

PAGE  
1 OF 1

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2016-015359</b>						
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:					
Name (Last, First, Middle) <b>SANTANA, VALERIE SEAN</b>		Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/11/1983</b>			
CHARGES	Charge Description <b>316.193(3C1) DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY</b>		Charge Description						
	Charge Description		Charge Description						
VICTIM	Victim's Name (Last, First, Middle) <b>State Of Florida</b>		Race		Sex		Date of Birth		
	Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone		Address Source				
	Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation				
<p>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.</p> <p>The Person taken into custody . . .</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> committed the below acts in my presence.  <input type="checkbox"/> confessed to _____            admitting to the below facts.         </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.  <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </div> </div> <p>On the <u>20</u> day of <u>October</u>, <u>2016</u> at <u>23:14</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 10/20/2016 at 2156 hours, I was dispatched to the area of 2000 North Federal Highway, Boca Raton, Florida in reference to a multiple vehicle traffic crash. I arrived at 2200 hours. When I arrived, BRFD was treating two of the drivers involved.</p> <p>I spoke with Amy Cirrincione. She stated she had been northbound on North Federal Highway in the inside through lane stopped for the red signal at the intersection of NE 20th Street. She heard two loud bangs and then her vehicle was rear ended by the vehicle behind her. She observed the vehicle and the driver of the vehicle that had started the incident. She pointed out subject, Valerie Santana as the driver of that vehicle. She provided a written statement.</p> <p>I made contact with Valerie Santana as she was sitting in the driver's seat of her vehicle. The keys had been previously removed by BRFD. I asked her what had taken place and she stated, I guess I bumped them and they drove away. She could not provide any further details on what had taken place. She could not produce her information. She did not know her address.</p> <p>While I was speaking with her, I could smell a strong odor of an alcoholic beverage coming from her breath. Her eyes were red and glassy. Her speech was low and slurred.</p> <p>I spoke with Pamela Goodwin. She stated she did not know whether she was stopped or still coming to a stop, but her vehicle was rear ended by Santana's vehicle and pushed forward into the other vehicles. She identified Santana as the driver of the vehicle that rear ended her vehicle. She provided a written statement.</p> <p>The third driver and her passenger were taken to BRRH by BRFD.</p> <p>I completed the written crash report.</p>									
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>IMMLER, DOUGLAS J</b> _____</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>10/21/2016</u> DATE</p> </div> <div style="width: 45%;"> <p>_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>JESIONEK, ROBERT S (531)</b> NAME OF OFFICER (PLEASE PRINT)</p> <p><u>10/21/2016</u> DATE</p> </div> </div>								
	<div style="display: flex; justify-content: space-between;"> <div> <p><b>SCANNED</b></p> <p><b>OCT 23 2016</b></p> </div> <div> <p>PAGE <b>1 OF 2</b></p> </div> </div>								
	<div style="display: flex; justify-content: space-between; font-weight: bold;"> <span>COURT</span> <span>STATE ATTORNEY</span> <span>CENTRAL RECORDS</span> <span>JAIL</span> <span>CRIME ANALYSIS</span> <span>P.I.O.</span> </div>								

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Name (Last, First, Middle) <b>SANTANA, VALERIE SEAN</b>		Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/11/1983</b>	
<p>I set up my in car camera on a painted line on the roadway. I asked Santana to exit her vehicle. I read her The Miranda Warnings. She stated again she bumped the other vehicles, but could not provide further details. She stated she was coming from happy hour at The Yardhouse where she had 3 glasses of wine. She was not injured during the crash. I explained my crash investigation was complete and I was now conducting a DUI Investigation. I asked her if she would attempt the road side tasks. She stated she would. She has no injuries and takes no medications.</p> <p>The first task was the horizontal gaze nystagmus. There was a lack of smooth pursuit in each eye. Distinct and sustained nystagmus at maximum deviation in each eye. Onset of nystagmus prior to 45 degrees in each eye. VGN was present.</p> <p>The second task was the walk and turn. She began to cry. She was allowed to remove her flip flops. She left the starting position. She did not touch heel to toe on each step. She stepped off the line on the 9th step out. She stopped to ask questions. She did not turn as instructed. She walked 10 steps back.</p> <p>The third task was the one leg stand. She raised her right leg. She raised her arms. She kept dropping her foot to the ground to keep her balance. She was not always looking at her foot.</p> <p>The fourth task was the finger to nose (L-R-L-R-R-L). She missed the tip of her nose on the 1st, 3rd, 4th, and 6th movements. She was swaying front to back at times.</p> <p>The fifth task was the romberg/alphabet. She was opening her eyes. She sang through the letters.</p> <p>At 2314 hours, I placed her under arrest. I transported her to The BRPD. Officer Bissoon conducted The Intoxilyzer 8000 testing.</p> <p>I asked Santana to provide a breath sample. She stated I guess not. I read her Implied Consent. She had no questions. I asked her again to provide a breath sample and she stated no. At 0001 hours on 10/21/2106 she was issued a refusal.</p> <p>Santana was charged with DUI FSS 316.193(3c1). She was given the court date of 11/21/2016 at 8:30am. The video and written statements were submitted into property. After processing she was transported to The PBCJ.</p>							
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p style="text-align: center;"><b>IMMLER, DOUGLAS</b></p> <p style="text-align: center;">NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p style="text-align: center;"><b>10/21/2016</b></p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%; text-align: right;"> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>JESTONEK, ROBERT S (531)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>10/21/2016</b></p> <p>DATE</p> </div> </div>							

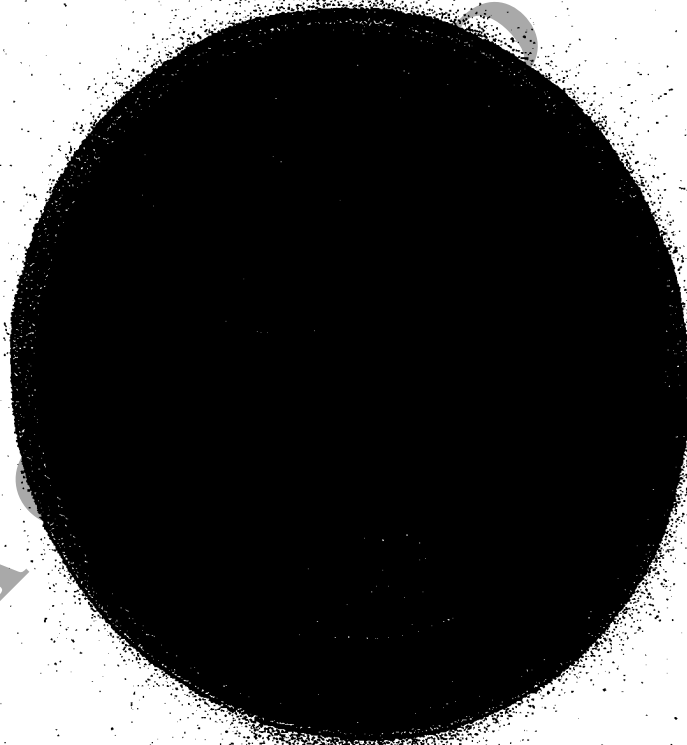
PAGE 2 OF 2  
 OCT 23 2016  
 SCANNED

2016-15359

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# D. U. I. INFLUENCE REPORT



Boca Raton Police Services Department  
100 Northwest Second Avenue  
Boca Raton, Florida 33432

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OCT 23 2015

# WITNESS LIST

ARRESTING OFFICER: Sesionek, Robert

Name: Amy Cirrincione Phone # Home 561-275-3701 Work

Address: 30 Plantation Blvd, Lake Worth 33467

Can testify to: Accident

Name: Panela Goodwin Phone # Home 954-319-9999 Work

Address: 1345 Crystal Way Unit K Delray Bch 33344

Can testify to: Accident

Name: Otis Mangman Phone # Home 561-283-4794 Work

Address: 490 NW 20th St Apt 305 Boca Raton, FL

Can testify to: Accident

Name: Conor Dord Phone # Home (203) 824-9175 Work

Address: 2163 Durham Rd, Madison CT 06443

Can testify to: Accident

Name: Shannon, Pat Phone # Home  Work 561-368-6201

Address:

Can testify to: Accident

Name: Fowler Timothy Phone # Home  Work

Address:

Can testify to: Back Up

Name: Bisson Stephen Phone # Home  Work

Address:

Can testify to: Breath Test Operator

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OCT 23 2015

BOCA RATON POLICE DEPARTMENT

Agency Case# 2016-15359

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

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: Thursday, October, 20, 2016  
(day) (month) (date) (year)

B. The time is now approximately 1159 AM/PM

C. The following is in reference to case number 2016-15359

D. Present at this time is Bisson Sesonek of the Boca Raton Police  
Department. (Officer's Name)

E. Officer Sesonek, Have you arrested Valerie Santana  
(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. Santana, Valerie, I am required to  
Inform you these proceedings are being video taped.

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

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OCT 23 2016

BOCA RATON POLICE DEPARTMENT

Agency Case # 2016-15359

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.*

1. I Guess not  
2. No Questions  
3. No
- 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.*

2. I am Officer Teruich of the B.R.P.D.
- 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: Vido

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. Santana, Valerie has refused to submit to a breath test.

The date is October (Month) 24 (Day) 2016 (Year) and the time 12:00 AM/PM

A refusal form will be completed by the arresting officer.

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OCT 23 2016

BOCA RATON POLICE DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Santana, Valerie

CASE #: 2016-15359 DATE: 10/20/16

BREATH TESTS RESULTS

1) TIME Refused AM/PM 2) TIME            AM/PM  
3) TIME            AM/PM 4) TIME            AM/PM

BREATH OPERATOR: Stephen Bission

MAINTENANCE TECHNICIAN: John Bonack

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Crying

CLOTHING: Black shirt & pants

MEDICAL CONDITION: N/A

OTHER:           

COMMENTS: Santana had odor of alcoholic beverage emanating  
from her person. Her eyes were blood shot and glossy.

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OCT 23 2016



BOCA RATON POLICE DEPARTMENT

Agency Case # \_\_\_\_\_

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) \_\_\_\_\_

*Video*

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? \_\_\_\_\_

What City (County) were you stopped in? \_\_\_\_\_

What time did you start? \_\_\_\_\_ AM/PM What time is it now **SCANNED**

What is today's date? \_\_\_\_\_ What day of the week is it? **OCT 23 2015**

# BOCA RATON POLICE DEPARTMENT

Agency Case # 2016-15359

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

How did you consume your last two drinks? \_\_\_\_\_

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? \_\_\_\_\_

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? \_\_\_\_\_ Did you get a bump on the head? \_\_\_\_\_

Were you involved in an accident today? \_\_\_\_\_

Have you taken any drugs or smoked marijuana today? \_\_\_\_\_

What? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today? \_\_\_\_\_ Who? \_\_\_\_\_

Are you taking any prescription medicines? Yes ☐ No ☐ What? \_\_\_\_\_ When? \_\_\_\_\_

Do you have:	Epilepsy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Inner ear trouble? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Glass Eye? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ear Infection? Yes <input type="checkbox"/> No <input type="checkbox"/>
	False Teeth? Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>

Any eye 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 videotaping. The time now is approximately 12:06 AM/PM

(day) 2016 (year).

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**OCT 23 2016**