50-2022-CT-003930-AMB

ARREST / NOTICE TO APPEAR

O. On-View 3. Request for Warrant S. Summons T. Taken into Custody

O | JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500800

Agency Name: West Palm Beach Police Department

Agency Report Number (N.T.A.'s only): 9 | 4 | 2022-0003405

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized — Enter Type: UNARMED

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): BELVEDERE RD AND S AUSTRALIAN AVE

Location of Offense (Business Name, Address): BELVEDERE RD AND S AUSTRALIAN AVE, WEST PALM

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/10/2022	01:52	03/10/2022	02:02	03/10/2022	01:54	

DEFENDANT

Name (Last, First, Middle): SPINELLI, APRIL AGNES

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, A - Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	02/25/1988	5'09	150	BROWN	BROWN	FAIR	Large

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: S | Religion:

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 96 BERKSHIRE D, WEST PALM BEACH, FL 33417

Home Phone:

Residence Type: 1. City 3. Florida 2. County 4. Out of State | 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 96 BERKSHIRE D, WEST PALM BEACH, FL 33417

Mobile Phone:

Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip):

Work Phone:

Occupation:

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S154001885650 / FL	[redacted]		WEST PALM BEACH, FL	US

CO-DEF

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

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian — Name (Last, First, Middle) — Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone

Notified by: (Name) — Date — Time — JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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: ☐ No:

School Attended — Grade

Property Crime? ☐ Yes ☒ No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperses/ 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

CHARGE

Charge Description	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Statute Violation Number	Violation of ORD #	Bond
DUI-DAMAGE TO PERSON/PROPERTY		N	/		1	☐ Y ☒ N		316.193(3C1)		
			/			☐ Y ☐ N				
			/			☐ Y ☐ N				
			/			☐ Y ☐ N				

INTAKE

Health / Apparent Physical Condition of Defendant

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By | Released By | Released To

Transported By: FISHER, C

Date Transported: 03/10/2022 | Time Transported: 01:54 | Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): Criminal Justice — CRIMINAL JUSTICE COMPLEX

Court Date and Time: 03/31/2022 08:30:00 — 3228 GUN CLUB ROAD

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) — Date Signed

I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES 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.

INITIAL

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy | I.D. # | Pouch #

Signature of Arresting Officer: 2125

Name of Arresting Officer (Print): FISHER, CHRISTOPHER — I.D. # 02125

Transporting Officer: FISHER, C — I.D. # 2125 — Agency WPPD

Name Verification (Printed by Arrestee) (PRINT)

MAR 10 AM 2:57

Witness here if subject signed with an "X".

PAGE 1 OF 1

053025

3729

DUI PROBABLE CAUSE AFFIDAVIT

On the 10 Day of March at 0019 A.M. P.M.

Subject: SPINELLI, APRIL AGNES Case Number: 20220003405

Agency: West Palm Beach Police Department Arresting Officer: Fisher, C #2125

Personal Contact

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

Spinelli was passed out behind the wheel of the running motor vehicle in drive with no other occupants in the vehicle. Spinelli upon being woken up took her foot of the brake and rolled into the intersection before coming into contact with my marked patrol vehicle.

Observation of Driver

Passed out behind the wheel, sweating and unresponsive to light and verbal commands. Upon being woken up, eyes were slightly shut and appeared watery.

Drivers Statements:

refused to SFST, read Miranda Warnings and refused SFST a second time.

Odors:

General Observations

Speech: Slurred

Attitude: calm, the upset about having to urinate, then calm again.

Clothing: Gray shirt with black pants, black sandals.

Medical Problems/Medications: Stated none

Other: After the crash report investigation was completed, Spinelli was informed I was now conducting a DUI investigation and requested Spinelli submit to SFST which she refused on BWC. I then read her Taylor warnings and re-requested Spinelli submit to SFST a second time which she refused.

DUI PROBABLE CAUSE AFFIDAVIT

Subject: SPINELLI, APRIL AGNES Case Number: 20220003405

Roadside Tasks

Horizontal Gaze Nystagmus

- ☐ Left Eye Does Not Follow Smoothly
- ☐ Left Eye Jerks at 45 Degree Angle or Less
- ☐ Distinct Jerking Left Eye at Maximum Deviation
- ☐ Right Eye Does Not Follow Smoothly
- ☐ Right Eye Jerks at 45 Degree Angle or Less
- ☐ Distinct Jerking Right Eye at Maximum Deviation

refused

Walk and Turn Task

refused

One Leg Stand

refused

Finger To Nose

refused

Romberg Balance

refused

Breath Results from Instrument

1st Result refused 2nd Result refused 3rd Result If Applicable refused

State of Florida

County of Palm Beach

The Following Instrument was notorized or sworn before me this _____ (DATE)

☒ Personally Known ☐ Produced Identification ☐ Notary Public

1418

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

2125

Signature of Arresting Officer

SUBJECT: SPINELLI, APRIL AGNES CASE NUMBER: 20220003405

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 determining 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 determining its alcohol content and/or presence of chemical or controlled substances.

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

I am Fisher, C #2125 of the West Palm Beach Police Department. 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, or if you have been previously fined under F.S.S. 327.35215 for refusing 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, or you have been previously fined under F.S.S. 327.35215 for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor, in addition to any other penalites which can be imposed by law. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECTS SIGNATURE: read on camera

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 voluntailry 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 can not 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.

SUBJECTS SIGNATURE: read on camera

DEFENDANT: SPINELLI, APRIL AGNES **CASE NUMBER:** 20220003405

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 OPERATION A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT: refused on BWC
WHERE WERE YOU GOING? _____
WHAT STREET OR HIGHWAY WERE YOU ON? _____
DIRECTION OF TRAVEL? _____ WHERE DID YOU START FROM? _____
WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____
WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____
WHAT COUNTY AND CITY ARE YOU IN NOW? _____
WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____
WHAT HAVE YOU BEEN DOING FOR THE LAST THREE(3) HOURS? _____
HOW MUCH DO YOU WEIGHT? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____
HOW MUCH? _____ WHERE? _____ WITH WHOM? _____
WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____
HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____
CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____
ARE YOU UNDER THE INFLUENCE? _____
HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ 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? _____ WHAT? _____
ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____
DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON YOUR HEAD RECENTLY? _____
WERE YOU IN AN ACCIDENT TODAY? _____
HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____
HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHEN? _____
ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____
DO YOU HAVE:

EPILEPSY? _____
GLASS EYE? _____
FALSE TEETH? _____
EAR INFECTION? _____
INNER EAR TROUBLE? _____
DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTABLE BY GLASSES? _____
DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____
HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: Fisher, C #2125

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, Fisher, Christopher, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)

member of West Palm Beach Police Department, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the 10th day of March, 2022, at 0019 ☐P.M. ■A.M.

DRIVER April Agnes Spinelli,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # S154001885650, state of Floirda, was placed under lawful arrest for

the offense of DUI property damage by Fisher, C #2125 and
(Name of Arresting Officer)

issued citation # AG0ZXNE.

That on or about the 10th day of March, 2022, at 0111 ☐P.M. ■A.M.

in Palm Beach County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such 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, or if he or she had been previously fined under s. 327.35215, F.S., for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

1418
Signature of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

2125
Signature of Attesting Officer

Title Police Officer
Date 3/10/2022

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20 _____,
by _____,
who is personally known to me or who has produced _____ as identification.
Notary Public _____

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.

EFFECTIVE OCTOBER 1, 2021

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: WEST PALM BEACH PD
Instrument Serial Number: 80-001235 Software: 8100.27
Date of Test: 03/10/2022

Date of Last Agency Inspection: 02/09/2022
Observation Period Began: 00:45
Subject's Name: APRIL A SPINELLI DOB: 02/25/1988 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	01:09
Air Blank	0.000	01:10
Control Test	0.081	01:10
Air Blank	0.000	01:10
Subject Sample #1	REF*	01:11
Air Blank	0.000	01:11
Control Test	0.082	01:11
Air Blank	0.000	01:12
Diagnostics Check	OK	01:12

*Subject Test Refused

Cylinder Lot: 1356262
Exp: 08/03/2023

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who (X) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I MORRIS J AMNESE, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ 1418 Date: 3/10/2022
Signature

Sworn to (or affirmed) before me this 10th day of March, 2022

_____ Fisher, Christopher
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

West Palm Beach Police Department
Breath Testing Facility Report

Defendant: Spinelli, April Agnes **Case #:** 2022-3405

Arresting Officer: Ofc Fisher 2125 **Date:** 3/10/2022

Breath Test Resutls:

REF	g/210L	0110	Time	REF	g/210L	0110	Time
---	g/210L	---	Time	---	g/210L	---	Time

Note: Times are in Military Time

Breath Operator: Ofc Morris J Annese 1418

Maintenance Technician Inv J Ingrassia #1857

Testing Officer Observations:

Speech: Speech seemed normal

Attitude: Def was cooperative

Clothing: Black leggings, gray t shirt, black slides

Medical Conditions: None

Medications: None

Other:

Arrival Time at Facility/ Time Twenty (20) Minute Observation Started: 0045 HOURS

Comments:

Def at first agreed to the breath test but then said she was uncomfortable due to Ofc Fisher and I being in the room. She commented because I could not get the Axon camera system to work. The breath test was recorded on Ofc Fisher's body camera along with my body camera.

Def then refused the breath test. She was read Implied Consent by Ofc Fisher. Def questioned what would happed if she refused. She was read Implied Consent again by Ofc Fisher. She then refused the breath test.

Def was read Miranda Warnings by Ofc Fisher and refused to answer the Question and Answers.

Def had an odor of unknown alcoholic beverages on her breath.

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022006352	**Date:** 3/10/2022
	Specialist Name/ID: Chantel Daniels/30347