

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2017-009668	
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 None/not Applicable		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 175 N FEDERAL HWY			Location of Offense (Business Name, Address) 175 N FEDERAL HWY, BOCA RATON, FL 33432			
Date of Arrest 07/08/2017	Time of Arrest 04:23	Booking Date 07/08/2017	Booking Time 04:33	Jail Date 07/08/2017	Jail Time 00:00	Location of Vehicle TOWED BY EMERALD
Name (Last, First, Middle) ENRIGHT, JEAN LANDFAIR			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex F	Date of Birth 01/14/1993	Height 5'01	Weight 120	Eye Color UNKNOWN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S	Religion JEWISH	Hair Color BROWN	Complexion LIGHT	Build Small
Local Address (Street, Apt. Number) 131 S FEDERAL HWY 208, BOCA RATON, FL 33432			Phone (561) 283-6402			
Permanent Address (Street, Apt. Number) 131 S FEDERAL HWY 208, BOCA RATON, FL 33432			Phone (561) 283-6402			
Business Address (Name, Street) 131 S FEDERAL HWY 208, BOCA RATON, FL 33432			Occupation SUBJECT			
D/L Number, State E562472935140 / FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) SINGER ISLAND	Citizenship U.S.	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)			Residence Phone	
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 JAC 3. Incarcerated		
Released To: (Name)		Relationship	Date	Time		
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				School Attended		Grade
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 DUI			Statute Violation Number 316.193(1)		Violation of ORD #	
Drug Activity	Drug Type N	Amount / Unit /	Offense # 2017-009668	Counts 1	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 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			
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 D. GRAHAM		Released By OFC. HORNE	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			Date Transported 07/08/2017		Time Transported 00:00	
Transported By OFC. HORNE			Other			
<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 08/07/2017 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) JEAN ENRIGHT Date Signed 7/18/17			
HOLD for Other Agency			Signature of Arresting Officer # 773		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) GRAHAM, DALE L.		I.D. # 773	
Intake Deputy T. BURNSIDE			Transporting Officer HORNE		I.D. # 791	
Pouch #			Agency BRPD		PAGE 1 OF 1	
Witness here if subject signed with an "X".						

SCANNED

JUL 13 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT		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 2017-009668							
	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other _____					Special Notes:				
	Name (Last, First, Middle) ENRIGHT, JEAN LANDFAIR					Alias		Race W	Sex F	Date of Birth 01/14/1993
	Charge Description 316.193(1) DUI					Charge Description				
	Charge Description					Charge Description				
	Victim's Name (Last, First, Middle) STATE OF FLORIDA,					Race		Sex	Date of Birth	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432					Phone (561) -		Address Source		
	Business Address (Name, Street) (City) (State) (Zip)					Phone (56) -		Occupation		
<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 checked="" 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 _____ <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>admitting to the below facts.</p> <p>On the 8 day of July, 2017 at 04:23 (Specifically include facts constituting cause for arrest.)</p> <p>On 07/08/17 at approximately 0319 hours, I responded to 175 North Federal Highway (Burger King) in reference to an accident.</p> <p>Upon arrival, I observed Jean Enright in the driver seat of a gray BMW 320I (FL tag GTTJ54) with the keys in the ignition and the vehicle turned on. Officer Cornado also informed me that he observed Enright in the driver seat of the BMW with the keys in the ignition and the vehicle turned on when he first arrived to the accident. Enright was involved in a two vehicle accident in which she was later determined to be at fault. See Officer Cornado's crash report for further information. When Officer Cornado was finished with his crash investigation, he then informed Enright that I would be conducting a criminal investigation for DUI.</p> <p>It should be noted that the following encounter with Enright was audio and video recorded in front of my marked patrol vehicle (Unit #169). I then read Enright her constitutional rights from a pre-printed department issued Miranda card. Enright stated she understood all the rights that were read to her. While speaking to Enright, I immediately smelled the odor of an alcoholic beverage emanating from her breath. Her eyes were red and glassy. Enright swayed back and forth several times as I was speaking to her. Enright advised that she did not have any alcoholic beverages.</p> <p>Enright stated she was heading to Burger King from her home because she was hungry prior to the accident.</p> <p>I then asked Enright if she would be willing to participate in some Standardized Field Sobriety Tasks to dispel my alarm that she was driving impaired. Enright stated, "yes". It should be noted that I explained each and every task to Enright prior to performing them, and she stated that she understood each task explained and that she did not have any questions. I asked Enright if she had any medical issues or injuries and he stated</p>										
	SWORN AND SUBSCRIBED BEFORE ME MORAN, JOHN TODD NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 07/08/2017 DATE					SIGNATURE OF ARRESTING / INVESTIGATING OFFICER GRAHAM, DALE LEO (773) NAME OF OFFICER (PLEASE PRINT) 07/08/2017 DATE				
					PAGE 1 OF 2					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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JUL 13 2017

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 2017-009668				
	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) ENRIGHT, JEAN LANDFAIR					Alias		Race W	Sex F	Date of Birth 01/14/1993
<p>"no". Enright also advised that she had a bachelor's degree. We were on a flat and dry surface.</p> <p>The first task was the horizontal gaze nystagmus. It should be noted that Enright stated that she did not require prescription glasses or contacts to see. Enright was swaying side to side while standing. There was a lack of smooth pursuit in each eye. There was distinct and sustained nystagmus at maximum deviation in each eye. There was an onset of nystagmus prior to 45 degrees in each eye.</p> <p>The second task was the one leg stand. Enright lost her balance a few times during the task. Enright failed to count in the "One thousands" after "One thousand fourteen". Enright just continued to count by saying "14, 15, 16, 17" until I told her to stop.</p> <p>The third task was the walk and turn. Enright failed to maintain her feet, heel to toe, and she took 14 steps forward instead of 9 as instructed. Enright did not walk back as she was instructed.</p> <p>The fourth task was the finger to nose (R-L-L-R-L). Enright did not have her head tilted back or her eyes closed when conducting the task. Enright was swaying back and forth. Enright did not put the tip of her finger to the tip of her nose as she was instructed to.</p> <p>The Fifth task was the Rhomberg Balance test. Enright completed the task without incident.</p> <p>Based on my investigation, I then placed Jean Enright under arrest for DUI pursuant F.S.S. 316.193(1). The vehicle was towed by Emerald Towing.</p> <p>I transported Enright to BRPD's temporary holding facility for processing. Officer Reissi conducted The Intoxilyzer 8000 testing. I asked Enright if she would provide a breath sample and she stated, "No". I read her Implied Consent. She had no questions and stated that she understood. I asked her again to provide a breath sample and she stated, "No".</p> <p>Enright was issued a court date on 08/07/17 at 8:30am. I marked my in car camera (Unit #169) as evidence. Enright was issued a DUI citation (A6LPY9E). Enright was transported to Boca Regional Hospital for clearance by officer McQuiston then to the Palm Beach County Jail.</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>MORAN, JOHN TODD</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>07/08/2017</p> <p>DATE</p> </div> <div style="width: 45%;"> <p><i>[Signature]</i> #177</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>GRAHAM, DALE LEO (773)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>07/08/2017</p> <p>DATE</p> </div> </div>									
								PAGE 2 OF 2	

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STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

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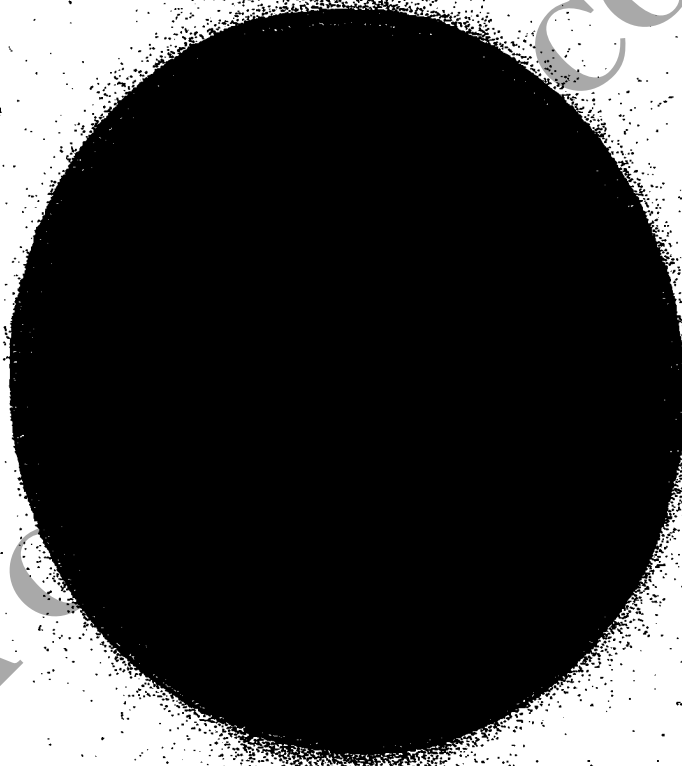
JUL 13 2017

17-9668

1015 - 423

Gram OBS 430/Reissi
435-

D. U. I. INFLUENCE REPORT



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

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JUL 13 2017

WITNESS LIST

ARRESTING OFFICER: Ofc. Dale GrahamName: Ofc. Alvarez Phone # Home _____ Work _____Address: 100 NW 2nd AveCan testify to: Back UPName: Ofc. Coronado Phone # Home _____ Work _____Address: 100 NW 2nd AveCan testify to: Back UP

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: _____

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JUL 13 2017

BOCA RATON POLICE DEPARTMENT

Agency Case#

17 - 9668

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

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: Saturday, July, 8th, 2017
(day) (month) (date) (year)

B. The time is now approximately 451 AM/PM

C. The following is in reference to case number

17 - 9668

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

E. Officer D. Graham, Have you arrested Jean Enright
(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. Enright, 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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Agency Case # 17 - 9664**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

D. Graham

of the

BRPD

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. _____

Enright

has refused to submit to a

breath test.

The date is

July

(Month)

8th

(Day)

2017

(Year)

and the time

454AM/PM

A refusal form will be completed by the arresting officer.

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BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Jean Enright

CASE #: 17-9668 DATE 7/8/17

BREATH TESTS RESULTS

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

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

BREATH OPERATOR: Reissi

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Upset,

CLOTHING: Wht Dress

MEDICAL CONDITION: ~~18~~ Depression meds

OTHER: Odor Alcoholic Deverage

COMMENTS: _____

BOCA RATON POLICE DEPARTMENT

Agency Case # 17-9668

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? _____

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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Agency Case # _____

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 Bye? 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 500 AM/PM

The date is: JULY (month) 8th (day) 2017 (year).

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