0503768 18CF 11869 313

ARREST / NOTICE TO APPEAR

1 Arrest 3 Request for Warrant
2 N T A 4 Request for Capias
5 Juvenile Referral

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N T A's only): 3 2 2018-016857

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): 821 NW 7TH ST, Boca Raton, FL 33486 AIC
Location of Offense (Business Name, Address): 821 NW 7TH ST, BOCA RATON, FL 33486

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/13/2018	17:47	12/13/2018	17:47	12/13/2018	17:47	WESTWAY TOWING

DEFENDANT

Name (Last, First, Middle): LYKENS, SARAH SHANER
Alias (Name, DOB, Soc Sec #, Etc): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	08/15/1984	5'06	115	BLUE	BLONDE	MEDIUM	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATT NA WRIST
Marital Status: M
Religion: Christian
Indication of Alcohol Influence / Drug Influence: ☐ Yes ☐ No ☒ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): 798 HIBISCUS ST, BOCA RATON, FL 33486
Phone: (814) 883-3028
Residence Type: 1 City 2 County 3 Florida 4 Out of State: 1
Permanent Address (Street, Apt. Number) (City) (State) (Zip): 798 HIBISCUS ST, BOCA RATON, FL 33486
Phone: (814) 883-3028
Address Source: FLDL
Business Address (Name, Street) (City) (State) (Zip): UNEMPLOYED,
Phone: (561) -
Occupation:
DL Number, State: L252797847950 / FL
Soc Sec Number: [redacted]
INS Number:
Place of Birth (City, State): WELLSVILLE, NY,
Citizenship: US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1 Arrested ☐ 3 Felony ☐ 5 Juvenile ☐ 2 At Large ☐ 4 Misdemeanor
				☐ 1 Arrested ☐ 3 Felony ☐ 5 Juvenile ☐ 2 At Large ☐ 4 Misdemeanor

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian
Name (Last, First, Middle):
Residence Phone:
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 ☐ defendant and/or ☐ 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.
☐ Yes, by: ☐ No

School Attended: Grade:
Property Crime? ☐ Yes ☒ No Description of Property: Value of Property:

CODE

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 Barbiturate, C Cocaine, E Heroin, H Hallucinogen, M Marijuana, O Opium/Deriv, P Paraphernalia/Equipment, S Synthetic, U Unknown, Z Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
REFUSAL TO SUBMIT TO TESTING; PENALTIES	316.1939(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
POSSESSION OF OXYCODONE	893.13(6A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		3000.00

INTAKE

Health / Apparent Physical Condition of Defendant: GOOD
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O R ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By	Released By	Released To
OFC S.CASAS	OFC. RENTERIA	OFC. RENTERIA

Transported By: OFC. RENTERIA
Date Transported: Time Transported: Other:

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ 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: 01/15/2019 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 Sarah Lykens
Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

No Photo Available

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: A. Casas 819
Name of Arresting Officer (Print): CASAS, S. I.D. # 819
Transporting Officer: ~~RENTERIA~~ Bernette Kenniston I.D. # ~~800~~ 705 Agency: BRPD

Name Verification (Printed by Arrestee) (PRINT):
Witness here if subject signed with an "X"

PAGE 1 OF 2

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☒ P.I.D. ☐ DEFENDANT

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DEC 14 2018

ARREST / NOTICE TO APPEAR

Additional Charge List

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0500200	Boca Raton Police Department	3 2 2018-016857

CODE

Drug Activity						Drug Type					
N. N/A	S. Sell	R. Smuggle	K. Disperses/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	N. N/A	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown	
P. Possess	B. Buy	D. Deliver				A. Amphetamine	C. Cocaine	M. Marijuana		Z. Other	
	T. Traffic	E. Use					E. Heroin	O. Opium/Deriv	S. Synthetic		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
POSSESSION OF XANAX	893.13(6A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/		1	☐ Y ☒ N		3000.00

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2018-016857

Charge Type: Check as many as apply. [X] 1. Felony [X] 3. Misdemeanor [ ] 5. Ordinance [ ] 2. Traffic Felony [ ] 4. Traffic Misdemeanor [ ] 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
LYKENS, SARAH SHANER		W	F	08/15/1984

CHARGES

Charge Description	Charge Description
893.13(1) POSS CONTROLLED SUBSTANCE	316.193(1) DUI
Charge Description	Charge Description
316.1939(1) REFUSAL TO SUBMIT TESTING	893.13(1) Poss of Xanax

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA,			

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
100 NW 2ND AVE, BOCA RATON, FL 33432	(561) -	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	(56) -	

PROBABLE CAUSE STATEMENT

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.

The Person taken into custody . . .

- [ ] committed the below acts in my presence.
- [ ] confessed to _____ admitting to the below facts.
- [X] was observed by T.ANDERSON who told OFC DESIDERATO that he/she saw the arrested person committ the below acts.
- [X] was found to have committed the below acts, resulting from my (described) investigation.

On the 13 day of December, 2018 at 17:47 (Specifically include facts constituting cause for arrest.)

On 12/13/2018 at 1714 hours, I responded to 821 NW 7th St in reference to a single vehicle accident. Upon my arrival, I met with Ofc. Van Camp and Ofc. Desiderato who were conducting a traffic crash investigation. Ofc. Desiderato informed me that a vehicle driven by W/F Sarah Shaner Lykens, a 2019 red Ford Mustang bearing NV tag 370F35, drove off the road hitting two palm trees in front of the residence. See Ofc. Desiderato`s crash report for further details. As Ofc. Van Camp was speaking to Lykens, I immediately observed that Lykens was swaying back, her eyes appeared glossed over and were red in color.

On scene were two witnesses, Theresa Anderson and Maria Valecillo, who advised they saw Lykens, the sole occupant of the vehicle, behind the wheel at the time the incident occurred.

I made contact with Lykens who had a hard time keeping her balance, she was uneasy on her feet and swayed while standing still.

Once Ofc. Desiderato completed the traffic crash investigation, I informed Lykens that I was now going to conduct a DUI investigation. I then read Lykens her constitutional rights. Lykens advised that she understood her rights and wished to speak to me. I asked Lykens if she would consent to some field sobriety tasks which she agreed to do. Lykens advised that she did not have any physical or medical conditions that would prevent her from completing the task.

The first task was the walk and turn. I explained and demonstrated the task to Lykens. Lykens was unable to stay in the starting position. As Lykens conducted the task she did not maintain heel to toe steps on steps 2, 6 and 8, counted from the number 6 skipping the number 7 going straight to the number 8, stepped off the line on steps 6 and 8,

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GRAHAM, KEITH T
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/13/2018
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASAS, STEPHANIE (819)
NAME OF OFFICER (PLEASE PRINT)

12/13/2018
DATE

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

SCANNED
DEC 14 2018

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ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 2 2018-016857

Charge Type: Check as many as apply. ☒ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
LYKENS, SARAH SHANER		W	F	08/15/1984

PROBABLE CAUSE STATEMENT

counted up to the number 10, made an improper turn, used her arms for balance, and did not count aloud at all on the back.

The second task was the one leg stand. I explained and demonstrated the task to Lykens. While performing the task Lykens did not look at her raised foot and swayed on her support leg. Lykens placed her raised leg on the ground several times. Lykens also did not count correctly and stopped counting after reaching "one thousand five". In addition, asked if Lykens could switch legs after lowering her foot after counting to one thousand two.

The third task was the finger to nose. I explained and demonstrated the task to Lykens. While Lykens attempted the task, she touched her face right above her lip on all attempts missing the initial finger to nose contact. In addition, on the first and last attempt Lykens did not immediately bring her finger back down to her side as instructed to do so.

The fourth task was the Rhomberg Alphabet in which Lykens did not follow instructions and did not tilt her head back as instructed to do so.

Based upon my investigation I placed Lykens under arrest for violation of Florida State Statue 316.193(1) driving under the influence.

It should be noted while in at the Boca Raton Police Department booking facility Lykens made a spontaneous utterance stating she had only taken Oxycontin.

Search incident to arrest, I found a clear bag in Lyken`s bra on her right side containing 37 blue pills with a V and 48/12 imprint which were identified by poison control (Robert ID#M3586063) both as Oxycodone 30 mg and a clear bag found in her bra on her left side containing 14 green rectangular pills identified by poison control (Robert ID#M3586063) as Xanax 2mg. All pills found on Lyken`s person were controlled substances requiring a prescription. All items were seized and submitted into evidence.

She was transported to the Boca Raton Police Department to be processed. While being processed Lykens provided two breath samples of .000 and .000. Lykens was given various opportunities and ample time to provide a urine sample however, she refused. Lykens was then transported to Boca Regional Hospital to be medically cleared then transported to Palm Beach County Jail.

Lykens was charged with possession of a controlled substance, (37 oxycodone pills without a prescription), pursuant to F.S.S 893.13(6A) and possession of a controlled substance (14 Xanax pills without prescription). Lykens was charged with Driving Under the Influence in violation of F.S.S. 316.193(1). Due to the fact Lykens refused to

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GRAHAM, KEITH T #714
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/13/2018
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASAS, STEPHANIE (819)
NAME OF OFFICER (PLEASE PRINT)

12/13/2018
DATE

SCANNED DEC 14 2018

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

ADMIN

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	Agency Name	Agency Report Number
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2018-016857

Charge Type: Check as many as apply. [X] 1. Felony [X] 3. Misdemeanor [ ] 5. Ordinance [ ] 2. Traffic Felony [ ] 4. Traffic Misdemeanor [ ] 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
LYKENS, SARAH SHANER		W	F	08/15/1984

PROBABLE CAUSE STATEMENT

provide a urine sample and has previously refused to provide a sample of her breath. Lykens is additionally charged with refusal to submit to testing in violation of F.S.S. 316.1939(1).

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GRAHAM, KEITH T
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/13/2018
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASAS, STEPHANIE (819)
NAME OF OFFICER (PLEASE PRINT)

12/13/2018
DATE

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

2018016857

10-15-1747

obs. 1810

DUI INFLUENCE REPORT

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

SCANNED
DEC 14 2018

ARRESTING OFFICER: S. Casas

Name: ofc. Van Camp Phone # _____ Work # _____

Address: _____

Can testify to: Roadsides / crash

Name: ofc. Desiderato Phone # _____ Work # _____

Address: _____

Can testify to: Roadsides / crash

Name: CSO. Lintzers Phone # _____ Work # _____

Address: _____

Can testify to: Crash

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: _____

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BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2018016857

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Thursday (day), December (month), 13 (date), 2018 (year).

B. The time is now approximately 636 AM/(PM)

C. The following is in reference to case number 2018016857.

D. Present at this time is Ofc. S. Casas (Officer's Name) of the Boca Raton Police Department.

E. Officer S. Casas, have you arrested Sarah Lykens (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? yes

G. Mr./(Mrs.)/Ms. Lykens, I am required to inform you these proceedings are being video recorded.

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

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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 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.

I am S. Casas 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: _____

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 _____ (month), _____ (day), _____ (year), and the time is _____AM/PM.

A refusal form will be completed by the arresting officer.

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DEC 14 2018

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Sarah Lykens

CASE #: 20180116857 DATE: 12-13-18

BREATH TEST RESULTS

1) TIME .000 / 1840 AM/PM 2) TIME .000 / 1843 AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Renteria

MAINTENANCE TECHNICIAN: Ofc. Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: slow, slurred

ATTITUDE: Calm

CLOTHING: pink sweater

MEDICAL CONDITION: none

OTHER: _____

COMMENTS: Sarah was unable to maintain her balance. Sarah was falling asleep on several occassions. Sarah uttered she had taken oxycontin and not been drinking.

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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: Refused Date: _____ Time: _____

QUESTIONS AND ANSWERS

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

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? Refused

What city (county) were you stopped in? _____

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

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

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

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____
_____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____AM/PM

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DEC 14 2018

How did you consume your last two drinks? _____

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? _____

When did you last work? _____

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? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

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

Are you taking any prescription medications? ☐ 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 problems not correctable by glasses or contact lenses? _____

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? _____

I am now ending this video recording. The time is now approximately 6 To AM/PM

The date is December (month), 13 (day), 2018 (year).

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SCANNED
DEC 14 2018

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 12/13/2018

Date of Last Agency Inspection: 11/09/2018
Observation Period Began: 18:10
Subject's Name: SARAH S LYKENS DOB: 08/15/1984 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	18:38
Air Blank	0.000	18:38
Control Test	0.079	18:39
Air Blank	0.000	18:39
Subject Sample #1	0.000	18:40
Air Blank	0.000	18:40
Air Blank	0.000	18:42
Subject Sample #2	0.000	18:43
Air Blank	0.000	18:44
Control Test	0.079	18:44
Air Blank	0.000	18:44
Diagnostics Check	OK	18:44

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced N/A as identification, and who after being placed under oath, states:

I BARTOLO PENTERIA, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 12-13-18
Signature

Sworn to (or affirmed) before me this 13th day of December, 2018

x _____ x Stephanie Casas
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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SCANNED
DEC 14 2018

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, S. Casas (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer,

am a member of Boca Raton Police Department (Name of law enforcement agency), and I do swear

or affirm that on or about the 13th day of December, 20 18, at 1747 ☐ P.M ☐ A.M.

DRIVER (Type or Print) Sarah (FIRST NAME) S. (MIDDLE OR MAIDEN NAME) Lykens (LAST NAME),

DL# L252-797-84-7950, state of Florida, was placed under lawful arrest for

the offense of DUI by S. Casas (Name of Arresting Officer) and

issued Citation # _____.

That on or about the 13th day of December, 20 18, at 9:30 ☑ P.M ☐ A.M.

in Palm Beach County,

I requested that the driver submit to a ☐ **breath and/or** ☑ **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

x _____
Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

_____ # 800
Signature of Attesting Officer

Title Police officer

Date 12-13-18

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this ____ day of _____, 20 ____,

by _____,

who is personally known to me or who has produced _____ as identification

Notary Public _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

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SCANNED
DEC 14 2018

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	539.001, F.S., 539.003, F.S.	Other: Pawn Broker Information	
	☐	943.031(2)	Other: Names of Gangs Criminal Activity	

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REVIEW COMPLETED BY

Booking Number: 2018041323	**Date:** 12/14/2018
	Specialist Name/ID: M. Tooks #8557

SCANNED
DEC 14 2018