

0496660

18CT4926Axxsb

3753

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1 Juvenile N

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18051438	
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
Location of Arrest (Including Name of Business) 7627 SIERRA DR W, Boca Raton, FL 33433				Location of Offense (Business Name, Address) 7627 SIERRA DR W, Boca Raton, FL 33433		
Date of Arrest 03/17/2018	Time of Arrest 2116	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle 7627 SIERRA DR W, Boca Raton, FL 33433

Name (Last, First, Middle) Forman, Lisa				Alias (Name, DOB, Soc. Sec. #, Etc.) 2/3/18 0240		
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth 12/3/1952	Height 5'00	Weight 99	Eye Color Hazel	Hair Color brown
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None			Marital Status Divorced	Religion JEWISH	Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) 7627 SIERRA DR W, Boca Raton, FL 33433			Phone (561) 702-6646	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		
Permanent Address (Street, Apt. Number) 7627 SIERRA DR W, Boca Raton, FL 33433			Phone ()	Address Source verbal		
Business Address (Name, Street) ()			Phone ()	Occupation Mortgage broker		
D/L Number, State F655820529431, FL	Soc. Sec. Number ()	INS Number	Place of Birth (City, State) Brooklyn, NY	Citizenship USA		

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony
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"/> 1. Arrested	<input type="checkbox"/> 5. Juvenile
				<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor
					<input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent	Name (Last)	(First)	(Middle)	Residence Phone
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)			()
<input type="checkbox"/> Other:	(City)	(State)	(Zip)	Business Phone
				()
Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released.	2. TOT HRS / DYS 3. Incarcerated
Released To: (Name)	Relationship		Date	Time

The above address provided by defendant and / or defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.
 Yes, by (Name) No (Reason)

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ 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/Derv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description Driving Under the Influence (DUI)		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit n/a	Offense # 18051438	Warrant / Capias Number		Bond OR				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				

Location (Court, Room Number, Address)
South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996

Court Date and Time
Month **Apr** Day **16** Year **2018** Time **0830** AM PM

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 **03/17/2018**

HOLD for other Agency Name:	Signature of Arresting Officer (Signature)	Name Verification (Printed by Arrestee) SCANNED
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) D/S Jacob Frey	(PRINT) MAR 19 2018
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	I.D. # 9658	PAGE
Intake Deputy (Signature)	Transporting Officer D/S Jacob Frey ()	Witness here if subject signed with an "X" OF
	ID # 9658	
	Agency PBSO	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17 DAY OF Mar 20 18, AT 2022 AM PM

SUBJECT: Forman, Lisa, CASE NUMBER: 18051438

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Jacob Frey

PERSONAL CONTACT

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

On 17Mar18 at approximately 2022hrs I arrived at 7627 SIERRA DR W, Boca Raton, in unincorporated Palm Beach County, in reference to a gray SUV driving on two rims.

Upon arrival I observed a gray Lexus RX 350 (FL tag HQTG95) parked in the driveway at this address. The vehicle was running with the lights on and the driver's side door open. It is to be noted that the vehicle was has a push to start ignition (keyless). A white female, later identified as Lisa Forman was standing next to the vehicle talking to deputies who arrived just moments prior to me (D/S Similien and D/S Powell). Lisa is also the only registered owner to the vehicle.

Also at the scene was ISABELLA LEMAY-KRISTOFFERSEN and MATTHEW SIMMONS. Isabella and Matthew were following the vehicle and placed the call to the Sheriff's office. Matthew told me he was getting off of I-95 onto Palmetto Park Rd (city of Boca Raton) when he observed the gray Lexus traveling westbound on Palmetto Park Rd. He said he observed the vehicle was missing both tires on the passenger's side and was riding on the rims. He stated the vehicle was "all over her lane". He followed her to 7627 Sierra Dr W. He told me he tried several times to get her to stop prior to arriving at the address. Once the vehicle stopped he approached the vehicle (still running) as Lisa exited the Lexus. She told him "you're so sweet and I haven't had a drink all night". He said she said this several times. He then stated she approached his passenger and girl-friend, Isabella. Lisa pleaded with Isabella to stop Matthew from calling the police.

Isabella told me she was in the vehicle with Matthew. She observed the gray Lexus "tilted and swerving in the lane". She said "both the tires on the right side of the car (Lexus) were completely blown out and the rims were scratching the ground pretty badly". Isabella said that Lisa seemed "unaware until she finally put her hazards on while driving". She stated the Lexus "almost hit a couple cars". After the Lexus stopped at the address, Isabella stated Lisa told Matthew and her "Thanks guys I appreciate the help but don't worry I didn't drink". Lisa kept telling Isabella to "control her boyfriend" and to "stop calling the police". Isabella stated Lisa appeared "very anxious, giggly, dressed up as if she was at a St. Patrick's day party, and had a weird alcohol smell".

Isabella and Matthew both completed signed sworn witness statements. Matthew also showed me cell phone video of Lisa driving on Palmetto Park Rd.

OBSERVATION OF DRIVER:

I made contact with Lisa. She was very fidgety and had a very difficult time standing still. I could smell the odor of an unknown alcoholic beverage coming from her breath. Her clothes and hair were disorderly. She had a large purple stain on her right pant leg and several large purple stains on the center of the front of her shirt. She stated the stains were from "wine". She had a difficult time following instructions and kept interrupting me as I spoke. Her eyes were watery.

DRIVER'S STATEMENTS:

She made several spontaneous utterances that she had a glass of wine at 1630hrs. Post-Miranda she stated she had 2 cups of wine in Delray with a friend.

ODORS:

odor of an unknown alcoholic

GENERAL OBSERVATIONS

SPEECH: Slurred, raspy, fast

ATTITUDE: interrupting, talkative, excited, sarcastic, cocky, restless

CLOTHING: Gray sneakers, blue jeans (purple stain on right leg), blue/white shirt (purple stains on front of shirt)

MEDICAL/OTHER: none

STATE OF FLORIDA
COUNTY OF PALM BEACH

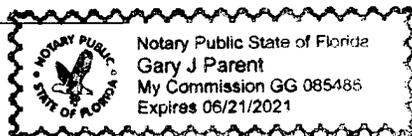
D/S Jacob Frey

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of Mar 20 18 by D/S Jacob Frey

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED
MAR 19 2018

SUBJECT: Forman, Lisa,

CASE NUMBER 18051438

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Her eyes were watery. She had a difficult time following the stylus without moving her head. She kept interrupting the instructions I was giving her. She had difficulty standing still (fidgeting) and her body swayed when she stood with her feet together. She had equal tracking and equal pupil size. She did not have vertical gaze nystagmus (VGN) or lack of convergence (LOC).

WALK & TURN:

I instructed and demonstrated the walk and turn. After several interruptions, she acknowledged she understood. She could not stand as instructed and I had to remind her numerous times to stand in the instructional stance. She also started walking several times before being instructed to do so. She interrupted the instructions several times and attempted to anticipate the instructions. She walked 9 steps forward. She stepped off the line on almost every step, almost falling over. She had to raise her right arm from her side for balance. She missed heel to toe of several steps. She completed the turn incorrectly. She walked 9 steps back. She stepped off the line several times and fail to maintain heel to toe on several steps. She raised her arms from her side for balance. The task was completed on a dry and level surface.

ONE LEG STAND:

I instructed and demonstrated the one leg stand. She interrupted the instructions several times and attempted the task prior to the instruction being completely given. After several interruptions, she acknowledged she understood. When she completed the task she hopped on her left leg and raised her arms from her side for balance. She placed her foot down more than 3 times. The task was completed on a dry and level surface.

FINGER TO NOSE:

I instructed and demonstrated the finger to nose. After several interruptions, she acknowledged she understood. On her first attempt she touched the side of her nose several times and her right eye once. Her body swayed during the task and she could not stand with her head tilted back. She coughed several times during this attempt and I offered her to complete the task again. During this attempted her body swayed again and could not stand with her head tilted back. She touched her nose with her first knuckle on her pointer finger on several commands. The task was completed on a dry and level surface.

ROMBERG ALPHABET:

She told me her highest level of education was a 4 year degree. She stated her primary language was English. She recited the alphabet very quickly. Her body swayed and she had difficulty standing in one spot. She also could not keep her head tilted back as instructed. The task was completed on a dry and level surface.

I instructed the Modified Rhomberg. She acknowledged she could estimate 30 seconds. Her estimate of 30 seconds was approximately 40 seconds. Her body swayed during the task and she had difficulty standing still. The task was completed on a dry and level surface.

BREATH TEST RESULTS: 1) .092 2) .089 3) 4)

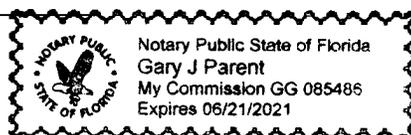
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Jacob Frey
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of Mar 2018 by D/S Jacob Frey

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

Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SCANNED
MAR 19 2018

WITNESS LIST

CASE NUMBER: 18051438

ARRESTING OFFICER: D/S Jacob Frey

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: personal contact, physical control, SFST

NAME: Simmons, Matthew, David

ADDRESS: 5064 Garfield Rd, Delray Beach, FL 33484

PHONE NUMBERS (HOME) (561) 495-7244 (WORK) (561) 496-1717

CAN TESTIFY TO: _____

NAME: Lemay-Kristoffersen, Isabella, Alexandra

ADDRESS 21760 Mountain Sugar Ln, Boca Raton, FL 33433

PHONE NUMBERS (HOME) (954) 552-8600 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE # 18-051438	ZONE: 7-11	SUSPECT: LISA	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 03-17-18
EVENT TYPE: PUI	DEPUTY: D. Powell	ID#: 7378	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Simmons	FIRST NAME: Matthew	MIDDLE INITIAL: D	RACE: W	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 11/01/1998	YOUR HEIGHT: 6'6	YOUR WEIGHT: 258	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Hazel
YOUR HOME ADDRESS: 5064 Palmetto ^{Galley} Road	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Delray beach	STATE: FL	ZIP: 33484
YOUR WORK NAME & ADDRESS: Sherwin Williams	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY: Delray beach	STATE: FL	ZIP: 33484
WORK PHONE: <input type="checkbox"/> CHECK IF NONE (561) 496-1717	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (561) 613-7480	HOME PHONE: <input type="checkbox"/> CHECK IF NONE (561) 495-7249	EMAIL: mattd692613@gmail.com	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: **Matthew David Simmons**

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

Me and my Girlfriend were on our way home and just got off the highway. As we got on to palmetto she already had her two passenger side tires were popped and was all over her lane. I have worked at a bar in Boca as a Security guard for about 2 years and seen this oblivious actions before. I followed her till she stopped at a house. I tried to tell her to stop but she ignored my honking so I put my hazards on and followed to safety. She finally stopped at a house and she got out and approached me saying "you're so sweet and I haven't had a drink all night at all." Then repeated that for multiple minutes and I walked away -

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: *[Signature]*

DEPUTY SHERIFF NOTARY PUBLIC FSS: 11 **MAR 19 2018**
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
 DATE: **03/17/18** TIME: **2:02**
 SIGNATURE: *[Signature]* ID: **7378**

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #: 18-051438	ZONE: 7-11	SUSPECT: LISA	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 03/17/18
EVENT TYPE: DUI		DEPUTY: D. Powell	ID#: 7378

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Lemay-Kristoffersen		FIRST NAME: Isabella		MIDDLE INITIAL: A	RACE: White	SEX: F
DATE OF BIRTH: 01/23/00	YOUR HEIGHT: 5'5	YOUR WEIGHT: 130	YOUR HAIR COLOR: Blonde		YOUR EYE COLOR: Green	
YOUR HOME ADDRESS: 21760 Mountain Sugar Lane			<input type="checkbox"/> CHECK IF HOMELESS		CITY: Boca Raton	STATE: FL
YOUR WORK NAME & ADDRESS: Rest Vet - Boyton Beach & Winchester			<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY: Boyton	STATE: FL
ZIP: 33433	WORK PHONE: <input type="checkbox"/> CHECK IF NONE ()	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (954) 552-8600	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL: bella.lemay.kr@att.net	<input type="checkbox"/> CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: 1 Isabella Lemay-Kristoffersen	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
---	--

After getting off of I95, me and my boyfriend witnessed the car tilted and swerving in the lane ahead of us. Both tires on the right side of the car were completely blown out and the rims were scratching the ground pretty badly. We drove up next to her and waved telling her to pull over and stop, but she kept driving not even looking at us. It seemed as if she was unaware until she finally put her hazards on while driving. She almost hit a couple cars swerving through the lane. As soon as she stopped driving in the neighborhood, the first thing she said as she got out was "Thanks guys I appreciate the help but don't worry I didn't drink." She kept insisting to me how I need to control my boyfriend and get him to stop calling the police. She told me I should control him and that he was going to ruin her life. She was very anxious, giggly, dressed up as if she was at a St. Patrick's Day party, and had a weird

PAGE **1** OF _____

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE: YOUR SIGNATURE: [Signature]	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10 SWORN TO AND SUBSCRIBED BEFORE ME TODAY DATE: 03/17/18 TIME: 2:00 SIGNATURE: [Signature] ID: 7378
--	--

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW. I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

SCANNED
MAR 19 2018

TESTING FACILITY TASK REPORT

AGENCY: 228
 SUBJECT: FARMAY, LISA CASE NUMBER: 19-201704
 DATE: 03-17-19 VIDEO TAPE NUMBER: 114
 BEGINNING TIME: 2254 ENDING TIME: 2314
 BREATH TESTS RESULTS: 1) .092 TIME 2300 A.M./P.M. (P.M.) 2) .089 TIME 2301 A.M./P.M. (P.M.)
 3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.
 BREATH OPERATOR: G. Miller
 MAINTENANCE TECHNICIAN: K. Miller

TESTING OFFICER'S OBSERVATIONS

SPEECH: None, slurred at times
 ATTITUDE: Cooperative, friendly, cooperative
 CLOTHING: Blue jeans, black jacket, white sneakers
 MEDICAL CONDITIONS: None
 MEDICATIONS: None

OTHER: Eye contact, no odor of alcohol, odor of an unknown alcoholic beverage on breath

Δ Admitted to the presence of 2 cups of beverages (G+A)
 COMMENTS: Admitted to the presence of 2 cups of beverages (G+A)
Admitted to the presence of 2 cups of beverages (G+A)

Δ stated she would take test then asked
if she could

Δ stated she understood I/C and agreed to
take test

she read rights

Δ stated she understood rights
tech. read breath test results Δ stated she
understood

she completed G+A

Δ answered questions

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

Florida

DRIVER LICENSE



F655-520-52-943-1

9 CLASS **E**

1 **FORMAN**
2 **LISA**
3 **7508 SIERRA TER E**
4 **BOCA RATON FL 33433**

5 DOB **12/03/1952** 15 SEX **F** **SAFE DRIVER**
6 EXP **12/03/2025** 16 HGT **5'-00"**
12 REST **A** 9a END **NONE**

4a ISS **11/27/2017**
5DD P77 **11/27/2019**

Lisa Forman

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY