

5. 0514264

2021 1174

P 1279

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-2000556	
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		Weapon Seized / Type 2 1. Yes 2. No
Location of Arrest (Including Name of Business) 10973 N MILITARY TRL, PALM BEACH GARDENS, FL 33410				Location of Offense (Business Name, Address) GARDEN LAKES DR/N MILITARY TRAIL, PALM BEACH GARDENS, FL 33410		
Date of Arrest 01/25/2020	Time of Arrest 19:36	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405

Name (Last, First, Middle) NUTTLE, CHRISINE,				Alias (Name, DOB, Soc. Sec. #, Etc.) NONE		
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 06/26/1970	Height 504	Weight 125	Eye Color BLU	Hair Color BLN
Complexion LGT		Build SMALL		Marital Status DIVORCED	Religion CATHOLIC	Indication of Alcohol/Drug Influence 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCAR: ABOVE L-EYEBROW; TATT: L-ANKLE (FLOWER); BACK SUN						
Local Address (Street, Apt. Number) 9101 DUCALE WAY #205, PALM BEACH GARDENS, FL 33418		(City) (State) (Zip)		Phone (561) 427-8182		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>
Permanent Address (Street, Apt. Number) 9101 DUCALE WAY #205, PALM BEACH GARDENS, FL 33418		(City) (State) (Zip)		Phone		Address Source SELF
Business Address (Name, Street) SELF EMPLOYED		(City) (State) (Zip)		Phone		Occupation HOUSE CLEANER
D/I Number, State N340100707260 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) HUNNINGTON, NY
Citizenship USA						

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
Parent Name (Last) (First) (Middle)	Address (Street, Apt. Number) (City) (State) (Zip)			Residence Phone	
Legal Custodian	Address (Street, Apt. Number) (City) (State) (Zip)			Business Phone	
Other	Address (Street, Apt. Number) (City) (State) (Zip)			Business Phone	
Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. <input type="checkbox"/> 2. TOT HRS / DYS <input type="checkbox"/> 3. Incarcerated <input type="checkbox"/>		
Released To: (Name)	Relationship	Date	Time		

The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No: (Reason)		School Attended	Grade
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property	

Drug Activity N. N/A R. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ 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. Parapharmacia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description DRIVING UNDER THE INFLUENCE					Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense #		Warrant / Capias Number		Bond OR			
Charge Description DUI - ENHANCEMENT .15>					Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(4)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense #		Warrant / Capias Number		Bond OR			
Charge Description					Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond			

Location (Court Room Number, Address)
NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time
Month **FEBRUARY** Day **26** Year **2020** Time **10:00** AM PM

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF I FULLY 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 MAY BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) _____ Date Signed **01/25/2020**

HOLD for other Agency Name:	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) Ofc. Cameron Carver #471	(PRINT) JAN 26 10:00
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Transporting Officer ID # Ofc. Cameron Carver #471	Agency PBGPD
Witness here if subject signed with a "X"	PAGE 1	

FILED
JAN 26 2020
CIRCUIT & COUNTY COURTS
(CRIMINAL DIV.)

WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25 DAY OF JANUARY 2020, AT 18:47 AM PM

SUBJECT: NUTTLE, CHRISINE, CASE NUMBER: 20000556

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Cameron Carver #471

PERSONAL CONTACT

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

On Saturday, January 25, 2020 at 18:47hrs, I, Officer Cameron Carver, was dispatched to Garden Lakes Drive and N Military Trail. Pustova provided a sworn-oral statement advising she was traveling eastbound on Garden Lakes Drive and was stopped in traffic for a red light when she was rear-ended by Nuttle's vehicle. Pustova stated after the crash, she got out of her vehicle to inspect her car and stated Nuttle was yelling at her from her vehicle. Pustova stated she did not see anyone else in the vehicle with Nuttle.

OBSERVATION OF DRIVER:

Nuttle participated in the crash investigation. While interacting with Nuttle I detected the odor of unknown alcoholic beverage emanating from her breath. Nuttle's speech was animated, slurred and mumbled at times. I observed Nuttle's eyes to be glassy and watery. Nuttle leaned and propped herself on her vehicle while talking with me.

DRIVER'S STATEMENTS:

Post-Miranda, Nuttle stated she drank one (1) glass of "cabernet," then clarified six (6) to seven (7) ounce glass, approximately "45 minutes ago." Nuttle stated she did not have any food tonight. Nuttle advised she did not have any issues with walking or maintaining balance; has no medical conditions, taking no prescription medications; stated she drank alcohol and consumed no illicit substances in the last 48 hours.

ODORS:

Odor of unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: animated, slurred and mumbled

ATTITUDE: Cooperative, Belligerent, Hostile, Hysterical, Emotional

CLOTHING: Green long sleeve shirt, multi-colored pants, tan sandals

MEDICAL/OTHER: In Vehicle: None
Roadsides: None
BAT: ADHD, Thyroid Condition, Sleeping Condition

STATE OF FLORIDA
COUNTY OF PALM BEACH

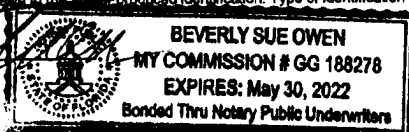
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of JANUARY 2020 by Ofc. Cameron Carver

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

Personally Known

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



SCANNED
JAN 26 2020

SUBJECT: NUTTLE, CHRISINE,

CASE NUMBER 20000556

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:

Vertical gaze nystagmus was found. I also observed Nuttle's eyes to be watery and glassy. Nuttle had a visible sway. Nuttle was unable to stay focused on the stimulus, having to be reminded throughout the task to stay focused on the stimulus. Nuttle continually moved her head.

WALK & TURN:

After placing the tape on the ground, I had Nuttle walk over to the starting point. Nuttle wanted to remove her shoes (tan sandals) and needed to lean on the pillar to complete this task. Nuttle then walked over to the end of the yellow tape and had great difficulty with placing her feet on the line per my instructions. Nuttle multiple times grabbed the pillar next to the ATM to keep herself balanced. Nuttle began to argue and become emotional and belligerent, stating she was too nervous to complete the task and questioned if anyone was able to perform this task. After Nuttle collected herself again, I once again began the instructions. Nuttle's mood drastically changed and again claimed she was unable to perform the task after not being able to maintain her balance in the starting position for more than a second or without using the pillar to support her. After Nuttle calmed down I explained to Nuttle her Taylor Warnings, which she stated she would participate and perform the task. Again, I began to explain the instructions while having Nuttle stand in the starting position and her mood changed as she got angry and began to walk away stating she could not do it.

ONE LEG STAND:

NOT PERFORMED

BREATH TEST RESULTS: .193 .200

STATE OF FLORIDA
COUNTY OF PALM BEACH

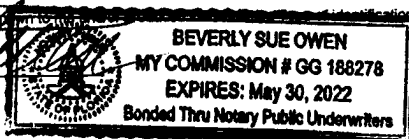
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of JANUARY 2020 by Ofc. Cameron Carver

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

Personally Known

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



SCANNED
JAN 26 2020

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006478 Software: 8100.27
Date of Test: 01/25/2020

Date of Last Agency Inspection: 01/17/2020

Observation Period Began: 20:10

Subject's Name: CHRISTINE NUTTLE

DOB: 06/26/1970 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	20:35
	Air Blank	0.000	20:35
	Control Test	0.081	20:37
	Air Blank	0.000	20:37
	Subject Sample #1	0.193	20:39
	Air Blank	0.000	20:39
	Air Blank	0.000	20:41
	Subject Sample #2	0.200	20:42
	Air Blank	0.000	20:43
	Control Test	0.080	20:43
	Air Blank	0.000	20:43
	Diagnostics Check	OK	20:43

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Beach

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

I SUP OWEN, 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: [Signature] Date: 01/25/20
Signature

Sworn to (or affirmed) before me this 25th day of JANUARY 2020

[Signature] 471 ofc C. CARVER
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.

SCANNED
JAN 26 2020



**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 20-030444 PBSO ZONE 3-13

AGENCY CASE # 20000556 CRASH CASE # _____

TIME OF STOP/CRASH 18:47 DATE 01/25/2020 DAY SATURDAY

SUBJECT'S NAME NUTTLE CHRISINE RACE W SEX F
LAST FIRST MID

HGT 504 WGT 125 DOB 06/26/1970

LOCATION 10973 N MILITARY TRL, PALM BEACH GARDENS, FL 33410

ARRESTING OFFICER'S NAME & ID Ofc. Cameron Carver #471 AGENCY PBGPD

DIVISION: Traffic Unit

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 08:10

ARREST TIME 19:36

BREATH RESULTS:

.193
.200

NOT A CERTIFIED COPY

BREATH TEST OPERATOR: 3184

SCANNED
JAN 26 2020

SUBJECT: _____ CASE NUMBER: _____

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 _____ of the _____

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: (X) _____

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 voluntarily 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 cannot 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.

SCANNED
JAN 26 2020

SUSPECT'S SIGNATURE: (X) Read on Scene

WITNESS LIST

CASE NUMBER: 20000556

ARRESTING OFFICER: Ofc. Cameron Carver

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: Ofc. Matt Ray #415

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Scene Safety

NAME: Ofc. Matt Arnold #441

ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Scene Safety

NAME: OLGA PUSTOVA

ADDRESS 1401 14TH LANE, PALM BEACH GARDENS, FL, 33418

PHONE NUMBERS (HOME) 561-801-3303 (WORK) _____

CAN TESTIFY TO: CRASH

NAME: Sue Owen #3184 (PBSO BAT Tech)

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Breathalyzer

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 26 2020



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: 2020002792	Date: 01/26/2020
	Specialist Name/ID: AM/31562

**SCANNED
JAN 26 2020**