

0484830

## ARREST / NOTICE TO APPEAR

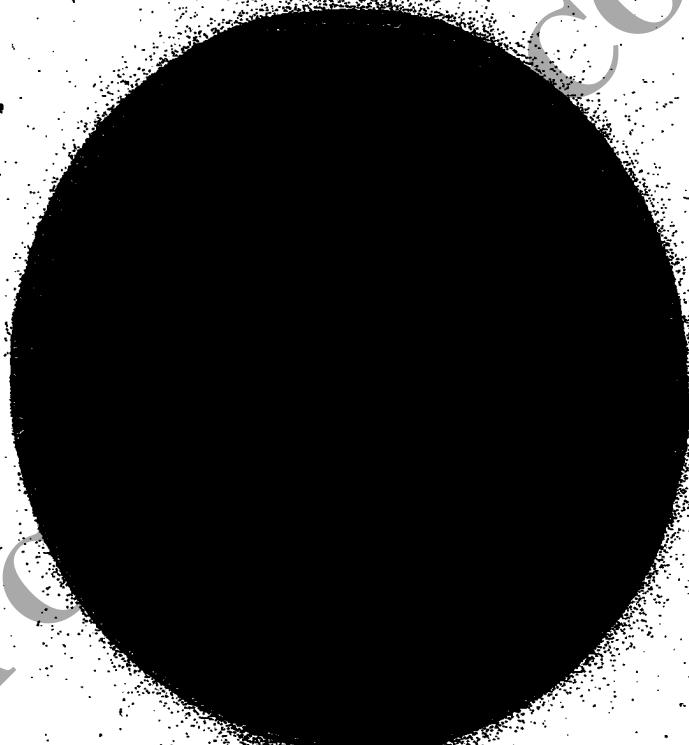
1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias2712  
JUVENILE

OBTS Number		ARREST / NOTICE TO APPEAR						2017-001325			
Agency ORI Number		Agency Name				Agency Report Number (N.T.A.'s only)					
0500200		Boca Raton Police Department				3   2					
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				If Weapon Seized Enter Type		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)									
2200 W GLADES RD		2200 W GLADES RD, BOCA RATON, FL 33431									
Date of Arrest		Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
01/27/2017		01:17	01/27/2017	01:27	01/27/2017	02:25	WESTWAY				
Name (Last, First, Middle) <b>MOSEY, SAMANTHA ANN</b>											
Alias: <b>Alias:</b>											
Race W - White B - Black		Sex W - Female O - Oriental/Asian	Date of Birth 11/21/1994	Height 5'04	Weight 85	Eye Color HAZEL	Hair Color BLONDE	Complexion LIGHT	Build Thin		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT L STOMACH / UNBREAKABLE; TATTR PINKY / HEART;</b>											
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Marital Status S	Religion NONE	Phone (860) 514-7903	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone (860) 514-7903	Residence Type: 1. City 3. Florida 2. County 4. Out of State					
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Address Source					
STARBUCKS, GLADES AND TURNPIKE		(City)	(State)	(Zip)	Phone	Occupation <b>Barrista</b>					
D/L Number, State <b>M200781949210 / FL</b>		Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>DALLAS, TX, United</b>		Citizenship <b>US</b>					
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth					
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth					
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)						Residence Phone			
<input type="checkbox"/> Legal Custodian											
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone						
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		
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Description of Property		Value of Property	
C O D E		S. Sell N. N/A P. Possess	R. Smuggle B. Buy T. Traffic	K. Dispenses/ D. Deliver E. Use	M. Manufacture/ Distribute Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
C H A R G E		Charge Description <b>DUI</b>						Statute Violation Number <b>316.193(1)</b>		Violation of ORD #	
C H A R G E		Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			Bond
C H A R G E		Charge Description						Statute Violation Number		Violation of ORD #	
C H A R G E		Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number			Bond
C H A R G E		Charge Description						Statute Violation Number		Violation of ORD #	
C H A R G E		Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number			Bond
I N T A K E		Health / Apparent Physical Condition of Defendant <b>GOOD</b>						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 Explain:			
I N T A K E		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By <b>BISSOON</b>		Released By <b>BISSOON</b>	Released To <b>COUNTY JAIL</b>
A P P E A R		Transported By						Date Transported <b>1/27/17</b>	Time Transported	Other	
N O T I C E		<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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>			
T O								Court Date and Time <b>02/27/2017 08:30:00</b>			
A P P E A R		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.									
A D M I N		Signature of Defendant (Or Juvenile and Parent/Custodian)						Date Signed <b>1/27/17</b>			
A D M I N		HOLD for Other Agency		Signature of Arresting Officer		(664)		Name Verification (Printed by Arrestee)			
A D M I N		<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>BISSOON, STEPHEN R.</b>		LD. # <b>664</b>	(PRINT) <b>Samantha Mosey</b>		
A D M I N		Inmate Deputy		ID # <b>476</b>	Pouch #	Transporting Officer <b>Graham</b>	ID # <b>773</b>	Agency <b>BRPD</b>	PAGE <b>1 OF 1</b>		
Witness here if subject signed with an "X".											

Graham

JAN 27 AM 5:17

# **D. U. I. INFLUENCE REPORT**



NOT A COPY

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

## WITNESS LIST

ARRESTING OFFICER: Ofc BissonName: De Armas Phone # Home \_\_\_\_\_ Work 561-338-1234Address: 100 NW 2nd Ave Boca Raton FLCan testify to: InvestigationName: Fawler Phone # Home \_\_\_\_\_ Work "Address: "Can testify to: SCACName: Murphy Phone # Home \_\_\_\_\_ Work "Address: "Can testify to: BookingName: Bisson Phone # Home \_\_\_\_\_ Work "Address: "Can testify to: Investigation

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

BOCA RATON POLICE DEPARTMENT

Agency Case# 2017-001325

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

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: Friday (day) January (month) 27 (date) 2017 (year)

B. The time is now approximately 0157 AM/PM

C. The following is in reference to case number 2017-001325

D. Present at this time is OFC BISSOON, OFC MURPHY of the Boca Raton Police Department. (Officer's Name) OFC De ANGELIS

E. Officer BISSOON, Have you arrested Samantha Mosey (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. MOSAY, I am required to  
Inform you these proceedings are being video taped.

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

BOCA RATON POLICE DEPARTMENT

Agency Case # 2017-001325

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. BISSON 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. \_\_\_\_\_ has refused to submit to a breath test.

The date is \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) and the time \_\_\_\_\_ AM/PM

A refusal form will be completed by the arresting officer.

BOCA RATON POLICE DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Samantha Mosey

CASE #: 2017-001325 DATE 1-27-17

BREATH TESTS RESULTS

1) TIME 159 0202 AM/PM 2) TIME 157 0207 AM/PM

3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: Murphy

MAINTENANCE TECHNICIAN: Dane

TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_

ATTITUDE: calm

CLOTHING: sequin dress

MEDICAL CONDITION: anxiety, bipolar, depression, scoliosis

OTHER: Stated had one drink

84 ~~odor~~ odor of alcoholic beverage  
emitting from person

COMMENTS: \_\_\_\_\_

BOCA RATON POLICE DEPARTMENT

Agency Case #2017-001325

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

Where were you going? Home

What street or highway were you on? Glades

Direction of travel? Home

Where did you start driving from? Blue Martin

What City (County) were you stopped in? Boca Raton

What time did you start? I don't know AM/PM What time is it now 2:15

What is today's date? 27<sup>th</sup> What day of the week is it? Friday

When did you last eat? 9:00 Pm What did you eat? Cup of breakfast sandwich from StarbucksWhat have you been doing the past three hours prior to this stop/accident? Celebrating my boss's birthdayHow much do you weigh? 80 lbs Have you been drinking? had 1 drink What were you drinking? Glass of ChampaigneHow much? Glass Where? Blue Merlin With whom were you drinking? Scott RosenmanWhen did you have your first drink? 12 AM When did you stop drinking? 1 AMHow did you consume your last two drinks? 1 was one drinkAre 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? I work as a Barista in StarbucksWhen did you last work? This afternoonDo you have any physical defects or injuries? Yes  No  If yes, explain:I have Schiz, depression, and bi-Polar disorder.Are you sick or injured? Yes  No  If yes explain:Because of these thingsDo you limp? No Did you get a bump on the head? NoWere you involved in an accident today? NoHave 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? NoDo you take insulin? Yes  No  If yes, when was your last injection? \_\_\_\_\_Have you ever had a driver's license in any other state? NoI am now ending this videotaping. The time now is approximately 0220 AM/PMThe date is: JANUARY (month) 27 (day) 2017 (year).