

ARREST / NOTICE TO APPEAR

1. Arrest 3. Request for Warrant
2. N.T.A. 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 1 2 2018-008739	
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) 600 KINGSBRIDGE ST			Location of Offense (Business Name, Address) 600 KINGSBRIDGE ST, BOCA RATON, FL 33487			
Date of Arrest 06/28/2018	Time of Arrest 18:38	Booking Date 06/28/2018	Booking Time 18:48	Jail Date 06/28/2018	Jail Time 19:01	Location of Vehicle WESTWAY TOWING
Name (Last, First, Middle) LEHOCZKY, LISA SUE			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian	Sex F	Date of Birth 02/11/1969	Height 5'04	Weight 127	Eye Color GREEN	Hair Color BLONDE
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT M HIP / SERENITY SIGN; TATT LOL FOOT / YIN YANG SIGN;			Marital Status S	Religion NONE	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 859 JEFFERY ST 208, BOCA RATON, FL 33487			(City)	(State)	(Zip)	Phone (954) 663-4940
Permanent Address (Street, Apt. Number) 859 JEFFERY ST 208, BOCA RATON, FL 33487			(City)	(State)	(Zip)	Phone (954) 663-4940
Business Address (Name, Street) SELF EMPLOYED,			(City)	(State)	(Zip)	Phone (954) 663-4940
D/L Number, State L200537695511 / FL			INS Number	Place of Birth (City, State) MIAMI BEACH, FL,	Citizenship US	
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	
Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)			Residence Phone			
Legal Custodian <input type="checkbox"/> 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 IAC 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 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. Amphetamines	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	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		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 ALVAREZ		Released By ALVAREZ	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			Date Transported // : : :		Time Transported Other	
Transported By			Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 07/30/2018 08:30:00	
<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.						
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/Guardian) <i>Lisa Lehoczky</i>			
			Date Signed JUN 29 2018			
HOLD for Other Agency			Signature of Arresting Officer <i>ALVAREZ, A.</i>		Name Verification (Printed by Arrestee) <i>LISA LEHOCZKY</i>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest			Name of Arresting Officer (Print) ALVAREZ, A.		ID # 769	
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Transferring Officer <i>Deen</i>		ID # 768 BRPD	
Intake Deputy I.D. #			Pouch #		Witness here if subject signed with an "X".	

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-008739
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) LEHOCZKY, LISA SUE	Race W	Sex F	Date of Birth 02/11/1969
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Charge Description 316.193(1) DUI	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432	Phone (561) -	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone (56) -	Occupation	

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.

The Person taken into custody . . .

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 28 day of June, 2018 at 18:38 (Specifically include facts constituting cause for arrest.)

On 06/28/18 at approximately 1803 hours, I was dispatched to the area of 1 S Federal Hwy in reference to a reckless driver in a blue 2010 Infiniti G37 bearing Florida tag # HMGY84. The caller told dispatchers that the vehicle was driving off the road several times and almost struck other vehicles northbound on N Federal Hwy. Officer Renteria observed the vehicle at 4800 N Federal Hwy turn into the office-building plaza. The driver of the vehicle appeared confused and pulled out of the plaza northbound again on N Federal Hwy. The driver pulled off onto Kingsbridge St and came to a stop in the middle turning lane at 600 Kingsbridge St. Officer Renteria pulled over behind the vehicle and made a consensual encounter with the driver W/F Lisa Lehoczky to check on her.

I arrived on scene shortly after Officer Renteria made contact with Lehoczky. I observed that she was struggling to find her driver's license in her wallet and she slurred her words when she spoke. She had a hard time understanding what I was telling her such as to turn off the vehicle; instead, she stepped out of the vehicle. Lehoczky appeared very unsteady and I smelled the strong odor of an alcoholic beverage coming from her breath. When asked where she was coming from, she gave several different answers such as Yamato or Jeffery St. Lehoczky stumbled over her words several times and finally stated that she was going to her home off Jeffery St.

I asked Lehoczky if she had anything to drink, any medication, or any other drugs to which she stated "no". I asked Lehoczky if she suffered from any medical conditions or recently incurred any head trauma to which she also stated "no". I explained to Lehoczky all of my observations of her impaired state and requested that she submit to several field sobriety tasks to dispel my alarm that she had been driving impaired. She consented to demonstrating the tasks.

The first task was the walk-and-turn. Lehoczky left the starting position several times.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>
VAZQUEZ-BELLO, YVETTE D NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)	ALVAREZ, AMANDA (769) NAME OF OFFICER (PLEASE PRINT)
06/28/2018 DATE	06/28/2018 DATE
	JUN-29 2018 PAGE 1 OF 2

OCS Number Agency ORI Number FL 0500200	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2018-008739			
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) LEHOCZKY, LISA SUE					Race W
Alias					Sex F
Date of Birth 02/11/1969					
P R O B A B L E C A U S E S T A T E M E N T	<p>Lehoczky had a difficult time following the instructions explained and demonstrated to her. She walked down the line before I could finish explaining the instructions. When she began walking down the line, she did not touch heel to toe and took 11 steps down. Lehoczky used her arms for balance and stepped off the line. Lehoczky did not return down the line but instead walked around it back to the starting point. Lehoczky also did not count her steps aloud.</p> <p>The second task was the one-leg stand. Lehoczky had a hard time lifting her leg. At one point, she lost balance and sat down on the curb to catch herself from completely falling over. Lehoczky stated she wanted to attempt the task again. Lehoczky could not keep her foot off the ground and she had to use her arms for balance. Lehoczky stated at the completion of the task that she could not do it.</p> <p>The third task was the finger to nose (L-R-L-R-R-L). Lehoczky did not keep her eyes closed or her head tilted back during the task. Lehoczky raised her right hand instead of her left on the first and fifth moves. Lehoczky was swaying back and forth as well.</p> <p>The fourth task was the rhomberg alphabet. Lehoczky began the task before being instructed to. Lehoczky did not close her eyes or keep her head tilted back during the task. Lehoczky was unable to recite the alphabet properly. Lehoczky repeated the letter "J" twice, she also recited "HRV" and "HRO". Lehoczky stopped herself and started reciting the alphabet again but could not finish it properly.</p> <p>Based on my investigation, Lehoczky was arrested at 1838 hours for DUI. Lehoczky's vehicle was towed by Westway Towing from the scene.</p> <p>Officer Murphy conducted The Intoxilyzer 8000 testing. Lehoczky's breath samples were 0.297 and 0.287.</p> <p>Lehoczky was charged with DUI FSS 316.193(1) and given the court date of 07/30/2018 at 8:30am. The in-car video was submitted into evidence. After processing, she was transported to the Palm Beach County Jail.</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 style="text-align: center;">VAZQUEZ-BELLO, YVETTE D</p> <p style="text-align: center;">NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p style="text-align: center;">06/28/2018</p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%; text-align: center;"> <p style="font-size: 2em;">SCANNED</p> <p style="font-size: 1.5em;">JUN 29 2018</p> <p style="font-size: 1.2em;">SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p style="font-size: 1.2em;">ALVAREZ, AMANDA (769)</p> <p style="font-size: 1.2em;">NAME OF OFFICER (PLEASE PRINT)</p> <p style="font-size: 1.2em;">06/28/2018</p> <p style="font-size: 1.2em;">DATE</p> </div> </div>				
PAGE 2 OF 2					

CASE# 18-8739
1045# 1838
OBV: 1913

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue

Boca Raton, FL 33432

SCANNED

JUN 29 2018

ARRESTING OFFICER: Alvarez

Name: Alvarez Phone # _____ Work # 561 338 1234

Address: 100 NW 2nd Ave Boca Raton FL 33432

Can testify to: investigation

Name: Bentley Phone # _____ Work # _____

Address: "

Can testify to: investigation

Name: Murphy Phone # _____ Work # _____

Address: "

Can testify to: booking

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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JUN 29 2018



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2018-008739

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Thursday, June, 28, 2018.
(day) (month) (date) (year)

B. The time is now approximately 1934 AM/PM.

C. The following is in reference to case number 2018-008739.

D. Present at this time is Off. Alvarez, Murphy of the Boca Raton Police Department.
(Officer's Name)

E. Officer Alvarez, have you arrested Lisa Lehoczky in violation of Florida State Statute 316.193?
(Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? yes

G. Mr./Mrs./Ms. Lehoczky, I am required to inform you these proceedings are being video recorded.

Operator Note: Video record breath request, breath sample, and interview.

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JUN 29 2018

II. 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.

- 12
- 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.

✓ I am Off Alvarez of the BRPD

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

Note: 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.

Note: 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 _____, _____, _____, and the time is _____ AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.

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JUN 29 2013

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.
- (2) Any statement you make must be freely and voluntarily given.
- (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.
- (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.
- (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.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: on video Date: 6-28-18 Time: 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? _____

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

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JUN 29 2018

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the effects 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? Yes No Did you get a bump on the head? Yes No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? Yes No Who? _____

Are you taking any prescription medications? 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 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 video recording. The time is now approximately 1955 AM/PM

The date is June, 28, 2018.
(month) (day) (year)

SCANNED
JUN 29 2018

No offender has matched with provided search criteria.

- ▶ You are **NOT** required to enter information into each field. But you are required to enter at least ONE search criteria. A search list may be obtained by entering information into one or more fields.
- ▶ Enter the offender's last name and first name in the appropriate fields. If the offender has an unusual last or first name, use the wildcard search options for possible spelling variations (See 'Include Similar Names' *)
- ▶ NOTE: The submissions received by the Database may NOT include all field information. For example, the Date of Birth may not be included or differ from your entry. So, if you do not receive any results after entering the offender's last name, first name, and a Date of Birth, try a search without a birth date.
- ▶ If no results occur after an initial search, try several variations or contact the FDLE DNA Investigative Support Database for assistance at 850-617-1300, FAX: 850-921-6086 or Email: dnadatabase@fdle.state.fl.us

First Name:

Last Name:

Date of Birth:

SSN:

DOC #:

FDLE #:

Include Similar Names

Click this box 'Include similar names' to run a wildcard search. With this type of search, entering the last name Smith, will return Smith, Smithson, Goldsmith, etc. Another option is to include a % sign within the name field to extend the search to all names with similar middle letters. For example, S%son will return Samson, Simpson, and Smithson. These searches may return very large result sets, so it is advisable to start with specific criteria, then adjust your search options until the desired record is found.

Name	Date of Birth	DOC #
No offender found for the search.		
(1 of 1)		10 <input type="button" value="v"/> [Exporters]

FDLE DNA Investigative Support Database
 Phone: (850) 617-1300 Fax: (850) 921-6086
 Email: dnadatabase@fdle.state.fl.us

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JUN 29 2018



PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018021518	Date: 6/29/2018
	Specialist Name/ID: L.Rouse/ #6673

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JUN 29 2018