052538

18CT216573652

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

NH

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | Juvenile: 1 | N

OBTS Number

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FL 502600	Palm Beach Gardens Police Department	78 - 18007383

Charge Type. Check as many as apply: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Weapon Seized / Type: 2 (1. Yes 2. No)

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business) FRANKLIN ACADEMY	Location of Offense (Business Name, Address) FRANKLIN ACADEMY
PGA AND VICTORIA GARDENS, PALM BEACH GARDENS, FL 33410	PGA AND VITORIA GARDENS, PALM BEACH GARDENS, FL 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle (Kauffs Towing (561) 433-7162)
12/04/2018	22:42:02					4701 East Avenue, West Palm Beach, FL 33407

DEFENDANT

Name (Last, First, Middle): [redacted] YEGHOIAN, Lisa — Alias (Name, DOB, Soc Sec #, Etc.)

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	11/17/1980	500	105	HAZEL	BLK	LGT	SM

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): N/A

Marital Status: Single — Religion: NONE — Indication of Alcohol Influence / Drug Influence: Y [X] N [ ] Unk [ ]

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type (1. City 2. County 3. Florida 4 Out of State)
156 Eagleton Ct, Palm Beach Gardens, FL 33418	(561) 373-3834	1

Permanent Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
156 Eaglenton Ct, Palm Beach Gardens, FL 33418	(561) 373-3834	DAVID

Business Address (Name, Street) Jupiter Outpatient Center (City) (State) (Zip)	Phone	Occupation
	( )	HAIR STYLIST

D/L Number, State	Soc Sec	INS Number	Place of Birth (City, State)	Citizenship
Y250520809171 FL	[redacted]		MONTREAL CA	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2 At Large	3. Felony 4. Misdemeanor 5. Juvenile
N/A				[ ] [ ]	[ ] [ ] [ ]
Co-Defendant Name (Last, First, Middle)				[ ] [ ]	[ ] [ ] [ ]

JUVENILE

Parent / Legal Custodian / Other — Name (Last) (First) (Middle) — Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone ( )

OR

Notified by (Name) — Date — Time — Juvenile Disposition: 1 Handled/ processed within Dept and Released; 2. TOT HRS / DYS; 3 Incarcerated

Released To (Name) — Relationship: 0152 — Date — Time

The above address provided by [ ] Defendant and / or [ ] Defendant's parents / Parent has been told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. [ ] Yes, by. (Name) [ ] No (Reason)

School Attended — Grade

Property Crime? [ ] Yes [ ] No — Description of Property — Value of Property

CODE

Drug Activity: N N/A, P Possess, S Sell, B Buy, T Traffic, D Deliver, E Use, G Smuggle, H 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/Deriv., P Paraphernalia/ Equipment, S Synthetics, U Unknown, Z Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under the Influence	1	[ ] Y [ ] N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	1		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		[ ] Y [ ] N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		[ ] Y [ ] N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		[ ] Y [ ] N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410

Court Date and Time: Month JANUARY Day 09 Year 2018 Time 10:00 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

X [redacted] — Signature of Defendant (or Juvenile and Parent / Custodian) — Date Signed: 12/04/2018

ADMIN

HOLD for other Agency Name: — Signature of Arresting Officer: X [redacted] 502

[ ] Dangerous [ ] Suicidal [ ] Resisted Arrest [ ] Other

Name of Arresting Officer (Print): Ofc. ROMERO — ID #: #502

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy — ID # — Pounds # — Transporting Officer — ID # — Agency

PAGE

Synn 8101 Romero 502

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SCANNED
DEC 06 2018

TESTING FACILITY TASK REPORT

AGENCY: PBG-ROMERO

SUBJECT: YEGHOIAN, LISA

CASE NUMBER: 18-151928

DATE: Dec 5, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2335

ENDING TIME: 2354

BREATH TESTS RESULTS: 1) .163 TIME 2341 A.M.☐ P.M.☒ 2) .161 TIME 2344 A.M.☐ P.M.☒

3) XX TIME XX A.M.☐ P.M.☐ 4) XX TIME XX A.M.☐ P.M.☐

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: LOW, QUIET

ATTITUDE: COOPERATIVE

CLOTHING: WHITE TANK TOP BLACK PANTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY, RED
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2315
SUBJECT AGREED TO SUBMIT THEN WASNT SURE
IMPLIED CONSENT WAS READ
SUBJECT AGREED TO SUBMIT
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY
MIRANDA WAS READ ON SCENE
SUBJECT SUBMITTED TO THE QUESTIONS
RESULTS GIVEN TO THE SUBJECT

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DEC 06 2018

D.U.I PROBABLE CAUSE AFFIDAVIT

ON THE 5 DAY OF October 2018, AT 22:42:02 ☑ AM ☐ PM

SUBJECT: LISA YEGHOIAN CASE NUMBER: 18007383

AGENCY: Palm Beach Gardens Police Department ARRESTING OFFICER: Ofc. ROMERO #502

PERSONAL CONTACT

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

I arrived at the scene of aa accident and observed a black Audi SUV bearing FL tag HMRF55. Inside the black Audi I observed a white female, later identified via DAVID as Lisa Yeghoian, a sole occupant of the vehicle seating behind the wheel. Yeghoian advised that she just got into a traffic accident while making a turn going the wrong way in PGA Blvd.

OBSERVATION OF DRIVER:

I saw Yeghoian sitting in the driver's seat, slouched over, leaning on the wheel. I noticed that Yeghoian eyes were bloodshot and watery. While speaking with Yeghoian, I could smell the odor of an unknown alcoholic beverage emitting from Yeghoian's breath while at a conversational distance. Her speech was slow and slurred and had a difficult time standing up straight.

DRIVER STATEMENTS:

Yeghoian stated she did not need fire rescue. I detected the strong odor of an unknown alcoholic beverage coming from Yeghoian ' breath as she spoke. I asked if she had been drinking, she stated yes. Yeghoian stated she was on her way home from "Twisted Turtle" in Palm Beach Gardens. She also stated that she was out with her ex-husband and co-worker this evening and that she consumed a few drinks.

ODORS: Strong odor of alcohol coming from Yeghoian breath.

GENERAL OBSERVATIONS

SPEECH: Slurred, slow

ATTITUDE: Calm, Cooperative.

CLOTHING: White Tank Top, black pants, white shoes

MEDICAL/OTHER: None

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STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigating Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4 day of December 2018 by Ofc. ROMERO

who is personally known to me and/or personally known to me and/or produced identification. Type of identification produced

JAMES G. BIGGS
Commission # GG 165618
Expires December 5, 20..
Bonded Thru Troy Fain Insurance

SCANNED
DEC 06 2018

SUBJECT: LISA YEGHOIAN CASE NUMBER: 18007383

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- ☑ LT EYE-LACK OF SMOOTH PURSUIT
- ☑ RT EYE-LACK OF SMOOTH PURSUIT
- ☑ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- ☑ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- ☑ LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- ☑ RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Swayed while performing task, repea

WALK & TURN:

I explained and demonstrated the instructions to Yeghoian , who stated she understood. Yeghoian was unable to keep balance, swayed and raised her arms more than 6 inches to keep balance. Yeghoian started on command. She did not touch heel-to-toe as instructed. She did not turn as instructed and demonstrated.

ONE LEG STAND:

I explained and demonstrated the instructions to Yeghoian, who stated she understood. Yeghoian raised her arms over six inches to keep her balance.

FINGER TO NOSE:

I explained and demonstrated the instructions to Yeghoian, who stated she understood. Yeghoian was instructed at the point the hand was called to point her index finger at me, then touch the tip of her finger to the tip of her nose and return. Yeghoian failed to point at me before touching her nose. Yeghoian lowered her head to be level as she was performing the task.

RHOMBERG/ALPHABET:

I explained and demonstrated the instructions to Yeghoian , who stated she understood. Yeghoian incorrectly recited the alphabet by using a rhythmic manner.

BREATH TEST RESULTS: 0.163 BrAC at and .0.161 BrAC at

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigating Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4 day of December 20 18 by Ofc. ROMERO

who is personally known to me and/or personally known to me and/or produced identification. Type of identification produced

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

JAMES G. BIGGS
Commission # GG 165016
Expires December 5, 2021
Bonded Thru Troy Fain Insurance

SCANNED
DEC 06 2018

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FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006238 Software: 8100.27
Date of Test: 12/04/2018

Date of Last Agency Inspection: 11/23/2018
Observation Period Began: 23:15
Subject's Name: LISA YEGHOIAN DOB: 11/17/1980 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	23:40
Air Blank	0.000	23:40
Control Test	0.081	23:40
Air Blank	0.000	23:41
Subject Sample #1	0.163	23:41
Air Blank	0.000	23:42
Air Blank	0.000	23:44
Subject Sample #2	0.161	23:44
Air Blank	0.000	23:45
Control Test	0.080	23:45
Air Blank	0.000	23:46
Diagnostics Check	OK	23:46

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I [redacted], 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: _____ Date: 12/4/18
Signature

Sworn to (or affirmed) before me this 4 day of Dec, 2018

_____ Ofc Romero
Signature of Notary Public-State of Florida 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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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DEC 06 2018



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DEC 06 2018

SUBJECT: Liu Yejiang CASE NUMBER: 1 2 2 5 3 2

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

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'S SIGNATURE: (X) I DO NOT CONSENT

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence 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 statements 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 and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read by Scene

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DEC 06 2018

SUBJECT: Lisa Yeghoian CASE NUMBER: 1[illegible]

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? Y

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? 11/1 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: _____

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DEC 06 2018

LIST OF PERSONS KNOWN TO HAVE INFORMATION

Victim: **Society**

Address: **10500 N. Military Trail, Palm Beach Gardens, FL 33410**

Phone Numbers: (Work) **561-799-4445** | (Home)

If no phone, then name, address, and phone number of person whom may be contacted to leave message.

Can Testify to:

Arresting Officer: Ofc. ROMERO #502

Address: **10500 N. Military Trail, Palm Beach Gardens, FL 33410**

Phone Numbers: (Work) **(561) 799-4445** | (Home)

If no phone, then name, address, and phone number of person whom may be contacted to leave message:

Can Testify to:

Facts of Case

Witness Name: **Ofc. ARTOLA, ROBERT 452**

Address: **10500 N. Military Trail, Palm Beach Gardens, FL 33410**

Phone Numbers: (Work) **(561) 799-4445** | (Home)

If no phone, then name, address, and phone number of person whom may be contacted to leave message.

Can Testify to:

Facts of Case

Witness Name: **Officer SLAUGHTER, KRISTIN 500**

Address: **10500 N. Military Trail, Palm Beach Gardens, FL 33410**

Phone Numbers: (Work) **(561) 799-4445** | (Home)

If no phone, then name, address, and phone number of person whom may be contacted to leave message.

Can Testify to:

Contact with Defendant and Safety Officer

Witness Name:

Address:

Phone Numbers: (Work) | (Home)

If no phone, then name, address, and phone number of person whom may be contacted to leave message.

Can Testify to:

Witness Name:

Address:

Phone Numbers: (Work) | (Home)

If no phone, then name, address, and phone number of person whom may be contacted to leave message.

Can Testify to:

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DEC 06 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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2018040289	**Date:** 12/5/2018
	Specialist Name/ID: LR/ #6673

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DEC 06 2018