

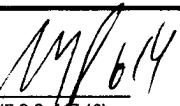
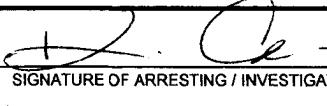
0481453

ARREST / NOTICE TO APPEAR

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

JUVENILE

OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)					
0500200		Boca Raton Police Department		3 1 2		2016-014163					
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		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)							
501 E CAMINO REAL				501 E CAMINO REAL, BOCA RATON, FL 33432							
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date			
09/28/2016		02:04		09/28/2016		02:14		09/28/2016			
Jail Time		Location of Vehicle									
00:00		501 E CAMINO REAL BOCA									
Name (Last, First, Middle) LAKE, HEATHER JASARITH											
Alias: _____											
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian		Date of Birth W F 09/01/1975		Height 5'04		Weight 181		Eye Color BLUE	
Marital Status S		Religion JEWISH		Complexion BLONDE		Build LIGHT		Build Medium			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)											
Local Address (Street, Apt. Number) (City) (State) (Zip)											
1075 E LANCEWOOD PL, DELRAY BEACH, FL 33445 (754) 234-7829											
Permanent Address (Street, Apt. Number) (City) (State) (Zip)											
1075 E LANCEWOOD PL, DELRAY BEACH, FL 33445 (754) 234-7829											
Business Address (Name, Street) (City) (State) (Zip)											
OFFICE DEPOT, 6600 N MILITARY TRAIL (561) -											
D/L Number, State L200330758211 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) SANTA CRUZ, CA		Citizenship US			
Co-Defendant Name (Last, First, Middle)											
Race Sex Date of Birth											
Co-Defendant Name (Last, First, Middle)											
Race Sex Date of Birth											
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian											
Name (Last, First, Middle)											
Address (Street, Apt. Number) (City) (State) (Zip)											
Notified by: (Name) Date Time JUVENILE DISPOSITION											
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 Property Crime? Description of Property Value of Property											
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:											
Drug Activity S. Sell R. Smuggle K. Dispenses/ M. Manufacture/ Z. Other N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate P. Possess T. Traffic E. Use											
Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A C. Cocaine M. Marijuana Equipment Z. Other A. Amphetamine E. Heroin O. Opium/Deriv. S. Synthetic											
Charge Description DUI - PROPERTY DAMAGE Statute Violation Number 316.193(3CI) Violation of ORD #											
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond											
2016-014163 I <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											
Health / Apparent Physical Condition of Defendant 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 INTOXICATED 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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health											
PROPERTY - Received By CALHOUN Released By CALHOUN Released To PBCJ Transported By Date Transported 9-28-16 Time Transported 05:50 Other 2016											
<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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.											
Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed 9/28/16											
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		Name of Arresting Officer (Print) CALHOUN, KEVIN							
Intake Deputy		I.D. #		I.D. #							
Pouch #		Transporting Officer		Agency							
				BRPD Witness here if subject signed with an "X".							

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			3 2 2016-014163		Special Notes:			
D	FL 0500200	BOCA RATON POLICE DEPARTMENT										
M	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										
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										
R	316.193(3C1) DUI- PROPERTY DAMAGE											
G	Charge Description	Charge Description										
S	Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth					
V	STATE OF FLORIDA,					U						
I	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source						
T	100 NW 2ND AVE, BOCA RATON, FL 33432				(561) -							
M	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation						
	(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 _____</p> <p><input type="checkbox"/> confessed to _____ that he/she saw the arrested person committ the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>28</u> day of <u>September</u> <u>2016</u> at <u>02:04</u> (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>												
ADMINISTRATIVE	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p></p> <p>PATTERSON, MARC P.</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 17.10)</p> <p><u>09/28/2016</u></p> <p>DATE</p>											
	<p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p></p> <p>CALHOUN, KEVIN (783)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><u>09/28/2016</u></p> <p>DATE</p>											
	<p>PAGE 1 OF 2</p>											

COURT

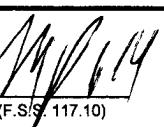
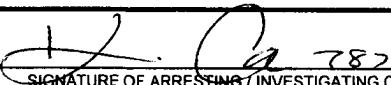
STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

PROBABLE CAUSE STATEMENT	OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE	
	D Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2016-014163		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							
	Name (Last, First, Middle) LAKE, HEATHER JASARITH		Alias				Race	Sex	Date of Birth W F 09/01/1975	
	0830hrs, Delray Beach Courthouse.									
	<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>									
	NOT A CERTIFIED COPY									
	SWORN AND SUBSCRIBED BEFORE ME		 PATTERSON, MARC P. <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small> 09/28/2016 <small>DATE</small>							
	ADMINISTRATIVE		 <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small> CALHOUN, KEVIN (783) <small>NAME OF OFFICER (PLEASE PRINT)</small> 09/28/2016 <small>DATE</small>							

COURT		STATE ATTORNEY		CENTRAL RECORDS		JAIL		CRIME ANALYSIS		P. I. O.	
PAGE 2 OF 2											

obs 0230 - Franz
0233 - Russo

16-14163
1015:0204

D. U. I. INFLUENCE REPORT

NOTA

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. Heather 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) 2014 (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 Bock

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? RE

Where were you going? RE

What street or highway were you on? RE

Direction of travel? RE

Where did you start driving from? RE

What City (County) were you stopped in? RE

What time did you start? AM/PM What time is it now? RE

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

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 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 3:44 AM/PMThe date is: September (month) 28 (day) 2016 (year).