19 CT 18558

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: N

OBTS Number:

ADMINISTRATIVE

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 06- 19-122698

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 2 | 1. Yes 2. No NONE

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 10th AVEUE NORTH & S FLORIDA MANGO BLVD PALM SPRINGS, FL

Location of Offense (Business Name, Address): 10th AVE N & S FLORIDA MANGO BLVD PALM SPRINGS, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/04/2019	20:02					PRIORITY TOWING

DEFENDANT

Name (Last, First, Middle): BOGGESS, JESSICA, LYNN

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	05/19/1994	5'7"	118	GREEN	BRW	MED	THIN

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): NONE

Marital Status: Single

Religion: CHRISTIAN

Indication of: Alcohol Influence (Y ☐ N ☐ Unk. ☒) Drug Influence (Y ☐ N ☐ Unk. ☒)

Local Address (Street, Apt. Number): 20310 COZUMEL COURT (City): BOCA RATON, (State): FL (Zip): 33498

Phone: (561) 334-6123

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number): , (City): (State): (Zip):

Phone: ( )

Address Source: FLORIDA DRIVER LICENSE

Business Address (Name, Street): (City): (State): (Zip):

Phone: ( )

Occupation: MODEL

D/L Number, State: B220-432-94-679-0, FL

Soc. Sec. Number: [redacted]

INS Number:

Place of Birth (City, State): STIRLING HEIGHTS, MI

Citizenship: US

CO-DEF

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other:

Residence Phone: ( )

Address (Street, Apt. Number): (City): (State): (Zip):

Business Phone: ( )

Notified by: (Name): Date: Time:

Juvenile Disposition: 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name): Relationship: Date: Time:

The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended: Grade:

Property Crime? ☐ Yes ☐ No

Description of Property: Value of Property:

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/ 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. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI w/PROPERTY DAMAGE	1	☐Y ☒N	316.193(3)(c)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N	$25,000.00	19-122698		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☒N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address):

CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406

Court Date and Time: Month OCTOBER Day 31st Year 2019 Time 08:30 AM X PM

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

X [signature] 10/04/2019 OCT 5 AM 1:52

Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Inside Deputy: I.D. #: Pouch #:

Signature of Arresting Officer: X Inv. Schaefer #8777

Name of Arresting Officer (Print): INV. J. SCHAEFER I.D. #: 8777

Transporting Officer: INV. J. SCHAEFER ID #: 8777 Agency: PBSO

Name Verification (Printed by Arrestee): (X) (PRINT) Jessica Lynn Boggess

Witness here if subject signed with an X:

PAGE 1 OF 1

SCANNED OCT 05 2019

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (IF JUVENILE)

PBSO #148 REV. 8/97

0511521

3406

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4th DAY OF OCTOBER 20 19, AT 18:35 AM ✓ PM

SUBJECT: BOGGESS, JESSICA, LYNN CASE NUMBER: 19-122698

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On 10/04/2019 at approximately 19:05hrs, I was dispatched to the scene of a motor vehicle crash without injuries at the intersection of 10th Avenue North and South Florida Mango Blvd, which is located in unincorporated Palm Beach County, Florida.

I arrived at the scene at approximately 19:16hrs. After my independent crash investigation, based on physical evidence, and witness statements, I determined that, at approximately 18:35hrs, the defendant, did indeed rear end V2 which was stopped for traffic which then struck V3. (See PBSO crash case #19-122688)

Witnesses, identified the defendant, to me, as the driver and sole occupant, of the gray 2012 Ford Fusion bearing Florida tag KSC-T70 at the time of the crash. Witnesses completed a written sworn statement as to the events which transpired surrounding the crash.

CSA Roberto Huambachano #14286 relayed to me that the defendant had articulable indicators of impairment, so he called for a DUI Unit to conduct a possible DUI investigation.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by her Florida driver license as "JESSICA LYNN BOGGESS", I immediately detected a slight odor of an unknown alcoholic beverage emanating from her person and face area. Boggess had glassy, glazed, and blood shot eyes. Boggess' speech was slurred and at times difficult to understand. Boggess' movements were slow, deliberate, and lethargic. Boggess had an unsteady gait while walking to my patrol vehicle. Boggess was wearing a coral tank top, blue jeans, and sandals. All the clothing appeared neat.

DRIVER'S STATEMENTS:

Post Miranda Boggess consented to breath and urine and made post Miranda admissions that she was driving after having 2 drinks and was involved in an accident. Boggess participated in the Q&A portion of the interview.

ODORS:

A slight odor of an unknown alcoholic beverage was emanating from Boggess' person and face area.

GENERAL OBSERVATIONS

SPEECH: **Boggess' speech was slurred and at times difficult to understand.**

ATTITUDE: **sleepy, polite, cooperative, emotional**

CLOTHING: **coral tank top, blue jeans, and sandals**

MEDICAL/OTHER: **see BAT report**

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER Inv. JSchaefer #7777
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of OCTOBER 20 19 by INV. J. SCHAEFER

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced PERSONALLY KNOWN LEO

Gary Parent (#7909)
Notary Public, Clerk of Court, Office (F.S.S. 117.10)

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

SUBJECT BOGGESS, JESSICA, CASE NUMBER 19-122698

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Boggess would sway roughly in a side to side front to back pattern throughout the task. Boggess did touch the tip of the pen as directed to positively identify the point to be tracked. Boggess was reminded numerous times to track the pen with her eyes only. Boggess had VGN.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Boggess who stated the she understood. During the task, I observed Boggess to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Boggess stepped out of the instructional stance during the demonstration to catch her balance. Boggess would stop walking to steady herself with pauses to regain balance. Boggess used her arms for balance by raising them more than six inches.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Boggess who stated that she understood. During the task, I observed Boggess to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Boggess continued to sway while balancing on one leg. Boggess used her arms to balance raising them more than 6 inches from her sides. Boggess failed to look down at her foot while counting and would raise and lower her foot throughout the task.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to **Boggess* who stated that she understood. During the task, I observed Boggess to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Boggess failed to return her arms down to her sides as instructed after touching her nose. Boggess' index finger did not touch the tip of the nose on 5 of 6 attempts. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhomberg Alphabet" task to Boggess who stated that he understood. During the task, I observed * to sway roughly in a side to side, front to back pattern throughout the demonstration phase. *** would not keep their eyes closed and had to be reminded numerous times. *** would sway more than 2 inches. *** would use HIS/HER arms for balance by raising them more than 6 inches. *** incorrectly recited the alphabet. *** was unable to perform the task.**

BREATH TEST RESULTS: 1) .030 | 2) .033 | 3) urine sample | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER Inv. JSchaefer #7777
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of OCTOBER 20 19 by INV. J. SCHAEFER

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced PERSONALLY KNOWN LEO

Gary Parent (#7909)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
19-122698	T-31	Jessica Lynn Boggess	10/04/19 @ 1835

EVENT TYPE:	DEPUTY:	ID#:
DUI w/ PROP DAMAGE	D.S BESAW	32391

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Alexandre	Diane			

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
03/21/2000	5.4	215	Black	Brow

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
522 NE 1st Street	Boynton Beach	FL	33435
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	**CITY:**	**STATE:**	**ZIP:**

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
( )	(561) 376-4615	( )	obeXXdianne26@gmail.com

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

1 YOUR NAME: Diane Alexandre

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

I was stop ~~at~~ at a ~~green~~ light when a ~~lady~~ car came out of nowhere so fast in hit my car from the back that I ending up hiting the car infront of me. She ~~is~~ is a ~~whom~~ lady she was ~~is~~ wearing a Pink top and some Jeans

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X [signature]

☐ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 10/4/19 TIME: 1952

SIGNATURE: [signature] ID: 32391

*IF YOU **DO NOT WISH TO PROSECUTE**, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW:* I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I AM GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

SCANNED OCT 05 2019

WHITE - RECORDS COPY ***CANARY*** - STATE ATTORNEY COPY ***PINK*** - OFFICER'S COPY ***GOLD*** - WITNESS / VICTIM COPY

PBSO #0134 REV. 12/11

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
19122698	T-31	Jessica Lynn Boggess	10/04/19 @ 1835
EVENT TYPE: DUI W/ PROPERTY DAMAGE		DEPUTY: DS BEAN	ID#: 3239

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Archeus	Jocnise		BL	F

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
03/17/98			Black	Brown

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
137 SE 27th Way	Boynton beach	FL	33435
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	**CITY:**	**STATE:**	**ZIP:**

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
( )	561 2948188	( )	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

I YOUR NAME: Janise Archeus

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

Diane was driving She stopped under the green light because of traffic then this lady with brownish hair hit her from behind while we was waiting for the cars to move She was busy on the phone.

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X Janise Archeus

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 10/4/19 TIME: 1952 ID: 3239

SIGNATURE:

*IF YOU **DO NOT WISH TO PROSECUTE**, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CANNOT BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.*

☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY ***CANARY*** - STATE ATTORNEY COPY ***PINK*** - OFFICER'S COPY ***GOLD*** - WITNESS / VICTIM COPY

PBSO #0134 REV. 12/11

WITNESS LIST

CASE NUMBER: 19-122698

ARRESTING OFFICER: INV. J. SCHAEFER

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): ______ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO

NAME: CSA ROBERTO HUAMBACHANO #14286 (DISTRICT 1)

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) ______ (WORK) (561) 688-3000

CAN TESTIFY TO: SIGNS OF IMPAIRMENT

NAME: JOANISE ARCHELUS

ADDRESS 137 S.E. 27th WAY BOYNTON BEACH, FL 33435

PHONE NUMBERS (HOME) (561) 294-8188 (WORK) ______

CAN TESTIFY TO: WHEEL WITNESS

NAME: DIANE ALEXANDRE (obexxdianne26@gmail.com)

ADDRESS 522 N.E. 1st STREET BOYNTON BEACH, FL 33435

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: ______

NAME: ______

ADDRESS ______

PHONE NUMBERS (HOME) ______ (WORK) ______

CAN TESTIFY TO: ______

NAME: ______

ADDRESS ______

PHONE NUMBERS (HOME) ______ (WORK) ______

CAN TESTIFY TO: ______

NAME: ______

ADDRESS ______

PHONE NUMBERS (HOME) ______ (WORK) ______

CAN TESTIFY TO: ______

NAME: ______

ADDRESS ______

PHONE NUMBERS (HOME) ______ (WORK) ______

CAN TESTIFY TO: ______

NAME: ______

ADDRESS ______

PHONE NUMBERS (HOME) ______ (WORK) ______

CAN TESTIFY TO: ______

NAME: ______

ADDRESS ______

PHONE NUMBERS (HOME) ______ (WORK) ______

CAN TESTIFY TO: ______

TESTING FACILITY TASK REPORT

AGENCY: [illegible]

SUBJECT: [illegible] CASE NUMBER: [illegible]

DATE: [illegible] VIDEO TAPE NUMBER: n/a

BEGINNING TIME: 2041 ENDING TIME: 2101

BREATH TESTS RESULTS: 1) .030 TIME 2045 A.M./(P.M.) 2) .033 TIME [illegible] A.M./(P.M.)

3) n/a TIME ____ A.M./P.M. 4) n/a TIME ____ A.M./P.M.

BREATH OPERATOR: [illegible]

MAINTENANCE TECHNICIAN: [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [illegible]

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: [illegible]

MEDICATIONS: [illegible]

OTHER: [illegible]

COMMENTS: [illegible]

SUBJECT: [illegible] CASE NUMBER: [illegible]

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ 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'S SIGNATURE: (X) [signature]

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence 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 statements 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 and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) [signature]

SUBJECT: [illegible] CASE NUMBER: 19-122694

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? YES

WHERE WERE YOU GOING? LAKE WORTH

WHAT STREET OR HIGHWAY WERE YOU ON? 10th & MANGO

DIRECTION OF TRAVEL? W WHERE DID YOU START? BOCA

WHAT TIME DID YOU START? 550 WHAT TIME IS IT NOW? IDK

WHAT IS TODAY'S DATE? 10/3 no 4th WHAT DAY OF THE WEEK IS IT? FRI

WHAT COUNTY AND CITY ARE YOU IN NOW? LW PBC

WHEN DID YOU LAST EAT? 1pm WHAT DID YOU EAT? TURKEY SANDWICH / FRIES

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? SOCIALIZING, DRIVING

HOW MUCH DO YOU WEIGH? 118 HAVE YOU BEEN DRINKING? YES WHAT? BEER / VODKA

HOW MUCH? 1 BEER / SHOT WHERE? BOCA WITH WHOM? UNCLE'S HOUSE

WHEN DID YOU HAVE YOUR FIRST DRINK? 4pm AND YOUR LAST DRINK? 430

HOW DID YOU CONSUME YOUR LAST TWO DRINKS?

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH?

WHAT? WHERE? WHEN?

WHAT LINE OF WORK ARE YOU IN? MODELING WHEN DID YOU LAST WORK? JULY

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT?

ARE YOU SICK OR INJURED? NO WHAT'S WRONG?

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? YEAH

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN?

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? WHY?

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? YES WHAT? SEE BAT WHEN? TASK RABBIT

DO YOU HAVE:
- EPILEPSY?
- GLASS EYE?
- FALSE TEETH?
- EAR INFECTION?
- INNER EAR TROUBLE? NO
- DIABETES?

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION?

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? YES WHERE? OH

INTERVIEWER: [illegible] #8777

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 10/04/2019

Date of Last Agency Inspection: 09/13/2019
Observation Period Began: 20:17
Subject's Name: JESSICA L BOGGESS DOB: 05/19/1994 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	20:42
Air Blank	0.000	20:43
Control Test	0.081	20:43
Air Blank	0.000	20:44
Subject Sample #1	0.030	20:45
Air Blank	0.000	20:46
Air Blank	0.000	20:47
Subject Sample #2	0.033	20:48
Air Blank	0.000	20:49
Control Test	0.081	20:49
Air Blank	0.000	20:49
Diagnostics Check	OK	20:49

Cylinder Lot: 00919080A3
Exp: 03/05/2021

State 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 GARY J PARENT, 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: _____ Date: 10/04/19
Signature

Sworn to (or affirmed) before me this 04 day of October, 2019

Inv. Schaefer #8777
Signature of Notary Public-State of Florida

INV. J. SCHAEFER
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

PALM BEACH COUNTY

RIC L. BRADSHAW, SHERIFF

LABORATORY ANALYSIS REQUEST

This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis
PRINT LEGIBLY OR TYPE

Agency: **PALM BEACH COUNTY SHERIFF'S OFFICE** Case #: **19-122698**

Officer: **INV. J. SCHAEFER** ID#: **8777** District: **VCD/DUI** Division: **VCD** Phone #: **(561) 688-4001**

Email: **SchaeferJ @pbso.org**

Specimen Collected By: **Inv. Schaefer #8777** Date: **October 4, 2019** Time: **21:17hrs**

Specimen Collected From: **BOGGESS,, JESSICA,, LYNN** Age: **25** Sex: **F** Hgt: **5'7"** Wgt: **118**

Specimen Type: ☐ Blood ☒ Urine ☐ Beverage ☐ Other-Describe

Type of Case: ☒ Traffic Accident ☐ Fatality ☒ DWI/DUI ☐ Other Date: **10/04/19** Time: **18:35**

Was any medication administered by medical personnel prior to sample being drawn: ☐ Yes ☒ No

If yes, name of Medication(s):

Subject Arrested: ☒ Yes ☐ No

Breath Test Performed? ☒ Yes ☐ No Reading: **.030** **.033** **urine sample**

Tests requested: ___ Blood Alcohol ___ Blood Drug Screen X Urine Drug Screen

NOTE: Blood Alcohol analysis is performed on all blood specimens. Requested Blood Drug Screen may not be performed based on the laboratory protocol. If you have any questions, please contact the Chemistry/Toxicology Manager at 561-688-4203.

DRE exam performed ☒ Yes ☐ No DREOfficer: **Inv Greg Lynch #8568** Agency: **PBSO**

DREOpinion: **CNS DEPRESSANT**

Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)

Boggess had glassy, glazed, and blood shot eyes. Boggess' speech was slurred and at times difficult to understand. Boggess' movements were slow, deliberate, and lethargic. Boggess had an unsteady gait while walking to my patrol vehicle.

GABAPENTIN, QUETIAPINE, SUBOXYN, CITALOPRAM, ALPRAZOLAM

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	415.107 (1)	Other: Elderly Abuse	
	☐	33119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019032516	**Date:** 10/05/2019
	Specialist Name/ID: M. Tooks #8557