

0413061

375

8CF1520

(V)

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500200		Agency Name BOCA RATON POLICE SERVICES DEPT.		Agency Report Number (N.T.A.'s only) 3-2-11-8-10-0-2330	
	Charge Type: Check as many as apply.		1. Felony <input checked="" 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 <input type="checkbox"/>	
	Location of Arrest (Including Name of Business) 100 NW 2nd Ave, Boca Raton		Location of Offense (Business Name, Address) 100 NW 2nd Ave, Boca Raton		Date of arrest 02-15-18		Time of Arrest 2:15:3	
DEFENDANT	Name (Last, First, Middle) Templer, Michelle		Race W - White		Sex F		Date of Birth 01-18-70	
	Height 5'7"		Weight 105		Eye Color Bora		Hair Color Bora	
	Complexion Lgt		Build Thin		Marital Status		Religion	
	Local Address (Street, Apt. Number) 321 NW 5th Ave Delray Beach FL 33444		Phone (561) 213-4418		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Indication of Alcohol Influence Drug Influence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Permanent Address (Street, Apt. Number)		Phone		Address Source Subject		Occupation Unemployed	
CO-DEF.	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Parent Legal Custodian Other:		Name (Last) (First) (Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone Business Phone	
JUVENILE	Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade		FEB 16 AM 12:21	
CHARGE	Drug Activity		S. Sell		R. Smuggle		K. Dispense/Distribute	
	M. Manufacture/Produce/Cultivate		Z. Other		Drug Type		B. Barbiturate	
	H. Hallucinogen		P. Paraphernalia/Equipment		U. Unknown		Z. Other	
CHARGE	Charge Description DUI		Counts		Domestic Violence <input type="checkbox"/> <input type="checkbox"/>		Statute Violation Number 311.611.9.3	
	Drug Activity		Drug Type		Amount / Unit		Offense # 2018-2330	
	Charge Description Battery on Leo		Counts		Domestic Violence <input type="checkbox"/> <input type="checkbox"/>		Statute Violation Number 7.8.4.10.7	
CHARGE	Charge Description Resisting w/out violence		Counts		Domestic Violence <input type="checkbox"/> <input type="checkbox"/>		Statute Violation Number 8.4.3.10.2	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Health/Apparent Physical Condition of Defendant		Property - Rec'd. By		Released By		Released To	
INTAKE INFO	Any knowledge of the following, place an "X" and explain: <input type="checkbox"/> Mental; <input type="checkbox"/> Escape Risk; <input type="checkbox"/> Medication; <input type="checkbox"/> Deformities; <input type="checkbox"/> Injuries		Explain:		Check which applies: <input type="checkbox"/> Released O.R.; <input type="checkbox"/> Posted Bond; <input type="checkbox"/> Released to Parent/Guardian; <input type="checkbox"/> S. County Mental Health; <input type="checkbox"/> T.O.T. County Jail		Transported By: _____ Date _____ Time _____ Other _____	
	Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Location (Court, Room Number, Address)		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			
ADMIN.	HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		FILED	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Bissman Stephen 664		(PRINT)		FEB 16 2018	
	Intake Deputy SANN 8101		I.D.#		Pouch #		CIRCUIT & COUNTY COURTS (CRIMINAL DIV.)	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15 DAY OF February 20 18 AT 2153 AM PM
SUBJECT: Templer Michelle CASE NUMBER: 2018-2330
AGENCY: BR PD ARRESTING OFFICER: Bisson, Stephen

PERSONAL CONTACT

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

Reversed into oncoming traffic.
Spaced.

OBSERVATION OF DRIVER:

glossy blood shot eyes.
Slurred speech.

DRIVER'S STATEMENTS:

She had a few drinks earlier in the day.

ODORS:

Strong odor of alcoholic beverage emanating from her person.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Uncooperative

CLOTHING: grey sweater, pink shoes, black shorts

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

664
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of February 20 18 by OFC. BISSON

(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced _____

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



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

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:
Kicked off Deer while being searched. Resisted by pulling away and kicking jacket

WALK & TURN:

Swaying
no heel to toe
Stepped off the line
improper turn

14 steps forward
13 steps back
hands not on sides
stumbled.

ONE LEG STAND:

failed to keep foot six inches
put foot down
didn't count
stumbled

put hand on hips

FINGER TO NOSE:

first left touched right nostril
first right touched left nostril
second left touched right nostril
second right touched under nose
third right raised left hand then used right

third left touched under nose

ROMBERG/ALPHABET:

said correctly.

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] 664
(Signature of Arresting/Investigative Officer)

The foregoing instrument was dictated or sworn before me this 15 day of February, 2018 by Off. Bisscen

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

[Signature]

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



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 2018-2330

ARRESTING OFFICER: Bissouh, Stephen
ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Arrest

NAME: Deen, Alyia

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Back up

NAME: Gannon Brian

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Back up / Traffic Stop

NAME: S. Palmer

ADDRESS PBSO BAT Facility

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Breath Test Operator

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SUBJECT: Templer, Michelle CASE NUMBER: 2018-2330

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? _____

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? _____ 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: OTC BISSCOON # 664

SUBJECT: Templer Michelle CASE NUMBER: 2018-2330

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 OTC Bissoon 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'S SIGNATURE: (X) Read on Camera

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 ON CAMERA