

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number: []

Agency Offr Number: **FLO, 5, 0, 0, 2, 0, 0** Agency Name: **BOCA RATON POLICE SERVICES DEPT.** Agency Report Number (N.T.A.'s only): **3, 2, 11, 7, 1, 0, 1, 3, 8, 2, 0, 11, 11**

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

Location of Arrest (Including Name of Business): **100 SW 2nd Ave, Boca Raton FL 33432** Location of Offense (Business Name, Address): **100 SW 2nd Ave, Boca Raton FL 33432**

Date of arrest: **1, 0, 0, 8, 1, 7** Time of Arrest: **0, 0, 3, 1** Booking Date: **0035** Booking Time: **101817** Jail Date: **101817** Jail Time: **0207** Location of Vehicle: **Towed Westway**

Name (Last, First, Middle): **Tuanama, Sylvia Marcelina** Alias (Name, DOB, Soc. Sec. #, Etc.): []

Race: **W** Sex: **F** Date of Birth: **1, 1, 0, 1, 1, 8, 3** Height: **5'06** Weight: **140** Eye Color: **Bro** Hair Color: **Bru** Complexion: **lgt** Build: **Med**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **NA** Marital Status: **M** Religion: **Catholic** Indication of Alcohol Influence Drug Influence: Y N Unk.

Local Address (Street, Apt. Number): **22812 Royal Crown Ter Boca Raton FL 33433** (City) (State) (Zip) Phone: **(413) 374-9357** Residence Type: 1. City 2. County 3. Florida 4. Out of State **FL DL**

Permanent Address (Street, Apt. Number): [] (City) (State) (Zip) Phone: [] Address Source: []

Business Address (Name, Street): [] (City) (State) (Zip) Phone: [] Occupation: **NA**

D/L Number, State: **T550793839010 FL** [] Place of Birth (City, State): **Jasloa, Poland** Citizenship: **Poland**

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

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 355-2526) informed of any change of address.
 Yes, by: (Name) [] No: (Reason) []

School Attended: [] Grade: []

Property Crime? Yes No Description of Property: [] Value of Property: []

Drug Activity: **N** S. Sell N. N/A P. Possess R. Smuggle D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Product/Cultivate Z. Other Drug Type: **N** 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** Counts: **1** Domestic Violence: Y N Statute Violation Number: **3, 1, 6, 1, 1, 9, 3, 1(1, 1)** Violation of ORD #: []

Drug Activity: **N** Drug Type: **N** Amount / Unit: [] Offense #: **2017-013820** Warrant / Capias Number: [] Bond: []

Charge Description: [] Counts: [] Domestic Violence: Y N Statute Violation Number: [] Violation of ORD #: []

Drug Activity: [] Drug Type: [] Amount / Unit: [] Offense #: [] Warrant / Capias Number: [] Bond: []

Charge Description: [] Counts: [] Domestic Violence: Y N Statute Violation Number: [] Violation of ORD #: []

Drug Activity: [] Drug Type: [] Amount / Unit: [] Offense #: [] Warrant / Capias Number: [] Bond: []

Health/Apparent Physical Condition of Defendant: [] Property - Rec'd. By: [] Released By: [] Released To: []

Any knowledge of the following, place an "X" and explain: Mental; Escape Risk; Medication; Deformities; Injuries

Explain: []

Check which applies: Released O.R.; Posted Bond; Released to Parent/Guardian; S. County Mental Health; T.O.T. County Jail

Transported By: [] Date: [] Time: [] Other: []

Instruction No. 1 Mandatory Appearance in Court
 Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.

Location (Court, Room Number, Address): **200 W. Atlantic Ave, Delray Beach FL 33444**

Court Date and Time: Month **November** Day **6** Year **2017** Time **8:30 (AM)** 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.

Signature of Defendant (or Juvenile and Parent/ Custodian): [] Date Signed: []

HOLD for other Agency Name: [] Signature of Arresting Officer: **X** Name Verification (Printed by Arrestee): []

Dangerous Resisted Arrest Suicidal Other: [] Name of Arresting Officer (Print): **Feliz** I.D. #: **741** (PRINT) **SCANNED**

Intake Deputy: **Shawn B101** I.D. #: [] Pouch #: [] Transporting Officer: **Feliz** I.D. #: **741** Agency: [] Witness here if subject signed with an "X": [] PAGE [] OF []

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8th DAY OF October 20 17 AT 00:08 AM PM

SUBJECT: Sylvia Tuana CASE NUMBER: 2017-013820

AGENCY: Boca Raton Police Dept ARRESTING OFFICER: Frenz

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

Driving northbound in southbound lanes approaching Palmetto Park Rd on Dixie Hwy.

OBSERVATION OF DRIVER:

Slurred speech, smell of alcohol, unable to follow instructions to pull over at 7-11 parking lot. ~~Red~~ glassy eyes, losing balance

DRIVER'S STATEMENTS:

glass of wine

ODORS:

smell of alcohol coming from breath

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: cooperative

CLOTHING: black pants / white top

MEDICAL/OTHER:

NA

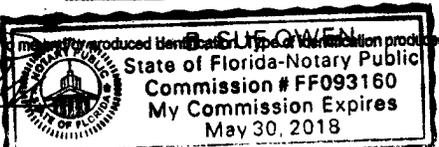
STATE OF FLORIDA COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of October 20 17 by OFC Frenz

(Print name of Arresting/Investigative Officer, who is personally known

Notary Public, Clerk of Court, Officer (F.S.S 117.10)



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ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

initially could not keep head still

WALK & TURN:

Began the task and had to restart, missed heel to toe multiple times, stepped off line, walked 13 steps forward 12 back, used arms to balance

ONE LEG STAND:

Started prior to task, used her arms to balance, stated she would count in Polish but then counted in English incorrectly

FINGER TO NOSE:

missed her nose multiple times, kept finger on nose instead of touching it and bringing it down. Swaying

ROMBERG/ALPHABET: numbers 30-70

*miscounted incorrectly multiple times 57, 57 59, 70, 60
47, 45*

BREATH TEST RESULTS:

0229 / 0229

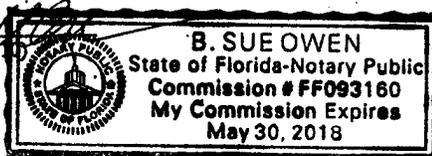
STATE OF FLORIDA
COUNTY OF PALM BEACH

741
(Signature of Arresting/Investigative Officer)

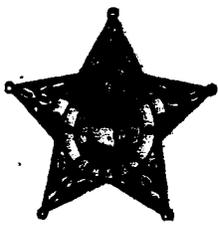
The foregoing instrument was notarized or sworn before me this *8th* day of *October*, 20*17* by *ofc Frenz*

who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer (F.S. 117.1)



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OCT 08 2017



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

PBSO CASE # 17-136686 PBSO ZONE 7-11

AGENCY CASE # 2017-013820 Boca Raton CRASH CASE # _____

TIME OF STOP/CRASH 0008 DATE 10/8/2017 DAY Sunday

SUBJECT'S NAME Sylvia Tuagama RACE W SEX F

HGT 5'06 WGT 140 DOB 11/1/1983

LOCATION 100 SW 2nd Ave, Boca Raton, FL

ARRESTING OFFICER'S NAME & ID Frenz 741 AGENCY Boca Raton

DIVISION: F.S

NOTIFIED BY COMMO NO

ARRIVAL AT FACILITY 0210

ARREST TIME 0031

BREATH RESULTS:

- 1. .229
- 2. .229
- 3. /
- 4. /

TESTING OFFICER'S ID 3184 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

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SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.
-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.
-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

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'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence 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 statements 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 and will be used against you in a court of law.

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SUSPECT'S SIGNATURE: (X) _____

SUBJECT: _____ 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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Main Street / School / Wilson

DIRECTION OF TRAVEL? W WHERE DID YOU START? From West Beach

WHAT TIME DID YOU START? Before midnight WHAT TIME IS IT NOW? 1:00 AM

WHAT IS TODAY'S DATE? 10/8/2017 WHAT DAY OF THE WEEK IS IT? Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? Pulaski Beach / Ocean Park

WHEN DID YOU LAST EAT? 5:00 pm WHAT DID YOU EAT? ...

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

HOW MUCH DO YOU WEIGH? 145 HAVE YOU BEEN DRINKING? Yes WHAT? Wine

HOW MUCH? cup glasses WHERE? Bar WITH WHOM? friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 9:00 pm AND YOUR LAST DRINK? 10:00 pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Sip

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? Alcohol

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

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

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? _____

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? _____ WHEN? _____

- DO YOU HAVE:
- EPILEPSY? No
 - GLASS EYE? No
 - FALSE TEETH? No
 - EAR INFECTION? No
 - INNER EAR TROUBLE? No
 - DIABETES? No

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DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? Massachusetts

INTERVIEWER: Officer [Name]

WITNESS LIST

CASE NUMBER: 2017013820

ARRESTING OFFICER Franz

ADDRESS 100 NW 2nd Ave Boca Raton, FL 33432

PHONE NUMBERS (HOME) _____ (WORK) 561-338-1231

CAN TESTIFY TO: Investigation

NAME: Alvarez, A OLC

ADDRESS Same as above

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Barry

NAME: Miller OLC

ADDRESS Same as above

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BRPD bench

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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