

ADDITIONAL INFORMATION		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		Agency Name		Agency Report Number (N.T.A.'s only)	
0500200		Boca Raton Police Department		3 2 2017-007566			
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		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)		None/not Applicable			
2321 W GLADES RD		2321 W GLADES RD, BOCA RATON, FL 33431					
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
05/24/2017	17:51	05/24/2017	18:13			EMERALD TOWING	
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)					
ELSHEIKH, LAUREN GHADEER		Alias: SHEIKH, LAUREN GHADEER					
Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion
W - White B - Black O - Oriental/Asian	W F	09/29/1982	5'02	85	BROWN	BROWN	MEDIUM
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		S		NONE			
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)	
21521 SASSAFRAS RD, BOCA RATON, FL 33433							
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)	
21521 SASSAFRAS RD, BOCA RATON, FL 33433							
Business Address (Name, Street)		(City)		(State)		(Zip)	
SILICIAN OVEN,							
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)	
E422527828490 / FL						JERUSALEM, Israel	
Citizenship						US	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: Name (Last, First, Middle)		Residence Phone					
<input type="checkbox"/> Legal Custodian							
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
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	
Drug Activity		S. Sell		R. Smuggle		K. Disperses/Distribute	
N. N/A		B. Buy		D. Deliver		M. Manufacture/Produce/Cultivate	
P. Possess		T. Traffic		E. Use		Z. Other	
Charge Description		Statute Violation Number		Violation of ORD #			
LEAVE SCENE OF ACCIDENT		316.061(1)					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
N	N	/	2017-007566	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Charge Description		Statute Violation Number		Violation of ORD #			
DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY OR PERSON ENHANCED		316.193(3C1)					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
N	N	/	2017-007566	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Charge Description		Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
					<input type="checkbox"/> Y <input type="checkbox"/> N		
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:			
FAIR							
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		Released By		Released To	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		GENDEN		GENDEN		DEEN	
Transported By		Date Transported		Time Transported		Other	
DEEN		05/24/2017		00:00			
<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)		Court Date and Time			
		South County 200 W Atlantic Ave Delray Beach, FL-33444		06/19/2017 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)		Date Signed					
		MAY 24 PM 10:22					
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print)		(PRINT)			
Intake Deputy		Transporting Officer		I.D. #		Agency	
D/S B. SHATARA #7623		DEEN		768		BRPD	
Witness here if subject signed with an "X".							

No
Photo
Available

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	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-007566				
	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:			
D E F	Name (Last, First, Middle) ELSHEIKH, LAUREN GHADER				Alias SHEIKH, LAUREN GHADER		Race W	Sex F	Date of Birth 09/29/1982
C H A R G E S	Charge Description 316.193(3C1) DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY				Charge Description 316.061(1) LEAVE SCENE OF ACCIDENT				
	Charge Description				Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) FERNANDEZ AGUIRRE, JHOSSSELIN M						Race W	Sex F	Date of Birth 09/02/1992
	Local Address (Street, Apt. Number) (City) (State) (Zip) 400 NW 65TH AVE 135, MARGATE, FL 33063						Phone (954) 625-4276		Address Source
	Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation
<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> <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 commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 24 day of May, 2017 at 17:18 (Specifically include facts constituting cause for arrest.)</p> <p>On 05/24/2017 at 1718 hours, I responded to 2321 W Glades Road, Boca Raton, FL in reference to conducting a possible DUI investigation. CSO McGovern advised a two car crash occurred in the westbound lanes on Glades Road at the intersection with Butts Road. A white Ford Explorer bearing FL Tag #693XGT fled the scene of the crash and CSO McGovern was able to make contact with the vehicle in the Too Jay's parking lot. CSO McGovern completed her crash investigation and advised the driver, W/F Lauren El-Sheikh had an odor of alcoholic beverage coming from her breath. At this point CSO McGovern advised her crash investigation was complete and I began a DUI investigation. See her crash report for further information.</p> <p>I read Lauren her constitutional rights and she advised she understood. Lauren told me she had three beers prior to the crash at a pub. I could smell a strong alcoholic beverage smell emanating from her breath. Lauren's eyes were glassy and watery. Her speech was slurred and she was emotional and had a residue around her mouth. Lauren was disoriented throughout the investigation and asked many of the same questions repeatedly. Her face was flushed and her eyes were droopy. Lauren later told me that she uses whip it inhalants 15 minutes prior to the crash. "Whip its" are commonly used to make whip cream and can be used as an inhalant that can impair a subject. I asked Lauren if she would conduct some roadside exercises and she said "yes." Due to a light drizzle that began after my arrival I moved the location to a dry area under the overhang in the shopping plaza.</p> <p>First, Lauren conducted the Horizontal Gaze Nystagmus Exercise. She displayed a lack of smooth pursuit in the right and left eye. She also displayed a distinct nystagmus at maximum deviation and an onset of nystagmus prior to forty five degrees in the right and left eyes. Lastly, I checked her eyes for a lack of convergence and the left eye did not converge properly.</p>									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>GUILLOT, NELSON <i>[Signature]</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 05/24/2017 DATE</p> </div> <div style="width: 45%;"> <p>_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER GENDEN, ERIC BRADLEY (680) NAME OF OFFICER (PLEASE PRINT) 05/24/2017 DATE</p> </div> </div>								

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 2017-007566				
	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) ELSHEIKH, LAUREN GHADEER			Alias SHEIKH, LAUREN GHADEER		Race W	Sex F	Date of Birth 09/29/1982		
<p>Next, I asked Lauren to conduct the Walk and Turn exercise and she advised she understood my instructions. Lauren did not remain in the starting position, she did not use heel to toe steps, she was swaying, she used her arms to balance and she made an improper turn.</p> <p>Lastly, I asked Lauren to conduct the one leg stand exercise and she advised she understood my instructions. Lauren dropped her foot on the ground and she was swaying. She had to be reminded to continue with the exercise.</p> <p>At this point Lauren was placed under arrest for driving under the influence after an accident. Officer Murphy advised she found 44 unopened CO2 whip it cartridges and two empty whip it cartridges below the front passenger seat. Additionally, there was a whip it canister in the same location. All these items were placed into evidence on 05/24/2017. I transported Lauren to the Boca Raton Police Department and Officer Deen conducted the breath tech operation. Lauren provided two breath samples of .180 and .185. Lauren admitted to using inhalants prior to driving and I conducted a drug influence evaluation (IACP Drug Recognition Expert #28046). It is my opinion that she was under the influence of inhalants and alcohol. See my Drug Influence Evaluation report for further information on the twelve steps that were performed. Lastly, Lauren was transported to the Palm Beach County Jail. Her vehicle was towed to Emerald Towing and the roadside exercises were downloaded into evidence on 05/24/2017. A sworn written witness statement by Jhosselin Fernandez was placed into evidence on 05/24/2017.</p> <p>Per Florida State Statute 316.061(1), the driver of any vehicle involved in a crash resulting only in damage to a vehicle or other property which is driven or attended by any person shall immediately stop such vehicle at the scene of such crash or as close thereto as possible, and shall forthwith return to, and in every event shall remain at, the scene of the crash until he or she has fulfilled the requirements.</p> <p>Per Florida State Statute 316.193(3C1), Lauren did drive or was in actual physical control of a vehicle, while under the influence of alcoholic beverages/ chemical substances and was affected to the extent that her normal faculties were impaired causing property damage/ minor injury.</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>GUILLOT, NELSON </p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>05/24/2017</p> <p>DATE</p> </div> <div style="width: 45%;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>GENDEN, ERIC BRADLEY (680)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>05/24/2017</p> <p>DATE</p> </div> </div>									
								PAGE 2 OF 2	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

b15 1751
2017-007566
observation Began 1820
observation End 1840

D. U. I. INFLUENCE REPORT



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

WITNESS LIST

ARRESTING OFFICER: Genden ID 680

Name: Genden Phone # Home _____ Work 561 368 6201

Address: 100 NW 2nd Ave

Can testify to: DUI Investigation

Name: Susan McGovern 783 Phone # Home _____ Work 561 368 6201

Address: 100 NW 2nd Ave

Can testify to: Crash Investigation

Name: Brittany Murphy Phone # Home _____ Work 561 368 6201

Address: 100 NW 2nd Ave

Can testify to: Tow Log

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# 2017-007566

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

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: Wednesday, May, 24, 2017
(day) (month) (date) (year)

B. The time is now approximately 1840 AM/PM

C. The following is in reference to case number 2017-007566

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

E. Officer Genden, Have you arrested Lauren El-Sheikh
(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. El-Sheikh, I am required to
Inform you these proceedings are being video taped.

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

BOCA RATON POLICE DEPARTMENT

Agency Case # 2017-007566

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 _____ 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. _____ has refused to submit to a breath test.

The date is _____ (Month) _____ (Day) _____ (Year) and the time _____ AM/PM

A refusal form will be completed by the arresting officer.

CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.
Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means. (You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means. (If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means. (You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means. (If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means. (If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means. (I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means. (Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

Revised 8/2006

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Lauren El-Sheik

CASE #: 2017-007566 DATE: 5/24/17

BREATH TESTS RESULTS

1) TIME 1843 AM/PM 2) TIME 1846 AM/PM

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

BREATH OPERATOR: Deen 768

MAINTENANCE TECHNICIAN: Pare 671

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Crying

CLOTHING: Black pants, white tank-top

MEDICAL CONDITION: N/A

OTHER: _____

COMMENTS: _____

BOCA RATON POLICE DEPARTMENT

Agency Case # 2017-007566

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? yes

Where were you going? home

What street or highway were you on? Glades

Direction of travel? west

Where did you start driving from? Lion eagle pub

What City (County) were you stopped in? Boca

What time did you start? After midnight AM/PM what time is it now 4:30

What is today's date? Dec 24th What day of the week is it? Wednesday

Agency Case # 2017-007566When did you last eat? Morning What did you eat? English muffinWhat have you been doing the past three hours prior to this stop/accident? Watching gameHow much do you weigh? 109 Have you been drinking? Yes What were you drinking? 3 beersHow much? 3 Where? Don't eat With whom were you drinking? BoyfriendWhen did you have your first drink? 2:00 AM/PM When did you stop drinking? 20 minutes before AM/PM on roadHow did you consume your last two drinks? CanAre 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?What line of work are you in? HostessWhen did you last work? YesterdayDo 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? No Did you get a bump on the head? NoWere you involved in an accident today? YesHave you taken any drugs or smoked marijuana today? Yes early in morningWhat? Marijuana When? MorningHave you seen a doctor or dentist today? No Who?Are you taking any prescription medicines? Yes ☐ No ☒ What? When?Do you have: Epilepsy? Yes ☐ No ☒Glass Eye? Yes ☐ No ☒False Teeth? Yes ☐ No ☒Inner ear trouble? Yes ☐ No ☒Ear Infection? Yes ☐ No ☒Diabetes? Yes ☐ No ☒Any eye problems not correctable by glasses or contact lenses? NoDo you take insulin? Yes ☐ No ☒ If yes, when was your last injection?Have you ever had a driver's license in any other state? NoI am now ending this videotaping. The time now is approximately 7:00 AM/PMThe date is: May (month) 24 (day) 2017 (year).