

0426277

22CT9

106

OBTS Number		<b>ARREST / NOTICE TO APPEAR Juvenile Referral Report</b>				1 Arrest 2. N.T.A.	3 Request for Warrant 4. Request for Capias	1 Juvenile	N	
ADMINISTRATION	Agency ORI Number <b>FL 0500300</b>	Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number <b>34-21-045202</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				If Weapon Seized Enter Type N/A		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) <b>Rennissance Commons Blvd. and Old Boynton Rd.</b>				Location of Offense (Business Name, Address) <b>Rennissance Commons Blvd. and Old Boynton Rd.</b>					
Date of Arrest <b>12/31/2021</b>		Time of Arrest <b>18:35</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Becks Towing</b>			
Name (Last, First, Middle) <b>SADIK, NISRINE</b>										
Alias (Name, DOB, Soc. Sec. #, Etc)										
W - White B - Black	I - American Indian O - Oriental / Asian	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>05/27/1993</b>	Height <b>5'02</b>	Weight <b>123</b>	Eye Color <b>Brown</b>	Hair Color <b>Black</b>	Complexion <b>light</b>	Build <b>small</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Skull lower back</b>					Mental Status <b>single</b>		Religion <b>Muslim</b>	Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Local Address (Street, Apt. Number) <b>5234 White Oleander Way R 33415</b>		(City)	(State)	(Zip)	Phone ( ) - ( ) - ( )	Residence Type 1. City 3. Florida 2. County 4. Out of State	1			
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone ( ) - ( ) - ( )	Address Source <b>FL DL</b>				
Business Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone ( ) - ( ) - ( )	Occupation <b>Sales</b>				
D/L Number, State <b>S320620936870</b>		Soc. Sec. Number		INS Number		Place of Birth <b>WPB FL</b>		Citizenship <b>Citizen</b>		
Co-Defendant Name (Last, First, Middle)										
Co-Defendant Name (Last, First, Middle)										
<input type="checkbox"/> Parent Name (Last) (First) (Middle) (Residence Phone) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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 <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 561-355-2526) informed of any change of address. <input type="checkbox"/> Yes, By (Name) <input type="checkbox"/> No. (Reason)										
Property Crime? (Yes <input type="checkbox"/> No <input type="checkbox"/> Description of Property (Value of Property)										
Drug Activity: S. Sell, R. Smuggle, K. Dispose/Distribute, M. Manufacture/Produce/Cultivate, Z. Other, Drug Type: N. N/A, A. Amphetamine, B. Barbituate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other										
Charge Description: <b>DUI property damage</b> (Counts: 1) Domestic Violence: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Statute Violation Number: <b>316.193(1)(c) 301</b> (Violation of ORD#) Drug Activity: N/A Drug Type: N/A Amount/Unit: N/A Offense #: <b>21-045202</b> Warrant/Capias Number: N/A Bond: N/A										
Charge Description: <b>DUI accompanied by person under the age of 18</b> (Counts: 2) Domestic Violence: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Statute Violation Number: <b>316.193(4)</b> (Violation of ORD#) Drug Activity: N/A Drug Type: N/A Amount/Unit: N/A Offense #: <b>21-040202</b> Warrant/Capias Number: N/A Bond: N/A										
Charge Description: (Counts) Domestic Violence: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Statute Violation Number (Violation of ORD#) Drug Activity: Drug Type: Amount/Unit: Offense # Warrant/Capias Number Bond										
Charge Description: (Counts) Domestic Violence: <input type="checkbox"/> Yes <input type="checkbox"/> No Statute Violation Number (Violation of ORD#) Drug Activity: Drug Type: Amount/Unit: Offense # Warrant/Capias Number Bond										
Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b> Court Date and Time Month <b>January</b> Day <b>31st</b> Year <b>2022</b> Time <b>0830</b> <input type="checkbox"/> A.M. <input type="checkbox"/> 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: _____ Name Verification (Printed by Arrestee) (PRINT)										
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal Intake: _____ Pouch # _____ Name of Arresting Officer (Print) <b>J. Festa</b> I.D. # <b>1102</b> Agency <b>BBPD</b> BU# <b>SCANNED</b>										
Witness here is subject Signed with an "X": _____ Page <b>1 OF 1</b>										

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**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 31st DAY OF December 2021 AT 1811  A.M  P.M.

CASE #: 20-045202 DEFENDANT: SADIK, NISRINE

**PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:**

On December 31<sup>st</sup> 2021, at approximately 1811 hrs., I responded to the intersection on Renaissance Commons Blvd. and Old Boynton Rd. in reference to a single vehicle rollover accident.

Upon arrival, I observed a 2016 Grey Hyundai Tucson displaying FL tag GJFR07 rolled over onto its passenger side facing north east between the first and second north bound lanes. I was also able to observe the driver (later identified as Nisrine Sadik) sitting on the curb on the east side of the north bound lanes. I was able to see that she had a laceration to her bottom lip.

Also observed was an open silver can of Volley Zesty Lime Seltzer with an alcohol content of % 5.25. This was observed to be on the ground under the vehicle in the area of where the front passenger side window would have been once the vehicle was turned upright.

Contact was made with Julie Stockton who advised she was driving in the south bound lanes of Renaissance Commons Blvd. in the number 1 lane when she observed the above described vehicle traveling north bound in the number 1 lane when the vehicle jumped the curb/median and made a hard right turn as to correct the direction of travel causing it to strike a light pole on the center median when she then heard a loud pop and observed the vehicle over turn onto the passenger side. Stockton advised that she observed 2 juveniles (later identified as Andrew Hylton DOB 12/17/2018 and Nevach Stewart DOB 06/08/2014) climb out of the vehicle and observed the above driver climb out of the driver's side window. Stockton advised that she did not observe any other persons exit the vehicle.

I then spoke with Sadik who stated that she turned north onto Renaissance Commons Blvd. from Old Boynton Rd. into the number one lane when Stewart reached forward from the second-row passenger side and pulled on her hair when she was looking back due to her hair being pulled the vehicle went up onto the median hit the light pole on the center median which caused the vehicle to overturn. Sadik advised that she was operating the motor vehicle at the time of the incident Sadik also advised that Hylton was sitting in the second-row drivers side and Stewart was sitting in the second-row passenger side and both children were wearing seatbelts. While speaking with Sadik I was able to observe that her eyes were pin point and glassy and I was able to smell the odor of an unknown alcoholic beverage emanating from her person which only grew more apparent as she spoke.

Based on the above information I then read Sadik her Miranda warnings. Post Miranda Sadik stated that she was on her way home from Hurricane Ally off of Ocean Ave. in Boynton Beach FL. Sadik advised that she had one mixed drink with an unknown alcohol in it. Sadik advised that she had this drink around 4 o'clock when she first arrived at the restaurant and had not had any alcohol since then.

**HORIZONTAL GAZE NYSTAGMUS:**

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

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

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maximum deviation  
 Vertical Nystagmus in left eye

maximum deviation  
 Vertical Nystagmus in right eye

**WALK AND TURN:**

Refused

**ONE LEG STAND:**

Refused

**FINGER TO NOSE:**

Refused


**ROMBERG/ALPHABET:**


Refused

I asked Sadik if she would be willing to submit to a series of road side sobriety tasks to which she refused. I informed Sadik of her Taylor Warnings and once again asked if she would be willing to submit to a series of road side sobriety tasks to which she once again refused. At this time, I placed Sadik under arrest for DUI property damage pursuant to FSS 316.193(1)(C) And 2 counts of DUI who at the time of the offense was accompanied in the vehicle by a person under the age of 18 years pursuant to 316.193(4). I then transported Sadik in my marked patrol vehicle (4042) to Bethesda where I then asked her to submit to a blood draw for the purpose of determining the alcohol content of presence of any controlled substance to which she refused. I again informed her of her Taylor warnings and once more asked her to provide a blood sample for the purpose of determining the alcohol content of presence of any controlled substance to which she once more refused at 1915 hrs. After receiving medical clearance, I transported Sadik to the Boynton beach Police Dept. for further processing. While in route to the Department Sadik became ill regurgitating multiple times in the back of my marked patrol vehicle. While processing Sadik at the Boynton Beach Police Department she once more became ill regurgitated in booking. Once I finished processing Sadik I transported her in the back of my marked patrol vehicle (4042) and transported her to the PBCJ where she was turned over to their quality care and control.

The following instrument was sworn to before me this 31 day of December 2021

By: Ofc. J. Festa # 1102

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

  
Signature of Arresting Officer

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STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
**BLOOD TEST**

I, Ofc. J. Festa, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of Boynton Beach Police Dept., and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 31st day of December, 20 21, at 1835  P.M.  A.M.

DRIVER Nisrine Sadik,  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL.# S320620936870, state of Florida, appeared for treatment at a hospital,  
clinic, or other medical facility pursuant to s. 316.1932(1)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the 31st day of December, 20 21, at 1915  P.M.  A.M.  
in PALM BEACH County.

I requested that the driver submit to a **blood test** to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood test would result in the suspension of his or her driving privilege for a period of one (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 if he or she holds a CDL, or was operating a CMV, refusal would 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 had been previously disqualified as a result of a refusal to submit to a breath, urine or blood test. The driver nonetheless refused to submit to a blood test.

[Signature] 1102  
Signature of Law Enforcement Officer or  
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this 31st day of December, 20 21,  
by Ofc. J. Festa,

who is personally known to me or who has produced  
\_\_\_\_\_ as identification

Notary Public \_\_\_\_\_

HSMV-BAR1002 (REV. 10/16)

[Signature]  
Signature of Attesting Officer

Title OC

Date 12-31-21

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.

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CASE #: 21-045202

DEFENDANT: Sadik, Nisrine

Arresting Officer: Ofc. J. Festa

Address: 2100 High Ridge Rd. Boynton Beach FL 33426

Phone Numbers: Home: \_\_\_\_\_ Work: (561) 742-6100

Name: Julie Stockton

Address: 115 SW 1ST AVE APT 4 Boynton Beach Fl 33435

Phone Numbers: Home: 7542247876 Work: \_\_\_\_\_

Can testify to: crash

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: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Can testify to: \_\_\_\_\_

SCANNED

JAN 01 2022



# 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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2022000002	Date: 1/1/2022
	Specialist Name/ID: M. Tooks #8557

SCANNED

IAN 01 2022