

U CP 5673

|  |  |   |  |  |  |  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|--|--|---|--|--|--|---|--|
| AD<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N   |  | OBTS Number   |  | <b>ARREST / NOTICE TO APPEAR</b>   |  |  |  | 1 Arrest<br>2 N.T.A.<br>3 Request for Warrant<br>4 Request for Capias   |  | T  |  | JUVENILE  |  |
| Agency ORI Number<br><b>0500800</b>  |  | Agency Name<br><b>West Palm Beach Police Department</b>   |  |  |  | Agency Report Number (N.T.A.'s only)<br><b>9 4 2021-0010037</b>  |  |   |  |  |  |   |  |
| Charge Type<br>Check as many<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                                   |  | Location of Arrest (Including Name of Business)<br><b>Okeechobee Blvd / S Olive Ave</b>   |  | Location of Offense (Business Name, Address)<br><b>299 OKEECHOBEE BLVD/S OLIVE AVE, WEST PALM BEACH,</b> |  | If Weapon Seized<br>Enter Type <b>UNARMED</b>  |  | Multiple Clearance Indicator  |  |  |  |   |  |
| Date of Arrest<br><b>07/08/2021</b>  |  | Time of Arrest<br><b>01:12</b>  |  | Booking Date   |  | Booking Time   |  | Jail Date   |  | Jail Time  |  | Location of Vehicle<br><b>Other</b>   |  |
| Name (Last, First, Middle)<br><b>ABEL, ANNA VITAL YEVNA</b>  |  | Alias   |  | Alias (Name, DOB, Soc. Sec. #, Etc.)   |  |  |  |   |  |  |  |   |  |
| Race<br>W - White<br>B - Black<br>O - Asian<br><b>W</b>  |  | Sex<br><b>F</b>   |  | Date of Birth<br><b>05/29/1973</b>   |  | Height<br><b>5'05</b>  |  | Weight<br><b>130</b>  |  | Eye Color<br><b>Blu</b>  |  | Hair Color<br><b>Bro</b>  |  |
| Complexion<br><b>Light</b>   |  | Build<br><b>Small</b>   |  | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                            |  | Mental Status<br><b>S</b>  |  | Religion<br><b>Catholic</b>   |  | Indication of Alcohol Influence<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> |  | Indication of Drug Influence<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> |  |
| Local Address (Street, Apt. Number)<br><b>2583 LA CRISTAL CIR, PALM BEACH GARDENS, FL 33410</b>  |  | (City)  |  | (State)  |  | (Zip)  |  | Home Phone<br><b>(561) 818-9559</b>   |  | Residence Type:<br>1. City<br>2. Country<br>3. Florida<br>4. Out of State  |  |   |  |
| Permanent Address (Street, Apt. Number)<br><b>2583 LA CRISTAL CIR, PALM BEACH GARDENS, FL 33410</b>  |  | (City)  |  | (State)  |  | (Zip)  |  | Mobile Phone  |  | Address Source   |  |   |  |
| Business Address (Name, Street)  |  | (City)  |  | (State)  |  | (Zip)  |  | Work Phone  |  | Occupation   |  |   |  |
| D/I Number, State<br><b>A140058736890 / FL</b>   |  | Ins. Number   |  | Place of Birth (City, State)<br><b>Russia</b>  |  | Citizenship<br><b>US</b>   |  |   |  |  |  |   |  |
| Co-Defendant Name (Last, First, Middle)  |  | Race  |  | Sex  |  | Date of Birth  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |  |  |   |  |
| Co-Defendant Name (Last, First, Middle)  |  | Race  |  | Sex  |  | Date of Birth  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |  |  |   |  |
| <input type="checkbox"/> Parent <input type="checkbox"/> Other   |  | Name (Last, First, Middle)  |  | Residence Phone  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/> Legal Custodian   |  | Address (Street, Apt. Number)   |  | (City)   |  | (State)  |  | (Zip)   |  | Business Phone   |  |   |  |
| Notified by (Name)   |  | Date  |  | Time   |  | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT JAC<br>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.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office<br>(Phone 355-2526) informed of any change of address.<br><input type="checkbox"/> Yes, by <input type="checkbox"/> No |  | School Attended   |  | Grade  |  |  |  |   |  |  |  |   |  |
| Property Crime?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Description of Property   |  | Value of Property  |  |  |  |   |  |  |  |   |  |
| Drug Activity<br>N. N/A<br>P. Possess  |  | S. Sell<br>B. Buy<br>T. Traffic   |  | R. Smuggle<br>D. Deliver<br>E. Use   |  | K. Disperse/<br>Distribute   |  | M. Manufacture/<br>Produce/<br>Cultivate  |  | Z. Other   |  |   |  |
| Drug Type<br>N. N/A<br>A. Amphetamine  |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin   |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.   |  | P. Paraphernalia/<br>Equipment<br>S. Synthetic   |  | U. Unknown<br>Z. Other  |  |  |  |   |  |
| Charge Description<br><b>BATTERY - OFFICER, FIREFIGHTER, MEDICAL CARE PROVIDER</b>   |  | Statute Violation Number<br><b>784.07(2B)</b>   |  | Violation of ORD #   |  |  |  |   |  |  |  |   |  |
| Drug Activity<br><b>N</b>  |  | Drug Type<br><b>N</b>   |  | Amount / Unit<br><b>/</b>  |  | Offense #<br><b>2021-0010037</b>   |  | Counts<br><b>1</b>  |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                    |  | Warrant / Capias Number   |  |
| Bond   |  |   |  |  |  |  |  |   |  |  |  |   |  |
| Charge Description<br><b>DUI PROPERTY DAMAGE</b>   |  | Statute Violation Number<br><b>316.193(3C2)</b>   |  | Violation of ORD #<br><b>316.193(3C2)</b>  |  |  |  |   |  |  |  |   |  |
| Drug Activity<br><b>N</b>  |  | Drug Type<br><b>N</b>   |  | Amount / Unit<br><b>/</b>  |  | Offense #<br><b>2021-0010037</b>   |  | Counts<br><b>1</b>  |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" 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  |  | Warrant / Capias Number   |  |
| Health / Apparent Physical Condition of Defendant  |  | Any knowledge of the following<br><input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Mental Deformation <input type="checkbox"/> Injuries  |  | Explain  |  |  |  |   |  |  |  |   |  |
| Check which applies<br><input type="checkbox"/> Released OR<br><input type="checkbox"/> Posted Bond  |  | <input type="checkbox"/> Released to Parent/Guardian<br><input type="checkbox"/> South County Mental Health   |  | <input type="checkbox"/> T.O.T. County Jail  |  | PROPERTY - Received By   |  | Released By   |  | Released   |  |   |  |
| Transported By   |  | Date Transported  |  | Time Transported   |  | Other  |  |   |  |  |  |   |  |
| IN<br>T<br>R<br>U<br>C<br>T<br>I<br>O<br>N<br>S  |  | <input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in court but must comply with instructions on Page 2.   |  | Location (Court, Room)<br><b>Criminal Justice CRIMINAL JUSTICE COMPLEX</b>                               |  | Court Date and Time<br><b>08/19/2021 08:30:00</b>  |  | 3228 GUN CLUB ROAD  |  |  |  |   |  |
| T<br>O<br>A<br>P<br>P<br>E<br>A<br>R   |  | 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  |  |   |  |  |  | No Photo Available  |  |
| I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIME(S) FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.   |  |   |  |  |  |  |  |   |  |  |  |   |  |
| HOLD for Other Agency  |  | Signature of Arresting Officer<br><b>J. Martinez</b>  |  | Name Verification (Printed by Arrestee)  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal  |  | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other  |  | Name of Arresting Officer (Print)<br><b>MARTINEZ, JACOB ANTONIO</b>                                      |  | I.D. #<br><b>02104</b>   |  | (PRINT)   |  |  |  |   |  |
| Intake Deputy<br><b>Spann</b>  |  | I.D. #<br><b>2101</b>   |  | Pouch #  |  | Transporting Officer<br><b>Martinez</b>  |  | I.D. #<br><b>2101</b>   |  | Agency<br><b>W.P.</b>  |  | PAGE<br>1 OF 1  |  |

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| OETS Number  |   | PROBABLE CAUSE AFFIDAVIT |  | 1. Arrest<br>2. N.T.A. |   | 3. Request for Warrant<br>4. Request for Capias |                 | T | JUVENILE                           |
|--|---|--------------------------|--|------------------------|---|---|-----------------|---|------------------------------------|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E   | Agency ORI Number<br><b>FL 0500800</b>  |                          | Agency Name<br><b>WEST PALM BEACH POLICE DEPARTMENT</b>                                    |                        | Agency Report Number<br><b>9 4 2021-0010037</b>   |   |                 |   |                                    |
|  | Charge Type:<br>Check as many as apply.<br><input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony  |                          | <input type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor |                        | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                            |   | Special Notes   |   |                                    |
| D<br>E<br>F<br>E<br>N<br>D<br>A<br>N<br>T  | Name (Last, First, Middle)<br><b>ABEL, ANNA VITAL YEVNA</b>   |                          |  |                        | Race<br><b>W</b>  |   | Sex<br><b>F</b> |   | Date of Birth<br><b>05/29/1973</b> |
|  | Charge Description<br><b>784.07(2B) BATTERY - OFFICER, FIREFIGHTER, MEDICAL CARE</b>  |                          |  |                        | Charge Description  |   |                 |   |                                    |
| V<br>I<br>C<br>T<br>I<br>M   | Victim's Name (Last, First, Middle)   |                          |  |                        | Race  |   | Sex             |   | Date of Birth                      |
|  | Local Address (Street, Apt. Number) (City) (State) (Zip)  |                          |  |                        | Phone   |   | Address Source  |   |                                    |
| P<br>R<br>O<br>B<br>A<br>B<br>L<br>E<br><br>C<br>A<br>U<br>S<br>E<br><br>S<br>T<br>A<br>T<br>E<br>M<br>E<br>N<br>T | Business Address (Name, Street) (City) (State) (Zip)  |                          |  |                        | Phone   |   | Occupation      |   |                                    |
|  | <p>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.</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<br/> <input type="checkbox"/> confessed to _____<br/>             admitting to the below facts.         </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.<br/> <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </div> </div> <p>On the <u>8</u> day of <u>July</u>, <u>2021</u> at <u>00:56</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 7/8/2021 at approximately 0000 hours I brought Anna Abel (W/F 5/29/1973) to the PBCJ BAT room after being arrested for DUI. As I was attempting to take the defendants temperature, without warning driver delivered two (2) kicks with her left foot in my stomach area. I sustained no injuries. Driver is now being charged with battery on law enforcement officer per F.S.S 784.07 (2B).</p> |                          |  |                        |   |   |                 |   |                                    |
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E   | SWORN AND SUBSCRIBED BEFORE ME  |                          |  |                        | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  |   |                 |   |                                    |
|  | NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)<br><u>7-8-21</u><br>DATE   |                          |  |                        | <u>MARTINEZ, JACOB ANTONIO (02104)</u><br>NAME OF OFFICER (PLEASE PRINT)<br><u>07/08/2021</u><br>DATE |   |                 |   |                                    |
| PAGE <b>1</b> OF <b>1</b>  |   |                          |  |                        |   |   |                 |   |                                    |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

# DUI PROBABLE CAUSE AFFIDAVIT

On the 7 Day of July 2021 at 0024 A.M. P.M.  
Subject: Abel, Anna Case Number: 20210010037  
Agency: West Palm Beach Police Department Arresting Officer: Martinez #2104

## Personal Contact

### Driving Pattern

Actual physical control (physical evidence putting the driver behind the wheel)

I responded to the area of Okeechobee Blvd/ S Olive Ave by FTO McDonald reference a possible driver driving under the influence. FTO McDonald stated as he went on scene he saw a white female who was identified by her FLDL as Anna Abel (W/F 5/29/1973). Call came in where a female ran into a light pole and continued to accelerate. As I responded to the scene, Anna was in the driver's seat of her white 2019 White Mercedes SL 450.

### Observation of Driver

As I made contact with D1, I could immediately smell an unknown alcoholic substance emanating from her person. D1 had watery, glassy eyes and had slurred speech.

### Drivers Statements:

D1 stated multiple times that she had one glass of champagne.

### Odors:

Unknown alcoholic substance emanating from her breath that grew stronger as she spoke.

## General Observations

Speech: Slurred

Attitude: Angry, crying, abusive language/actions

Clothing: Polka dot shirt/pants

Medical Problems/Medications:

Other:

# DUI PROBABLE CAUSE AFFIDAVIT

Subject: Abel, Anna

Case Number: 20210010037

## Roadside Tasks

### Horizontal Gaze Nystagmus

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Left Eye Does Not Follow Smoothly              | <input checked="" type="checkbox"/> Right Eye Does Not Follow Smoothly              |
| <input checked="" type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less      | <input checked="" type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less      |
| <input checked="" type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input checked="" type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

The driver had equal pupil size and equal tracking. While conducting this exercise lack of smooth pursuit was present. Sustained and distinct nystagmus at maximum deviation was present. The onset of nystagmus was approximately 40 degrees. The driver had to be reminded several times not to move her head and to keep her eyes on the stimulus.

### Walk and Turn Task

I instructed the driver to stand with her right foot in front of her left foot on a solid white line and to remain in this position until told to begin. Driver stepped off the line several times and attempted to begin task before instructions were explained. I explained and demonstrated the exercise and the driver stated she understood the instructions. While demonstrating the exercise I observed the driver lose balance and step out of the instructional position. During the first 9 heel to toe steps, driver did not walk heel to toe, made an improper turn, and did not count her steps out loud. On the second 9 heel to toe steps driver missed all heel to toe, used her arms for balance, and then began to place one leg on the knee of another.

### One Leg Stand

I had the driver stand with her feet together and hands down at her side. I explained and demonstrated the exercise and the driver stated she understood the instructions. As I was giving the directions, driver attempted to begin task. The driver was observed swaying from side to side. The driver looked straight ahead instead of looking down at foot he had raised. The driver was unable to keep her foot raised for any extended period of time. I ended the exercise when my stop watch reached 30 seconds.

### Finger To Nose

Did not perform.

### Romberg Balance

The driver stated her highest level of education was college. When asked if he knew the English alphabet the driver stated she knew it. The driver stated she could recite the alphabet from A to Z. I instructed the driver to recite the alphabet from A to Z in a non-rhythmic manner. Driver spoke very quickly and began to sing the alphabet. Driver stated "ABCDEFGH....whatever".

## Breath Results from Instrument

1st Result

Refused

2nd Result

Refused

3rd Result

If Applicable

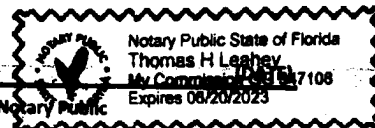
State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

☒ Personally Known

☐ Produced Identification



Notary / Clerk of Courts / Officer (FSS: 117.10)

Signature of Arresting Officer



**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) |
|--|-------------------------------------|---|--|----------------|
| <b>L/E Exemptions</b>  | <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.  |                |
| <b>Public Info. Exemptions</b>                                     | <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),<br>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.  |                |
| <b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b> | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>(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),<br>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"/>            |   |  |                |
| <b>Other</b>   | <input type="checkbox"/>            |   | Other:   |                |
|  | <input type="checkbox"/>            |   | Other:   |                |

**REVIEW COMPLETED BY**

|                                   |  |
|-----------------------------------|--|
| <b>Booking Number:</b> 2021016739 | <b>Date:</b> 7/8/2021                    |
|                                   | <b>Specialist Name/ID:</b> T Howard/7185 |