

0498677

ARREST / NOTICE TO APPEAR

1224

ADMINISTRATIVE	CBTS Number	ARREST / NOTICE TO APPEAR		1 Arrest 2 N.T.A.	3 Request for Warrant 4 Request for Capias	1	JUVENILE				
	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)								
	0500200	Boca Raton Police Department	3, 2 2018-007501								
	Charge Type	Check all that apply		If Weapon Seized	Multiple Clearances Indicator						
	<input checked="" type="checkbox"/> 1 Felony <input checked="" 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	None/not Applicable							
	Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)								
	2000 N MILITARY TRL, BOCA RATON, 33431		2000 N MILITARY TRL, BOCA RATON, FL 33431								
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
	06/01/2018	02:15	06/01/2018	02:35	06/01/2018	03:05	WESTWAY				
	Name (Last, First, Middle)			Alias:							
SOBRAL DE MACEDO OLIVEIRA, MELISSA											
DEFENDANT	W - White B - Black O - Oriental/Asian	I - American Indian	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build	
	W		F	05/05/1976	5'05	150	BLUE	BLONDE	LIGHT	Medium	
	Scores, Marks, Tattoos, Unusual Physical Features (Location, Type, Description)							Marked Status	Religion	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
								M			
	Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Residence Type 1 City 2 Florida 3 Out of State 4 Other 5 I		
	4714 BISON ST, BOCA RATON, FL 33428						(561) 452-7036				
	Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Address Source FLDL		
	4714 BISON ST, BOCA RATON, FL 33428						(561) 452-7036				
	Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation		
	UNEMPLOYED,								N/a		
CODED	DL Number, State		Sec. Sec. Number	INS Number		Place of Birth (City, State)		Citizenship			
	S164540766650 / FL					BRAZIL, AB, Brazil		BZ			
	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				
	Parent <input type="checkbox"/> Other <input type="checkbox"/>		Name (Last, First, Middle)			Residence Phone					
	Legal Custodian <input type="checkbox"/>					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 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							
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property							
Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond			
DUI				2018-007501	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		316.193(1)	Violation of ORD #		
Charge Description		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond	Violation of ORD #		
NEGLECT OF A CHILD				2018-007501	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		827.03(36)(2c)	3,000		
Charge Description		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond	Violation of ORD #		
						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					
Health / Apparent Physical Condition of Defendant		Any knowledge of the following		Mental		Escape Risk	Medication	Deformation	Injuries		
GOOD											
Check which applies		<input type="checkbox"/> Released O.R.	<input type="checkbox"/> Released to Parent/Guardian	<input checked="" type="checkbox"/> TOT County Jail	PROPERTY - Received By		Released By	Released To			
		<input type="checkbox"/> Posted Bond	<input type="checkbox"/> South County Mental Health		BISSOON		BISSOON	COUNTY JAIL			
Transported By		Date Transported	Time Transported	Other							
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room)		South County 200 W Atlantic Ave Delray Beach, FL 33444							
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2		Court Date and Time									
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		Name of Agency/Officer		Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suspected		Name of Arresting Officer (Print)		LD.							
		BISSOON, S. R.		664							
Arresting Agency		LD #	Pouch #	Temporary Officer		Agency		PAGE			
ST TARA TARA				Vezina 591		BRPD		1 OF 1			

VEZINA 591

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 2018-007501
Charge Type Check as many as apply <input checked="" 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		Special Notes

Name (Last, First, Middle) SOBRAL DE MACEDO OLIVEIRA, MELISSA	Alias	Race W	Sex F	Date of Birth 05/05/1976
Charge Description 827.03(3C) NEGLECT OF A CHILD	Charge Description 316.193(1) DUI			

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

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

confessed to _____

was observed by _____ who told _____ that he/she saw the arrested person commit the below acts

was found to have committed the below acts, resulting from my (described) investigation

On the 1 day of June, 2018 at 02:15 (Specifically include facts constituting cause for arrest)

On 06/01/2018 while patrolling I observed a white 2017 Hyundai bearing Fl tag#E2UH02 made a left turn from 1776 N Military Trl to go northbound on N Military Trl. The vehicle failed to maintain its lane and kept on driving northbound on N Military Trl until the vehicle tried to make a U-turn at roughly the 2300 block of N Military Trl. The vehicle still failed to maintain its lane and the tag appeared to be expired. I then initiated a traffic stop and the vehicle came to a stop at 2000 N Military. The vehicle took a little while before coming to a complete stop. I then met with driver Melissa Oliveira and back seat passenger _____ and _____ which was _____ also sitting in the backseat of the vehicle. I then advised Melissa the reason for the stop was due to her tag being expired as well as her being unable to maintain the single lane. I then asked her for her driver's license, registration and proof of insurance and she was able to provide a Florida driver's license and the registration indicating that it was expired of 05/05/2018. She did not provide the proof of insurance. While speaking with her I could smell an odor of an alcoholic beverage emanating from her person, her eyes were glossy, and blood shot and she was slurring her speech. I then asked her if she had been drinking tonight and she stated no. She then advised that she might have had a little bit to drink. Based on my observations I asked Melissa if she would submit to roadside sobriety tasks. Melissa initially stated no, and I then advised her of her Taylor Warnings. Melissa advised that she understood and agreed to do the roadside sobriety tasks.

Melissa then exited the vehicle and walked to the rear of her vehicle. Ofc Coon and Ofc Reilly were on scene. 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. Melissa stated that she had no medical or physical problems that would prevent her from doing the tasks. The tasks that were conducted were the Walk and Turn, One Leg Stand, Finger to Nose, and the Rhomberg Alphabet.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>SA Coley</i>
GRAHAM, KEITH T NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)	RISsoon, STEPHEN R (664) NAME OF OFFICER (PLEASE PRINT)
<u>06/01/2018</u> DATE	<u>06/01/2018</u> DATE

OBT# Number Agency ORI Number FL 0500200	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias	1	JUVENILE
Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-007501			
Charge Type Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input checked="" 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) SOBRAL DE MACEDO OLIVEIRA, MELISSA			Race W	Sex F
Date of Birth 05/05/1976				
P R O B A B L E	<p>The first SFST was the Walk and Turn. Melissa failed to maintain the starting position and as she walked the line she failed to keep her feet heel to toe. She made an improper turn by just turning around instead of the way that I instructed her to. She failed to keep her hands to her side as instructed and held them up like an airplane. She also swayed during the task and stepped off the line as she conducted the task.</p> <p>The second SFST was the One Leg Stand. Melissa failed to keep her foot six inches off the ground. She failed to maintain the starting position and she also started the task before being told to begin. Melissa swayed during the task and held her hands out away from her sides to help her balance. She hopped during the task and put her foot down.</p> <p>The third SFST was the Finger to Nose (L-R-L-R-R-L). On the first left, she touched her right nostril. On the first right, second left, second and third right and third left she touched the top of her nose with the pad of her finger. She also swayed during the task and she opened her eyes during the task.</p> <p>The fourth SFST was the Rhomberg Alphabet which she did not perform due to her being Brazilian and not completely familiar with the alphabet. I asked her how much she had to drink, and Melissa stated that she had two glasses of wine about a half hour ago while she was at the restaurant (it should be noted that the restaurant they went was Kanpai which is located at Palmetto Park Rd and N Federal Hwy which is approximately 4 miles drive back to the hotel). Melissa advised they stopped at Mc Donald's to get [REDACTED] some food and then they were going back to the hotel at the Wyndham hotel 1950 W Glades RD. Based on my investigation I placed Melissa under arrest for DUI. Ofc. Coon searched Melissa and I then transported her to BRPD.</p> <p>Ofc. VanCamp responded as my Breath Test operator and we both conducted the twenty-minute observation. Melissa was then taken into the BAT room where she was asked to provide a breath sample. Melissa refused, and I then informed her of her Implied Consent Warnings and she advised that she understood and still refused to provide a breath sample. I also read Melissa her Constitutional Warnings which she advised she understood and she wouldn't answer my questions without an attorney present. See DUI influence report.</p> <p>Melissa Oliveira is being charged under F.S.S. 316.193(1) for DUI. She is also being charged under F.S.S 827.03(3c) for child neglect after she engaged in an act that would be damaging to [REDACTED] Melissa was transported to Palm Beach county jail for final disposition. Melissa's vehicle was towed to Westway. [REDACTED] left the scene with [REDACTED] DCF was also notified.</p>			
C A U S E	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">GRAHAM, KEITH T</p> <p style="text-align: center;">NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)</p> <p style="text-align: center;">06/01/2018</p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%; text-align: center;"> <p style="font-size: 1.2em;">SA Coley</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>BISSOON, STEPHEN R (664)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>06/01/2018</p> <p>DATE</p> </div> </div>			
A D M I N I S T R A T I V E	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">06/01/2018</p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%; text-align: center;"> <p>PAGE</p> <p>2 of 2</p> </div> </div>			

5164-540-76-665-0

DUI INFLUENCE REPORT



NOT A D COPY

BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue

Boca Raton, FL 33432

ARRESTING OFFICER: Bissoon

Name: Coon Phone # _____ Work # _____

Address: _____

Can testify to: Back-up

Name: Reilly 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: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2018-75C1

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday, June, 1st, 2018.
(day) (month) (date) (year)

B. The time is now approximately 0255 (AM/PM).

C. The following is in reference to case number 2018 75C1.

D. Present at this time is Vincent Bissoco of the Boca Raton Police Department.
(Officer's Name)

E. Officer Bissoco, have you arrested Melissa Sobral De Macedo Oliveiros 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. Sobral De Macedo Oliveiros, I am required to inform you these proceedings are being video recorded.

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

NOT A CERTIFIED COPY

A refusal form will be completed by the arresting officer.

NOT A CERTIFIED COPY



BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Oliveira, Melissa

CASE #: 2018-7501 DATE: 6-1-18

BREATH TEST RESULTS

- 1) TIME Refusal AM/PM 2) TIME: _____ AM/PM
- 3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: VanCamp

MAINTENANCE TECHNICIAN: Pere

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Talkative

CLOTHING: Normal

MEDICAL CONDITION: None

OTHER: Odor of Alcoholic Beverage

COMMENTS: _____

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 ofc bisson of the Boca Raton PD.

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. Oliveira has refused to submit to a breath test.

The date is June, 1, 2018, and the time is 0259 AMPM.
(month) (day) (year)

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 0304 AMPM.

The date is June, 01, 2018.
(month) (day) (year)

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST**

I, Ofc Bissoon, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Boca Raton Police Dept., and I do swear
(Name of law enforcement agency)

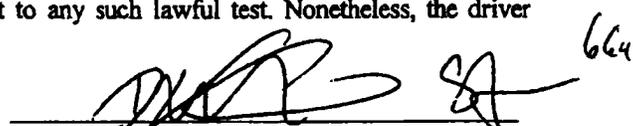
or affirm that on or about the 1 day of June, 2018, at 0259 P.M. A.M.

DRIVER Melissa Sobral De Macedo Oliveira
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

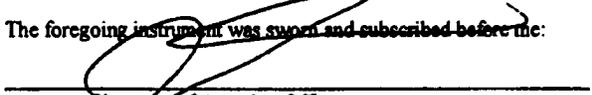
DL# S164-540-76-665-C, state of Florida, was placed under lawful arrest for
the offense of DUI by AGL & JEE and
(Name of Arresting Officer)
issued Citation # _____

That on or about the 1 day of June, 2018, at 0259 P.M. A.M.
in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.


Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer
Title _____
Date _____

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this _____ day of _____, 20____,
by _____,
who is personally known to me or who has produced
_____ as identification
Notary Public _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.