

0442732

-NR-

3532

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		Agency Name		Agency Report Number (N.T.A.'s only)					
0500200		Boca Raton Police Department		3 1 2 2016-016645		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator N			
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input 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									
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address) 351 W YAMATO RD, BOCA RATON, FL 33431									
Date of Arrest 11/14/2016		Time of Arrest 22:21		Booking Date		Booking Time		Jail Date			
								Jail Time			
								Location of Vehicle			
Name (Last, First, Middle) FRIE, HEIDI LYNN											
Race W - White B - Black		Sex W - American Indian O - Oriental/Asian		Date of Birth 03/10/1977		Height 5'04		Weight 110			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO WRIST / 2 CHINESE CHARACTERS						Eye Color GREEN		Hair Color BLONDE			
Local Address (Street, Apt. Number) 1111 BRICKELL BAY DR 1909, MIAMI, FL 33131		(City) MIAMI		(State) FL		(Zip) 33131		Phone (561) 642-1606			
Permanent Address (Street, Apt. Number) 1111 BRICKELL BAY DR 1909, MIAMI, FL 33131		(City) MIAMI		(State) FL		(Zip) 33131		Phone (561) 642-1606			
Business Address (Name, Street) MIAMI DADE COLLEGE,		(City) MIAMI		(State) FL		(Zip) 33131		Phone			
D/L Number, State F600332775900 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL		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: _____		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			
Released To: (Name)		Relationship		Date		Time		1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
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	
<input type="checkbox"/> Yes: <input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								Description of Property	
C O D E		Drug Activity S. Sell B. Buy P. Possess R. Smuggle D. Deliver T. Traffic E. Use M. Manufacture/ Produce/ Cultivate Z. Other				Drug Type N. N/A A. Amphetamine C. Cocaine E. Heroin		B. Barbiturate M. Marijuana O. Opium/Deriv. H. Hallucinogen S. Synthetic		P. Paraphernalia/ Equipment U. Unknown Z. Other	
C H A R G E		Charge Description DUI						Statute Violation Number 316.193(1)		Violation of ORD # 01	
C H A R G E		Drug Activity N		Amount / Unit /		Offense # 2016-016645		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
C H A R G E		Charge Description						Statute Violation Number		Violation of ORD #	
C H A R G E		Drug Activity N		Amount / Unit /		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
C H A R G E		Charge Description						Statute Violation Number		Violation of ORD #	
C H A R G E		Drug Activity N		Amount / Unit /		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
I N T A K E		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			
I N T A K E		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By		Released By		Released To	
I N T A K E		Transported By				Date Transported		Time Transported		Other	
N O T I C E		<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					
T O A P P E A R		Court Date and Time 01/09/2017 08:30:00									
T O A P P E A R		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.				Date Signed 11/14/2016					
T O A P P E A R		Signature of Defendant (or Juvenile and Parent/Custodian) FRIE									
A D M I N		HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee) 51					
A D M I N		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) VANCAMP, JEFFERY A.		I.D. # 747		(PRINT)			
A D M I N		Intake Deputy D. 4		Pouch # 3532		Transporting Officer VanCamp		I.D. #		Agency	
A D M I N										PAGE 1 OF 1	
Witness here if subject signed with an "X".											

SCANNED
NOV 15 2016

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I	OBTS Number * Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2016-016645				
N	Charge Type: Check as many as apply. 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	Special Notes:					
D E F	Name (Last, First, Middle) FRIE, HEIDI LYNN		Alias	Race W Sex F Date of Birth 03/10/1977			
C H A R G E S	Charge Description 316.193(1) DUI		Charge Description				
C	Charge Description		Charge Description				
V I C	Victim's Name (Last, First, Middle) STATE OF FLORIDA,		Race U	Sex Date of Birth			
T I M	Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432		(City) BOCA RATON	(State) FL	(Zip) 33432	Phone (561) -	Address Source
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone (561) -	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 type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ 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 <u>14</u> day of <u>November</u>, <u>2016</u> at <u>21:20</u> (Specifically include facts constituting cause for arrest.)</p>							
<p>On 11-14-2016 at 2027 hours, I responded to 351 W. Yamato Rd. to assist the Boca Raton Fire Department. Ofc. Finne and Ofc. Green was already on scene prior to my arrival.</p> <p>Once I was on scene, I was informed by BRFD personnel that they located a dark colored BMW vehicle bearing Fl Tag#EBVR20 stopped/stationary in a turning lane on W. Yamato Rd. The vehicle was stopped for several minutes and it appeared as if they W/F driver, identified as Heidi Frie, was sitting motionless inside of her vehicle. The vehicle was also in drive. BRFD staff attempted to wake the driver up for several minutes by knocking on the window and were at first unsuccessful in doing so. Concerned that the driver was sick, injured or possibly impaired, BRFD was forced to smash the rear driver's side window of the car to make contact with Frie who was still unresponsive in the driver's seat of the vehicle. After shattering the glass, Frie woke up and BRFD was able to make contact with her. BRFD assessed Frie and determined that no medical attention was needed. See BRFD Run#2016015245.</p> <p>It should be noted that Ofc. Finne, Ofc. Green and I all observed Frie sitting in the driver's seat of the car. The keys were in the ignition and Frie had actual/physical control of the car.</p> <p>Once it was determined that Frie did not require medical attention, I requested that she exit her vehicle so that I could ask her further question about what occurred tonight. I had to ask Frie several times to exit her car because she was on her cellular device. While speaking on her device, I heard her say, "I'm gonna go to jail." Once she finally hung up the device, I had to ask her again to exit the car. Frie kept looking around throughout the car and in her purse for no apparent reason. When asked what she was doing, she responded with, "I'm trying to find my ID." I informed her that she had already provided her identification and that I just need her to exit her car. Frie finally exited her car and initially lost balance as she stepped out. While speaking</p>							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  MORAN, JOHN TODD NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 11/14/2016 DATE						
				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER VAN CAMP, JEFFERY ALAN (747) NAME OF OFFICER (PLEASE PRINT) 11/14/2016 DATE			
				PAGE 1 OF 3			

COURT

STATE ATTORNEY

CENTRAL RECORDS

NOV 15 2016

JAIL

CRIME ANALYSIS

P. I. O.

SCANNED

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

OBTS Number			
Agency ORI Number	Agency Name	Agency Report Number	
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 2	2016-016645
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)	Alias	Race	Sex
FRIE, HEIDI LYNN		W	F
Date of Birth 03/10/1977			

with Frie, she had a slurred speech and a heavy odor of alcohol coming from her person.

Frie walked to the front of my marked police vehicle along a solid line in the roadway. Once there, I began asking Frie further questions. Frie informed me that she had a fight with her boyfriend over the phone. Frie advised that she consumed a normal amount of alcohol. When asked if she was impaired, she said, "obviously." During our conversation, Frie said, "I know what you're going to do" and "you don't have to schmooze me." Based on my observations I asked if Frie would consent to the standard roadside exercises to dispel my alarm she was driving impaired. She provided consent.

She stated she takes medication for a thyroid problem. She does not have any injuries or issues with her eyes.

I explained and demonstrated each task before she performed them.

The first task was the Horizontal Gaze Nystagmus. While in close proximity with Frie the odor of alcohol became stronger. While observing HGN, each eye had a constant jerking while at maximum deviation. Lack of smooth pursuit was present in both eyes. Onset prior to 45 degrees was also present.

The second task was the Walk and Turn. Frie could not conduct the task properly. She did not maintain the starting position. She started the task early. While I was explaining the task she said, "you're kidding me?" She didn't count her steps. She consistently fell off the line. She took nearly 25 steps forward and 20 steps upon returning. She made an improper turn. She started the exercise over without being told to do so. She also said during the task that I knew she was drinking and that she was also tired.

The third task was the Finger to Nose exercise (L-R-L-R-R-L). L- Held her finger, missed the tip of her nose. As Frie touched her nose, she asked if she could, "pick her nose." R- Held her finger and missed the tip of her nose. L- Missed the tip of her nose and held her finger. Frie continued to hold her finger to her nose and I had to direct her to bring it directly back down. R- Missed the tip of her nose. R- No issue. L- No issue.

The fourth task was the One Leg Stand. She did not follow instructions at all. She did not maintain the starting position. As I was explaining the task, she raised her knee in the air and was not listening to what I was telling her. She used her arms for balance. She asked how long she was supposed to hold her leg up multiple times. She could not maintain her balance. She didn't count out loud.

The fifth task was the Rhomberg Alphabet. She could not finish the alphabet properly and said that I should "give her a break" on the alphabet. She got to the letter P and

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME MORAN, JOHN TODD NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 11/14/2016 DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER VAN CAMP, JEFFERY ALAN (747) NAME OF OFFICER (PLEASE PRINT) 11/14/2016 DATE	PAGE 2 OF 3
----------------	--	--	-----------------------

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

SCANNED
CRIME ANALYSIS
NOV 15 2016

P.I.O.

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	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2016-016645								
N	Charge Type: Check as many as apply. 1. Felony 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	Special Notes:							
D E F	Name (Last, First, Middle) FRIE, HEIDI LYNN		Alias		Race W	Sex F	Date of Birth 03/10/1977				
<p>completely forgot the rest. She was unable to continue. When she stopped the exercise she looked at Ofc. Green and Ofc. Finne and asked them to say the ABC's out loud. She continued to have a slurred speech.</p> <p>At 2120 hours, I placed Frie under arrest for DUI per F.S.S. 316.193(1). Frie was transported to the Boca Raton Booking Facility for processing. Ofc. D. Carney conducted the Intoxilyzer 8000. While in the DUI room, Frie said she did not want to provide a breath sample. I read her implied consent and again she refused.</p> <p>Frie's vehicle was towed by Westway Towing.</p> <p>The video of the roadside exercises were uploaded into BRPD Evidence.</p> <p>Frie was later taken to the Palm Beach County Jail for final disposition.</p>											

NOT A CERTIFIED COPY

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME <i>TSB</i>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	MORAN, JOHN TODD	VAN CAMP, JEFFERY ALAN (747)
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)
	11/14/2016	11/14/2016
	DATE	DATE
	PAGE 3 OF 3	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

SCANNED
CRIME ANALYSIS
NOV 15 2016

P. I. O.

561-6884562 1011 0107
9k# 16-16645
QBS 2125

D. U. I. INFLUENCE REPORT

NOT A COPY

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

SCANNED
NOV 15 2016

WITNESS LIST

ARRESTING OFFICER: Ian Camp 5 742Name: DPC Finne Phone # Home 861-338-1340 Work _____Address: 100 NW 2nd AveCan testify to: InvestigationName: DPC K Green Phone # Home 861-371-1242 Work _____Address: 100 NW 2nd AveCan testify to: Investigation

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

SCANNED

BOCA RATON POLICE DEPARTMENT

Agency Case# 16-16645

PART II.D.U.I. REPORT

To be filled out at testing facility

I. INTRODUCTION

(Instrument Operator faces video camera).

A. The day is Monday, November, 16, 2016
(day) (month) (date) (year)B. The time is now approximately 447 AM/PMC. The following is in reference to case number 16-16645D. Present at this time is Officer Van Gorp of the Boca Raton Police
Department. (Officer's Name)E. Officer Van Gorp Have you arrested Neil Frie
(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. Frie I am required to
Inform you these proceedings are being video taped.

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

SCANNED
NOV 15 2016

BOCA RATON POLICE DEPARTMENT

Agency Case # 16-16654**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 18 years of age 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. Frie has refused to submit to a breath test.

The date is NOVEMBER (Month) 14 (Day) 2016 (Year) and the time 1449 AM/PM

A refusal form will be completed by the arresting officer.

SCANNED
NOV 15 2016

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORTSUBJECT: Heidi FrieCASE #: 16-16654 DATE 11-14-16BREATH TESTS RESULTS renewed1) TIME 2:15a AM/PM 2) TIME AM/PM
3) TIME AM/PM 4) TIME AM/PMBREATH OPERATOR: Carney, D 206MAINTENANCE TECHNICIAN: Boeck, E ^{PC} Parc, B 671

TESTING OFFICER'S OBSERVATIONS

SPEECH: FoodATTITUDE: FoodCLOTHING: Tshirt, jeans, no shoesMEDICAL CONDITION: Heart condition, thyroid conditionOTHER: COMMENTS: odor of alcohol from breath, glossy bloodshot eyes

BOCA RATON POLICE DEPARTMENT

Agency Case # 16-16654ADULT 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?

Read on (camera)

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? _____

SCANNED
NOV 15 2016

Agency Case # 16-16654

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: November (month) 17 (day) 2016 (year)SCANNED
NOV 15 2016

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000

Instrument Registered To: BOCA RATON PD

Instrument Serial Number: 80-001183 Software: 8100.27

Date of Test: 11/14/2016

Date of Last Agency Inspection: 10/25/2016

Observation Period Began: 21:25

Subject's Name: HEIDI L FRIE

DOB: 03/10/1977 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	q/210L	Time
	Diagnostics Check	OK	21:50
	Air Blank	0.000	21:51
	Control Test	0.080	21:51
	Air Blank	0.000	21:51
	Subject Sample #1	REF*	21:52
	Air Blank	0.000	21:52
	Control Test	0.079	21:52
	Air Blank	0.000	21:53
	Diagnostics Check	OK	21:53

*Subject Test Refused

Cylinder Lot: 20016080A1
Exp: 09/05/2018State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who is personally known to me or produced _____ as identification, and who after being placed under oath, states:

I DANIEL C CARNEY, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: D

Signature

Date: 11/14/18Sworn to (or affirmed) before me this 14 day of November, 2016

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF
REFUSAL TO SUBMIT TO BREATH, URINE, OR BLOOD TEST

I, Sgt. J. van Camp a duly certified Law Enforcement Officer or Correctional
(Person reading Implied Consent Warning)

Officer, am a member of Boca Raton P.D., and I do swear
(Name of enforcement agency)

or affirm that on or about the 14 day of NOVEMBER, 2016, at 9:05 ^{A.M.} (Circle One)

NAME H. Reid FIRST Lynn MIDDLE OR MAIDEN Eric
(Type or Print) LAST

DL# P 600-332-77-550-0, state of Puerto Rico, was placed under lawful arrest for the offense of DRUG by T. Van Camp and issued Citation # A 66-81166 (Name of Arresting Officer)

That on or about the 14 day of November, 2016, at 9:51 A.M.
(Circle One)
in Palm Beach

County. (PLEASE CHECK THE BOX OR BOXES THAT APPLY) I did request said person to submit to a breath, urine, or blood test to determine the content of alcohol in his or her blood or breath or the presence of chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits a misdemeanor, if said person refuse to submit to a lawful test as requested above, and his or her driving privilege has been previously suspended for a prior refusal to submit to a lawful test of his or her breath, urine, or blood. If driver holds a CDL or is operating a CMV, I did inform the driver that this refusal will result in the disqualification of the driver's Commercial Driver's License/privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to such test.

Said person did at that time and place refuse to submit to such test or tests.

Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (ES. 117-10)

The foregoing instrument was sworn and subscribed before me,

Signature of Treating Officer

Tiles *afficher*

1616-18

The foregoing instrument was sworn and subscribed before
me this _____ day of _____, 20____.

who is personally known to me or who has produced _____ as identification.

Notary Public _____

NOTE:- Most of the data is taken from the 1991 Census of India.

the driver's license, the appropriate copy of the UTC, and d

NOTE: Mail or hand deliver to the designated Bureau of Administrative Hearings office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit. If no DUI arrest is made, attach HSMV 78005 (Notice of Commercial Driver's License/Privilege Disqualification).

SCANNED
NOV 15 2016