

AD M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		3168 JUVENILE			
	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2016-014163					
	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		Multiple Clearance Indicator 1					
D E F E N D A N T	Location of Arrest (Including Name of Business) 501 E CAMINO REAL				Location of Offense (Business Name, Address) 501 E CAMINO REAL, BOCA RATON, FL 33432					
	Date of Arrest 09/28/2016	Time of Arrest 02:04	Booking Date 09/28/2016	Booking Time 02:14	Jail Date 09/28/2016	Jail Time 00:00	Location of Vehicle 501 E CAMINO REAL BOCA			
	Name (Last, First, Middle) LAKE, HEATHER JASARITH				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:					
C O D E F	Race W - White B - Black I - American Indian O - Oriental/Asian W		Sex F	Date of Birth 09/01/1975	Height 5'04	Weight 181	Eye Color BLUE	Hair Color BLONDE	Complexion LIGHT	Build Medium
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion JEWISH	Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State 12	
	Local Address (Street, Apt. Number) 1075 E LANCEWOOD PL, DELRAY BEACH, FL 33445				(City) (State) (Zip)		Phone (754) 234-7829		Address Source FL DL	
J U V E N I L E	Permanent Address (Street, Apt. Number) 1075 E LANCEWOOD PL, DELRAY BEACH, FL 33445				(City) (State) (Zip)		Phone (754) 234-7829		Occupation FL DL	
	Business Address (Name, Street) OFFICE DEPOT, 6600 N MILITARY TRAIL				(City) (State) (Zip)		Phone (561) -		Buyer	
	D/L Number, State L200330758211 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) SANTA CRUZ, CA,		Citizenship US	
C O D E F	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	
	Parent <input type="checkbox"/> Other: <input type="checkbox"/> Legal Custodian <input type="checkbox"/>				Name (Last, First, Middle)				Residence Phone	
C H A R G E	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 IAC 3. Incarcerated			
	Released To: (Name)				Relationship	Date	Time			
C H A R G E	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			
	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
C H A R G E	Charge Description DUI - PROPERTY DAMAGE				Statute Violation Number 316.193(3C1)		Violation of ORD #			
	Drug Activity	Drug Type N	Amount / Unit /	Offense # 2016-014163	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond	
	Charge Description				Statute Violation Number		Violation of ORD #			
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond	
	Charge Description				Statute 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	
I N T A K E	Health / Apparent Physical Condition of Defendant INTOXICATED				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 CALHOUN		Released By CALHOUN		Released To PBCJ	
	Transported By				Date Transported 9/28/16	Time Transported 6:57	Other			
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input 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 10/24/2016 08:30:00			
	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)			
A D M I N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) CALHOUN, KEVIN		ID. # 783		Agency BRPD	
	Intake Deputy ID. #		Pouch #		Transporting Officer K. M. M. L.		ID. # 6276		Agency BRPD	
					Witness here if subject signed with an "X".		PAGE 1 OF 1			

SEP 28 AM 6:44

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A	Agency ORI Number	Agency Name		Agency Report Number					
D	FL 0500200	BOCA RATON POLICE DEPARTMENT		3 2 2016-014163					
M	Charge Type: Check as many as apply.			Special Notes:					
I	<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								
N	Name (Last, First, Middle)			Alias		Race	Sex	Date of Birth	
D	LAKE, HEATHER JASARITH					W	F	09/01/1975	
E	Charge Description			Charge Description					
F	316.193(3C1) DUI- PROPERTY DAMAGE								
C	Charge Description			Charge Description					
H									
A	Victim's Name (Last, First, Middle)			Race		Sex	Date of Birth		
R	STATE OF FLORIDA,					U			
G	Local Address (Street, Apt. Number) (City) (State) (Zip)			Phone		Address Source			
E	100 NW 2ND AVE, BOCA RATON, FL 33432			(561) -					
S	Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation			
E				(561) -					
<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 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 checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 28 day of September, 2016 at 02:04 (Specifically include facts constituting cause for arrest.)</p>									
<p>On 09/28/2016 I responded to 501 E Camino Real in reference to a crash investigation. Upon my arrival I made contact with Ofc Rucco and Detective Kingman. Det. Kingman stated that he was driving on Camino Real and he observed the black BMW that was involved with the accident. Det Kingman observed a female, later identified as Heather Lake, seated in the vehicle; see his supplement for further. Contact was made with Royal Palm Security Guard C. Chin-Quee. Chin-Quee stated he heard the crash and saw the BMW had crashed into a palm tree. As he was approaching the vehicle he observed Det. Kingman arrive approximately 10-20 seconds after the crash. Chin-Quee stated no one left the vehicle.</p>									
<p>Upon my arrival I observed a black BMW with heavy damage to the front end of the vehicle pinned between two palm trees. The air bag located in the steering wheel was deployed along with the side air bags and airbag near the gas/brake pedals. I noted that there were foot prints on the driver's side of the vehicle and I then made contact the driver of the vehicle, Heather Lake. Lake was advised by Ofc Rucco that his crash investigation was complete and that I would begin a criminal investigation. While speaking to Lake, I could smell a strong odor of alcohol protruding from her breath. I also noted that Lake had red glossing eyes consistent to someone under the influence of alcohol. While standing, Lake had a hard time keeping her balance. I also observed red rashes located on Lake's forearms and legs consistent to an air bag deployment inside of the vehicle.</p>									
<p>I advised Lake of her rights and she refused to answer any of my questions. I asked Lake if she was willing to perform FST to dispel my alarm that she was driving under the influence and she refused. She was then informed that we would have to make a determination based on the evidence we had and she still refused to complete roadside sobriety tasks. I then placed Lake under arrest for driving under the influence causing property damage F.S.S. 316.193(3c1). She was provided a court date of 10/24/2016 at</p>									
A	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PATTERSON, MARC P</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 177.10)</p> <p>09/28/2016</p> <p>DATE</p> </div> <div style="width: 45%;"> <p><i>[Signature]</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>CALHOUN, KEVIN (783)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>09/28/2016</p> <p>DATE</p> </div> </div>								

OBTS 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 S T R A T I V E	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2016-014163																
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) LAKE, HEATHER JASARITH			Alias		Race W	Sex F	Date of Birth 09/01/1975												
<p>0830hrs, Delray Beach Courthouse.</p> <p>Lake was transported to Boca Raton Police Department. While enroute to the police department, the vehicle began to smell of alcohol. Ofc Rucco conducted the Intoxilizer 8000 testing. Lake was asked to provide a sample of breath. She refused to provide a sample. She was read implied consent. She again refused.</p> <p>Lake was medically cleared at Boca Raton Hospital and transported to county jail.</p>																			
<div style="position: relative;"> <div style="position: absolute; top: 0; left: 0; writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">PROBABLE CAUSE STATEMENT</div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%) rotate(-30deg); opacity: 0.3; font-size: 100px; pointer-events: none;">NOT A CERTIFIED COPY</div> </div>																			
<table border="0" style="width:100%;"> <tr> <td colspan="5" style="vertical-align: top;"> SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> PATTERSON, MARC P <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small> 09/28/2016 <small>DATE</small> </div> <div style="text-align: center;"> <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small> CALHOUN, KEVIN (783) <small>NAME OF OFFICER (PLEASE PRINT)</small> 09/28/2016 <small>DATE</small> </div> </div> </td> <td colspan="5" style="vertical-align: bottom; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <small>PAGE</small> 2 OF 2 </div> </td> </tr> </table>										SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> PATTERSON, MARC P <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small> 09/28/2016 <small>DATE</small> </div> <div style="text-align: center;"> <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small> CALHOUN, KEVIN (783) <small>NAME OF OFFICER (PLEASE PRINT)</small> 09/28/2016 <small>DATE</small> </div> </div>					<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <small>PAGE</small> 2 OF 2 </div>				
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COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

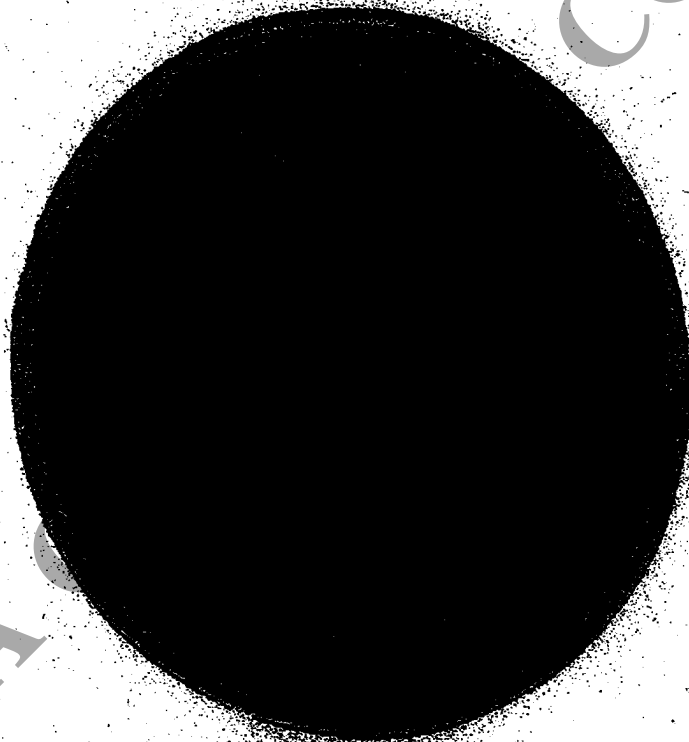
CRIME ANALYSIS

P. I. O.

obs 0230 - Fenz
0233 - Rullo

16-14163
101570204

D. U. I. INFLUENCE REPORT



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

WITNESS LIST

ARRESTING OFFICER: Officer Calhoun

Name: Officer Calhoun Phone # Home _____ Work 561-338-1234

Address: 100 NW 2nd Ave, Boca Raton, FL

Can testify to: The investigation

Name: Officer Franz Phone # Home _____ Work 561-338-1234

Address: 100 NW 2nd Ave, Boca Raton, FL

Can testify to: The investigation

Name: Officer Kingman Phone # Home _____ Work 561-338-1234

Address: 100 NW 2nd Ave, Boca Raton, FL

Can testify to: The investigation

Name: Officer Rucco Phone # Home _____ Work 561-338-1234

Address: 100 NW 2nd Ave, Boca Raton, FL

Can testify to: The breath test

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

BOCA RATON POLICE DEPARTMENT

Agency Case# 16-14163

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

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is: Wednesday, September, 28, 2016
(day) (month) (date) (year)

B. The time is now approximately 2:55 AM/PM

C. The following is in reference to case number 2016014163

D. Present at this time is Officer Calhoun + Officer Frenz of the Boca Raton Police
Department. (Officer's Name)

E. Officer Calhoun, Have you arrested Heather Lake.
(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. Ms. Lake, I am required to
Inform you these proceedings are being video taped.

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

BOCA RATON POLICE DEPARTMENT

Agency Case # 16-14163

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 Officer Calhoun of the Boca Raton 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 Lake has refused to submit to a breath test.

The date is September (Month) 28 (Day) 2016 (Year) and the time 2:56 AM/PM

A refusal form will be completed by the arresting officer.

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Lake, Heather

CASE #: 16-14163 DATE: 9-28-16

BREATH TESTS RESULTS

1) TIME 0305 AM/PM 2) TIME _____ AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Officer Rucco

MAINTENANCE TECHNICIAN: Officer Brock

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slow and slurred at times

ATTITUDE: Fair

CLOTHING: Dress

MEDICAL CONDITION: None

OTHER: _____

COMMENTS: She smelled of an alcoholic beverage, as well
as her breath smelled of an alcoholic beverage. She had
difficulty standing at times (swayed). She also slurred her
speech at times and was slow to speak. She had glassy eyes.

BOCA RATON POLICE DEPARTMENT

Agency Case # 16-14163

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) on video

QUESTIONS AND ANSWERS

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

Where were you going? REFUSED

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 1:43

What is today's date? _____ What day of the week is it? _____

BOCA RATON POLICE DEPARTMENT

Agency Case # 16-14163

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 ☐
Glass Eye? Yes ☐ No ☐
False Teeth? Yes ☐ No ☐Inner ear trouble? Yes ☐ No ☐
Ear Infection? 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 3:04 AM/PMThe date is: September (month) 28 (day) 2016 (year).