

ARREST / NOTICE TO APPEAR

19CT 6780

1. Request for Warrant
2. N.T.A.
3. Request for Warrant
4. Request for Copies
5. Juvenile Referral

1

JUVENILE

OSTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2019-005224	
Charge Type: Check as many <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			
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:						
Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 02/01/1994	Height 5'06	Weight 145	Eye Color BROWN	Hair Color BROWN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCAR R CALF / SCAR ON SHIN		Marital Status S	Religion CATHOLIC	Complexion LIGHT		
Local Address (Street, Apt. Number) 654 SIESTA KEY CIR, DEERFIELD BEACH, FL 33441		Phone	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
Permanent Address (Street, Apt. Number) 654 SIESTA KEY CIR, DEERFIELD BEACH, FL 33441		Phone	Residence Type: 1. City 3. Florida 2. County 4. Out of State 12			
Business Address (Street) SELF EMPLOYED, WEST BOCA		Phone	Address Source SUBJECT			
DL Number, State B655633945410 / FL		Soc. Sec. Number	DNS Number	Place of Birth (City, State) TAMPA, FL, United	Citizenship US	
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	
Name (Last, First, Middle) <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip)			Residence Phone Business Phone	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property VEHICLE		Value of Property \$1,000
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine
B. Balthazar C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other
Charge Description LEAVE SCENE OF ACCIDENT		Statute Violation Number 316.061(1)		Violation of ORD #		
Drug Activity	Drug Type N	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		Statute Violation Number 316.193(3C1)		Violation of ORD #		
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
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
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"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By		
Transported By				Date Transported	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) 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				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)		
Issued By Donny	ID #	Pouch #	Name of Arresting Officer (Print) BURNETTE, A. N.	ID # 798	PAGE 1 OF 1	
Transporting Officer Zentaria 800 BPD				Witness here if subject signed with an "X".		

0507003

APR 16 2019

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		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 2019-005224					
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:			
Name (Last, First, Middle) BERMAN, NICOLE MARIE		Alias		Race W		Sex F		Date of Birth 02/01/1994	
<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>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>SHANNAHAN, TIMOTHY C.</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</p> <p>04/13/2019</p> <p>DATE</p> </div> <div style="width: 45%;"> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>BURNETTE, ASHLEY NICOLE (798)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>04/13/2019</p> <p>DATE</p> </div> </div>									
								PAGE 2 of 3	

COURT

STATE ATTORNEY

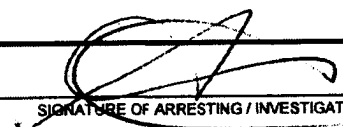
CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

APR 16 2019

OBS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
ADMINISTRATIVE	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2019-005224				
	Charge Type: Check as many as apply. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony </div> <div> <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor </div> <div> <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other </div> </div>		Special Notes:						
	Name (Last, First, Middle) BERMAN, NICOLE MARIE					Race W	Sex F	Date of Birth 02/01/1994	
<p>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,I,J,L,M,N,O,P,K,I. She then took a pause and asked to start over. During recitation, she exhibited an orbital sway.</p> <p>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.</p> <p>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.</p> <p>Berman was transported to the Palm Beach County Jail for further processing.</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>SHANNAHAN, TIMOTHY C</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>04/13/2019</p> <p>DATE</p> </div> <div style="width: 45%;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>BURNETTE, ASHLEY NICOLE (798)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>04/13/2019</p> <p>DATE</p> </div> </div>									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

APR 16 2019

PAGE
3 OF 3

2019005224

10-15 : 0302

Obs : 0328

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue
Boca Raton, FL 33432

SCANNED
APR 16 2018

ARRESTING OFFICER: Burnette

Name: Castillo Phone # _____ Work # _____

Address: _____

Can testify to: Roadsides

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: _____

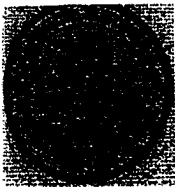
Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

SC 77
APR 1 1977



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 351 AM/PM.

C. The following is in reference to case number 2019005224

D. Present at this time is Det. 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.

APR 18 2019

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 Det. Burnette 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.

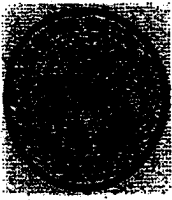
Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(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/.145 AM/PM 2) TIME 0358/.134 AM/PM
3) TIME — AM/PM 4) TIME — AM/PM

BREATH OPERATOR: Off. Renteria

MAINTENANCE TECHNICIAN: Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: calm

CLOTHING: gray shirt / blue jeans / blk 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 Mike's w/ Boyfriend

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

How much? 2 Where? Crazy Uncle Mike's With whom were you drinking? Frank + Henry

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

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? Welbutrin + 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? welbutrin 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)

SCA-100
APR 14 2019



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

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

SEARCHED
APR 16 2019