

0447843 2020 OCT 06 191 AM BAs

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

1

JUVENILE

OBTS Number	Agency ORJ Number <b>0501700</b>			Agency Name <b>Jupiter Police Department</b>			Agency Report Number (N.T.A.'s only) <b>514 20-001678</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	Multiple Clearance Indicator			
Location of Arrest (including Name of Business) <b>JUPITER MEDICAL CENTER</b>							Location of Offense (Business Name, Address) <b>5500 CENTER ST, JUPITER, FL 33458</b>				
Date of Arrest <b>05/10/2020</b>	Time of Arrest <b>21:51</b>	Booking Date <b>05/10/2020</b>	Booking Time <b>21:51</b>	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) <b>MARGOLIES, CHELSEA PRICE</b>				Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black	1 - American Indian Q - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>03/29/1991</b>	Height <b>5'00</b>	Weight <b>95</b>	Eye Color <b>HAZEL</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT O UNKNOWN / RIBS, L &amp; R HIPS, STOMACH; TATT TOP BACK</b>				Marital Status <b>S</b>	Religion <b>UNKNOWN</b>	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>					
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>6624 66TH WAY, WEST PALM BEACH, FL 33409</b>				Phone <b>(561) 876-8107</b>		Residence Type 1. City 2. County 3. Florida 4. Out of State <b>1</b>					
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>6624 66TH WAY, WEST PALM BEACH, FL 33409</b>				Phone <b>(561) 876-8107</b>		Address Source <b>SELF</b>					
Business Address (Name, Street) (City) (State) (Zip) <b>SHEPARD OPTICAL, LAKE PARK, FL</b>				Phone <b>(561) 842-4942</b>		Occupation <b>Admin Assist</b>					
D/L Number, State <b>M624115916090 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>PALM BEACH</b>		Citizenship <b>US</b>			
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth		<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				
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth		<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: _____ 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 1. Handled/Processed within Department and Released 2. TOT JAC 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 355-2526) informed of any change of address.					School Attended		Grade				
<input type="checkbox"/> Yes by: _____ <input type="checkbox"/> No				Property Come? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle 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
Charge Description <b>DUI - DAMAGE TO PERSON/PROPERTY</b>						Statute Violation Number <b>316.193(3)(C)(1)</b>		Violation of ORD #			
Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense #	Counts <b>1</b>	Domestic Violence <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 <input type="checkbox"/> Y <input 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 <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Permitties <input type="checkbox"/> Injuries					
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		Released By		Released To	
Transported By				Date Transported	Time Transported	Other					
<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) <b>North County JUPITER</b>		Court Date and Time <b>07/01/2020 08:30:00</b>			
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.										No Photo Available	
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed					
HOLD for Other Agency				Signature of Arresting Officer <b>[Signature]</b>				Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) <b>MCGILLICUDDY, STEVEN</b>				I.D. # <b>1216</b>			
Pouch #				Transporting Officer <b>S. MCGILLICUDDY</b>				I.D. # <b>388</b>			
				Agency <b>JUPITE</b>				Witness here if subject signed with an "X".			
PAGE										1 OF 1	

PROBABLE CAUSE AFFIDAVIT

1. Arrest  
2. N.T.A. 3. Request for Warrant  
4. Request for Capias

**1** JUVENILE

OBTS Number	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   20-001678</b>
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>MARGOLIES, CHELSEA PRICE</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/29/1991</b>
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Charge Description <b>316.193(3)(C)(1) DUI - DAMAGE TO PERSON/PROPERTY</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>State Of Florida</b>	Race	Sex	Date of Birth
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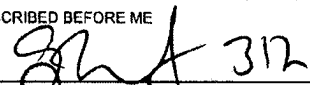
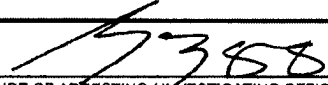
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
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Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
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The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.  
The Person taken into custody . . .  
 committed the below acts in my presence.  
 confessed to \_\_\_\_\_ admitting to the below facts.  
 was observed by **WHEEL WITNESS OFFICERS** who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 was found to have committed the below acts, resulting from my (described) investigation.  
On the **10** day of **May**, **2020** at **20:48** (Specifically include facts constituting cause for arrest.)

On 5/10/2020 at approximately 2048 hrs I responded to the 5500 block of Center Street in reference to a report of a single vehicle traffic crash. Upon my arrival on scene, I observed a white Nissan Sentra (VEHICLE-1) bearing FL tag Y91-KRI, in a state of final rest, to the northwest part of the turn on Center Street. It appeared the vehicle had left the roadway, struck the curb, crashed over the metal guardrail and then ultimately crashed through the brick driveway pillars in front of 5613 Center Street. The vehicle was totally destroyed and a metal sign had perforated the front windshield and was thrown through the back window, where it was also in final rest. After I arrived on scene, Hugo Stalker (WI-1) walked toward my patrol car with Chelsea Margolies (DEFENDANT) next to him. Ms. Margolies had numerous cuts from class all over legs and midsection. I observed fresh dripping blood from multiple parts of her body. I advised that Palm Beach County Fire Rescue needed to respond to evaluate her. Ms. Margolies advised me that she had been driving and was the only person in the vehicle. Mr. Stalker later provided Officer Shaff (SEE SUPP) with a sworn BWC statement advising that he observed Ms. Margolies inside of the vehicle post-crash and helped her exit the car.

During my initial contact with Margolies I detected a strong odor of unknown alcoholic beverage emitting from her breath, which intensified as she spoke. She appeared unsteady on her feet. She had glassy, bloodshot eyes. She spoke with slurred speech. PBCFR arrived on scene and began to assess Margolies in their ambulance. I conducted a traffic crash investigation which determined the following: Margolies, in operation of VEHICLE-1 was operating west bound on Center Street in approximately the 5500 block where the road curves. Margolies failed to maintain a single lane of travel, as required by statute, causing her to drive straight, instead of in line with the curve, causing her to strike the curb (first harmful event), leave the roadway at high speed, strike the metal rail, crash through the brick wall at 5613 Center Street and come to final rest.

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>05/10/2020</b> DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>MCGILlicuddy, STEVEN (1216)</b> NAME OF OFFICER (PLEASE PRINT) <b>05/10/2020</b> DATE
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PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

1. Arrest  
2. N.T.A. 3. Request for Warrant  
4. Request for Capias

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   20-001678</b>
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

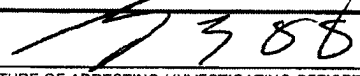
Name (Last, First, Middle) <b>MARGOLIES, CHELSEA PRICE</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/29/1991</b>
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Margolies was transported to Jupiter Medical Center and I followed. The other officers remained on scene and waited for East Coast Towing to remove the vehicle. I arrived at Jupiter Medical Center at approximately 2119 hrs. Medical staff immediately advised me that due to her multiple injuries that some type of imaging would have to be done, which would likely take an extensive amount of time. Once the medical staff provided an initial evaluation I re-introduced myself to Margolies. I advised her that my traffic crash investigation was over and that I was now conducting a criminal DUI investigation.

I then read her her Miranda rights from a department-issued card and she stated that she understood. She initially agreed to speak to me without an attorney present. She advised me that she had three drinks before dinner. She then immediately changed her tone and advised me that she did not want to speak without an attorney present. I asked her if she would consent to field sobriety exercises and she refused. I read her the Taylor warning and she nodded up and down as in to be the affirmative. She then advised me she would be willing to do exercises. She then changed her mind about representation and advised she was willing to talk to me without an attorney. I explained to her that she had already asked for an attorney and that requesting to speak to me now would have to be done unequivocally and knowingly, because she would be now waiving her right to counsel. She advised that she understood. The doctor then interjected for a medical process and I had to wait to speak to Margolies again.

Once the medical staff allowed me to continue, I began my conversation with Margolies again. I made sure that she understood her rights and she wanted to continue speaking to me. I asked her how much Xanax she had taken today and she stated she took .25 mg earlier in the day. She also advised that she took Propranolol. I asked her how much she had to drink tonight and she stated two drinks (earlier she said three). She advised she drank vodka cranberry. She advised it was earlier in the evening. I asked her to rate herself on a scale from 1-10 of impairment where she would rate herself, and she stated she was "good". I asked her to give me a number and she said "1, 2". At this point in the conversation she stated she wanted to speak to her dad or a lawyer, which I took as invoking right to counsel. She refused to do any exercises (Taylor warning already read). She advised that she would not willingly provide me a sample of blood. The sample of blood was requested due to the fact that the time delay between the crash and the current state of the investigation made breath both impossible and impractical.

Based on my observations, investigation and totality of the circumstances at this point in the investigation, I have probable cause to believe that Chelsea Margolies was in actual physical control of a motor vehicle while under the influence of an alcoholic beverage, chemical or controlled substance, to the point where her normal faculties were impaired, and also during such action caused major property damage, contrary to F.S.S. 316.193(3)(c)(1). I placed Margolies under arrest at 2151 hrs.

SWORN AND SUBSCRIBED BEFORE ME	
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<b>05/10/2020</b>	<b>MCGILlicuddy, STEVEN (1216)</b>
DATE	NAME OF OFFICER (PLEASE PRINT)
	<b>05/10/2020</b>
	DATE

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

I, Officer S. MCGILLICUDDY, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of JUPITER POLICE DEPARTMENT, and I do swear  
(Name of law enforcement agency)

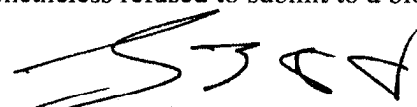
or affirm that on or about the 10TH day of MAY, 20 2020, at 2119  P.M.  A.M.

DRIVER CHELSEA PRICE MARGOLIES,  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M624-115-91-609-0, 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 10TH day of MAY, 20 2020, at 2151  P.M.  A.M.  
in Palm Beach County,

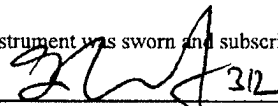
I requested that the driver submit to a **blood test** to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood test would result in the suspension of his or her driving privilege 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 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:



Signature of Attesting Officer

Title POLICE OFFICER

Date 5/10/2020

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,  
by Officer S. MCGILLICUDDY,  
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.

SUBJECT: **MARGOLIES, CHELSEA PRICE**

CASE NUMBER: 20-001678

## 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 detecting 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 detecting its alcohol content and the presence of chemical or controlled substances.

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

I am Officer S. MCGILLICUDDY of the JUPITER 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 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'S SIGNATURE: READ ON BWC MARGOLIES, CHELSEA PRICE

## CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: READ ON BWC MARGOLIES, CHELSEA PRICE

# WITNESS LIST

CASE NUMBER: 20-001678

ARRESTING OFFICER: S. MCGILLICUDDY

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 746-6201

CAN TESTIFY TO: CRASH INVESTIGATION/PC FOR DUI

NAME: HUGO STALKER

ADDRESS: HUGO STALKER

PHONE NUMBERS (HOME) 561-262-4004 (WORK) \_\_\_\_\_

CAN TESTIFY TO: WHEEL WITNESS

NAME: OFC SHAFF

ADDRESS 210 MILITARY TRL, JUPITER, FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: WITNESS STATEMENTS

NAME: OFC. MATONTI

ADDRESS 210 MILITARY TRAIL, JUPITER, FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: BACKUP ON SCENE

NAME: K-9 OFC HOBBY

ADDRESS 210 MILITARY TRL, JUPITER, FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: BACKUP ON SCENE

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY



**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: 2020012346	Date: 5/11/2020
	Specialist Name/ID: Gammage/5660

MCGILLICUDDY  
(1216)

20001678



COMPLAINT

CASE NO. \_\_\_\_\_ DOCKET NO. \_\_\_\_\_ PAGE NO. \_\_\_\_\_

FLORIDA DUI UNIFORM TRAFFIC CITATION **ADB98SE**

COUNTY OF <b>PALM BEACH</b>		<input type="checkbox"/> (1) F.H.P. <input checked="" type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE) <b>JUPITER</b>		AGENCY NAME <b>JUPITER POLICE</b>	
		AGENCY # <b>54</b>	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HERHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
COMPLAINT (RETAINED BY COURT)			
DAY OF WEEK <b>SUNDAY</b>	MONTH <b>05</b>	DAY <b>10</b>	YEAR <b>2020</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
NAME (PRINT) FIRST <b>CHELSEA</b>		LAST <b>MARGOLIES</b>	
STREET <b>6624 66TH WAY</b>			
CITY <b>WEST PALM BEACH</b>		STATE <b>FL</b>	ZIP CODE <b>33409</b>
TELEPHONE NUMBER	DATE OF BIRTH MO <b>03</b> DAY <b>29</b>	YR <b>1991</b> RACE <b>W</b> SEX <b>F</b>	HT <b>500</b>
DRIVER LICENSE NUMBER <b>M 6 2 4 1 1 5 9 1 6 0 9 0</b>	STATE <b>FL</b>	CLASS <b>E</b>	CDL LICENSE <input type="checkbox"/> YR LICENSE EXP. <b>2021</b> COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
YR VEHICLE <b>2012</b> MAKE <b>NISS</b> STYLE <b>4D</b> COLOR <b>WHI</b>	PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
VEHICLE LICENSE NO. <b>Y91KRI</b>	TRAILER TAG NO.	STATE <b>FL</b>	YEAR TAG EXPIRES <b>2021</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY <b>5541 CENTER ST (Block BLK), JUPITER</b>			
MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
COMPANION CITATION(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FT. _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W OF MODE			

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF **REF**

COMMENTS PERTAINING TO OFFENSE (Only one offense each charge)

**DUI - DAMAGE TO PERSON/PROPERTY | Dui W/blood**  REEXAM  YES  NO

AGGRESSIVE DRIVER  PASSENGER  YEARS  STATE STATUTE SECTION **316.193** SUBSECTION **(3)(C)(1)**

CRASH  YES  NO DAMAGE TO OTHER PROPERTY  YES  NO INJURY TO ANOTHER  YES  NO SERIOUS BODILY INJURY TO ANOTHER  YES  NO FATAL  YES  NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.  
**07/01/2020** **08:30 AM** **ADB98SE**  
COURT DATE TIME  
**NORTH COUNTY GOVERNMENT CENTER**  
**3188 PGA Boulevard PBG, FL 33410**

ARREST DELIVERED TO **INMATE PROPERTY** DATE **05/10/2020**  
I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR  
EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:  
 DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.  
 REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2815, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.  
LICENSE SURRENDERED?  YES  NO REASON **DUI W/REFUSAL**  
ELIGIBLE FOR PERMIT?  YES  NO REASON **ELIGIBLE FOR PERMIT**

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.  
AT THE **OAKLAND PARK** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST TRV RELATED OFFENSE. SEE REVERSE SIDE.

RANK - SIGNATURE OF OFFICER **308** BADGE NO. \_\_\_\_\_ ID NO. \_\_\_\_\_ TROOP UNIT \_\_\_\_\_

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____
	SIGNATURE OF PERSON GIVING BAIL _____
	SIGNATURE OF PERSON TAKING BAIL _____
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE.
	SIGNATURE OF CLERK _____
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE)
	PLEA: _____
	FINDING: _____
	ADJUDICATION: _____
	SENTENCE: FINE _____ COST _____
	JAILED _____ DAYS
	DRIVER IMPROVEMENT SCHOOL _____
	OTHER _____
	DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS
	RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS
	RECOMMEND RE-TEST _____
	SIGNATURE OF JUDGE _____
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE _____