

AD M I N I S T R A T I O N	OBTS Number	0385643		ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		2004 1	JUVENILE	N																				
	Agency ORI Number	0500200		Agency Name		Boca Raton Police Department		Agency Report Number (N.T.A.'s only)		3, 2		2016-018531																						
	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		None/not Applicable		Multiple Clearance Indicator	N																			
D E F E N D A N T	Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address)																											
	1200 N DIXIE HWY, BOCA RATON, FL						1200 N DIXIE HWY, BOCA RATON, FL 33432																											
	Date of Arrest	12/21/2016		Time of Arrest	04:09		Booking Date	12/21/2016		Booking Time	04:19		Jail Date	12/21/2016		Jail Time	00:00		Location of Vehicle	EMERALD														
C O D E F	Name (Last, First, Middle)														Alias (Name, DOB, Soc. Sec. #, Etc.)																			
	VONDRAKEK, MARY ELIZABETH														Alias:																			
	Race	W - White		I - American Indian		W		Sex	F		Date of Birth	09/10/1978		Height	5'06		Weight	105		Eye Color	BLUE		Hair Color	BROWN		Complexion	LIGHT		Build	Thin				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)														Marital Status		S		Religion		CATHOLIC		Indication of: Alcohol Influence Drug Influence		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>									
	Local Address (Street, Apt. Number)														(City)		(State)		(Zip)		Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State		I									
	Permanent Address (Street, Apt. Number)														(City)		(State)		(Zip)		Phone		Address Source		FLDL									
	Business Address (Street)														(City)		(State)		(Zip)		Phone		Occupation		Server									
	D/L Number, State														Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship		U.S.											
	V536585788300 /																		SAN DIEGO, FL															
	J U V E N I L E	Co-Defendant Name (Last, First, Middle)														Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile								
Co-Defendant Name (Last, First, Middle)														Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile										
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____														Name (Last, First, Middle)																				
<input type="checkbox"/> Legal Custodian														Residence Phone																				
Address (Street, Apt. Number)														(City)		(State)		(Zip)		Business Phone														
Notified by: (Name)														Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated																
Released To: (Name)														Relationship		Date		Time																
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.														School Attended		Grade																		
<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														
C H A R G E		Drug Activity N. N/A P. Possess														S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ 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														Statute Violation Number		Violation of ORD #																	
	DUI														316.193(1)																			
	Drug Activity														Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Bond							
	N														N		/		2016-018531		1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				OR							
	Charge Description														Statute Violation Number		Violation of ORD #																	
	REFUSAL TO SUBMIT TO TESTING; PENALTIES														316.1939(1)																			
	Drug Activity														Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Bond							
	N														N		/		2016-018531		1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				OR							
	I N T A K E	Charge Description														Statute Violation Number		Violation of ORD #																
Drug Activity														Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Bond								
Health / Apparent Physical Condition of Defendant														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																				
GOOD														Explain:																				
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		Released By		Released To																
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health														VAN CAMP		VAN CAMP		PBC																
Transported By														Date Transported		Time Transported		Other																
VAN CAMP														12/21/2016		00:00																		
N O T I C E T O A P P E A R		<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court														Location (Court, Room)																		
	<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.														South County 200 W Atlantic Ave Delray Beach, FL 33444																			
															Court Date and Time																			
															01/23/2017 08:30:00		DEC 21 AM 5:28																	
	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																			
	HOLD for Other Agency														Signature of Arresting Officer		Name Verification (Printed by Arresting Officer)																	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest														Name of Arresting Officer (Print)		I.D. #																	
	<input type="checkbox"/> Suicidal <input type="checkbox"/> Other														VAN CAMP, JEFFERY A.		747																	
A D M I N	Intake Deputy														I.D. #		Pouch #		Transferring Officer		I.D. #		Agency		Witness here (if not signed with an "X")									
	W01/8000																		Mancro		726		BOCA											

MAURO

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2016-018531					
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) VONDRACEK, MARY ELIZABETH		Alias		Race W		Sex F		Date of Birth 09/10/1978	
Charge Description 316.193(1) DUI		Charge Description 316.1939(1) REFUSAL TO SUBMIT TO TESTING; PENALTIE							
Victim's Name (Last, First, Middle) STATE OF FLORIDA,				Race U		Sex U		Date of Birth	
Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432		(City) (State) (Zip)		Phone (561) -		Address Source			
Business Address (Name, Street)		(City) (State) (Zip)		Phone (561) -		Occupation			
<p>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.</p> <p>The Person taken into custody . . .</p> <p> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. </p> <p> <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </p> <p>On the 21 day of December, 2016 at 02:40 (Specifically include facts constituting cause for arrest.)</p> <p>On 12-20-2016 at 0230 hours, I responded to 1200 N. Dixie Hwy to assist Ofc. Robert who had just conducted a traffic stop on a tan Toyota vehicle bearing Fl Tag#BRSV73 for driving erratically and driving southbound in the northbound lanes on N Dixie Hwy. Ofc. Robert made contact with the driver of the vehicle, W/F Mary Vondracek. Upon my arrival to the scene, Ofc. Robert advised that Vondracek was exhibiting signs of impairment.</p> <p>At this point, I approached the vehicle and made contact with Vondracek who was still sitting in the driver's seat of the car. Vondracek had scattered papers across her lap and she seemed confused. As I began speaking with her, I detected an odor of an alcoholic beverage coming from her person. Vondracek had a slurred speech and delayed reaction time. Her eyes were also bloodshot. After briefly speaking with Vondracek, I requested that she exit her car so that I could ask her further questions. Vondracek exited her car and walked to the front of Ofc. Robert's marked police vehicle along a solid white line in the roadway.</p> <p>Once in front of the car, Vondracek advised that she is returning home from a friend's house and is trying to drive home. As I was speaking with Vondracek I detected the odor of alcohol coming from her person. She was also swaying while speaking with me. While talking with Vondracek, I asked if she had consumed any alcoholic beverages tonight. Vondracek first stated that she had consumed alcohol earlier in the night. She quickly changed her story and stated that she had only drunk "red bull" tonight and was not impaired. I informed Vondracek that I could smell the odor of alcohol coming from her person and she could not provide a valid explanation. Vondracek was also confused as to where she was at geographically. Vondracek stated that she thought that she was "just out of Boca Raton" and on "Federal Hwy."</p> <p>Based on my observations, I requested that Vondracek consent to the standard roadside</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>MORAN, JOHN TODD</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>12/21/2016</p> <p>DATE</p> </div> <div style="width: 45%;"> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>VAN CAMP, JEFFERY ALAN (747)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>12/21/2016</p> <p>DATE</p> </div> </div>									
COURT		STATE ATTORNEY		CENTRAL RECORDS		JAIL		CRIME ANALYSIS	
P. I. O.									

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE N
Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2016-018531			
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						Special Notes:	
Name (Last, First, Middle) VONDRACEK, MARY ELIZABETH				Alias	Race W	Sex F	Date of Birth 09/10/1978

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

exercises to dispel my alarm she was driving impaired. Vondracek said that she was not impaired and had no issue with performing the tasks.

The first task was the Horizontal Gaze Nystagmus. While observing HGN, each eye had a constant jerking while at maximum deviation. Lack of smooth pursuit was present in both eyes. Onset prior to 45 degrees was also present.

The second task was the Walk and Turn. Vondracek could not finish the exercise properly. While I was explaining the task she could not maintain the starting position. Vondracek also kept talking while I was explaining the instructions. While I was in the middle of explaining the task, Vondracek said, "you make me nervous." She also said, "I'm sure you'll find something." Vondracek was assuming that I would notice her not performing the task correctly. Vondracek also became upset because she said that she had "been through this before" and that I should check her record. She continually interrupted me. When Vondracek began the exercise she did not go heel to toe at all. She did not count her steps out loud. She did not take the instructed amount of steps. Vondracek kept walking back and forth and did not follow instructions.

At the end of the exercise, Vondracek started walking away from me and she sat down on the concrete curb. Vondracek stated that she no longer wanted to perform the tasks. I informed her that her refusal to perform the tasks would force me to make a decision based on my observation thus far. I also told her that her decisions could be used in the court of law. Vondracek again refused the tasks.

At 0240 hours, I placed Vondracek under arrest for DUI per F.S.S. 316.193(1). Vondracek was transported to the Boca Raton Booking Facility for processing. Ofc. Burke conducted the Intoxilyzer 8000. While in the DUI room, Vondracek advised that she would provide a breath sample. Vondracek changed her mind and said did not want to provide a breath sample and made several irrational statements. I read her implied consent and again she refused to provide a breath sample.

Based on a previous refusal to provide a legal sample of her breath, urine or blood, Vondracek was also charged with a prior refusal per F.S.S. 316.19139(1).

The vehicle was towed by Emerald Towing.

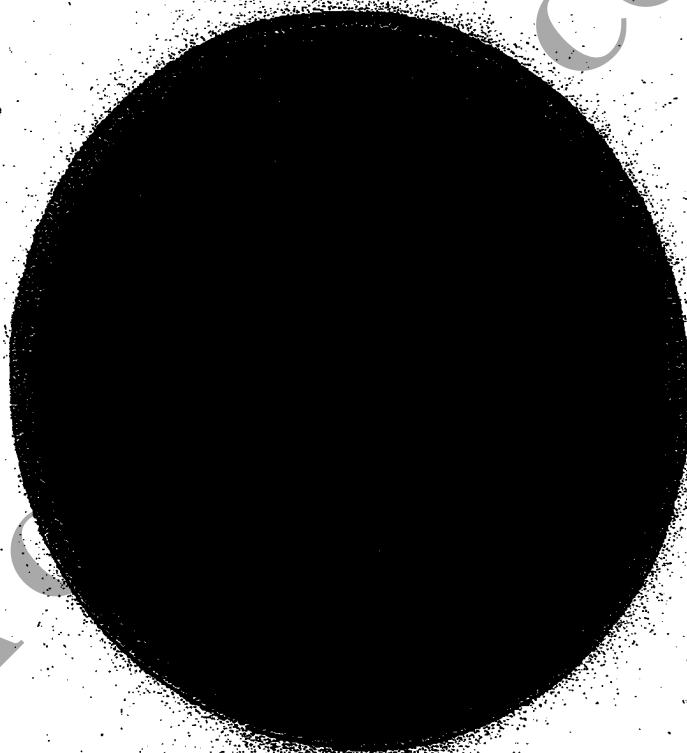
The video of the roadside exercises were uploaded into BRPD Evidence.

Vondracek was later taken to the Palm Beach County Jail for final disposition.

SWORN AND SUBSCRIBED BEFORE ME <div style="text-align: center;"> MORAN, JOHN TODD NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 12/21/2016 DATE </div>	<div style="text-align: center;"> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER VAN CAMP, JEFFERY ALAN (747) NAME OF OFFICER (PLEASE PRINT) 12/21/2016 DATE </div>
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PAGE 2 OF 2

D. U. I. INFLUENCE REPORT



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

WITNESS LIST

ARRESTING OFFICER: OFFICER YAN CAMP

Name: OFC. YAN CAMP Phone # Home _____ Work 338-1234

Address: 100 NW 2ND AVE.

Can testify to: ARREST

Name: OFFICER ROBERT Phone # Home _____ Work 338-1234

Address: 100 NW 2ND AVE.

Can testify to: TRAFFIC STOP.

Name: OFC. SAVERDRA Phone # Home _____ Work 338-1234

Address: 100 NW 2ND AVE.

Can testify to: ROADSIDES

Name: LT. PIJUAN Phone # Home _____ Work 338-1234

Address: 100 NW 2ND AVE.

Can testify to: ROADSIDES

Name: BURKE Phone # Home _____ Work 338-1234

Address: 100 NW 2ND AVE.

Can testify to: 10-32

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

BOCA RATON POLICE DEPARTMENT

Agency Case# 2016-18531

PART II D.U.I. REPORT
To be filled out at testing facility

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: WEDNESDAY, DECEMBER, 21ST, 2016
(day) (month) (date) (year)

B. The time is now approximately 0319 AM/PM

C. The following is in reference to case number 2016-18531

D. Present at this time is OFF. VAN CAMP | BURKE | PECK of the Boca Raton Police
Department. (Officer's Name)

E. Officer VAN CAMP Have you arrested MARY VONDRATEK
(Defendant's name)

In violation of Florida State Statute 316.193?

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

G. Mr./Mrs./Ms. VONDRATEK, I am required to
Inform you these proceedings are being video taped.

Operator Note: Video tape breath request, breath sample, and interview

BOCA RATON POLICE DEPARTMENT

Agency Case # 2016-18531

H. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining its alcohol content.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

2. I am Off. Van Camp of the Boca Raton Police Dept

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

ALSO READ FOR CDL HOLDERS

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr/Mrs/Ms. VONDRACEK has refused to submit to a breath test.

The date is December (Month) 21st (Day) 2016 (Year) and the time 0710 AM/PM

A refusal form will be completed by the arresting officer.

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: DUI

CASE #: 16-18531 DATE: 12/21/16

BREATH TESTS RESULTS

1) TIME Refused AM/PM AM 2) TIME Refused AM/PM AM
3) TIME Refused AM/PM AM 4) TIME Refused AM/PM AM

BREATH OPERATOR: BURKE 749

MAINTENANCE TECHNICIAN: BROCK

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Crying, upset, Argumentative

CLOTHING: BLACK SHOES, BLUE JEANS, WHITE PINK TANK TOP

MEDICAL CONDITION: NONE

OTHER: Eyes were Blood shot / Glauzy

COMMENTS: _____

BOCA RATON POLICE DEPARTMENT

Agency Case # 2016 - 18531

ADULT CONSTITUTIONAL WARNINGS
(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following rights":

- ✓1) You have the right to remain silent and not answer any questions.
- ✓2) Any statement you make must be freely and voluntarily given.
- ✓3) You have the right to the presence of a lawyer and representation of a lawyer of your choice before you make any statement and during any questioning.
- ✓4) If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statement and during any questioning.
- ✓5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
- ✓6) I can make no threats or promises to induce you to make a statement. This must be of your own free will.
- ✓h) Any statement can be and will be used against you in a court of law.

DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?

(X) REFUSED ON VIDEO

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? REFUSED

What street or highway were you on? REFUSED

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? _____

Agency Case # 16-18531

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes ☐ No ☐

Can you feel the affects of alcohol? Yes ☐ No ☐

Have you consumed alcohol since the accident? Yes ☐ No ☐

Can you feel the affects of alcohol? Yes ☐ No ☐

Have you consumed alcohol since the accident? Yes ☐ No ☐ How much? _____ What? _____

Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? Yes ☐ No ☐ If yes, explain: _____

Are you sick or injured? Yes ☐ No ☐ If yes explain: _____

Do you limp? _____ Did you get a bump on the head? _____

Were you involved in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? _____ Who? _____

Are you taking any prescription medicines? Yes ☐ No ☐ What? _____ When? _____

Do you have: Epilepsy? Yes ☐ No ☐
Glass Eye? Yes ☐ No ☐
False Teeth? Yes ☐ No ☐

Inner ear trouble? Yes ☐ No ☐
Ear Infection? Yes ☐ No ☐
Diabetes? Yes ☐ No ☐

Any eye problems not correctable by glasses or contact lenses? _____

Do you take insulin? Yes ☐ No ☐ If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this videotaping. The time now is approximately 0328 AM/PM

The date is: December (month) 21st (day) 2016 (year).