

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 <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3   2   2018-006604</b>					
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type <b>None/not Applicable</b>		Multiple Clearance Indicator				
Location of Arrest (Including Name of Business) <b>111 SE MIZNER BLVD, BOCA RATON, FL 33432</b>			Location of Offense (Business Name, Address) <b>111 SE MIZNER BLVD, BOCA RATON, FL 33432</b>							
Date of Arrest <b>05/12/2018</b>	Time of Arrest <b>02:01</b>	Booking Date <b>05/12/2018</b>	Booking Time <b>02:11</b>	Jail Date <b>05/12/2018</b>	Jail Time <b>03:00</b>	Location of Vehicle <b>EMERALD</b>				
Name (Last, First, Middle) <b>STROUCH, MARCI</b>			Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:							
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex <b>W</b>	Date of Birth <b>07/31/1975</b>	Height <b>5'04</b>	Weight <b>125</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT M HIP / CIRCLE; TATT LOL LEG / PAW PRINT</b>			Marital Status <b>S</b>	Religion <b>JEWISH</b>	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>					
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>2030 ALTA MEADOWS LN 1206, DELRAY BEACH, FL 33444</b>			Phone <b>(203) 526-8773</b>		Residence Type: 1. City 3. Florida 2. Country 4. Out of State <b>2</b>					
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>2030 ALTA MEADOWS LN 1206, DELRAY BEACH, FL 33444</b>			Phone <b>(203) 526-8773</b>		Address Source <b>FLDL</b>					
Business Address (Name, Street) (City) (State) (Zip) <b>UNEMPLOYED, N/A</b>			Phone <b>(561) -</b>		Occupation <b>N/a</b>					
D/L Number, State <b>S362542757710 / FL</b>		Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>BRIDGEPORT, CT,</b>		Citizenship <b>US</b>				
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)						Residence Phone				
<input type="checkbox"/> Legal Custodian						Business Phone				
Address (Street, Apt. Number) (City) (State) (Zip)										
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. Disperses/ 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 <b>DUI</b>			Statute Violation Number <b>316.193(1)</b>			Violation of ORD #				
Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense # <b>2018-6604</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond <b>O.R.</b>			
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	Bond			
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	Bond			
Health / Apparent Physical Condition of Defendant <b>GOOD</b>				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 <b>BISSOON</b>		Released By <b>BISSOON</b>	Released To <b>COUNTY JAIL</b>			
Transported By				Date Transported <b>// : :</b>	Time Transported	Other				
<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.				Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>						
				Court Date and Time <b>06/11/2018 08:30:00</b>						
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO APPEAR IN COURT AS DESCRIBED. 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.				SCANNED <b>MAY 14 2018 05/12/18</b>						
Signature of Defendant (or Juvenile and Parent/Custodian) <i>[Signature]</i>				Date Signed						
HOLD for Other Agency		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) <b>664</b>						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>BISSOON, S. R.</b>		ID.# <b>664</b>						
Inmate # <b>THOMAS # 1904</b>		Pouch #		Transferring Officer <b>Bissoon</b>						
				ID.# <b>664</b>						
				Agency <b>BRPD</b>						
Witness here if subject signed with an "X".										

0498191

3430 AM 5:39

MAY 12 AM 5:00  
PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTs Number	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3 2 2018-006604</b>
Agency ORI Number <b>FL 0500200</b>			
Charge Type: Check as many as apply.	Special Notes:		
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>STROUCH, MARCI</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>07/31/1975</b>
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Charge Description <b>316.193(1) DUI</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>	Phone <b>(561) -</b>	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone <b>(56) -</b>	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 **12** day of **May**, **2018** at **02:01** (Specifically include facts constituting cause for arrest.)

On 05/12/2018, while patrolling the parking lot of 111 SE Mizner Blvd, I observed a 2017 blue Chevy bearing Fl tag#GMSA51 occupied by four individuals, with the brake lights on and the engine running. I met with the occupants of the vehicle sitting in the driver seat was Marci Strouch, Gary Gordon in the front passenger side seat, Chris DiBenedetto in the rear driver side passenger seat and Garrett Dutton in the rear passenger side seat. I observed a beer bottle sitting in between Dutton legs, in the center console was a solo cup with appeared to be beer and a bottle of Tequila in the front passenger side floorboard that Gordon attempted to conceal.

I began speaking with Strouch and she stated that she had been drinking but she wasn't going to drive. Strouch exited the vehicle and wanted to speak to me outside of the vehicle. She kept on saying that she wasn't going to drive and they were waiting on a friend who was still inside of the Funky Biscuit. Strouch had a strong odor of an alcoholic beverage emanating from her person, her eyes were blood shot and glossy and she was also slurring her speech.

I then asked her if she would submit to the roadside sobriety tasks to dispel my alarm that she was under the influence. Strouch asked what would happen if she said no and I then informed her of her Taylor Warnings. Strouch then advised that she submit to roadside tasks. I then walked her over to a well-lit area and asked her if she had any medical problems or medical issues that would prevent her from doing the tasks. Strouch advised that she had no medical or physical issues that would prevent her from conducting the tasks. The tasks that were conducted were the Walk and Turn, One Leg Stand, Finger to Nose, and the Rhomberg Alphabet.

The first SFST was the Walk and Turn. Strouch failed to maintain the starting position and she started the task before being told to begin. As she walked the line she failed to keep her feet heel to toe. She took 9 steps forward and 9 steps back.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>SA 664</i> <b>SCANNED</b>
<b>GRAHAM, KEITH T</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<b>BISSOON, STEPHEN R (664)</b> <b>MAY 14 2018</b> NAME OF OFFICER (PLEASE PRINT)
<b>05/12/2018</b> DATE	<b>05/12/2018</b> DATE
	PAGE <b>1 OF 2</b>

OBTS Number Agency ORI Number <b>FL 0500200</b>	<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>	JUVENILE
Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2018-006604</b>		
Charge Type: Check as many as apply.		Special Notes:	
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	
Name (Last, First, Middle) <b>STROUCH, MARCI</b>		Race <b>W</b>	Sex <b>F</b>
		Date of Birth <b>07/31/1975</b>	

She was also swaying during the task and failed to count as instructed. She also failed to keep her hands to her sides as instructed.

The second SFST was the One Leg Stand. Strouch failed to keep her foot six inches of the ground. Strouch put her foot down and switched her foot from the right foot to her left foot. Strouch was swaying during the task and she failed to count as instructed.

The third SFST was the Finger to Nose (L-R-L-R-R-L). Strouch on the first left she kept her finger on her nose for an extended period. I had to ask her if she remembered the instructions to the task. I then briefly told her again what she needed to do and continued with the task. On the first right, she touched the right side of her nose. On the second left she touched the top of her nose. On the second right she touched the right side of her nose. On the third right she brought her left hand up and then corrected this action and brought her right hand up and touched the side of her nose. On the third left she touched the top of her nose. She also swayed during the task.

The fourth SFST was the Rhomberg Alphabet which she was able to recite properly, and she swayed during the task. Based on my investigation I placed Strouch under arrest for DUI. Ofc Chriswisser searched Strouch and I then transported her to BRPD.

Ofc VanCamp responded as my Breath Test operator. Ofc VanCamp and I conducted the 20-minute observation and then she was taken into the BAT room. Strouch provided two breath samples of .103 and .095. I also read Strouch her Constitutional Warnings which she advised she understood and she wouldn't answer my questions without an attorney present. See DUI influence report.

Strouch is being charged under F.S.S. 316.193(1) for DUI. Strouch was transported to Palm Beach county jail for final disposition. Strouch's vehicle was towed to Emerald.

NOT A CERTIFIED COPY

SCANNED  
MAY 14 2018

SWORN AND SUBSCRIBED BEFORE ME  <div style="text-align: center;">   <b>GRAHAM, KEITH T</b>  <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small>  <b>05/12/2018</b>  <small>DATE</small> </div>	<div style="text-align: center;">   <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small>  <b>BISSOON, STEPHEN R (664)</b>  <small>NAME OF OFFICER (PLEASE PRINT)</small>  <b>05/12/2018</b>  <small>DATE</small> </div>
PAGE <b>2 OF 2</b>	

Macci Strouch

2018-6601  
Observation- 0228  
10:15-0201

## DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2<sup>nd</sup> Avenue

Boca Raton, FL 33432

SCANNED

MAY 14 2018



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2018-6604

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Saturday, May, 12, 2018.  
(day) (month) (date) (year)

B. The time is now approximately 0248 AMPM.

C. The following is in reference to case number 2018-6604

D. Present at this time is Vanlang / Bissoon of the Boca Raton Police Department.  
(Officer's Name)

E. Officer Bissoon, have you arrested Marci Stouch 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. Stouch, 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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SCANNED  
MAY 14 2018

ARRESTING OFFICER: Bissan

Name: Chriswisset Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: Back-up

Name: Rentaria Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: Back-up

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: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

**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.*

- 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 \_\_\_\_\_ 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 Signature: \_\_\_\_\_

*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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SCANNED  
MAY 14 2018



BOCA RATON POLICE SERVICES DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Marci Strouch

CASE #: 2018 6604 DATE: 5-12-18

BREATH TEST RESULTS

1) TIME 0251.103 AM/PM 2) TIME 0254.095 AM/PM

3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: Van Camp

MAINTENANCE TECHNICIAN: Pace

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative

CLOTHING: Normal

MEDICAL CONDITION: Skin Disorder

OTHER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**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

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 0258 AMPM.

The date is May (month), 12 (day), 2018 (year).

SCANNED  
MAY 14 2018

6980

DATE: May 12, 2018

TIME: 0451

UNC

BKINQ PALMS NO= 3452585 P A L M S S C R E E N 1 OF 6  
PERCENTAGE: 1 OF 1 AT 100 % PAGE 1

STROUCH MARCI R: W S: F DOB 07/31/1975 POB  
02/24/2015 02030 ALTA MEADO LA APT= 1206 DELRAY BCH FL 33444  
DRIV LIC#= S362542757710 FL

CASE HISTORY=====>  
ROLE VEH DRVR DATE 12/18/2014 CASE 14 156207 ACC/MINOR VEH  
REM= DAIICHI SANKYO(H)2035268773 (B)  
END OF DATA FOR THIS PALMS

PF-KEY: 2=RTRN 3=ONC 5=HAB 6=SHO 7=ASSOC 8=GANG 10=BKG 12=EXT 13=BKPND 14=MENU  
15=LEMS 16=GRNCD 17=OFF 18=CLAB 20=EVI 21=TTY 22=PLMU 24=PRT PA1=NEXT PA2=PREV

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MAY 14 2018