

21CT/0730 SB

ARREST / NOTICE TO APPEAR

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 O N	OBTS Number		Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 6.4 21-002811		Enter Type None/not Applicable		Multiple Clearance Indicator 1			
	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 None/not Applicable		Multiple Clearance Indicator 1							
	Location of Arrest (Including Name of Business) 1000-BLK W LANTANA RD. LANTANA FL						Location of Offense (Business Name, Address) 1000 W LANTANA RD. LANTANA, FL 33462							
	Date of Arrest 06/28/2021		Time of Arrest 14:10		Booking Date 06/28/2021		Booking Time 14:20		Jail Date 06/28/2021		Jail Time 14:47		Location of Vehicle GARDENS TOWING	
D E F E N D A N T	Name (Last, First, Middle) MANIKOWSKI, AMBER LYNN						Alias: Alias (Name, DOB, Sec. Sec. #, Etc.)							
	Race W - White B - Black O - Oriental/Asian W		Sex F		Date of Birth 12/12/1994		Height 5'06		Weight 150		Eye Color GREEN		Hair Color BROWN	
	Complexion LIGHT		Build Medium		Marital Status S		Religion CATHOLIC		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>			
	Local Address (Street, Apt. Number) 1016 WATER TOWER WAY 306, LANTANA, FL 33462						Phone (352) 653-9598		Residence Type 1. City 2. County 3. Florida 4. Out of State 3					
J U V E N I L E	Permanent Address (Street, Apt. Number) 1016 WATER TOWER WAY 306, LANTANA, FL 33462						Phone (352) 653-9598		Address Source DEFENDANT					
	Business Address (Name, Street) 1016 WATER TOWER WAY 306, LANTANA, FL 33462						Phone (352) 653-9598		Occupation Server					
	DL Number, State M522012949520 / FL		Sec. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) BUFFALO, NY, United		Citizenship US					
	Co-Defendant Name (Last, First, Middle) [REDACTED]						Race [REDACTED]		Sex [REDACTED]		Date of Birth [REDACTED]		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
C O D E F	Co-Defendant Name (Last, First, Middle) [REDACTED]						Race [REDACTED]		Sex [REDACTED]		Date of Birth [REDACTED]		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian						Name (Last, First, Middle) [REDACTED]							
	Address (Street, Apt. Number) [REDACTED]						(City) [REDACTED]		(State) [REDACTED]		(Zip) [REDACTED]		Business Phone [REDACTED]	
	Notified by: (Name) [REDACTED]						Date [REDACTED]		Time [REDACTED]		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
C H A R G E	Released To: (Name) [REDACTED]						Relationship [REDACTED]		Date [REDACTED]		Time [REDACTED]			
	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 [REDACTED]		Grade [REDACTED]					
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Description of Property [REDACTED]		Value of Property [REDACTED]					
	<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
C H A R G E	Drug Activity N. N/A P. Possess S. Sell B. Buy T. Traffic R. Struggle 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		Statute Violation Number 316.193(1)(A)		Violation of ORD #			
	Charge Description DUI-DRIVING UNDER THE INFLUENCE						Amount / Unit N		Offense # I		Counts I		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Charge Description [REDACTED]						Amount / Unit [REDACTED]		Offense # [REDACTED]		Counts [REDACTED]		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Charge Description [REDACTED]						Amount / Unit [REDACTED]		Offense # [REDACTED]		Counts [REDACTED]		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
I N T A K E	Health / Apparent Physical Condition of Defendant SECURED.						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: [REDACTED]					
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By [REDACTED]		Released By [REDACTED]		Released To [REDACTED]			
	Transported By [REDACTED]						Date Transported [REDACTED]		Time Transported [REDACTED]		Other [REDACTED]			
	<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.						Location (Court, Room) Criminal Justice DELRAY BEACH		Court Date and Time 07/26/2021 08:30:00		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 [REDACTED]						
A D M I N	HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer [Signature]		Name of Arresting Officer (Print) DIAZ, PAULA G		I.D. # 897		Name Verification (Printed by Arrestee) [Signature]	
	Intake Deputy [REDACTED]						Pouch # [REDACTED]		Transporting Officer DIAZ		I.D. # 897		Agency LANTA	
	Witness here if subject signed with an "X".						Page 1 OF 1							
	Witness here if subject signed with an "X".						Page 1 OF 1							

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28th DAY OF June 20 21, AT 1410 AM/PM
SUBJECT: Amber L. Manikowski CASE NUMBER: 21-002811
AGENCY: Lantana PD ARRESTING OFFICER: Ofc. Diaz 897

PERSONAL CONTACT

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

The vehicle was occupied by a sole occupant sitting behind the wheel in the front driver seat. I observed Manikowski driving erratically into on coming traffic from Water Tower Commons (1199 W Lantana Rd) and stop in the middle of the road facing south. Vehicles traveling east and west bound swerved in order to avoid Manikowski's vehicle. The vehicle was still running in drive position with the front passenger hysterically crying (Manikowski was identified by her Florida Driver's License).

OBSERVATION OF DRIVER:

I made contact with the driver/ sole occupant, Amber L. Manikowski (d.o.b 12/12/94) who was sitting in the driver's seat with its engine running. I then made contact with Manikowski and during contact, Manikowski had bloodshot glassy eyes and slurred speech. In addition, Manikowski was unable to stand/walk without assistance.

DRIVER'S STATEMENTS:

Manikowski stated she was trying to go home (1016 Water Tower Way, Unit 306, Lantana, FL 33462). Manikowski stated she took medication for anxiety and depression earlier in the day. Manikowski stated she drank wine.

ODORS:

A Strong unknown odor alcohol beverage emitting from Patterson's mouth.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Hysterically crying, defiant, combative, aggressive

CLOTHING: white top, blue jean shorts, sandals

MEDICAL / OTHER:

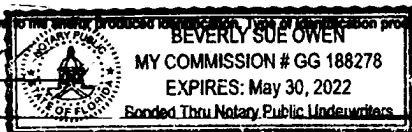
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of June 20 21 by Officer Diaz ID 897

(Print name of Arresting / Investigative Officer), who is personally known to me and produced identification, type of identification produced

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



SUBJECT: Amber L. Manikowski CASE NUMBER: 21-002811

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:

Hysterical, crying, sobbing, aggressive

WALK & TURN:

Cannot keep balance while listening to instructions, starts too soon, did not touch heel to toe during any step, stepped off line, used arms to balance, improper turn, did not follow instructions, did not count steps/incorrect steps.

ONE LEG STAND:

Swayed while balancing, used arms to balance, put foot down.

FINGER TO NOSE :

unable to touch nose during right, left, right, left, instead touched the top of her mouth.

ROMBERG / ALPHABET :

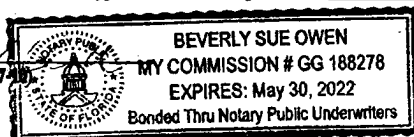
N/a

BREATH TEST RESULTS :

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)
The foregoing instrument was notarized or sworn before me this 2nd day of January 20 21 by Officer Diaz ID 897
who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer F.S.S. 117-410



WITNESS LIST

CASE NUMBER: 21-002811

ARRESTING OFFICER _____ Officer Diaz

ADDRESS _____ 901 N 8th St Lantana FL

PHONE NUMBERS (HOME) _____ 561-540-5701 (WORK) _____

CAN TESTIFY TO: _____ PC Affidavit

NAME: _____ Officer Vallis ID 878

ADDRESS _____ 901 N 8th St Lantana FL

PHONE NUMBERS (HOME) _____ 561-540-5701 (WORK) _____

CAN TESTIFY TO: _____ Supplemental Report

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



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

REVIEW COMPLETED BY

Booking Number: 2021015787	Date: 6/29/21
	Specialist Name/ID: A. Pinkney/7796