

0496552

1904777 SB3108

ARREST / NOTICE TO APPEAR

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

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2018-003670	
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	If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 700 NW 12TH AVE BOCA RATON FL, 33486			Location of Offense (Business Name, Address) 700 NW 12TH AVE, BOCA RATON, FL 33486			
Date of Arrest 03/14/2018	Time of Arrest 01:41	Booking Date 03/14/2018	Booking Time 01:57	Jail Date 03/14/2018	Jail Time 01:57	Location of Vehicle TOT TO FRIEND

Name (Last, First, Middle) MARTINS, HADASSA FRANCO		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex F	Date of Birth 03/05/1996	Height 5'04	Weight 125	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Medium
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion CHRISTIAN	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 8462 DYNASTY DR, BOCA RATON, FL 33433			(City)	(State)	(Zip)	Phone (561) 753-8207		Residence Type: 1. City 3. Florida 2. County 4. Out of State	
Permanent Address (Street, Apt. Number) 8462 DYNASTY DR, BOCA RATON, FL 33433			(City)	(State)	(Zip)	Phone (561) 753-8207		Address Source FL LICENSE	
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation Student	
D/L Number, State M635326965850 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) VITORIA, Brazil		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

<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone		
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		Business Phone		
Address (Street, Apt. Number)		(City)	(State)	(Zip)		
Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		3	
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
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Charge Description DUI	State Violation Number 316.193(1)	Violation of ORD #					
Drug Activity	Drug Type N	Amount / Unit	Offense # 2018-003670	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond OR

Charge Description	State Violation Number	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond

Charge Description	State Violation Number	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond

Health / Apparent Physical Condition of Defendant NORMAL	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	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health	<input checked="" type="checkbox"/> T.O.T. County Jail
Transported By HORNE 791	PROPERTY - Received By HORNE 791	Released By HORNE 791
Date Transported 03/14/2018	Time Transported 00:00	Released To TOT CJ

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time 4/19/18 0830
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)	Date Signed

HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT)
Intake Date 03/14/18	I.D. # 791	Agency BOCA
Transporting Officer HORNE	I.D. # 791	Witness here if subject signed with an "X".

2018 MAR 14 AM 9:17
 SOUTH COUNTY JUVENILE COURT CLERK
 DELRAY BEACH COUNTY BRANCH
 No Photo Available
 PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-003670
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	

Name (Last, First, Middle) MARTINS, HADASSA FRANCO	Alias	Race W	Sex F	Date of Birth 03/05/1996
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Charge Description 316.193(1) DUI	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432	Phone (561) -	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone (56) -	Occupation	

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.
The Person taken into custody . . .
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
On the **14** day of **March**, **2018** at **01:41** (Specifically include facts constituting cause for arrest.)

On 03/14/2018 while on active patrol I observed a 2013 maroon Honda Civic bearing FL tag# WW165 travelling westbound on NW 13th Street in the outside through lane. I positioned my marked patrol unit directly behind the vehicle and proceeded to observe the driving pattern. As we approached the 900 block of NW 13th Street the vehicle started to veer outside of the designated lane. Once we approached the 1200 block of NW 13th Street the vehicle moved into the inside through lane without signaling. The driver then made a left turn from the inside through lane without being in the proper lane to turn. The vehicle proceed to drive south on NW 12th Ave where I conducted a traffic stop for improper turn. I met with the driver, white female Hadassa Martins who was occupying the driver seat. I could immediately smell a strong odor of an alcoholic beverage emanating from her person, her eyes were blood shot and glossy. I asked Hadassa where she was coming from and she stated from a friend's house. I then asked Hadassa to provide me with her license, registration and insurance. Hadassa presented me her debit card instead of her license. Hadassa then continued to stare at me and I asked her again for her documents. Hadassa then handed me the title of the vehicle instead of the vehicle's registration. While speaking with Hadassa she was also slurring her speech.

Based on my observations I asked Hadassa if she would submit to roadside sobriety tasks and she stated that she would submit to the tasks. I then asked her if she would conduct the SFSTs and she stated that she would. I then walked her over to the front of my vehicle and asked her if she had any medical problems or medical issues that would prevent her from doing the tasks. Hadassa advised that she had no medical issues that would prevent her from doing the tasks. The tasks that were conducted were HGN, the Walk and turn, One Leg Stand, Finger to Nose, and the Rhomberg Alphabet.

First, Hadassa conducted the Horizontal Gaze Nystagmus Exercise and she advised she understood my instructions. She displayed a lack of smooth pursuit in the right and

SWORN AND SUBSCRIBED BEFORE ME		
PATTERSON, MARC P NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
03/14/2018 DATE		HORNE, ASHTON (791) NAME OF OFFICER (PLEASE PRINT)
		03/14/2018 DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

OBTS Number	Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2018-003670
Agency ORI Number FL 0500200			
Charge Type: Check as many as apply.	Special Notes:		
<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			
Name (Last, First, Middle) MARTINS, HADASSA FRANCO	Alias	Race W	Sex F Date of Birth 03/05/1996

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.

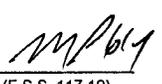
Next, I asked Hadassa to conduct the Walk and Turn exercise. Hadassa advised she understood my instructions. Hadassa did not remain in the starting position and she did not walk heel to toe. She did not remain on the straight white line and she used her arms to balance.

Next, I asked Hadassa to conduct the one leg stand exercise and she advised she understood my instructions. Hadassa dropped her foot, used her arms to balance. Hadassa also had difficulties lifting her foot off the ground and counting.

Next, was the Finger to Nose. (L-R-L-R-R-L). On the first left she started to raise her right hand but corrected herself by bringing her left hand up to her nose. She touched the left nostril instead of the tip of her nose. On the first right, she touched her right nostril; second left she touched her left nostril; second right she touched her right nostril. On the third right she brought her left hand up then corrected by bringing her right finger up to her nose and touched her left nostril. On the third left she touched her left nostril.

Lastly, was the Rhomberg Alphabet. She was able to recite the alphabet correctly.

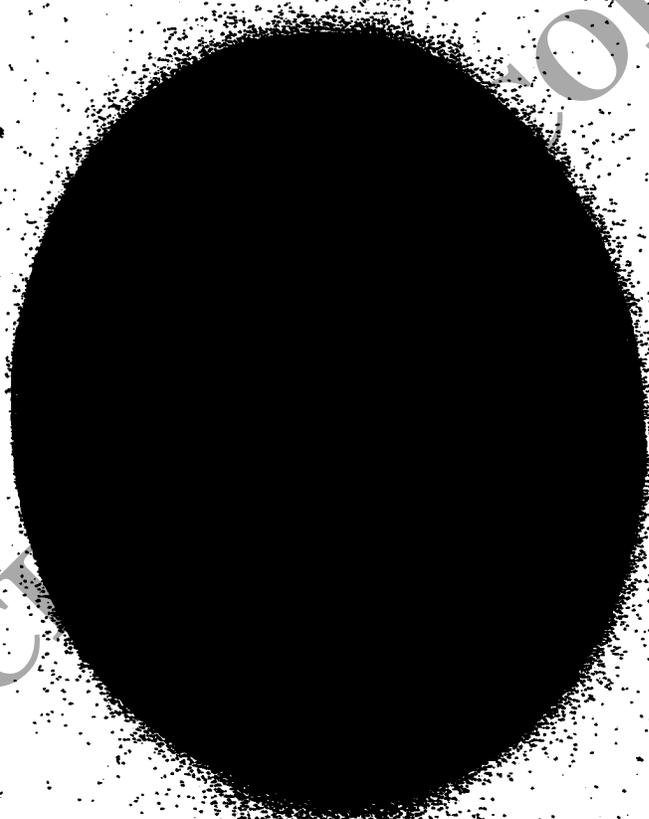
Officer Miller responded to BRPD as the Breath Test Operator. Officer Miller and I conducted the 20-minute observation and then she was taken into the BAT room. Hadassa advised that she would provide a breath sample. Hadassa provided two breath samples of .143 and .146. I also read Hadassa her Constitutional Warnings which she advised she understood. Hadassa answered all of my questions in regards to this incident. See DUI influence report. Hadassa is being charged under F.S.S. 316.193(1) for DUI. Hadassa was turned over to Palm Beach County Jail for further processing.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME		
	PATTERSON, MARC P	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	03/14/2018	DATE	HORNE, ASHTON (791)
			NAME OF OFFICER (PLEASE PRINT)
		03/14/2018	DATE

18-3670

OBS. TIME: 0157
1015: 0141

D. U. I. INFLUENCE REPORT



NOT A COPY

Boca Raton Police Services Department

100 Northwest Second Avenue

Boca Raton, Florida 33432

ARRESTING OFFICER: HORNE

Name: HORNE, ASHTON Phone # Home 338-1234 Work _____

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: ROADSIDE TALKINGS

Name: HEPSON Phone # Home 338-1234 Work _____

Address: 100 NW 2ND AVE

Can testify to: INVESTIGATION

Name: LEINONEN Phone # Home 338-1234 Work _____

Address: 100 NW 2ND AVE

Can testify to: SEARCH

Name: MILLER Phone # Home 338-1234 Work _____

Address: 100 NW 2ND AVE

Can testify to: BOOKING

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

NOT A CERTIFIED COPY

BOCA RATON POLICE DEPARTMENT

Agency Case# 2018-003670

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

I INTRODUCTION (Instrument Operator faces video camera)

A. The day is: TUESDAY (day), MARCH (month), 14 (date), 2018 (year)

B. The time is now approximately 0225 AM PM

C. The following is in reference to case number 2018-003670

D. Present at this time is HORNE & MILLER of the Boca Raton Police Department. (Officer's Name)

E. Officer HORNE Have you arrested HADISSA MARTENS (Defendant's name)
In violation of Florida State Statute 316.193?

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

G. Mr./Mrs./Ms. HADISSA MARTENS, I am required to inform you these proceedings are being video taped.

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

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 DFG HORNE of the BODD RATION PD

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: ON 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. HADISSA MARTENS 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.

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: HADASSA MARTINS

CASE #: 2018-003670 DATE: 3/14/18

BREATH TESTS RESULTS

1) TIME 0232 .143 AM/PM 2) TIME 0235 .146 AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: MILLER

MAINTENANCE TECHNICIAN: PARE

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: UPSET

CLOTHING: DISHEVELED BLACK SHIRT, BLUE JEAN SHORTS,
BLACK SLIPPERS

MEDICAL CONDITION: NONE

OTHER: _____

COMMENTS: RED GLASSY EYES; ALCOHOL EXHALATIONS
FROM HER MOUTH

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) all VIDEO Hadassa Martinez

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? yes

Where were you going? to friends house

What street or highway were you on? 12th Ave, no sure

Direction of travel? no idea

Where did you start driving from? from friends house

What City (County) were you stopped in? Boice Lake

What time did you start? 1:20 AM/PM What time is it now 1:10

What is today's date? 3/14/18 What day of the week is it? wednesday

18-3670

When did you last eat? 6:30 pm What did you eat? rice, beans, chicken

What have you been doing the past three hours prior to this stop/accident? O'brans

How much do you weigh? 125 Have you been drinking? yes What were you drinking? Beer

How much? 3 Where? O'brans With whom were you drinking? friends

When did you have your first drink? 10 AM/PM When did you stop drinking? 1 AM/PM

How did you consume your last two drinks? normally

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?

What line of work are you in? student

When did you last work? Never no job

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? NO Did you get a bump on the head? NO

Were you involved in an accident today? NO

Have you taken any drugs or smoked marijuana today? NO

What? When?

Have you seen a doctor or dentist today? NO Who? What?

Are you taking any prescription medicines? Yes No What? Birth Control When? When?

Do you have:	Epilepsy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Inner ear trouble? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Glass Eye? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Ear infection? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	False Teeth? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Diabetes? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Any eye problems not correctable by glasses or contact lenses? NO

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? NO

I am now ending this videotaping. The time now is approximately 2:41 AM/PM

The date is: Wednesday (month) 3 (day) 14 (year) 2018