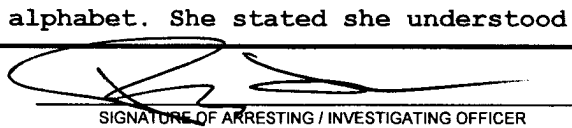




0485550
ARREST / NOTICE TO APPEAR
N H 17CT3729 564

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2017-002932		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE			
D E F E N D A N T	Charge Type Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" 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) 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												
D E F E N D A N T	Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____												
	Race W - White B - Black I - American Indian O - Oriental/Asian W		Sex F	Date of Birth 06/24/1944	Height 5'03	Weight 139	Eye Color GREEN		Hair Color BLONDE		Complexion LIGHT	Build S	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) MARK R EYE / BIRTHMARK					Marital Status O		Religion JEWISH		Indication of: Alcohol Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 24-B SOUTH PORT LANE, BOYNTON BEACH, FL 33436					Phone (561) 313-9700		Residence Type: 1. City 3. Florida 2. County 4. Out of State					
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 24-B SOUTH PORT LANE, BOYNTON BEACH, FL 33436					Phone (561) 313-9700		Address Source FLDL					
	Business Address (Name, Street) (City) (State) (Zip) RETIRED,					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"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone							
<input type="checkbox"/> 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 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.						School Attended		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							
Drug Activity N N/A P Possess		S Sell B Buy T Traffic	R Smuggle D Deliver E Use	K Disperses/ 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.	P Paraphernalia/ Equipment S Synthetic	U Unknown Z Other	
Charge Description DUI						Statute Violation Number 316.193(1)		Violation of ORD #					
Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond					
N		/	/	2017-002932	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
Charge Description						Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond						
/	/	/	/	/	<input type="checkbox"/> Y <input type="checkbox"/> N								
Charge Description						Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond						
/	/	/	/	/	<input type="checkbox"/> Y <input type="checkbox"/> N								
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"/> Modication <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			
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health					Date Transported		Time Transported		Other			
	Transported By					//							
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.					Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.					No Photo Available							
	Signature of Defendant (or Juvenile and Parent/Custodian)					SCANNED							
	HOLD for Other Agency					Signature of Arresting Officer		Name Verification (Printed by Arrestee)					
A D M I N I S T R A T I O N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other					Name of Arresting Officer (Print) CHRISWISSER, JACLYN		MAR 01 2017 FEB 25 PM 7:18					
	Intake Deputy D/S B. SHATARA #7623		I.D. # #7623		Pouch # #7623		Transporting Officer 1770 BAPD		I.D. # 788		Agency 788		
	Witness here if subject signed with an "X".					PAGE 1 OF 1							
	No Photo Available												

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
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)					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)
Business Address (Name, Street)					(City)		(State)		(Zip)
<p>The undersigned certifies and swears that he/she has just and reasonable 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 _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ 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 25 day of February, 2017 at 13:49 (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>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p></p> <p>CONNARD, KEVIN T</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>02/25/2017</p> <p>DATE</p> </div> <div style="width: 45%;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>BUCKHEIT, PATRICK H (648)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>02/25/2017</p> <p>DATE</p> </div> </div>									

OBT Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-002932					
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Special Notes:			
Name (Last, First, Middle) SINGER, ELIZABETH ANN		Alias		Race W		Sex F		Date of Birth 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 Krigger 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>									
<div style="font-size: 4em; opacity: 0.1; transform: rotate(-30deg); pointer-events: none;">NOT A CERTIFIED COPY</div>									
SWORN AND SUBSCRIBED BEFORE ME  CONNARD, KEVIN T NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 02/25/2017 DATE		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  BUCKHEIT, PATRICK H (648) NAME OF OFFICER (PLEASE PRINT) 02/25/2017 DATE							
		PAGE 2 OF 2							

COURT

STATE ATTORNEY

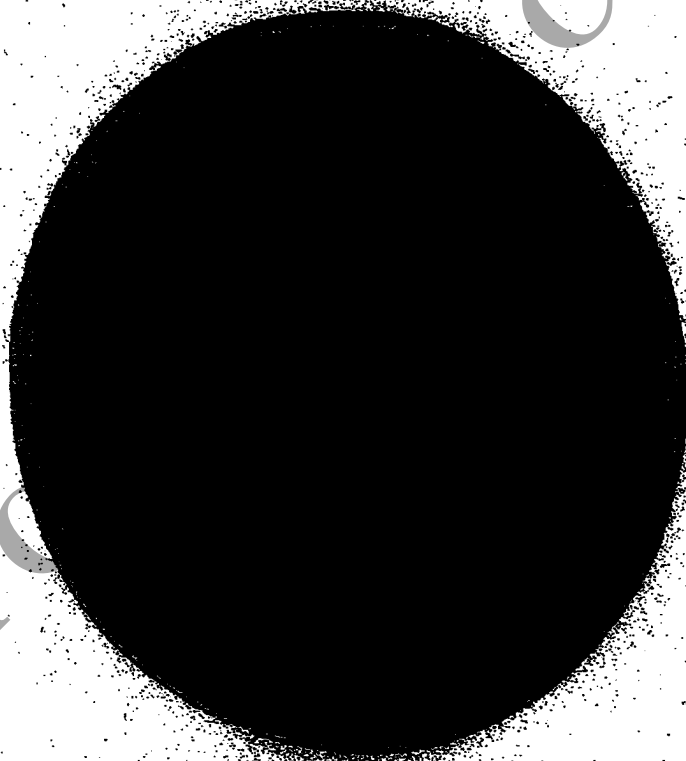
CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

D. U. I. INFLUENCE REPORT



**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

Name of Officer (please print)

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.

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: _____

1415

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: Off. Krigger

MAINTENANCE TECHNICIAN: Off. Price

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred speech. Heavy tongue

ATTITUDE: poor

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: odor of alcoholic beverage
coming from breath

COMMENTS: Screaming, crying, banging on holding
cell door. 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 <input type="checkbox"/> No <input type="checkbox"/>	Inner ear trouble? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Glass Eye? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ear Infection? Yes <input type="checkbox"/> No <input type="checkbox"/>
	False Teeth? Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>

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).