

OBTS Number	ARREST / NOTICE TO APPEAR							1. Arrest	3. Request for Warrant	1	JUVENILE	
Agency ORI Number	0487403							2. N.T.A.	4. Request for Capias			
Charge Type:	<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 6. Other		Agency Report Number (N.T.A.'s only)			
Check as many as apply.	<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor						3 2 2017-006011			
Location of Arrest (Including Name of Business)	2350 NW EXECUTIVE CENTER DR							If Weapon Seized				
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Enter Type						
04/25/2017	22:20	04/25/2017	22:27			None/not Applicable						
Name (Last, First, Middle)							Location of Offense (Business Name, Address)					
ATON, RHONDA KAYE							2350 NW EXECUTIVE CENTER DR, BOCA RATON, FL 33431					
Alias:							Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race	W - White	I - American Indian	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build		
D	B - Black	O - Oriental/Asian	W	F	10/01/1966	5'02	BROWN	BLONDE	LIGHT			
Scars, Marks, Tatoo, Unique Physical Features (Location, Type, Description)							Marital Status	Religion				
							D					
Local Address (Street, Apt. Number)							(City)	(State)	(Zip)	Phone		
21648 CYPRESS RD 13B, BOCA RATON, FL 33433-3235										(954) 592-8693		
Permanent Address (Street, Apt. Number)							(City)	(State)	(Zip)	Phone		
21648 CYPRESS RD 13B, BOCA RATON, FL 33433-3235										(954) 592-8693		
Business Address (Name, Street)							(City)	(State)	(Zip)	Phone		
WEST BOCA MEDICAL HOSPITAL, WEST BOCA										DRIVER'S LICENSE		
DL Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship				
A350731668611 / FL						TOLEDO, OH, United		US				
Co-Defendant Name (Last, First, Middle)							Race	Sex	Date of Birth			
Co-Defendant Name (Last, First, Middle)							Race	Sex	Date of Birth			
J <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)											Residence Phone	
U <input type="checkbox"/> Legal Custodian												
V Address (Street, Apt. Number)							(City)	(State)	(Zip)	Business Phone		
E												
N Notified by: (Name)							Date	Time	JUVENILE DISPOSITION			
									1. Handled/Processed within Department and Released			
E Released To: (Name)							Date	Time	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.							School Attended	Grade				
J <input type="checkbox"/> Yes, by: <input type="checkbox"/> No:							Property Crime?	Description of Property			Value of Property	
							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
C	Drug Activity	S. Sell	R. Smuggle	K. Dispenses/	M. Manufacture/	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/	U. Unknown	
O	N. N/A	B. Buy	D. Deliver	Distribute	Produce/	Cultivate	N/A	C. Cocaine	M. Marijuana	Equipment	Z. Other	
D	P. Possess	T. Traffic	E. Use		A. Amphetamine		E. Heroin	O. Opium/Deriv	S. Synthetic			
E	Charge Description							Statute Violation Number			Violation of ORD #	
DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY OR PERSON ENHANCED							316.193(3CI)					
C	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number				Bond	
H	N	/	2017-006011	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
A	Charge Description							Statute Violation Number			Violation of ORD #	
R	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number				Bond	
G	/	/				<input type="checkbox"/> Y <input type="checkbox"/> N						
E	Charge Description							Statute Violation Number			Violation of ORD #	
C	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number				Bond	
H	/	/				<input type="checkbox"/> Y <input type="checkbox"/> N						
A	Health / Apparent Physical Condition of Defendant							Any knowledge of the following:				
R	GOOD							<input type="checkbox"/> Mental	<input type="checkbox"/> Escape Risk	<input type="checkbox"/> Medication	<input type="checkbox"/> Deformities	<input type="checkbox"/> Injuries
G								Explain:				
E	Check which applies:							Released To:				
T	<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			
A	<input type="checkbox"/> Posted Bond	<input type="checkbox"/> South County Mental Health	<input checked="" type="checkbox"/> MILLER	<input checked="" type="checkbox"/> MILLER			<input checked="" type="checkbox"/> MILLER		TOT COUNTY			
K								Date Transported	Time Transported	Other		
E	Transported By											
N	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court							Location (Court, Room)				Date Signed
O	<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				
T								Court Date and Time				
C								05/22/2017 08:30:00				
A	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.											
P	<i>[Signature]</i>											
P	Signature of Defendant (or Juvenile and Parent/Custodian)											
E												
A	HOLD for Other Agency							Signature of Arresting Officer				
D								<i>[Signature]</i>				
M								Name Verification (Printed by Arrestee)				
I								(PRINT) <i>[Signature]</i>				
N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest							I.D. #				
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other							680					
Intake Deputy I.D. # <i>SPNN 8161</i>							Agency					
Pouch #							BRPD					
							PAGE 1 OF 1					
							Witness here if subject signed with an "X".					

SCANNED
MAY 02 2017

A D M I N	OBTS 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 2017-006011	Special Notes:				
D E F	Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other					
Name (Last, First, Middle) ATON, RHONDA KAYE		Alias			Race W	Sex F	Date of Birth 10/01/1966	
C H A R G E S	Charge Description 316.193(3C1) DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY		Charge Description					
	Charge Description		Charge Description					
V I C	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)	Phone (561) -	Address Source	
T I M	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone (56) -	Occupation	
	On the <u>25</u> day of <u>April</u> <u>2017</u> at <u>21:43</u> (Specifically include facts constituting cause for arrest.)							
<p>The undersigned certifies and swears that he/she has just and resonable 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 checked="" type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>								
<p>On 04/25/2017 at 2143 hours, I responded to 2350 NW Executive Center Dr. (NY Prime), Boca Raton, FL in reference to an Accident/ DUI investigation. Upon arrival, I met with Officer Bissoon who conducted a crash investigation. Officer Bissoon advised W/F Rhonda Aton was in actual physical control of her black Hyundai vehicle bearing FL tag #M515ED when the crash occurred in the parking lot of NY Prime. Officer Bissoon advised the valet, W/M Luiz De Arruda witnessed the crash. Officer Bissoon told me he could smell alcohol on Rhonda's breath and her eyes were glassy. Officer Bissoon also observed Rhonda having difficulties finding her driver's license and she had slurred speech. At this point Officer Bissoon advised his crash investigation was complete. I read Rhonda her constitutional rights and she advised she understood. At this point I was conducting my DUI investigation.</p>								
<p>I could smell a strong alcoholic beverage smell emanating from Rhonda's breath. Her eyes were glassy and she had difficulties telling me exactly where she was. Rhonda advised the only medical condition she has is ADHD and that "he hit me" which was referring to the crash she was in. Rhonda told me she had two alcoholic beverage drinks prior to driving. Rhonda was uneasy on her feet and her speech was slurred. Throughout the investigation I observed Rhonda become argumentative, angry and she would cry at times. I asked Rhonda if she would conduct some roadside exercises and she said yes.</p>								
<p>First, Rhonda conducted the Horizontal Gaze Nystagmus Exercise. She displayed a lack of smooth pursuit in the right and left eye. She also displayed a distinct nystagmus at maximum deviation and an onset of nystagmus prior to forty five degrees in the right and left eyes. Rhonda displayed a lack of convergence in both eyes. I had to explain to Rhonda to keep her arms to her side and feet together. Rhonda could not follow simple instructions and keep her arms to her side and feet together.</p>								
<p>Next, I asked Rhonda to conduct the Walk and Turn exercise. She advised she understood</p>								
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME							
	 PATTERSON, MARC P. <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</small> <u>04/25/2017</u> <small>DATE</small>							
 GENDEN, ERIC BRADLEY (680) <small>NAME OF OFFICER (PLEASE PRINT)</small> <u>04/25/2017</u> <small>DATE</small>								PAGE 1 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME SCANNED P. I. O.

MAY 02 2017

A D M N	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 2017-006011	Special Notes:					
D E F	Charge Type: Check as many as apply. 1. Felony 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	Alias			Race W	Sex F	Date of Birth 10/01/1966
<p>my instructions. Rhonda started too soon and I aborted this exercise due to safety reasons. Rhonda nearly fell and any further exercises would have jeopardized her safety.</p> <p>At this point Rhonda was placed under arrest for driving under the influence. I transported Rhonda to the Boca Raton Police Department and Officer Miller conducted the breath tech operation. Rhonda refused to give a lawful breath test and I read her implied consent. Rhonda was transported to the Boca Regional Medical Center due to being in a crash. Lastly, she was transported to the Palm Beach County Jail on 04/25/2017. Her vehicle was towed to Emerald Towing and the roadside exercises were downloaded into evidence on 04/25/2017.</p>									
P R O B A B L E	NOT A CERTIFIED COPY								
C A U S E									
S T A T E M E N T									
ADMINISTRATIVE									

SWORN AND SUBSCRIBED BEFORE ME

PATTERSON, MARC P

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

04/25/2017

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

GENDEN, ERIC BRADLEY (680)

NAME OF OFFICER (PLEASE PRINT)

04/25/2017

DATE

PAGE
2 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

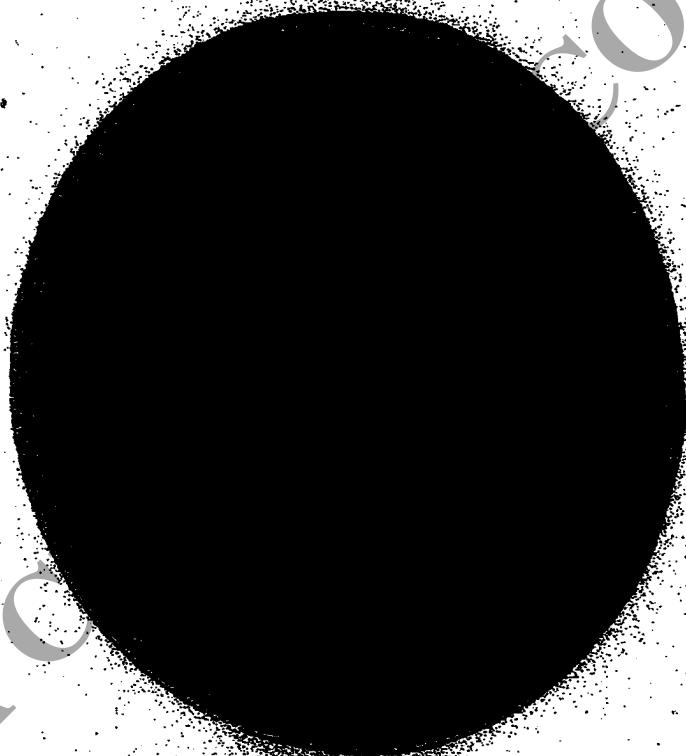
CRIME ANALYSIS

SCANNED
P.I.O.
MAY 02 2017

2017-006011

1015: 2216 HRS
083. DATE 2230 HRS

D. U. I. INFLUENCE REPORT



NOT A COPY

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

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MAY 02 2017

ARRESTING OFFICER: GENDEN, ERIC

Name: GENDEN (56) Phone # Home 338-1234 Work _____

Address: 100 NW 2ND AVE BEACON FL 33432

Can testify to: ROADSIDE TASKINGS

Name: BISSON, STEVE Phone # Home _____ Work _____

Address: _____

Can testify to: ACCIDENT INVESTIGATION

Name: SCHUSS Phone # Home _____ Work _____

Address: _____

Can testify to: INVESTIGATION

Name: SGT LAUNOR Phone # Home _____ Work _____

Address: _____

Can testify to: AT SCENE

Name: MILLER Phone # Home _____ Work _____

Address: _____

Can testify to: BOOKING

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

BOCA RATON POLICE DEPARTMENT

Agency Case# 2017-006011

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

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: TUESDAY (day) APRIL (month) 25 (date) 2017 (year)

B. The time is now approximately _____ AM/PM

C. The following is in reference to case number 2017-006011

D. Present at this time is GENDEN / MILLER of the Boca Raton Police Department. (Officer's Name)

E. Officer GENDEN Have you arrested MONDIA ATOK (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. RHENIA ATOK, I am required to
Inform you these proceedings are being video taped.

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

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MAY 02 2017

Agency Case # 2017-006011**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 OFC GENDER of the BRPD

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. RHONDA ATON has refused to submit to a breath test.

The date is APRIL (Month) 25 (Day) 2017 (Year) and the time 11:14 AM/PM

A refusal form will be completed by the arresting officer.

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BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: RHONDA ATON

CASE #: 2017-006011

DATE: 4/25/17

BREATH TESTS RESULTS

1) TIME

AM/PM

2) TIME

AM/PM

3) TIME

AM/PM

4) TIME

AM/PM

BREATH OPERATOR: MILLER

MAINTENANCE TECHNICIAN: PARE

TESTING OFFICER'S OBSERVATIONS

SPEECH: SURRED

ATTITUDE: NON-COMPLIANT

CLOTHING: BLACK T-SHIRT BLUE JEANS NO SHOES

MEDICAL CONDITION:

OTHER: CRYING, CARSING

COMMENTS:

SCANNED

BOCA RATON POLICE DEPARTMENT

Agency Case # 2017-0760211

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.
- 7) 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)

ON VIDEO

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? yes - he hit me

Where were you going? home

What street or highway were you on? Glades

Direction of travel? west

Where did you start driving from? Glades

What City (County) were you stopped in? Boca

What time did you start? 9:00

AM/PM

What time is it now Don't know

What is today's date? 26th What day of the week is it? Weds

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MAY 02 2017

Agency Case # 2017-006011

When did you last eat? Tuesday What did you eat? Grech

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

How much do you weigh? 136 Have you been drinking? Yes What were you drinking? margarita

How much? one Where? no cos tecos With whom were you drinking? best friend

When did you have your first drink? 8:00 AM/PM When did you stop drinking? when you get home AM/PM

How did you consume your last two drinks? At meal

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? Nurse

When did you last work? Monday

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? NO Did you get a bump on the head? NO

Were you involved in an accident today? NO YES

Have you taken any drugs or smoked marijuana today? NO

What? _____ When? _____

Have you seen a doctor or dentist today? NO Who? _____

Are you taking any prescription medicines? 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 eye 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? NO

I am now ending this videotaping. The time now is approximately 11:18 AM/PM

The date is: APRIL (month) 25 (day) 2017 (year).

SCANNED

MAY 02 2017