


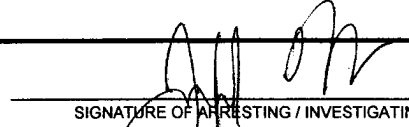
0460325

PE 1957

ARREST / NOTICE TO APPEAR

OBTS Number			ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number	0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2016-000365			
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 01
Location of Arrest (Including Name of Business) 2200 W PALMETTO PARK RD BOCA RATON FL 33					Location of Offense (Business Name, Address) 2200 W PALMETTO PARK RD, BOCA RATON, FL 33486			
Date of Arrest 01/08/2016	Time of Arrest 01:33	Booking Date 01/08/2016	Booking Time 01:43	Jail Date 01/08/2016	Jail Time 01:45	Location of Vehicle EMERALD		
Name (Last, First, Middle) BORNSTEIN, LEA DIETA					Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:			
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex W F	Date of Birth 04/11/1989	Height 5'04	Weight 130	Eye Color HAZEL	Hair Color BROWN	Complexion MEDIUM
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status S	Religion N/A Christian	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 21530 KAPOK CIRCLE, BOCA RATON, FL 33433					(City) (State) (Zip)		Phone (561) 929-6378	
Permanent Address (Street, Apt. Number) 21530 KAPOK CIRCLE, BOCA RATON, FL 33433					(City) (State) (Zip)		Phone (561) 929-6378	
Business Address (Name, Street) FAU,					(City) (State) (Zip)		Phone (561) 393-3722	
D/L Number, State B652524896310 / FL					INS Number		Place of Birth (City, State) DENVER, CO, United	
Citizenship US								
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
<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					Value of Property			
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:					Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 # 2016-000365	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 JAN 8 AM 7:15		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 GOOD					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 MARTZ			
Transported By					Date Transported	Time Transported	Released To PBCJ	
<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 Dade County, FL 33444			
					Court Date and Time 02/08/2016 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			
HOLD for Other Agency					Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest					(PRINT)			
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other								
Intake Deputy A. Kewson					I.D. # 748			
Pouch #					Agency BRPP			
					Witness here if subject signed with an "X".			
					PAGE 1 OF 1			

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 2016-000365							
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) BORNSTEIN, LEA DIETA								Race W	Sex F	Date of Birth 04/11/1989
Charge Description 316.193(1) DUI		Charge Description								
Charge Description		Charge Description								
Victim's Name (Last, First, Middle) STATE, FLORIDA								Race U	Sex U	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432						Phone		Address Source		
Business Address (Name, Street) (City) (State) (Zip)						Phone		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 _____ 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 <u>8</u> day of <u>January</u>, <u>2016</u> at <u>01:33</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 1/8/2016 at approximately 0103 hours I arrived at 2200 W Palmetto Park Rd where Ofc McCabe had conducted a traffic stop on a silver Mazda bearing Fl tag #BYCP60 for excessive speed. See Ofc McCabe's supplement for further.</p> <p>Ofc McCabe relayed his concern that the driver and sole occupant of the vehicle, identified by her Florida driver's license as W/F Lea Bornstein, had been operating the vehicle under the influence of alcohol based on her speed, slurred speech and odor of an alcoholic beverage emanating from her breath. I approached the driver side of the vehicle and also observed those signs of impairment. Her eyes were also bloodshot and glossy. I asked Bornstein where she was coming from, where she advised that she was coming from a bar called "Aruba".</p> <p>I asked Bornstein to step out of the vehicle and speak with me. I advised Bornstein of my observations and requested that she consent to a series of field sobriety exercises to dispel my alarm that she was operating a motor vehicle under the influence of alcohol. Bornstein advised that she would comply with the exercises. I asked Bornstein if she was currently taking any medications or suffered from any injuries. Bornstein advised that she was not on any medication and did not suffer from any injuries.</p> <p>The first task was the horizontal gaze nystagmus. There was a lack of smooth pursuit in each eye. Distinct and sustained nystagmus at maximum deviation in each eye. Onset of nystagmus prior to 45 degrees in each eye.</p> <p>The second task was the walk and turn. Bornstein missed her heel to toe on multiple steps, stepped off of the line multiple times, and used her arms for balance.</p> <p>The third task was the one leg stand. Bornstein was only able to keep her foot elevated for approximately seven seconds before she had to place it back down for balance.</p>										
SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  LAURIE FREDERICKS NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>01/08/2016</u> DATE </div> <div style="width: 45%;">  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MARTZ, JEFFREY A (744) NAME OF OFFICER (PLEASE PRINT) <u>01/08/2016</u> DATE </div> </div>										
								PAGE 1 OF 2		

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2016-000365							
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		Special Notes:			
Name (Last, First, Middle) BORNSTEIN, LEA DIETA		Alias		Race W		Sex F		Date of Birth 04/11/1989			
<p>The fourth task was the finger to nose (L-R-L-R-R-L). Bornstein missed the tip of her finger to the tip of her nose several times.</p> <p>The fifth task was the romberg/alphabet. There was nothing significant to note.</p> <p>At 0133 hours, I placed Bornstein under arrest. The vehicle was removed by Emerald Towing. I transported her to the Boca Raton Booking Facility. Ofc Burke conducted The Intoxilyzer 8000 testing. Bornstein provided the breath samples of .121% and .105% BrAC.</p> <p>Based on the above information, Bornstein was charged with DUI per FSS 316.193(1). She was given the court date of 2/8/2016 at 8:30am. The video was submitted into property. After processing, she was transported to PBCJ.</p>											
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p> LAURIE, FREDERICK NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>01/08/2016 DATE</p> <p> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MARTZ, JEFFREY A (748) NAME OF OFFICER (PLEASE PRINT)</p> <p>01/08/2016 DATE</p> <p>PAGE 2 OF 2</p>											

WITNESS LIST

ARRESTING OFFICER: OFC. MARTZ

Name: OFC. MARTZ Phone # Home _____ Work 338-1234

Address: 100 NW 2ND AVE

Can testify to: ARREST

Name: OFC. McCABE Phone # Home _____ Work 338-1234

Address: 100 NW 2ND AVE

Can testify to: ROADSIDES

Name: OFC. GAMA Phone # Home _____ Work 338-1234

Address: 100 NW 2ND AVE

Can testify to: PAT DOWN / PRISONER SEARCH

Name: OFC. BURKE Phone # Home _____ Work 338-1234

Address: 100 NW 2ND AVE

Can testify to: 10-32

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# 2016 - 000 365

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

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is: FRIDAY, JANUARY, 8TH, 2016
(day) (month) (date) (year)

B. The time is now approximately 0205 AM PM

C. The following is in reference to case number 2016 - 000 365

D. Present at this time is OFF. BURKE / OFF. MARTZ of the Boca Raton Police
Department. (Officer's Name)

E. Officer MARTZ, Have you arrested LEA BORNSTEIN
(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. BORNSTEIN, 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 # 2016-000365

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.

1. 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.

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: DUI

CASE #: 16-000365 DATE: 01/08/2016

BREATH TESTS RESULTS:

1) TIME 0.121 0211 AM/PM 2) TIME 0.105 0214 AM/PM

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

BREATH OPERATOR: OFF. BURKE

MAINTENANCE TECHNICIAN: OFF. BROCK

TESTING OFFICER'S OBSERVATIONS

SPEECH: ~~7B~~ SLURRED

ATTITUDE: CALM / UPSET

CLOTHING: BLUE SHIRT / GRAY SKIRT / GREEN JACKET

MEDICAL CONDITIONS: NONE

OTHER: _____

COMMENTS: _____

SCANNED
JAN 08 2016

BOCA RATON POLICE DEPARTMENT

Agency Case # 2016-000365

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? Palmetto Park Rd.

Direction of travel? West Bound on Palmetto

Where did you start driving from? Commercial / A1A

What City (County) were you stopped in? Boca Raton

What time did you start? AM/PM What time is it now

What is today's date? 01/27/16 What day of the week is it? Friday

BOCA RATON POLICE DEPARTMENT

Agency Case # 15-365

When did you last eat? 1900 hrs What did you eat? Snacks

What have you been doing the past three hours prior to this stop/accident? Got Ice Cream

How much do you weigh? 124 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? Injured 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 Eye? 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 0218 AM/PM

The date is: January (month) 8th (day) 2016 (year).

**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: 01/08/2016

Date of Last Agency Inspection: 12/22/2015

Observation Period Began: 01:45

Subject's Name: LEA D BORNSTEIN

DOB: 04/11/1989 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	02:09
	Air Blank	0.000	02:10
	Control Test	0.079	02:10
	Air Blank	0.000	02:10
	Subject Sample #1	0.121	02:11
	Air Blank	0.000	02:11
	Air Blank	0.000	02:13
	Subject Sample #2	0.105	02:14
	Air Blank	0.000	02:15
	Control Test	0.079	02:15
	Air Blank	0.000	02:15
	Diagnostics Check	OK	02:15

Cylinder Lot: 12415080A5

Exp: 06/05/2017

State of Florida, County of PALM BEACH,

Personally appeared before me the undersigned authority, who () is personally known to me or (X) produced FLORIDA DRIVER LICENSE identification, and who after being placed under oath, states:

I ZACHARY D. BORNSTEIN, 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: Zachary D. Bornstein Date: 01/08/2016
Signature

Sworn to (or affirmed) before me this 8th day of January, 2016

Signature of Notary Public-State of Florida MARTZ 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.

Case #: 16 - 365

10:15:

0133 hrs

OBS: 0145 hrs.

D. U. I. INFLUENCE REPORT



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