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196714205

1536

ARREST / NOTICE TO APPEAR Juvenile Referral Report

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

ADMINISTRATION

OBTS Number: _____

Agency ORI Number: **FL 0500300** Agency Name: **BOYNTON BEACH POLICE DEPT.** Agency Report Number: **34-19-043230**

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Location of Arrest (Including Name of Business): **W Boynton Beach Blvd & N Congress Ave, Boynton Beach, FL**

Date of Arrest: **08/01/2019** Time of Arrest: **23:25** Booking Date: _____ Booking Time: _____ Jail Date: _____ Jail Time: _____ Location of Vehicle: _____

DEFENDANT

Name (Last, First, Middle): **Eifort, Shannan** Alias (Name, DOB, Soc. Sec. #, Etc): _____

W - White B - Black I - American Indian O - Oriental / Asian Race: **W** Sex: **F** Date of Birth: **01/25/1981** Height: **5-06** Weight: **135** Eye Color: **GRAY** Hair Color: **RED** Complexion: **LIGHT** Build: **THIN**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): _____ Marital Status: **UNK** Religion: **N/A** Indication of Alcohol Influence: Y N UNK Drug Influence: Y N UNK

Local Address (Street, Apt. Number): **3212 QUANTUM LAKES DR** (City): **Boynton Beach** (State): **FL** (Zip): **33426** Phone: () - () - ()

Permanent Address (Street, Apt. Number): _____ (City): _____ (State): _____ (Zip): _____ Phone: () - () - ()

Business Address (Street, Apt. Number): _____ (City): _____ (State): _____ (Zip): _____ Phone: () - () - ()

D/L Number, State: **H01528612/ HI** Soc. Sec. Number: _____ INS Number: _____ Piece of Birth: **Exetor, NH** Citizenship: **Y**

CO-DEF

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

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

JUVENILE

Parent Name (Last) (First) (Middle) _____ Residence Phone: _____

Legal Custodian _____

Other _____

Address (Street, Apt. Number) (City) (State) (Zip) _____ Business Phone: _____

Notified by: (Name) _____ Date _____ Time _____ Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 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 581-355-2528) informed of any change of address: Yes, By: (Name) _____ No: (Reason) _____ School Attended: _____ Grade: _____

Property Crime? Yes No Description of Property: _____ Value of Property: _____

CHARGE

Drug Activity: **DUI with Property Damage** Counts: **1** Domestic Violence: Yes No Statute Violation Number: **316.193(3)(c)1** Violation of ORD#: _____

Drug Activity: **DUI Refusal** Counts: _____ Domestic Violence: Yes No Statute Violation Number: **316.1935-1** Violation of ORD#: _____

Charge Description: _____ Counts: _____ Domestic Violence: Yes No Statute Violation Number: _____ Violation of ORD#: _____

Charge Description: _____ Counts: _____ Domestic Violence: Yes No Statute Violation Number: _____ Violation of ORD#: _____

Charge Description: _____ Counts: _____ Domestic Violence: Yes No Statute Violation Number: _____ Violation of ORD#: _____

NOTICE TO APPEAR

Instruction No. 1 Mandatory Appearance in Court Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.

Location (Court, Room Number, Address): **South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444**

Court Date and Time: **Month Aug Day 26th Year 2019 Time 0830** A.M. P.M.

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.

ADMIN

HOLD for other Agency Name: _____ Signature of Arresting Officer (Print): **Jennings** I.D. #: **1000** Name Verification (Printed by Arrestee) (PRINT): **BU#113929**

Dangerous Resisted Arrest Suicidal Other: _____ Name of Arresting Officer (Print): **Jennings** I.D. #: **1000** Agency: **BBPD** Witness here is subject Signed with an 'X': _____

Intake Deputy: _____ I.D. #: _____ Patch #: _____ Transporting Officer: **Jennings** I.D. #: **1000** Agency: **BBPD** Witness here is subject Signed with an 'X': _____

SCANNED
AUG 05 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1st DAY OF August 2019 AT 2302 A.M. P.M.

CASE #: 19043230

DEFENDANT: Eifort, Shannan

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On Thursday, August 1, 2019 at approximately 2300 hours, I was on Congress Ave traveling northbound at the intersection of Boynton Beach Blvd in marked BBPD patrol vehicle 4522. When I observed a Black SUV bearing AZtag CLJ7197 rear end a Red Honda Sedan bearing FLtag BYCP85. Prior to arriving at the accident I observed an unknown white female exit the driver seat of the black SUV and approach the Red Honda. SEE Supplement for Crash investigation.

I made contact with the W/F driver of the Black SUV who was later identified by her Hawaii Driver's License as Shannan Eifort (01/25/81). Upon making contact with Eifort, I informed her that the Crash Investigation has concluded and a DUI investigation has begun. Eifort was read her Miranda Warning and stated that she understood. Eifort, was asked to provide her license registration and insurance. While returning to her vehicle, Eifort showed difficulty keeping her balance while walking back to her vehicle. I had to assist Eifort several times throughout the enin order to keep her from falling. While at Eifort vehicle Eifort provided me with her Driver's License and informed me that proof of her registration and Insurance is online. While speaking with Eifort, I detected the odor of an unknown alcoholic beverage emanating from her breath, which intensified as she spoke. Eifort 's eyes were bloodshot/glassy and her speech was very thick and slurred.

When asked if Eifort had consumed an alcoholic beverage, she denied. Eifort was asked if she had induced contraband, she denied.

Based on my investigation at this point I requested Eifort to submit to series of Standardized Field Sobriety Task. Eifort initially agreed. Prior to demonstrating a task Eifort stated that she just wants to go home. I informed Eifort of her Taylor warnings at which point she stated that she understood. A second request was made as Eifort continued to protest that she wants to go home. Due to Eifort statements I took her request as a refusal.

HORIZONTAL GAZE NYSTAGMUS:

- Left eye does not follow smoothly
- Left eye prior to 45 degrees
- Distinct jerking in left eye at maximum deviation
- Vertical Nystagmus in left eye

- Right eye does not follow smoothly
- Right eye prior to 45 degrees
- Distinct jerking in right eye at maximum deviation
- Vertical Nystagmus in right eye

WALK AND TURN:

Refused

ONE LEG STAND:

SCANNED

AUG 05 2019

Refused

FINGER TO NOSE:

Refused

ROMBERG/ALPHABET:

Refused

Eifort was handcuffed (D/L) and taken into custody without incident. I then transported Eifort to the PBCJ BAT Facility. Upon my arrival at 2345 hours, I completed the required 20-minute observation. I then requested Eifort provide a sample of her breath for the purpose of determining the alcohol content. Eifort momentarily agreed. After verbally berating myself and others at the BAT, Eifort then refused my request. I read Eifort her Implied Consent as she continued to talk over me and yell profanity at me. Eifort instructed me several times to listen to her. A second request was made to Eifort to provide a sample of her breath. At which time Eifort continued to instruct me to listen to her as she talked over me and yelled profanity at me. Due to Eifort behavior I took her submission of her breath as a refusal. Q & As were not completed due to Eifort's behavior. Moments later Eifort had begun to regurgitate a purple fluid that had the strong odor of an unknown alcoholic beverage. Investigation was completed at this time. While at the PBCJ BAT Eifort stated that she wanted to KILL herself.

Based on the above facts I've established Probable Cause to arrest Eifort with 1 count of DUI With Property Damage pursuant with F.S.S. 316.193(3)(a)(b)(c)1 and Refusal to Submit to DUI sample pursuant with F.S.S. 316.1935.1. Eifort was processed and TOT PBCJ.

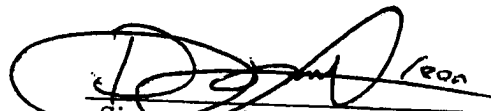
BWC activated.

The following instrument was sworn to before me this 2 day of August 2019

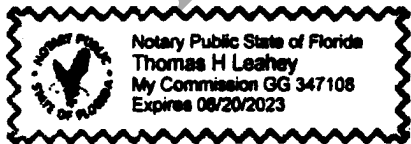
By: OFC. Jennings



Notary/Police Officer (F.S.S. 117.10)



Signature of Arresting Officer



THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

PHYSICS 311

PHYSICS 311

PHYSICS 311

PHYSICS 311

PHYSICS 311

PHYSICS 311

PHYSICS 311

PHYSICS 311

PHYSICS 311

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PHYSICS 311

REPORT, SHANNAN D

CASE NUMBER

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? N

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? 1111/1510

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHEN? _____ WEIGH WITH? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR WOUNDS? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

- DO YOU HAVE:
- EPILEPSY? _____
 - GLASS EYE? _____
 - FALSE TEETH? _____
 - EAR INFECTION? _____
 - INNER EAR TROUBLE? _____
 - DIABETES? _____

DO YOU WEAR ANY TYPICAL GLASSES WITH YOUR EYES THAT ARE NOT CORRECTED? _____

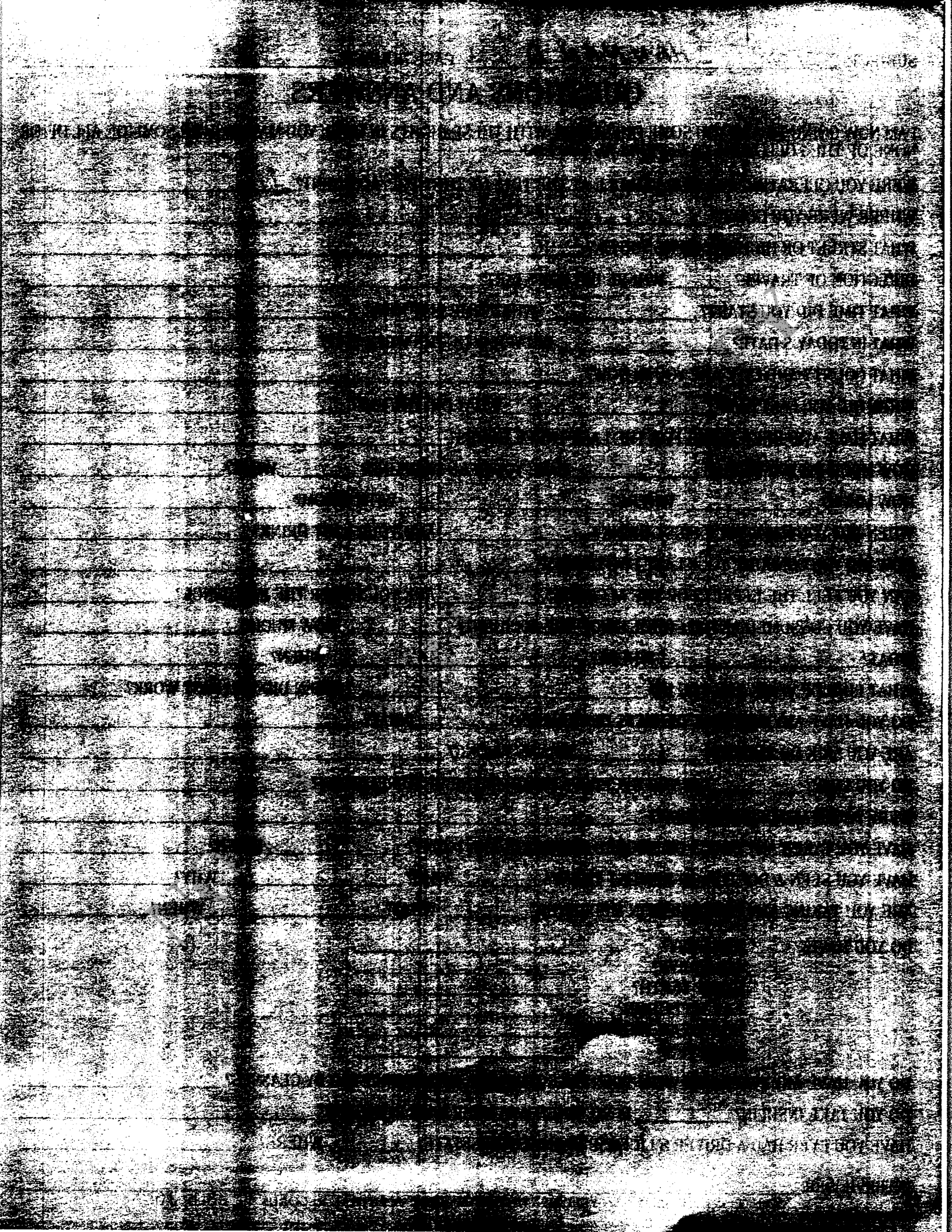
DO YOU TAKE ANY MEDICATION? IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU BEEN TAKEN TO ANY OTHER STATES? _____

AND EVERYONE

PROCESSED BY _____

SCAN





PALM BEACH COUNTY SHERIFF'S OFFICE
 DUI TESTING FACILITY
 INFORMATION SHEET

PBSO CASE # 19-099550 PBSO ZONE 6-32

AGENCY CASE # 19043230 CRASH CASE # 19043230

TIME OF STOP/CRASH 2302 DATE 8/1/19 DAY Thursday

SUBJECT'S NAME Eifort, Shannan, Danna RACE W SEX F

HGT 506 WGT 135 DOB 01/25/1981

LOCATION W Boynton Beach Blvd & Congress Ave, Boynton Beach

ARRESTING OFFICER'S NAME & ID Jennings 1000 AGENCY BBPD

DIVISION: _____

NOTIFIED BY COMMO ✓

ARRIVAL AT FACILITY 23:45

Arrest Time 23:25

BREATH RESULTS:

1. _____
2. **REFUSED**
3. _____
4. _____

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

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

I, Officer D JENNINGS, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Boynton Beach Police Department and I do swear
(Name of enforcement agency)

or affirm that on or about the SECOND day of August, 2019, at 11:25 PM

DRIVER SHANNAN DANNA EIFORT
(Type or Print) FIRST MIDDLE OR MAIDEN LAST


DL # H01528612, state of HI, was placed under lawful arrest for

the offense of DUI by Officer DAVON JENNINGS and
(Name of Arresting Officer)

issued Citation # AC85YGE

That on or about the FIRST day of August, 2019, at 12:12 AM
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 (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.


Signature of Law Enforcement Officer or
Correctional Officer

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



(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 Thomas H. Leahy

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer
Title _____
Date _____

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.

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006239 Software: 8100.27
Date of Test: 08/02/2019

Date of Last Agency Inspection: 07/19/2019

Observation Period Began: 23:45

Subject's Name: SHANNAN D EIFORT

DOB: 01/25/1981 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	00:17
Air Blank	0.000	00:17
Control Test	0.080	00:18
Air Blank	0.000	00:18
Subject Sample #1	REF*	00:20
Air Blank	0.000	00:21
Control Test	0.080	00:21
Air Blank	0.000	00:22
Diagnostics Check	OK	00:22

*Subject Test Refused

Cylinder Lot: 00919080A3
Exp: 03/05/2021

State of Florida, County of Palm Beach,

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

I PARIS D POUND, 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: _____

Signature

Date: 08/02/19

Sworn to (or affirmed) before me this 2nd day of August, 2019

Signature of Notary Public-State of Florida

OFc. D. JENNINGS
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.

CASE #: 19043230

DEFENDANT: Eifort, Shannan

Arresting Officer: OFC. Jennings 1000

Address: 100 E. Boynton Beach Boulevard Boynton Beach, FL 33435

Phone Numbers: Home: _____ Work: (561) 742-6100

Name: Kiara, Christina

Address: 18 Crossings Cir APT H, Boynton Beach FL 33435

Phone Numbers: Home: 561-303-9962 Work: _____

Can testify to: The Accident and Eifort behind the wheel

Name: OFC. V. Alexis 1105

Address: 2045 High Ridge RD

Phone Numbers: Home: _____ Work: (561)740-6100

Can testify to: Accident investigation

Name: OFC Borrero

Address: 2045 High Ridge RD

Phone Numbers: Home: _____ Work: (561)740-6100

Can testify to: Contact with Eifort

Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Can testify to: _____

Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Can testify to: _____

Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Can testify to: _____

Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Can testify to: _____

Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Can testify to: _____



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"/>	539.001 FS	Other: All records relating to pawnbroker transactions.	
	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019025191	Date: 08/02/2019
	Specialist Name/ID: howardt/7185