

ARREST / NOTICE TO APPEAR

19CT 6780

OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)					
0500200		Boca Raton Police Department				3 2 2019-005224		1 JUVENILE			
Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 811 NE 70TH ST		Location of Offense (Business Name, Address) 699 NE 70TH ST, BOCA RATON, FL 33487									
Date of Arrest 04/13/2019		Time of Arrest 05:20		Booking Date		Booking Time		Jail Date			
								Jail Time			
								Location of Vehicle			
Name (Last, First, Middle) BERMAN, NICOLE MARIE											
Alias: BERMAN, NICOLE MARIE											
Race W - White B - Black		Sex W - Female O - Oriental/Asian		Date of Birth 02/01/1994		Height 5'06		Weight 145		Eye Color BROWN	
Marital Status S		Religion CATHOLIC								Complexion LIGHT	
Scars, Marks, Tattoos Unique Physical Features (Location, Type, Description) SCAR R CALF / SCAR ON SHIN										Build Medium	
Local Address (Street, Apt. Number) 654 SIESTA KEY CIR, DEERFIELD BEACH, FL 33441		(City) DEERFIELD BEACH		(State) FL		(Zip) 33441		Phone		Indication of: Alcohol Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Permanent Address (Street, Apt. Number) 654 SIESTA KEY CIR, DEERFIELD BEACH, FL 33441		(City) DEERFIELD BEACH		(State) FL		(Zip) 33441		Phone		Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
Business Address (Name, Street) SELF EMPLOYED, WEST BOCA		(City) WEST BOCA		(State) FL		(Zip) 33487		Phone		Residence Type: 1. City <input type="checkbox"/> Florida 2. County <input type="checkbox"/> Out of State	
DL Number, State B655633945410 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) TAMPA, FL, United		Address Source SUBJECT		Occupation Horse Trainer	
Co-Defendant Name (Last, First, Middle)											
Co-Defendant Name (Last, First, Middle)											
Name (Last, First, Middle)										Residence Phone	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____											
Address (Street, Apt. Number)		(City)		(State)		(Zip)				Business Phone	
Notified by: (Name)											
Released To: (Name)		Relationship		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
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.										Grade	
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No											
Drug Activity N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispensed/ Distribute M. Manufacturer/ Product/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine	
										B. Hallucinogen C. Cocaine E. Heroin	
										H. Hallucinogen M. Marijuana O. Opium/Deriv.	
										P. Hallucinogen/ Equipment S. Synthetic	
										U. Unknown Z. Other	
Charge Description LEAVE SCENE OF ACCIDENT								Statue Violation Number 316.061(1)		Violation of ORD # 316.061(1)	
Drug Activity N		Drug Type /		Amount / Unit		Offense #		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
										Warrant / Capias Number	
Charge Description DUI - PROPERTY DAMAGE/ INJURY TO PROPERTY OR PERSON ENHANCED										Statue Violation Number 316.193(3C1)	
Drug Activity N		Drug Type /		Amount / Unit		Offense #		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
										Warrant / Capias Number	
Charge Description										Statue Violation Number	
Drug Activity /		Drug Type /		Amount / Unit		Offense #		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
										Warrant / Capias Number	
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	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posed Bond <input type="checkbox"/> South County Mental Health								Explain:			
Transported By								Released By		Released To	
<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) South County 200 W Atlantic Ave Delray Beach, FL 33444					
						Court Date and Time 05/13/2019 08:30:00					
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		X								No Photo Available	
Signature of Defendant (or Juvenile and Parent/Custodian)								Date Signed			
HOLD/Other Agency		Signature of Arresting Officer						Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other						(PRINT)			
Imprint/Signature		Name of Arresting Officer (Print) BURNETTE, A. N.		ID. # 798						PAGE 1 of 1	
		Translating Officer Zenturia 800 BPD		J.D. # 800							
										Witness here if subject signed with an "X".	

0507003

0507003

<p>OBTS Number FL 0500200</p> <p>Agency ORI Number BOCA RATON POLICE DEPARTMENT</p> <p>Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other</p> <p>Name (Last, First, Middle) BERMAN, NICOLE MARIE</p>	<p>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</p> <p>1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Copies</p> <p>1 JUVENILE</p> <p>Agency Report Number 3 2 2019-005224</p> <p>Special Notes:</p> <p>Alias</p>	<p>Race W</p> <p>Sex F</p> <p>Date of Birth 02/01/1994</p>
<p>PRO RO B A B L E C A U S E S T A T E M E N T A D M I N I S T R A T I V E</p> <p>speak with me. I asked her how much she had to drink, and she stated 2 margaritas. While conversing with Berman I could still smell a strong odor of an alcoholic beverage coming from her mouth. I observed her eyes to be bloodshot, glassy, watery, and red. At that point, I asked her to perform voluntary Standardized Field Sobriety Exercises (SFSE's) so I could ensure she was not intoxicated and would be ok to drive and she consented. The lighting consisted of my patrol vehicle, streetlights, and my flashlight. The temperature was approximately 77 degrees. No surface defects were noted or claimed. Officer Castillo was on scene as backup.</p> <p>The first FSE I asked her to perform was the Horizontal Gaze Nystagmus. I instructed her on where to stand and how to perform the exercise. I asked her if he had any head injuries past or present and she stated no. She was not wearing glasses or any contact lenses. She did not have resting Nystagmus, and her pupil size was equal. She exhibited lack of smooth pursuit in both eyes, distinct and sustained Nystagmus at maximum deviation in both eyes, and the onset of Nystagmus prior to 45 degrees in both eyes. Vertical gaze Nystagmus was present in both eyes. While conducting the HGN, I continued to smell an odor of an alcoholic beverage coming from her mouth. During the exercise, Berman exhibited a front to back sway. I had to inform Berman to keep her head still and follow with her eyes only throughout the exercise.</p> <p>The second exercise was the walk and turn. I gave the instructions and demonstrated the exercise prior to asking her to perform it. I asked her if she had any physical issues that would prevent her from performing the exercise, and she stated no. She failed to stay in the starting position as I was explaining the instructions. On the first nine heel to toe steps, she failed to touch heel to toe on steps 2 and 3. She did not perform the turnaround properly, taking her lead foot off the line and turning around twice. Throughout the exercise, Berman kept her arms raised from her sides to assist with balance.</p> <p>The third exercise was the one leg stand. I gave the instructions and demonstrated the exercise prior to asking her to perform it. I asked her if she had any physical issues that would prevent her from performing the exercise, she stated no. Berman raised her left foot before given the instructions to begin. I then gave the instructions to begin whenever she was ready, and she raised her right foot. Berman counted out loud as instructed and exhibited an orbital sway during this exercise.</p> <p>The fourth FSE I asked her to perform was the finger to nose (L-R-L-R-L-L-R). I gave the instructions and demonstrated the exercise prior to asking her to perform it. I asked her if she understood the instructions and she stated yes. She failed to touch finger to nose on the first "left", touching her nose but not dropping her hand back to her side as instructed. On the 6th turn (left), She raised her right finger instead of the corresponding left. She exhibited an orbital sway during the exercise.</p> <p>SWORN AND SUBSCRIBED BEFORE ME SHANNAN, TIMOTHY O <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F. S. 17.10)</small> 04/13/2019 <small>DATE</small> </p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BURNETTE, ASHLEY NICOLE (798) <small>NAME OF OFFICER (PLEASE PRINT)</small> 04/13/2019 <small>DATE</small> </p>		

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O.

CBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest	3. Request for Warrant	1	JUVENILE	
A	D	Agency ORI Number	Agency Name	Agency Report Number	2. N.T.A.	4. Request for Copies			
D	M	FL 0500200	BOCA RATON POLICE DEPARTMENT	3 2 2019-005224					
M	I	Charge Type: Check as many as apply.				Special Notes:			
N		<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance					
		<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other					
Name (Last, First, Middle)					Alias		Race	Sex	Date of Birth
PERMAN, NICOLE MARIE							W	F	02/01/1994

The fifth FSE I asked her to perform was the Rhomberg with recitation. I gave the instructions and demonstrated the exercise prior to asking her to perform it. I asked her if he understood the instructions and she stated yes. I asked her what level of education she had, and she stated some college. I asked her if she knew the English alphabet and he stated yes. She recited the following: A,B,C,D,E,F,G,H,IJ,L,M,N,O,P,K,I. She then took a pause and asked to start over. During recitation, she exhibited an orbital sway.

Based on the totality of circumstances, I placed Berman under arrest for violation of F.S.S 316.193(3C1) DUI with property damage and 316.061(1) leaving the scene of a crash at 0302 hours. I placed her in the right rear seat of my patrol vehicle.

Ofc. Renteria responded to BRPD as my Breath Test Operator. Ofc. Renteria and I conducted the 20-minute observation and then Berman was taken into the BAT room. Berman was asked to provide a breath sample and she consented. Breath results were 0.145/0.134g/210L. See DUI influence report.

Berman was transported to the Palm Beach County Jail for further processing.

A SWORN AND SUBSCRIBED BEFORE ME

SHANAHAN, TIMOTHY C

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

04/13/2019

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BURNETTE, ASHLEY NICOLE (798)

NAME OF OFFICER (PLEASE PRINT)

WILLIAM G. CHAMBERS (1855-1938)

PAGE

3 OF 3

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

APPENDIX

2019005224

10-15 : 0302

obs. : 0328

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

SEARCHED

APR 16 2019

ARRESTING OFFICER: Burnette

Name: Castillo Phone # _____ Work # _____

Address: _____

Can testify to: Rocel Sides

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: _____

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 # 2019005224

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Saturday, April, 13th, 2019.
(day) (month) (date) (year)

B. The time is now approximately 3:51 AM/PM.

C. The following is in reference to case number 2019005224

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

E. Officer Burnette, have you arrested Nicole Berman 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. Berman, I am required to inform you these
proceedings are being video recorded.

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

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 the presence of chemical or controlled substances.

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 Off. Burnett 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: _____

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.

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Nicole Berman

CASE #: 2019005224 DATE: 4-13-19

BREATH TEST RESULTS

1) TIME 0355 / .195 AM/PM 2) TIME 0358 / .134 AM/PM
3) TIME — AM/PM 4) TIME — AM/PM

BREATH OPERATOR: Cte. Renteria

MAINTENANCE TECHNICIAN: Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: calm

CLOTHING: gray shirt / blue jeans / blks crocs

MEDICAL CONDITION: none

OTHER:

COMMENTS: Nicole said she had two Margaritas, she had blood shot red eyes, slurred speech and had had an odor of alcohol emanate from her breath.

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: See video Date: _____ Time: _____

QUESTIONS AND ANSWERS

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

Where were you going? Home

What street or highway were you on? NE 70th St

Direction of travel? West

Where did you start driving from? 811 NE 70th St

What city (county) were you stopped in? Boca Raton

What time did you start? 0230 AM/PM What time is it now? 0400

What is today's date? 4/13/18 What day of the week is it? Saturday

When did you last eat? Dinner What did you eat? Flatbread + Taco

What have you been doing the past three hours prior to this stop/accident? went to crazy Uncle Mikes/Boyfriend

How much do you weigh? 145 Have you been drinking? Y What were you drinking? Margaritas

How much? 2 Where? Crazy Uncle Mikes With whom were you drinking? Frank Henry

When did you have your first drink? 7:30 AM When did you stop drinking? 8:15 AM

How did you consume your last two drinks? Mouth (sipped)

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? Ride horses (Equestrian)

When did you last work? Today

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? Yes

Have you taken any drugs or smoked marijuana today? Wellbutrin + Lexapro + Xanax

What?

When? Morning

Have you seen a doctor or dentist today? Yes No Who?

Are you taking any prescription medications? Yes No What? Wellbutrin Lexapro Xanax When? Morning

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? No

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? Yes Tennessee

I am now ending this video recording. The time is now approximately 4:07 AM PM.

The date is April 14 2019
(month) (day) (year)

800
APR 14 2019



Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2019012304	Date: 04/14/2019
	Specialist Name/ID: AM/31562

APR 16 2019
APP 10 2019