0480842 1486

# ARREST / NOTICE TO APPEAR

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

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 | 2016-013003

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): 533 W YAMATO RD BOCA RATON, FL

Location of Offense (Business Name, Address): 533 W YAMATO RD, BOCA RATON, FL 33431

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 09/05/2016 | 19:58 | 09/05/2016 | 20:15 | 09/05/2016 | 20:15 | WESTWAY TOWING |

## DEFENDANT

Name (Last, First, Middle): DIDWAY, SUSAN LINDSAY

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 | 09/30/1983 | 5'03 | 120 | BROWN | BROWN | LIGHT | Small |

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATT L FOOT / E M; TATT L STOMACH / "FAITH"; TATT R

Marital Status: S

Religion: CATHOLIC

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 5664 NW 99 LN, CORAL SPRINGS, FL 33076

Phone:

Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 5664 NW 99 LN, CORAL SPRINGS, FL 33076

Phone:

Address Source: DEFENDANT

Business Address (Name, Street) (City) (State) (Zip): TRADEWINDS ELEMENTARY, CCOCONUT CREEK, FL

Phone:

Occupation: Teacher

D/L Number, State: D300792838500 / FL

Soc. Sec. Number: [redacted]

INS Number:

Place of Birth (City, State): ROCKVILLE, NY,

Citizenship: US

## 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 ☐ 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. 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

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY OR PERSON ENHANCED | 316.193(3C1) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | N | / | 2016-013003 | 1 | ☐ Y ☒ N | | OR |

## CHARGE

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | | / | | | ☐ Y ☐ N | | |

## CHARGE

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| | | |

SEP 6 AM 1:47

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | | / | | | ☐ Y ☐ N | | |

## INTAKE

Health / Apparent Physical Condition of Defendant: INTOXICATED

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries

Explain: N/A

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 |
|---|---|---|
| 683 | 683 | CJ |

Transported By | 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: 10/17/2016 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 Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed 9/5/16



## ADMIN

HOLD for Other Agency: N/A

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy: W6/8080 | I.D. # | Pouch #

Signature of Arresting Officer

Name of Arresting Officer (Print): CRAWFORD, ANDREW | I.D. #: 683

Transporting Officer: CRAWFORD | I.D. #: 683 | Agency: BRPD

Name Verification (Printed by Arrestee) (PRINT) X Susan Didway

Witness here if subject signed with an "X".

PAGE 1 OF 1

NOT A CERTIFIED COPY

SCANNED SEP 08 2010

# PROBABLE CAUSE AFFIDAVIT

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

**ADMIN**

| OBTS Number | Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|---|
| | FL 0500200 | BOCA RATON POLICE DEPARTMENT | 3 2 2016-013003 |

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 |
|---|---|---|---|---|
| DIDWAY, SUSAN LINDSAY | | W | F | 09/30/1983 |

**CHARGES**

| Charge Description | Charge Description |
|---|---|
| 316.193(3C1) DUI- PROPERTY DAMAGE/ INJURY TO PERSO | |
| Charge Description | Charge Description |
| | |

**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 |
|---|---|---|---|---|---|
| | | | | | |
| **Business Address (Name, Street)** | **(City)** | **(State)** | **(Zip)** | **Phone** | **Occupation** |
| | | | | | |

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.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 5 day of September, 2016 at 18:18 (Specifically include facts constituting cause for arrest.)

**PROBABLE CAUSE STATEMENT**

On 09/05/16, at approximately 1818 hours, I was dispatched to a report of a crash at 533 W Yamato Road. Upon my arrival, I met with the three drivers of the three vehicles that were involved in the crash. I identified them by their respective state driver licenses as Xeulem Carlson (FL DL), Elvis Sarfo (PA DL) and Susan Didway (FL DL).

According to Carlson she was traveling westbound on W Yamato Road in the outside travel lane approaching the I-95 interchange. She came to a stop at the red traffic signal when she reached the intersection for the I-95 northbound on ramps. While she was stopped, she saw Sarfo pull up behind her and stop. The next thing she knew she was hit from behind by Sarfo. She exited her vehicle to see Didway had crashed into the back of Sarfo, pushing him into her vehicle. Carlson saw Didway behind the wheel of her vehicle; she was the driver and sole occupant of the vehicle. Carlson provided a written statement.

According to Sarfo, he stated the same as Carlson, except he was stopped at the red light behind Carlson when Didway crashed into the back of him, pushing his vehicle forward and into Carlson's. Sarfo saw Didway behind the wheel of her vehicle; she was the driver and sole occupant of the vehicle. Sarfo provided a written statement.

I then spoke with Susan Didway. According to Didway, she was traveling westbound on W Yamato Road in the outside travel lane when she saw Sarfo and Carlson stop in front of her for the red traffic signal; however, she was unable to stop in time and crashed into the back of them. While speaking with Carlson, I could smell an odor of alcoholic beverage emanating from her breath; her eyes were also glassy and bloodshot. She also slurred her speech at times, appeared to wobble while standing and she was unable to stand still at times.

Due to the heavy rain and active thunder and lightning and once Westway Towing

NOT A CERTIFIED COPY

**ADMINISTRATIVE**

SWORN AND SUBSCRIBED BEFORE ME

HARDING, BRANDON BLAZE
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

09/05/2016
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CRAWFORD, ANDREW (683)
NAME OF OFFICER (PLEASE PRINT)

09/05/2016
DATE



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

SCANNED SEP 08 2016

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 \| 2016-013003 |

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 |
|---|---|---|---|---|
| DIDWAY, SUSAN LINDSAY | | W | F | 09/30/1983 |

PROBABLE CAUSE STATEMENT

loaded up Didway`s vehicle, all parties moved under the cover and protection of the I-95 overpass. Officer Leinonen then responded as a back-up officer. I then informed Didway that my crash investigation was now complete and I was going to begin a criminal DUI investigation. I then advised of her constitutional rights for which she stated that she understood them and would be willing to talk with me. According to Didway, she was coming from a family BBQ in Boca Raton where she drank approximately six Michelob Ultra beers before she drove and got into the crash. I asked her if she would participate in roadside exercises. She replied yes. The exercises were performed on a flat and level surface, free of debris. She advised that she did not have any physical injuries or disabilities that would prohibit her from completing the exercises.

HGN: There was lack of smooth pursuit seen in both eyes. There was distinct and sustained nystagmus seen in both eyes at maximum deviation. Onset of nystagmus was also seen prior to 45 degrees. Vertical nystagmus was also seen. She also had a slight sway and had to be told not to move her head or anticipate the movement of the light.

Walk and turn: She was unable to maintain the instruction stance because she lost her balance several times and stepped out of position. She walked approximately twelve steps forward and fifteen steps back. She also never counted aloud. Just about every step was not heel to toe as seen by my hand gesture on video tape. She also stopped after walking forward and asked what to do.

One Leg Stand: She dropped her foot approximately five times and then stopped to take her shoes off. She restarted the exercise and dropped her right foot approximately eight times and then switched to her left foot and dropped it approximately five times. She used her arms for balance. She also swayed and never counted aloud. When she raised her leg, it was bent instead of straight.

Finger to Nose: R,L, R,L,L,R. First right finger and first left finger she touched the base of her nose. Her second right finger she touched the tip. Her second left finger and third left finger, she touched the tip with the bottom of her knuckle of her index finger. Last right finger she touched with the tip. She also swayed slightly and eyelid tremors were seen.

Numbers: She was instructed to count from 25 to 75. While she counted up to 65, she repeated counting 65. She also repeated counting 66 and then 66 before continuing onto 75. She also was swaying slightly. She uttered "I know I said 66 twice". Eyelid tremors were also seen again.

Based upon my investigation, I have probable cause to believe that Susan Didway unlawfully did drive or be in actual physical control of a vehicle while under the influence of alcoholic beverages, or chemical substances as set forth in F.S. 877.111, or any substance controlled under Chapter 893 or any combination thereof, to the extent

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

HARDING, BRANDON BLAZE
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

09/05/2016
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CRAWFORD, ANDREW (683)
NAME OF OFFICER (PLEASE PRINT)

09/05/2016
DATE



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

SCANNED SEP 08 2010

| OBTS Number | PROBABLE CAUSE AFFIDAVIT SUPPLEMENT | 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 \| 2016-013003 |

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 |
|---|---|---|---|---|
| DIDWAY, SUSAN LINDSAY | | W | F | 09/30/1983 |

PROBABLE CAUSE STATEMENT

that her normal faculties were impaired, or while having a blood or breath alcohol level of .08 or higher, and during the course of driving a vehicle while under the influence of alcoholic beverages, or chemical substances as set forth in F.S. 877.111, or any substance controlled under Chapter 893 or any combination thereof, did cause or contribute to the cause of damage to the person and property of Xeulem Carlson and Elvis Sarfo, contrary to Florida Statute 316.193(3)(a),(b) and (c)(1). At approximately 1958 hours, I placed Susan Didway under arrest for DUI. Didway was also issued a citation for careless driving for the crash.

I transported Didway to the Boca Raton Police Department for breath alcohol testing. Officer Peck performed the twenty minute observation and conducted the breath testing process. I asked Didway if she would provide a sample of her breath for breath alcohol testing and she said "sure". However, Didway was unable to provide an adequate volume of breath for her first two breath samples which resulted in volume not met errors at 2114 and 2119 hours. I read implied consent for which she stated that she understood. I asked her if she wanted to start another breath test to try again to provide a breath sample, she said yes. Her breath results were .208 and .215 at 2128 and 2131 hours. She agreed to answer my questions after being advised of her constitutional rights again; see the DUI influence packet for her answers to my questions. Didway was then transferred to the Palm Beach County Jail.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

HARDING, BRANDON BLAZE
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

09/05/2016
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CRAWFORD, ANDREW (683)
NAME OF OFFICER (PLEASE PRINT)

09/05/2016
DATE



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

SCANNED SEP 08 2016

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: DIDWAY, SUSAN

CASE #: 2016-013003 DATE: 09/05/16

BREATH TESTS RESULTS:

1) TIME VNM/2114 AM/PM 2) TIME VNM/2119 AM/PM

3) TIME .208/2128 AM/PM 4) TIME .215/2131 AM/PM

BREATH OPERATOR: PECK #750

MAINTENANCE TECHNICIAN: BROCK #495

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: TALKATIVE

ATTITUDE: GOOD

CLOTHING: BLUE/WHITE SHIRT, WHITE SHORTS, NO SHOES

MEDICAL CONDITIONS: NONE

OTHER: N/A

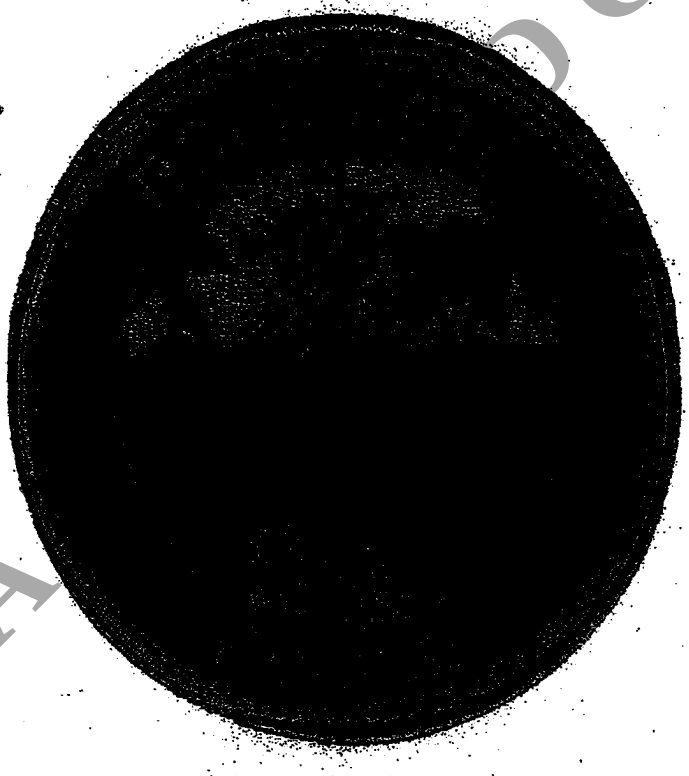
SCANNED
SEP 08 2016

COMMENTS: THE OBSERVATION PERIOD BEGAN AT 2024 HOURS. THE DEFENDANT ASKED TO GO TO THE BATHROOM AT 2038 HOURS. THE OBSERVATION PERIOD WAS RESTARTED AT 2041 HOURS. HER EYES WERE RED, BLOODSHOT, AND GLASSY. SHE WAS SWAYING WHILE HER BOOKING PHOTOGRAPH WAS BEING TAKEN. THE DEFENDANT WOULD NOT CORRECTLY PROVIDE THE FIRST TWO BREATH SAMPLES AND ANOTHER [redacted] BP TEST WAS STARTED. TWO SAMPLES WERE PROVIDED IN THE SECOND TEST.

NOT A CERTIFIED COPY

CASE# 2016-013003 10:15: 1958 OBS START 2024
2038 - BATHROOM
2041- RESTART

# D. U. I. INFLUENCE REPORT



NOT A CERTIFIED COPY

Boca Raton Police Services Department

100 Northwest Second Avenue

Boca Raton, Florida 33432

SCANNED
SEP 0 8 2016

BOCA RATON POLICE DEPARTMENT

Agency Case# 2016-013003

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

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is: MONDAY (day), SEPTEMBER (month), 05 (date), 2016 (year)

B. The time is now approximately 0906 AM/(PM)

C. The following is in reference to case number 2016-013003

D. Present at this time is ofc. CRAWFORD #683 (Officer's Name) of the Boca Raton Police Department.

E. Officer CRAWFORD, Have you arrested SUSAN DIDWAY (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.) DIDWAY, I am required to Inform you these proceedings are being video taped.

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

NOT A CERTIFIED COPY

SCANNED
SEP 08 2016

BOCA RATON POLICE DEPARTMENT

Agency Case # 2016-013003

**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.*

- Asks "sure"

1. 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 **BREATH** 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. Crawford of the Boca Raton Police Dept.

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: Read on tape

**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.**

NOT A CERTIFIED COPY

SCANNED
SEP 08 2016

BOCA RATON POLICE DEPARTMENT

Agency Case # 2016-013003

## 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) yes / sure * yes

## QUESTIONS AND ANSWERS

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

Where were you going? Yamato towards 95

What street or highway were you on? Yamato

Direction of travel? north

Where did you start driving from? 6th Street

What City (County) were you ~~stopped~~ accident in? Boca Raton, West Palm Bch

What time did you start? 5:45-6 AM/PM What time is it now EDT - 9:40pm

What is today's date? 9/5/16 What day of the week is it? Monday

NOT A CERTIFIED COPY

SCANNED
SEP 08 2016

BOCA RATON POLICE DEPARTMENT

Agency Case # 2016-013003

When did you last eat? 5pm What did you eat? 2 hot dogs / mac Salad

What have you been doing the past three hours prior to this ~~stop~~ accident? a friends BBQ

How much do you weigh? 120 Have you been drinking? yes What were you drinking? Mic Ultra

How much? 36 Where? girlfriends house With whom were you drinking? family/friends

When did you have your first drink? noon 1215 AM/PM When did you stop drinking? 5:30 AM/PM

How did you consume your last two drinks? socially

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? teacher

When did you last work? Friday

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? 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 ☒
Glass Eye? Yes ☐ No ☒
False Teeth? Yes ☐ No ☒
Inner ear trouble? Yes ☐ No ☒
Ear Infection? 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 9:40 AM/PM

SEPTEMBER (month) 05 (day) 2016 (year).

NOT A CERTIFIED COPY

SCANNED
SEP 08 2016

WITNESS LIST

ARRESTING OFFICER: CRAWFORD # 683

Name: Ofc. LEINONEN #739 Phone # Home N/A Work (561) 338-1234

Address: 100 NW 2nd AVE BOCA RATON, FL 33432

Can testify to: BP BACKUP OFFICER ON SCENE

Name: Ofc. PECK #750 Phone # Home N/A Work (561) 338-1234

Address: 100 NW 2nd AVE BOCA RATON, FL 33432

Can testify to: BREAT TEST OPERATOR

Name: Phone # Home Work

Address:

Can testify to:

Name: Phone # Home Work

Address:

Can testify to:

Name: Phone # Home Work

Address:

Can testify to:

Name: Phone # Home Work

Address:

Can testify to:

Name: Phone # Home Work

Address:

Can testify to:

Name: Phone # Home Work

Address:

Can testify to:

NOT A CERTIFIED COPY

SCANNED
SEP 08 2016