

0497818-1855

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2018-005932					
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	If Weapon Seized Enter Type: None/not Applicable		Multiple Clearance Indicator				
Location of Arrest (Including Name of Business) 1899 CLINTMOORE RD, BOCA RATON			Location of Offense (Business Name, Address) 1899 CLINT MOORE RD, BOCA RATON, FL 33487							
Date of Arrest 04/28/2018	Time of Arrest 02:54	Booking Date 04/28/2018	Booking Time 03:04	Jail Date 04/28/2018	Jail Time 03:47	Location of Vehicle EMERALD				
Name (Last, First, Middle) HERMAN, SUSAN RENEE			Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex F	Date of Birth 10/12/1956	Height 4'10	Weight 95	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Thin	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status D	Religion JEWISH	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number) (City) (State) (Zip) 13232 LUCINDA PALM CT B, DELRAY BEACH, FL 33484			Phone (517) 449-1562		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2					
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 13232 LUCINDA PALM CT B, DELRAY BEACH, FL 33484			Phone (517) 449-1562		Address Source FLDL					
Business Address (Name, Street) (City) (State) (Zip) UNEMPLOYED,			Phone (561) -		Occupation N/a					
D/L Number, State H655796568720 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) DETROIT, MI, United		Citizenship US					
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 <input type="checkbox"/> 5. Juvenile					
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)		Residence Phone								
<input type="checkbox"/> Legal Custodian		Business Phone								
Address (Street, Apt. Number) (City) (State) (Zip)										
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					
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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 DUI			Statute Violation Number 316.193(1)		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond			
	N			1						
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	Warrant / Capias Number	Bond			
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	Warrant / Capias Number	Bond			
Health / Apparent Physical Condition of Defendant GOOD			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:							
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 BISSOON		Released By BISSOON	Released To COUNTY JAIL				
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			Date Transported // ::		Time Transported	Other				
Transported By			Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 05/28/2018 08:30:00					
<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.			No Photo Available							
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.			Signature of Defendant (or Juvenile and Parent/Custodian) [Signature]							
Date Signed 04/28/18										
HOLD for Other Agency			Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other			Name of Arresting Officer (Print) BISSOON, S. R.		LD.# 664					
Arresting Deputy [Signature]			Transporting Officer Fowler		Agency BRPD					
LD.#			LD.# 764		Agency BRPD					
Pouch #			Witness here if subject signed with an "X".							

Fowler

APR 30 2018

APR 28 AM 8:25
PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-005932
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony			Special Notes	
<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor			<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	

Name (Last, First, Middle) HERMAN, SUSAN RENEE	Alias	Race W	Sex F	Date of Birth 10/12/1956
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Charge Description 316.193(1) DUI	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432	Phone (561) -	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone (56) -	Occupation	

The undersigned certifies and swears that he/she has just and reasonable 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. was observed by **OFC KENNISTON** who told **OFC BISSOON** that he/she saw the arrested person commit the below acts admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **28** day of **April**, **2018** at **02:54** (Specifically include facts constituting cause for arrest.)

On 04/28/2018 I responded to 1899 Clint Moore Rd in reference to an impaired driver. I met with Ofc Kenniston who advised that he observed a 2012 black Toyota bearing FL tag#479QUS stopped at the middle of the east and west bound lanes of Clint Moore Rd west of Military Trl. Ofc Kenniston advised he thought the vehicle was involved in an accident due to the damage that was on the vehicle. Ofc Kenniston advised he met with the driver and sole occupant of the vehicle Susan Herman who advised that the damage to the vehicle was old and she was not involved in an accident tonight. Ofc Kenniston advised that he could smell an odor of alcoholic beverage emanating from her person, she was slurring her speech and her eyes were blood shot and glossy. I then met with Herman who advised that she believed that she was in Delray and she was heading home. Herman thought she was on Linton when she was in Boca Raton on Clint Moore Rd. Herman also advised that she had two glasses of wine to drink tonight. While speaking with Santo I could smell a strong odor of an alcoholic beverage emanating from her person, her eyes were blood shot and glossy and she was slurring her speech. Ofc Coon arrived on scene as well.

I then asked Herman to exit the vehicle and had her walk over to the front of my vehicle. While walking to the front of my vehicle she had a hard time walking straight and at one point stumbled into me. Based on my observations I asked Herman if she would submit to roadside sobriety tasks to dispel my alarm that she was under the influence. Herman asked if she could call a friend but I advised her that she was unable to call someone now. I then asked her again if she would submit to the roadside sobriety tasks and Herman advised that she would submit to roadside tasks. I then walked her over to a well-lit area and asked her if she had any medical problems or medical issues that would prevent her from doing the tasks. Herman advised that she had medical issues but she wouldn't tell me what the problems were. Herman stated she had no physical issues that would prevent her from conducting the tasks. The tasks that

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>
GRAHAM, KEITH T #714 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	BISSOON, STEPHEN R (664) NAME OF OFFICER (PLEASE PRINT)
04/28/2018 DATE	04/28/2018 DATE

SCANNED

APR 30 2018

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 FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-005932				
Charge Type: Check as many as apply.				Special Notes:		
<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						
Name (Last, First, Middle) HERMAN, SUSAN RENEE				Race W	Sex F	Date of Birth 10/12/1956

were conducted were the Walk and Turn, One Leg Stand, Finger to Nose, and the Rhomberg Alphabet.

The first SFST was the Walk and Turn. Herman started the task before being told to begin and she failed to maintain the starting position. As she walked the line she failed to keep her feet heel to toe. She took 30 steps forward and 34 steps back. She also made an improper turn by just turning around instead of the way that she was instructed. She was also swaying during the task. She also stepped off the line several times and didn't count as instructed too.

The second SFST was the One Leg Stand. Herman failed to maintain the starting position and started the task before being told to begin. Herman attempted to do the task but was unable to complete the task. Herman advised that she had a medical problem that prevented her from lifting her foot.

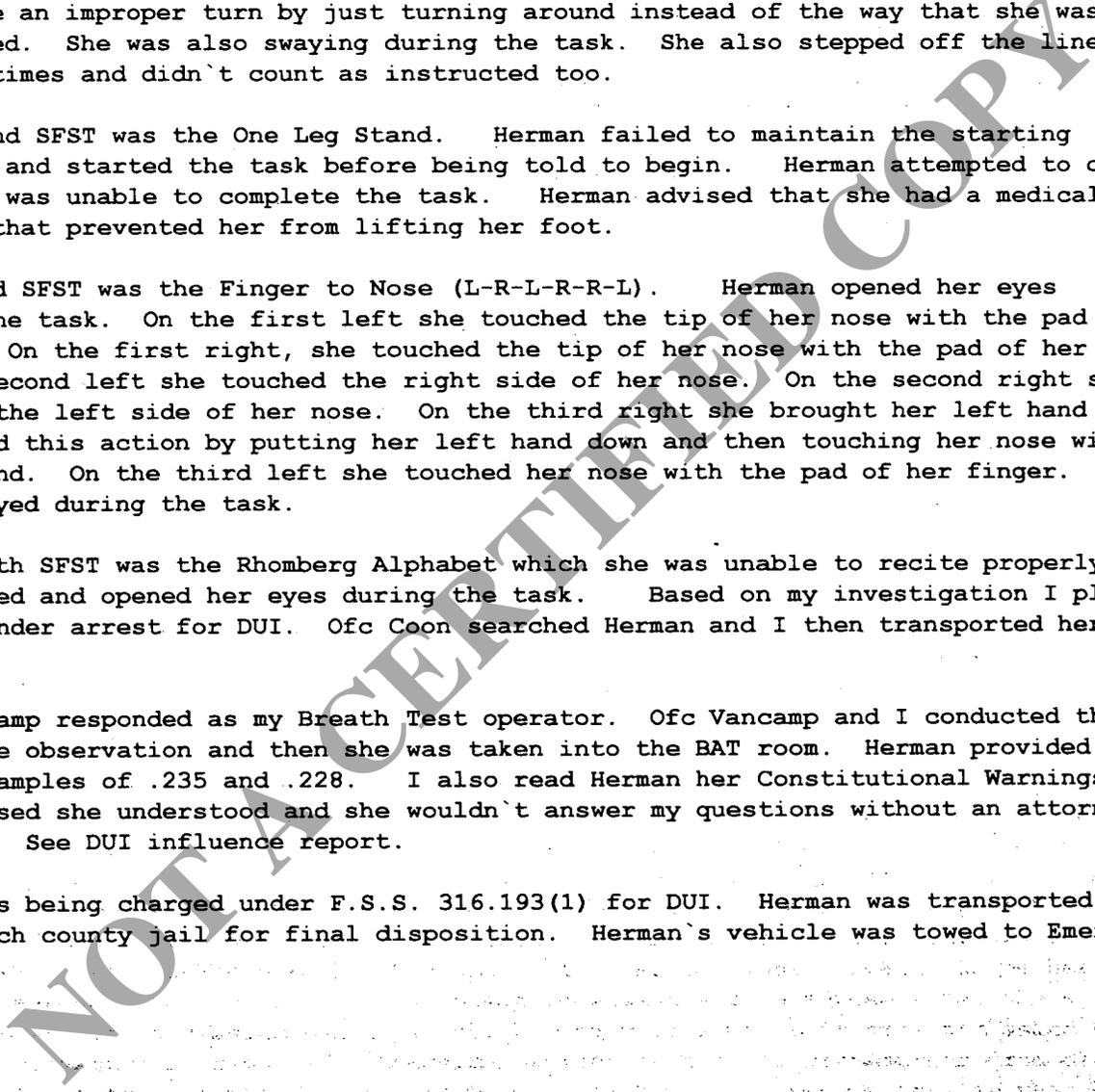
The third SFST was the Finger to Nose (L-R-L-R-R-L). Herman opened her eyes during the task. On the first left she touched the tip of her nose with the pad of her finger. On the first right, she touched the tip of her nose with the pad of her finger. On the second left she touched the right side of her nose. On the second right she touched the left side of her nose. On the third right she brought her left hand up then corrected this action by putting her left hand down and then touching her nose with the right hand. On the third left she touched her nose with the pad of her finger. She also swayed during the task.

The fourth SFST was the Rhomberg Alphabet which she was unable to recite properly, she swayed and opened her eyes during the task. Based on my investigation I placed Herman under arrest for DUI. Ofc Coon searched Herman and I then transported her to BRPD.

Ofc Vancamp responded as my Breath Test operator. Ofc Vancamp and I conducted the 20-minute observation and then she was taken into the BAT room. Herman provided two breath samples of .235 and .228. I also read Herman her Constitutional Warnings which she advised she understood and she wouldn't answer my questions without an attorney present. See DUI influence report.

Herman is being charged under F.S.S. 316.193(1) for DUI. Herman was transported to Palm Beach county jail for final disposition. Herman's vehicle was towed to Emerald.

P R O B A B L E C A U S E S T A T E M E N T



SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p style="text-align:center;">GRAHAM, KEITH T #74</p> <p style="text-align:center;">NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p style="text-align:center;">04/28/2018</p> <p style="text-align:center;">DATE</p> </div> <div style="width:45%; text-align:center;"> <p>_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>BISSOON, STEPHEN R (664)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>04/28/2018</p> <p>DATE</p> </div> </div>	<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">SCANNED</div> <p>PAGE 2 OF 3</p> <p style="font-size: 1.2em; font-weight: bold;">APR 30 2018</p>
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