 117.10)

Signature of arresting officer

Date

BOCA RATON POLICE DEPARTMENT

Agency Case # _____

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 _____ 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 signature: _____

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. _____ has refused to submit to a breath test.

The date is _____ (Month) _____ (Day) _____ (Year) and the time _____ AM/PM

A refusal form will be completed by the arresting officer.

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: _____

Revised 8/2006

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT:

Elizabeth Singer

CASE #:

17-2932

DATE:

1/22

BREATH TESTS RESULTS

1) TIME 304 / 248 AM/PM 2) TIME 307 / 251 AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR:

SFC. Krigger

MAINTENANCE TECHNICIAN:

SFC. Price

TESTING OFFICER'S OBSERVATIONS

SPEECH:

Slurred speech. Henry Tongue

ATTITUDE:

poor

CLOTHING:

MEDICAL CONDITION:

OTHER: Odor of Alcohol because

coming from Breath

COMMENTS: Screaming, crying, saying on holding
cell done. Explained she is not a criminal
and she must be let out.

BOCA RATON POLICE DEPARTMENT

Agency Case # _____

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) _____

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? _____

Agency Case # _____

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 _____ AM/PM

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