

J# 0483386

P# 3835

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 2016-017831			
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					
Location of Arrest (Including Name of Business) 1700 BUTTS RD BOCA RATON FL 33486		Location of Offense (Business Name, Address) 1700 BUTTS RD, BOCA RATON, FL 33486							
Date of Arrest 12/08/2016	Time of Arrest 02:10	Booking Date 12/08/2016	Booking Time 02:20	Jail Date 12/08/2016	Jail Time 00:26	Location of Vehicle 1700 BUTTS RD			
Name (Last, First, Middle) NEWMAN, LINDA APRYL		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black W	I - American Indian O - Oriental/Asian F	Date of Birth 07/11/1966	Height 5'08	Weight 165	Eye Color BLUE	Hair Color BROWN	Complexion LIGHT	Build Large	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion JEWISH		Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number) 106 SOUTH LONGPORT CIR H, DELRAY BEACH, FL 33444		(City) DELRAY BEACH, FL		(State) FL		(Zip) 33444		Phone	
Permanent Address (Street, Apt. Number) 106 SOUTH LONGPORT CIR H, DELRAY BEACH, FL 33444		(City) DELRAY BEACH, FL		(State) FL		(Zip) 33444		Phone	
Business Address (Name, Street) UNEMPLOYED,		(City) UNEMPLOYED,		(State) UNEMPLOYED,		(Zip) UNEMPLOYED,		Phone	
D/L Number, State N550521667510 / FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) ENGLEWOOD, NJ		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	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <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		Description of Property		Value of Property			
Drug Activity N. N/A P. Possess S. Sell 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		Statute Violation Number 316.193(1)		Violation of ORD #					
Drug Activity		Drug Type N		Amount / Unit /		Offense #		Counts I	
								Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
								Warrant / Capias Number	
Charge Description RESIST OR OBSTRUCT OFFICER WITHOUT VIOLENCE		Statute Violation Number 843.02		Violation of ORD #					
Drug Activity		Drug Type N		Amount / Unit /		Offense #		Counts I	
								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	
Health / Apparent Physical Condition of Defendant GOOD		Any knowledge of the following: <input checked="" type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain: SHE ADVISED SHE WAS GOING TO DIE					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By BOCA PD		Released By BOCA PD		Released To PBCS	
Transported By BOCA PD		Date Transported 12/08/2016		Time Transported 02:35		Other			
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 01/02/2017 08:30:00					
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.									
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		Signature of Arresting Officer FONG, KENNETH		Name Verification (Printed by Arrestee) (PRINT)					
<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) FONG, KENNETH		I.D. # 763					
Intake Pouch [REDACTED]		Transporting Officer FONG, KENNETH		I.D. # 763		Agency BRPD		PAGE 1 OF 1	
Witness here if subject signed with an "X".									

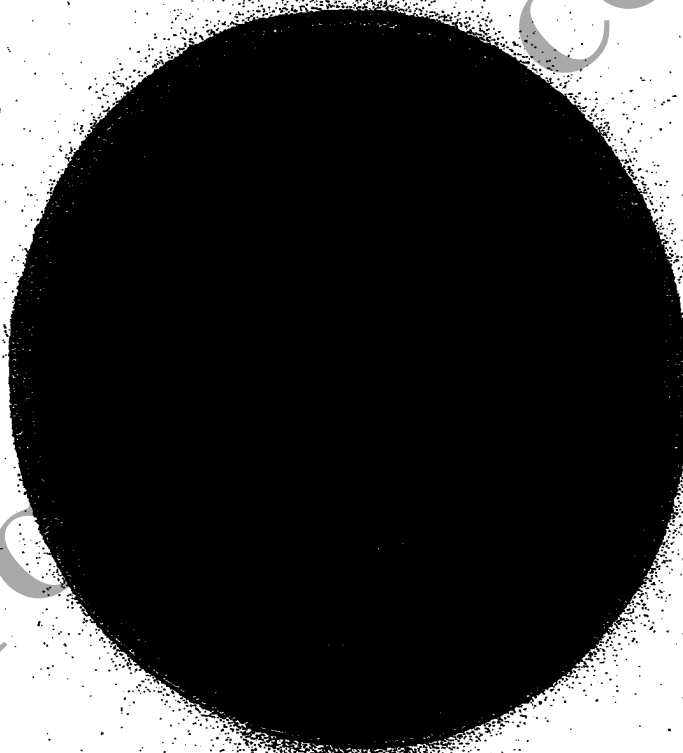
 SCANNED
 DEC 8 AM 3:37
 DEC 8 2016

10-15-2353

0001 observation

16-17831

D. U. I. INFLUENCE REPORT



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

**SCANNED
DEC 08 2016**

WITNESS LIST

ARRESTING OFFICER: Ofc. Fong 763

Name: Ofc. Crawford 683 Phone # Home 561-416-3333 Work

Address: 100 NW 2nd Ave

Can testify to: Back up officer

Name: Ofc. Alvarez 769 Phone # Home 561-416-3333 Work

Address: 100 NW 2nd Ave

Can testify to: Back up officer

Name: Ofc. Reiss 1 Phone # Home Work

Address:

Can testify to: BREATH TEST

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# 16-17831

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

- I. INTRODUCTION (Instrument Operator faces video camera)
- A. The day is: 8th, December, 2016
(day) (month) (date) (year)
- B. The time is now approximately 0027 AM/PM
- C. The following is in reference to case number 16-17831
myself Reissi and Officer Dear
- D. Present at this time is Off. Fong of the Boca Raton Police
Department. (Officer's Name)
- E. Officer Fong, Have you arrested Linda Newman
(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. Linda Newman, 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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DEC 08 2016

BOCA RATON POLICE DEPARTMENT

Agency Case # 16-17831

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 Fong of the BR PD

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: On Video (Refused)

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. Newman has refused to submit to a breath test.

The date is December (Month) 8th (Day) 2016 (Year) and the time 02:29 AM/PM

A refusal form will be completed by the arresting officer.

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BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Linda Newman

CASE #: 16-17831 DATE: 12/8/16

BREATH TESTS RESULTS

1) TIME Refused AM/PM 2) TIME _____ AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Reissi 776

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: Sarcastic "I'm so drunk"

ATTITUDE: Aggressive, Crying, Moving around, Not following directions

CLOTHING: Leopard dress

MEDICAL CONDITION: No medication, No Heart issues, No Diabetes

OTHER: _____

COMMENTS: _____

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DEC 08 2016

Agency Case # 16-17831

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 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 1231 (AM/PM)The date is: DECEMBER (month) 8 (day) 2016 (year).SCANNED
DEC 08 2016

BOCA RATON POLICE DEPARTMENT

Agency Case # 16-17831

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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