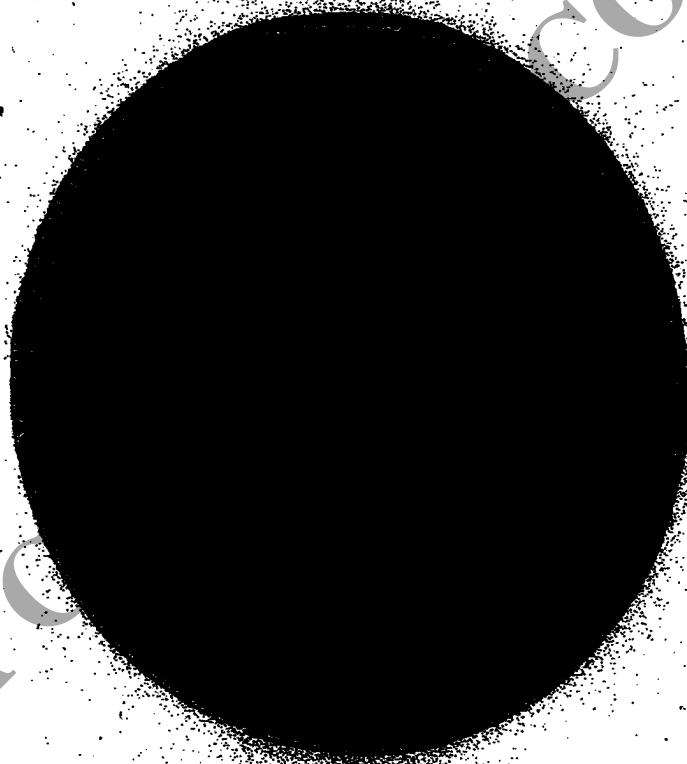


ADMISSION		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		0712 1		JUVENILE	
Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3 2 2017-001325</b>							
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type <b>None/not Applicable</b>		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) <b>2200 W GLADES RD</b>				Location of Offense (Business Name, Address) <b>2200 W GLADES RD, BOCA RATON, FL 33431</b>							
Date of Arrest <b>01/27/2017</b>		Time of Arrest <b>01:17</b>		Booking Date <b>01/27/2017</b>		Booking Time <b>01:27</b>		Jail Date <b>01/27/2017</b>		Jail Time <b>02:25</b>	
Jail Location <b>WESTWAY</b>											
Name (Last, First, Middle) <b>MOSEY, SAMANTHA ANN</b>				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:							
Race W - White B - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>11/21/1994</b>		Height <b>5'04</b>		Weight <b>85</b>		Eye Color <b>HAZEL</b>	
Hair Color <b>BLONDE</b>		Complexion <b>LIGHT</b>		Build <b>Thin</b>							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT L STOMACH / UNBREAKABLE; TATT R PINKY / HEART;</b>				Marital Status <b>S</b>		Religion <b>NONE</b>		Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) <b>7463 TEXAS TRL, BOCA RATON, FL 33487</b>				City <b>(City)</b>		State <b>(State)</b>		Zip <b>(Zip)</b>		Phone <b>(860) 514-7903</b>	
Permanent Address (Street, Apt. Number) <b>7463 TEXAS TRL, BOCA RATON, FL 33487</b>				City <b>(City)</b>		State <b>(State)</b>		Zip <b>(Zip)</b>		Phone <b>(860) 514-7903</b>	
Business Address (Name, Street) <b>STARBUCKS, GLADES AND TURNPIKE</b>				City <b>(City)</b>		State <b>(State)</b>		Zip <b>(Zip)</b>		Phone <b>(860) 514-7903</b>	
D/L Number, State <b>M200781949210 / FL</b>				Soc. Sec. Number <b>[REDACTED]</b>		INS Number <b>[REDACTED]</b>		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		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)				Residence Phone							
Legal Custodian <input type="checkbox"/> 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					
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property		Value of Property					
Drug Activity N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperses/ Distribute M. Manufacture/ 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							
Charge Description <b>DUI</b>				Statute Violation Number <b>316.193(1)</b>		Violation of ORD #					
Drug Activity		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>2017-001325</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
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	
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	
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							
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				PROPERTY - Received By <b>BISSOON</b>		Released By <b>BISSOON</b>		Released To <b>COUNTY JAIL</b>			
Transported By				Date Transported <b>// : : :</b>		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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>							
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.				Court Date and Time <b>02/27/2017 08:30:00</b>							
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed <b>1.27.17</b>							
HOLD for Other Agency				Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee) <b>Samantha Mosey</b>		PAGE <b>1 OF 1</b>			
Intake Deputy <b>[Signature]</b>		ID # <b>4416</b>		Pouch #		Name of Arresting Officer (Print) <b>BISSOON, STEPHEN R.</b>		ID # <b>664</b>		Agency <b>BRPD</b>	
Witness here if subject signed with an "X".											

Graham

JAN 27 AM 5:17

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



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

WITNESS LIST

ARRESTING OFFICER: Ofc Bissoon

Name: De Armas Phone # Home \_\_\_\_\_ Work 561-338-1234

Address: 100 NW 2nd Ave Boca Raton FL

Can testify to: Investigation

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

Address: " "

Can testify to: SCENE

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

Address: " "

Can testify to: booking

Name: Bissoun 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, January, 27, 2017  
(day) (month) (date) (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 Officer Bissoon, Officer Murphy of the Boca Raton Police  
Department. (Officer's Name) Officer DeArmas

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. MOSEY, I am required to  
Inform you these proceedings are being video taped.

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

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 Off 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: Dore

TESTING OFFICER'S OBSERVATIONS

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

ATTITUDE: calm

CLOTHING: sequin dress

MEDICAL CONDITION: anxiety, bipolar, depression, scoliosis

OTHER: stated had one drink

BY ~~\_\_\_\_\_~~ odor of alcoholic beverage  
emitting from person

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

\_\_\_\_\_

\_\_\_\_\_

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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

Agency Case # 2017-001325

When did you last eat? 9:00 Pm What did you eat? Left of breakfast sandwiches from Starbucks

What have you been doing the past three hours prior to this stop accident? Celebrating my boss's birthday

How much do you weigh? 201bs Have you been drinking? had What were you drinking? Glass of Champagne

How much? Glass Where? Blue Martini With whom were you drinking? Scott Roseman

When did you have your first drink? 12 AM When did you stop drinking? 1 AM

How did you consume your last two drinks? It was one drink

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? I work as a Barista in Starbucks

When did you last work? This afternoon

Do 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 things

Do you limp? No Did you get a bump on the head? No

Were you involved in an accident today? No

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 0220 AM

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