

0492388

3737

ARREST / NOTICE TO APPEAR

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|--|-------------------------|---------------------------------|--|---------------------------|--|---|-----------------------------|---|---------------------------------|---|------------------------|--|--|--|--|--|--|----------------------|--|
| AD M I N I S T R A T I O N | OBTS Number | Agency ORI Number 0502000 | | Agency Name Lantana Police Department | | Agency Report Number (N.T.A.'s only) 6 4 17-002466 | | 1. Arrest 2. N.T.A. | 3. Request for Warrant 4. Request for Capias | 1 | JUVENILE | | | | | | | | | | | | | | |
| D E F E N D A N T | 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 | | If Weapon Seized Enter Type None/not Applicable | | Multiple Clearance Indicator 1 | | | | | | | | | | | | | | | | | | | | |
| | Location of Arrest (Including Name of Business) 1450 HYPOLUXO RD LANTANA FL 33462 | | | | | Location of Offense (Business Name, Address) 1450 HYPOLUXO RD, LANTANA, FL 33462 | | | | | | | | | | | | | | | | | | | |
| | Date of Arrest 10/07/2017 | | Time of Arrest 03:20 | | Booking Date | | Booking Time | | Jail Date | | Jail Time | | Location of Vehicle | | | | | | | | | | | | |
| C O D E F | Name (Last, First, Middle) SHARECK, LAURA M | | | | | | | | | | | Alias: | | | | | | | | | | | | | |
| | Race W - White B - Black | | Sex F | | Date of Birth 02/19/1977 | | Height 5'06 | | Weight 117 | | Eye Color GREEN | | Hair Color BLONDE | | Complexion LIGHT | | Build Medium | | | | | | | | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | | | | | | | | Marital Status S | | Religion CATHOLIC | | Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> | | Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> | | | | | | | |
| | Local Address (Street, Apt. Number) 820 S FEDERAL HWY 3, LAKE WORTH, FL 33460 | | | | | (City) | | | (State) | | | (Zip) | | | Phone (561) 351-4253 | | | | | | | | | | |
| | Permanent Address (Street, Apt. Number) 820 S FEDERAL HWY 3, LAKE WORTH, FL 33460 | | | | | (City) | | | (State) | | | (Zip) | | | Phone (561) 351-4253 | | | | | | | | | | |
| | Business Address (Name, Street) NONE | | | | | (City) | | | (State) | | | (Zip) | | | Phone | | | | | | | | | | |
| | D/L Number, State T61236610 / VA | | | | | Soc. Sec. Number | | | INS Number | | | Place of Birth (City, State) ROCKLEDGE, FL | | | Citizenship US | | | | | | | | | | |
| | 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) | | | | | | | | | | | Residence Phone | | | | | | | | | | | | |
| <input type="checkbox"/> Legal Custodian _____ | | | | | | | | | | | Business Phone | | | | | | | | | | | | | | |
| Address (Street, Apt. Number) | | | | | (City) | | | (State) | | | (Zip) | | | | | | | | | | | | | | |
| 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 | | Description of Property | | | | | Value of Property | | | | | | | | | | | | | |
| C O D E | Drug Activity N N/A P Possess | | | | | S Sell B Buy T Traffic | | R Smuggle D Deliver E Use | | K Disperse/ 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-DRIVING UNDER THE INFLUENCE | | | | | | | | | | | Statute Violation Number 316.193(1) | | | Violation of ORD # OR | | | | | | | | | | |
| C H A R G E | Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Counts | | Domestic Violence | | Warrant / Capias Number | | Bond | | | | | | | | | | |
| | N | | N | | 0 | | 17-002466 | | 1 | | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | | | | | | | | | | | | |
| | Charge Description | | | | | | | | | | | Statute Violation Number | | | Violation of ORD # | | | | | | | | | | |
| C H A R G E | Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Counts | | Domestic Violence | | Warrant / Capias Number | | Bond | | | | | | | | | | |
| | Charge Description | | | | | | | | | | | Statute Violation Number | | | Violation of ORD # | | | | | | | | | | |
| | Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Counts | | Domestic Violence | | Warrant / Capias Number | | Bond | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| | Check which applies: <input type="checkbox"/> Released OR <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail | | | | | | | | | | | PROPERTY - Received By | | Released By | | Released To | | | | | | | | | |
| | 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) 200 W Atlantic Ave, DELRAY BEACH | | Court Date and Time 11/06/2017 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. | | | | | | | | | | | Signature of Defendant (or Juvenile and Parent/Custodian) Refused | | Date Signed 10/7/17 | | No Photo Available | | | | | | | | | |
| | HOLD for Other Agency | | | | | Signature of Arresting Officer | | | | | Name Verification (Printed by Arrestor) | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | | | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other | | | | | Name of Arresting Officer (Print) COMMINGS, PETER J. | | | | | | | | | | | | | | |
| Pouch # | | | | | Transporting Officer Cummings | | | | | I.D. # 848 | | | | | | | | | | | | | | | |
| Witness here if subject signed with signature | | | | | Agency CPD | | | | | PAGE 1 OF 1 | | | | | | | | | | | | | | | |

OCT 18 2017

OCT 7 AM 5:02

2017 OCT 9 AM 7:14

UNANNOUNCED

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7th DAY OF October 20 17, AT 0320 AM / PM
SUBJECT: Laura Shareck CASE NUMBER: 17-002466
AGENCY: Lantana ARRESTING OFFICER: Cummings 848

PERSONAL CONTACT

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

Ofc. made contact with Laura sleeping inside of her vehicle sitting in the drivers seat with the keys in the ignition and engine running.

OBSERVATION OF DRIVER:

Sleeping. Impaired beyond her normal driving capabilities

DRIVER'S STATEMENTS:

Slurred.

ODORS:

Strong odor of alcohol

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: slow and upset

CLOTHING: blue shirt with black shorts and slides

MEDICAL / OTHER:

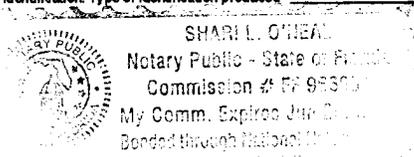
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting / Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 07th day of Oct 20 17 by _____

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

[Signature]
Notary Public, Clerk of Court, Officer (F.S.S 1 17.10)



SCANNED
OCT 08 2017

SUBJECT: Laura Shareck CASE NUMBER: 17-002466

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS :

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

Other Observations:

Swaying back and forth side to side during task.

WALK & TURN:

Was not done due to Laura's impaired state and for her safety.

ONE LEG STAND:

Laura could not keep the foot she designated off of the ground for more than 1 second. Laura was swaying back and forth side to side while slurring her words. Laura could not follow directions.

FINGER TO NOSE :

Laura could not follow directions when explained and shown the task. Laura was swaying back and forth side to side.

ROMBERG / ALPHABET :

n/a

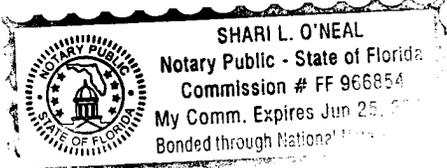
BREATH TEST RESULTS :

STATE OF FLORIDA
COUNTY OF PALM BEACH

848
(Signature of Arresting / Investigative Officer)
The foregoing instrument was notarized or sworn before me this 07th day of Oct 20 17 by _____

who is personally known to me and/or produced identification. Type of identification produced _____

S. O'Neal
Notary Public, Clerk of Court, Officer F.S.S. 117-10)



SCANNED
OCT 08 2017

NOT A CERTIFIED

SCANNED
OCT 08 2017

SUBJECT: _____ CASE NUMBER: _____

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY? _____

GLASS EYE? _____

FALSE TEETH? _____

EAR INFECTION? _____

INNER EAR TROUBLE? _____

DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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OCT 08 2017

SUBJECT: _____ CASE NUMBER: _____

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) _____

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) _____

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OCT 08 2017

TESTING FACILITY TASK REPORT

315

AGENCY: 111 0th Comm

SUBJECT: Shank, Laura M. CASE NUMBER: 17-1671

DATE: 10-07-17 VIDEO TAPE NUMBER: 1

BEGINNING TIME: 0900 ENDING TIME: 0929

BREATH TESTS RESULTS: 1) .043 TIME 0915 A.M./P.M. 2) .042 TIME 0915 A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: S. O'Neil #16212

MAINTENANCE TECHNICIAN: D/S J. P. ... #16167

TESTING OFFICER'S OBSERVATIONS

SPEECH: Fluent

ATTITUDE: Cooperative

CLOTHING: Blue - Tee shirt

MEDICAL CONDITIONS: Long Covid, ...

MEDICATIONS: Several Meds.

OTHER: Eyes: Red + Glazy

Needed assistance ...

Order of ...

COMMENTS: 20 min. observation done by AIO ...

AIO requested the breath test.

D submitted to the breath report.

D was ... of the fact on camera.

D ... the test correctly.

C/W ...

Q&A ...

NOT A CERTIFIED COPY

SCANNED

OCT 08 2017