

0482732

-NR-

3532

## ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3   2   2016-016645</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE			
	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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 <b>None/not Applicable</b>		Multiple Clearance Indicator <b>N</b>									
	Location of Arrest (Including Name of Business) <b>351 W YAMATO RD, BOCA RATON, FL</b>						Location of Offense (Business Name, Address) <b>351 W YAMATO RD, BOCA RATON, FL 33431</b>							
Date of Arrest <b>11/14/2016</b>		Time of Arrest <b>22:21</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle		
D E F E N D A N T	Name (Last, First, Middle) <b>FRIE, HEIDI LYNN</b>													
	Alias (Name, DOB, Soc. Sec. #, Etc.)													
	Race W - White B - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>03/10/1977</b>		Height <b>5'04</b>		Weight <b>110</b>		Eye Color <b>GREEN</b>		Hair Color <b>BLONDE</b>	
	Complexion <b>LIGHT</b>		Build <b>Small</b>		Marital Status <b>S</b>		Religion <b>NONE</b>		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT R WRIST / 2 CHINESE CHARACTERS</b>													
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1111 BRICKELL BAY DR 1909, MIAMI, FL 33131</b>						Phone <b>(561) 642-1606</b>							
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>1111 BRICKELL BAY DR 1909, MIAMI, FL 33131</b>						Phone <b>(561) 642-1606</b>							
	Business Address (Name, Street) (City) (State) (Zip) <b>MIAMI DADE COLLEGE,</b>						Occupation <b>Student</b>							
	D/L Number, State <b>F600332775900 / FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>WEST PALM BEACH,</b>		Citizenship <b>US</b>					
	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						
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian _____ Address (Street, Apt. Number) (City) (State) (Zip) _____ Business Phone _____ Notified by: (Name) _____ Date _____ Time _____ 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. <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____ 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, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other													
	Charge Description <b>DUI</b>						Statute Violation Number <b>316.193(1)</b>			Violation of ORD #				
	Drug Activity		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>2016-016645</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
	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	
	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	
	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 Explain:							
	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 _____							
Transported By _____						Date Transported _____		Time Transported _____		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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b> Court Date and Time <b>(01/09/2017 08:30:00)</b>							
	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 _____													
A D M I N	HOLD for Other Agency						Signature of Arresting Officer _____							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) <b>VAN CAMP, JEFFERY A.</b> I.D. # <b>747</b>							
	Intake Deputy _____ Pouch # <b>3532</b>						Transporting Officer _____ I.D. # _____ Agency _____ Witness here if subject signed with an "X".							

 SCANNED  
 NOV 15 2016

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number	Agency Name		Agency Report Number						
<b>FL 0500200</b>	<b>BOCA RATON POLICE DEPARTMENT</b>		<b>3   2   2016-016645</b>						
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other _____			Special Notes:						
Name (Last, First, Middle)			Alias			Race	Sex	Date of Birth	
<b>FRIE, HEIDI LYNN</b>						<b>W</b>	<b>F</b>	<b>03/10/1977</b>	
Charge Description			Charge Description						
<b>316.193(1) DUI</b>									
Charge Description			Charge Description						
Victim's Name (Last, First, Middle)			Race			Sex	Date of Birth		
<b>STATE OF FLORIDA,</b>						<b>U</b>			
Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Address Source	
<b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>						<b>(561) -</b>			
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation	
						<b>(561) -</b>			
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody . . .</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence.  <input type="checkbox"/> confessed to _____            admitting to the below facts.         </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.  <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </div> </div> <p>On the <b>14</b> day of <b>November</b>, <b>2016</b> at <b>21:20</b> (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>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>MORAN, JOHN TODD</b></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><b>11/14/2016</b></p> <p>DATE</p> </div> <div style="width: 45%;"> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>VAN CAMP, JEFFERY ALAN (747)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>11/14/2016</b></p> <p>DATE</p> </div> </div>									
PAGE <b>1 OF 3</b>									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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 NOV 15 2016

OBT Number N		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3 2 2016-016645</b>			
Charge Type: <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		Special Notes:					
Name (Last, First, Middle) <b>FRIE, HEIDI LYNN</b>				Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/10/1977</b>
<p>with Frie, she had a slurred speech and a heavy odor of alcohol coming from her person.</p> <p>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.</p> <p>She stated she takes medication for a thyroid problem. She does not have any injuries or issues with her eyes.</p> <p>I explained and demonstrated each task before she performed them.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>							
SWORN AND SUBSCRIBED BEFORE ME  <div style="text-align: center;"> <b>MORAN, JOHN TODD</b>          NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  <b>11/14/2016</b>          DATE       </div>				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <div style="text-align: center;"> <b>VAN CAMP, JEFFERY ALAN (747)</b>          NAME OF OFFICER (PLEASE PRINT)  <b>11/14/2016</b>          DATE       </div>			
				PAGE 2 OF 3			

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 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		<b>1</b>	JUVENILE
Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2016-016645</b>					
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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:			
Name (Last, First, Middle) <b>FRIE, HEIDI LYNN</b>		Alias		Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>03/10/1977</b>	

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.

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.

Frie's vehicle was towed by Westway Towing.

The video of the roadside exercises were uploaded into BRPD Evidence.

Frie was later taken to the Palm Beach County Jail for final disposition.

SWORN AND SUBSCRIBED BEFORE ME  <div style="text-align: center;"> <b>MORAN, JOHN TODD</b>          NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  <b>11/14/2016</b>          DATE       </div>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <div style="text-align: center;"> <b>VAN CAMP, JEFFERY ALAN (747)</b>          NAME OF OFFICER (PLEASE PRINT)  <b>11/14/2016</b>          DATE       </div>
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PAGE  
**3 OF 3**

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CENTRAL RECORDS

JAIL

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 CRIME ANALYSIS  
 NOV 15 2016

P.I.O.

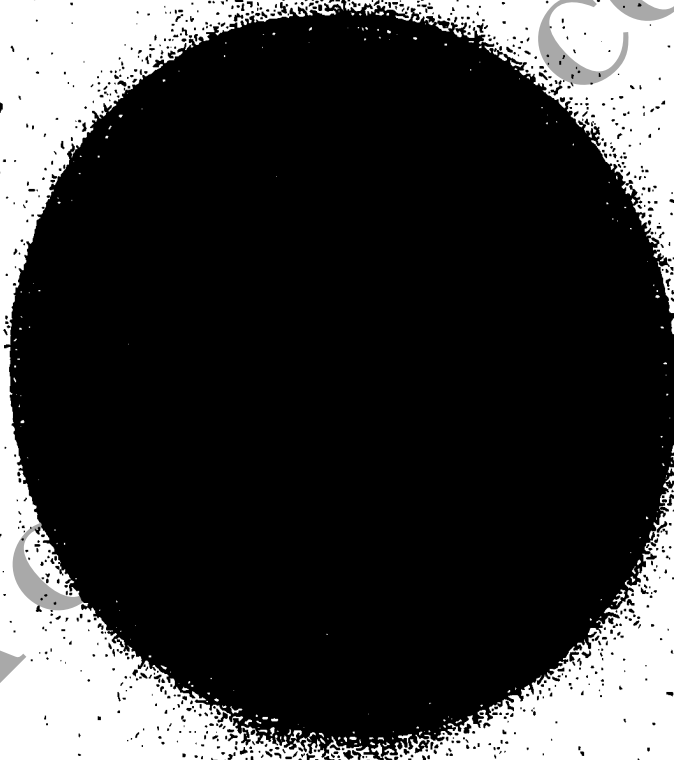
561-688 4562

1011 2100

1924 16-18645

083 2125

# D. U. I. INFLUENCE REPORT



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

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NOV 15 2016

## WITNESS LIST

ARRESTING OFFICER: Van Camp 15 747Name: Off Rine Phone # Home 861-338-134 WorkAddress: 100 NW 2nd AveCan testify to: investigationName: Off K Green Phone # Home 861-338-123 WorkAddress: 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:

## BOCA RATON POLICE DEPARTMENT

Agency Case# 16-16645PART II D.U.I. REPORT  
To be filled out at testing facilityI. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: Monday November 14 2016  
(day) (month) (date) (year)B. The time is now approximately 447 AM  
(time) (AM/PM)C. The following is in reference to case number 16-16654D. Present at this time is Officer Van Camp of the Boca Raton Police  
Department. (Officer's Name)E. Officer Van Camp Have you arrested Debi 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.

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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 Robert J. Green 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. Mr. Green has refused to submit to a breath test.

The date is November (Month) 14 (Day) 2016 (Year) and the time 1:49 AM/PM

A refusal form will be completed by the arresting officer.





## BOCA RATON POLICE DEPARTMENT

Agency Case # 16-16654**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) 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? \_\_\_\_\_

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NOV 15 2016

Agency Case # 16-18654

When did you last eat? \_\_\_\_\_ What did you eat? \_\_\_\_\_

What have you been doing the past three hours prior to this stop/accident? \_\_\_\_\_

How much do you weigh? \_\_\_\_\_ Have you been drinking? \_\_\_\_\_ What were you drinking? \_\_\_\_\_

How much? \_\_\_\_\_ Where? \_\_\_\_\_ With whom were you drinking? \_\_\_\_\_

When did you have your first drink? \_\_\_\_\_ AM/PM When did you stop drinking? \_\_\_\_\_ AM/PM

How did you consume your last two drinks? \_\_\_\_\_

Are you under the influence of alcohol now? Yes ☐ No ☐Can you feel the affects of alcohol? Yes ☐ No ☐Have you consumed alcohol since the accident? Yes ☐ No ☐Can you feel the affects of alcohol? Yes ☐ No ☐Have you consumed alcohol since the accident? Yes ☐ No ☐ How much? \_\_\_\_\_ What? \_\_\_\_\_

Where? \_\_\_\_\_

What line of work are you in? \_\_\_\_\_

When did you last work? \_\_\_\_\_

Do you have any physical defects or injuries? Yes ☐ No ☐ If yes, explain: \_\_\_\_\_Are you sick or injured? Yes ☐ No ☐ If yes explain: \_\_\_\_\_

Do you limp? \_\_\_\_\_ Did you get a bump on the head? \_\_\_\_\_

Were you involved in an accident today? \_\_\_\_\_

Have you taken any drugs or smoked marijuana today? \_\_\_\_\_

What? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today? \_\_\_\_\_ Who? \_\_\_\_\_

Are you taking any prescription medicines? Yes ☐ No ☐ What? \_\_\_\_\_ When? \_\_\_\_\_

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

Any eye problems not correctable by glasses or contact lenses? \_\_\_\_\_

Do you take insulin? Yes ☐ No ☐ If yes, when was your last injection? \_\_\_\_\_

Have you ever had a driver's license in any other state? \_\_\_\_\_

I am now ending this videotaping. The time now is approximately \_\_\_\_\_ AM/PM

The date is: November (month) 14 (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	g/210L	Time
	Diagnostics Check	OK	21:50
	Air Blank	0.000	21:51
	Control Test	0.000	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: 09/05/2018

State of Florida, County of PSIMMACH

Personally appeared before me the undersigned authority, who (X) 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: [Signature] Date: 11/14/18  
Signature

Sworn to (or affirmed) before me this 14 day of November, 2016

[Signature]  
Signature of Notary Public-State of Florida

J. VanCamp  
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. VanCamp 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, 20 16, at 9:05 PM A.M.  
(Circle One)

NAM H. Ridi Lynn Bric  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL# F600-332-77-550-0, state of Florida, was placed under lawful arrest for  
the offense of DUI by J. VanCamp and  
(Name of Arresting Officer)  
issued Citation # A66P19E.

That on or about the 14 day of November, 20 16, at 9:51 PM 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 refuses 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]  
Signature of Law Enforcement Officer or  
Correctional Officer

**THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)**

**(AFFIX SEAL)**

The foregoing instrument was sworn and subscribed before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_  
who is personally known to me or who has produced  
\_\_\_\_\_ as identification.

Notary Public \_\_\_\_\_

The foregoing instrument was sworn and subscribed before me:

[Signature]  
Signature of Attesting Officer

Title Officer

Date 11-14-16

NOTE: Mail or hand deliver to the designated Bureau of Administrative Reviews 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).

HSMV 78054 (Rev. 06/13)

**SCANNED**  
**NOV 15 2016**