

J# 0483386

P# 3835

ARREST / NOTICE TO APPEAR				NK			
OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)	
0500200		Boca Raton Police Department				3 2 2016-017831	
Charge Type: S 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		If Weapon Seized Enter Type		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		Time of Arrest		Booking Date		Booking Time	
12/08/2016		02:10		12/08/2016		02:20	
Jail Date		Jail Time		Jail Date		Jail Time	
12/08/2016		00:26		12/08/2016		00:26	
Location of Vehicle		1700 BUTTS RD					
Name (Last, First, Middle) NEWMAN, LINDA APRYL							
Alias: NEWMAN, LINDA APRYL							
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian		Date of Birth 07/11/1966		Height 5'08	
Weight 165		Eye Color BLUE		Hair Color BROWN		Complexion LIGHT	
Build Large							
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)							
Marital Status S		Religion JEWISH		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone							
106 SOUTH LONGPORT CIR H, DELRAY BEACH, FL 33444							
Residence Type: 1. City 3. Florida 2. County 4. Out of State							
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone							
106 SOUTH LONGPORT CIR H, DELRAY BEACH, FL 33444							
Address Source FLDL							
Business Address (Name, Street) (City) (State) (Zip) Phone							
UNEMPLOYED,							
Occupation Unemployed							
D/L Number, State N550521667510 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) ENGLEWOOD, NJ	
Citizenship US							
Co-Defendant Name (Last, First, Middle)				Race		Sex	
Co-Defendant Name (Last, First, Middle)				Race		Sex	
Indication of: 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile 2. At Large <input type="checkbox"/> 4. Misdemeanor							
Indication of: 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile 2. At Large <input type="checkbox"/> 4. Misdemeanor							
Name (Last, First, Middle) Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian							
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							
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property							
Yes, by: <input type="checkbox"/> No:							
Drug Activity S. Sell R. Smuggle K. Disperses/ M. Manufacture/ Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate N. N/A C. Cocaine M. Marijuana O. Opium/Deriv. Z. Other P. Possess T. Traffic E. Use A. Amphetamine E. Heroin S. Synthetic							
Charge Description DUI Statute Violation Number Violation of ORD # 316.193(1)							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Statute Violation Number Violation of ORD # 843.02 Bond							
Charge Description RESIST OR OBSTRUCT OFFICER WITHOUT VIOLENCE Statute Violation Number Violation of ORD # Bond							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Statute Violation Number Violation of ORD # Bond							
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 checked="" type="checkbox"/> T.O.T. County Jail PROPERTY - Received By BOCA PD Released By BOCA PD Released To PBC <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health							
Transported By BOCA PD Date Transported 12/08/2016 Time Transported 02:35 Other							
INSTRUCTION NO. 1 - Mandatory appearance in court 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 Delray Beach, FL 33444 Court Date and Time 01/02/2017 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 COMTEMPT 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			
				Name of Arresting Officer (Print) FONG, KENNETH I.D. # 763			
				(PRINT)			
ADMIN				Intake Person I.D. # FONG 763 Pouch # BRPD Agency			
Witness here if subject signed with an "X".							

SCANNED
DEC 8 2016 3:37

10-15-2353

001 observation

16-1783.1

D. U. I. INFLUENCE REPORT

NOTA COPY

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

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DEC 08 2016

WITNESS LIST

ARRESTING OFFICER: Ofc. Fong 763Name: Ofc. Crawford 683 Phone # Home 561-416-3333 Work _____Address: 100 NW 2nd AveCan testify to: BACK UP officerName: Ofc. Alvarez 769 Phone # Home 561-416-3333 Work _____Address: 100 NW 2nd AveCan testify to: BACK UP officerName: 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: _____

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DEC 08 2016

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 Rissi and Officer Dean

D. Present at this time is Ofc. 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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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) 8 (Day) 2016 (Year) and the time 029 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 direction

CLOTHING: Leopard dress

MEDICAL CONDITION: No medication, No heart issues, No diabetes

OTHER: _____

COMMENTS: _____

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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/PMThe date is: DECEMBER 8 (month) 2016 (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?

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DEC 08 2016

What is today's date? _____ What day of the week is it? _____