

0513994

KIR 2017-799 #3655

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 1 4 20-000207	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE						
D E F E N D A N T	Agency ORI Number 0501700	Location of Arrest (Including Name of Business) JUPITER MEDICAL CENTER, JUPITER, FL		Location of Offense (Business Name, Address) 365 W FREDERICK SMALL RD/GOLF VILLAGE BLVD,									
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type NONE		Multiple Clearance Indicator									
	Date of Arrest 01/13/2020	Time of Arrest 17:01	Booking Date 01/13/2020	Booking Time 17:11	Jail Date	Jail Time	Location of Vehicle						
	Name (Last, First, Middle) DAVIS, DARIA BREEDLOVE		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)								
C O D E F E N D E R	Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex F	Date of Birth 06/11/1956	Height 5'05	Weight 140	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Medium			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status M	Religion PROTESTANT	Indication of: Alcohol Influence Drug Influence		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>						
	Local Address (Street, Apt. Number) 120 W RIVERSIDE DR, JUPITER, FL 33469		(City)	(State)	(Zip)	Phone		Residence Type: 1. City 2. Country 3. Florida 4. Out of State		1			
	Permanent Address (Street, Apt. Number) 120 W RIVERSIDE DR, JUPITER, FL 33469		(City)	(State)	(Zip)	Phone		Address Source VERBAL					
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation Registered Nure					
	D/L Number, State D120162567110 / FL		INS Number		Place of Birth (City, State) NASH COUNTY, NC,		Citizenship US						
	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"/> 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 IAC 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 Crime? <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. Struggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	F. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other		
C H A R G E	Charge Description DUI - DAMAGE TO PERSON/PROPERTY		Statute Violation Number 316.193(3)(C)(1)		Violation of ORD #								
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond				
	Charge Description	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
C H A R G E	Charge Description	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
	Charge Description	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
	Charge Description	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
I N T A K E	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: Explain:		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries								
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To		
	Transported By		Date Transported	Time Transported	Other								
N O T I C E T O A P P E A R	<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) North County PALM BEACH GARD		Court Date and Time 02/19/2020 08:30:00						No Photo Available		
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed								
	HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)								
A D M I N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) MCGILLICUDDY, STEVEN		I.D. # 1216		(PRINT) JAN 13 PM 9:22		PAGE 1 OF 1		
	Intake Designation AS 10mm 8033		Pouch #		Transporting Officer S. MCGILLICUDDY		I.D. # 388		Agency JUPITE		Witness here if subject signed with an "X".		

JAN 15 2020

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 20-000207
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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) DAVIS, DARIA BREEDLOVE	Alias	Race W	Sex F	Date of Birth 06/11/1956
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Charge Description 316.193(3)(C)(1) DUI - DAMAGE TO PERSON/PROPERTY	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) WITTE, ELVIA SUSANA	Race W	Sex F	Date of Birth 08/02/1963
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Local Address (Street, Apt. Number) 5 WINDSOR RD W, JUPITER, FL 33469	(City)	(State)	(Zip)	Phone (561) 575-5590	Address Source
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Business Address (Name, Street) 5 WINDSOR RD W, JUPITER, FL 33469	(City)	(State)	(Zip)	Phone (561) 346-7304	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. was observed by **WITNESSES** who told **POLICE** that he/she saw the arrested person commit the below acts.

confessed to _____ was found to have committed the below acts, resulting from my (described) investigation.

admitting to the below facts.



On the **13** day of **January**, **2020** at **16:01** (Specifically include facts constituting cause for arrest.)

On 1/13/2020 at approximately 1601 hrs I was en route to start my shift when I was contacted by Jupiter Police Officer J. O'Keefe, who asked me to respond to the area of W Frederick Small Road and Golf Village Boulevard, in reference to assisting with a crash investigation. I noted on my MDT that the call notes stated it was a two vehicle collision and that one female driver was having trouble exiting a vehicle. I arrived on scene and made contact with Ofc. O'Keefe as well as with Master Police Officer D. Fautleroy.

MPO Fautleroy advised me that a female driver, now known to me as Daria Davis (DEFENDANT) was still in VEHICLE-1 as officers arrived. He advised me that during his contact with Davis he detected a strong odor of unknown alcoholic beverage emitting from her person and he was concerned that she was impaired. I then spoke to Ofc. J. O'Keefe (see crash report) who was the primary crash investigator. He advised me that during his crash investigation, he determined the following. VEHICLE-1, a Mercedes SUV bearing FL tag JC9-41L, being driven by Davis, had traversed south bound from Golf Village Boulevard, failed to properly negotiate a right-handed west-bound turn onto W Frederick Small Road, crossed the divided median into oncoming traffic, and crashed into VEHICLE-2, a Nissan Rogue bearing FL tag Z22-ALV, being driven by Elvia Witte (VICTIM).

O'Keefe advised me that Davis had a strong odor of unknown alcoholic beverage emitting from her person, had glassy bloodshot eyes and did not have a strong recollection of the crash. He was also concerned that Davis had been operating the vehicle while impaired. O'Keefe advised me that he had completed his crash investigation. At this time Palm Beach County Fire-Rescue had placed Davis into an ambulance for transport to Jupiter Medical Center. Witte was also transported. I responded to Jupiter Medical Center to continue the investigation.

Once at the hospital, I made contact with Davis, who had been given a hospital bed in

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	
NOTARY PUBLIC / CLERK OF COURT (F.S.S. 117.10)	MCGILICUDDY, STEVEN (1216)
01/13/2020	NAME OF OFFICER (PLEASE PRINT)
DATE	01/13/2020
	DATE

Agency ORI Number **FL 0501700** Agency Name **JUPITER POLICE DEPARTMENT** Agency Report Number **5 | 4 | 20-000207**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance 6. Other
 2. Traffic Felony 4. Traffic Misdemeanor

Name (Last, First, Middle) **DAVIS, DARIA BREEDLOVE** Race **W** Sex **F** Date of Birth **06/11/1956**

the hallway. Approximately six feet away from Davis, as I approached her, I could already smell the strong odor of unknown alcoholic beverage emitting from her person. Her hair was disheveled. Her eyes were glassy and bloodshot. As she spoke to me, her words were highly slurred, and emitted a strong odor of unknown alcoholic beverage, which intensified as she spoke. When I first approached her she asked me where I was going to be taking her and put her hands out in a handcuffing motion. She was overly friendly and appeared to not have an understanding of the seriousness of the accident that she had been involved in. Shortly after her family arrived and Ofc. O'Keefe arrived at the hospital.

At this point I advised Davis that the crash investigation was now over and that based on my observations and the totality of the circumstances, I was going to conducting a criminal DUI investigation. I then read her her Miranda rights. At the insistence of her family, she advised that she did not want to speak to me. I asked her if she would be willing to conduct field sobriety exercises. She refused. I read her the Taylor warning and she again refused. Based on my investigation, observations and training in DUI enforcement, I have probable cause to believe that Davis 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, which resulted in her causing a major crash. I advised her that she was under arrest at 1701 hrs. By this point I had been advised by hospital staff that Davis was going to be at the hospital for a possible extended period of time, and that she would, at minimum, need a CT scan of her brain due to the crash. This made requesting a breath sample from Davis both improbable and impractical. Therefore, I requested Davis that she provide me with a blood sample. She refused. I then read her the Florida implied consent for blood and she refused, with a marked refusal time of 1703 hrs.

I explained the arrest process to Davis and her family, and allowed her family to retrieve items of value from her person. Davis underwent a CT scan and other medical care, during which time I completed my paperwork. I issued her a criminal court date of 02/19/2020 at 0830 hrs at the North County Courthouse in Palm Beach Gardens. Her physical license was not seized due to it not being on her person. She was explained the process of obtaining a hardship license and suspension penalties. I issued her a DUI property damage citation and also issued her a citation for violation of divided highway. Upon receiving medical clearance I transported Davis to police headquarters to finish paperwork. I then booked her into the Palm Beach County Jail. BWC.

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) **01/13/2020** DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER **MCGILlicuddy, Steven (1216)** NAME OF OFFICER (PLEASE PRINT)

01/13/2020 DATE

SCANNED
 JAN 15 2020
 CRIME ANALYSIS

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)

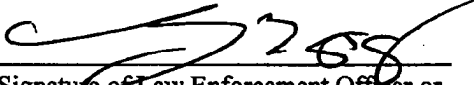
or affirm that on or about the 13th day of January, 20 2020, at 1701 P.M. A.M.

DRIVER Daria Breedlove Davis,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# D120-162-56-711-0, 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 13th day of January, 20 2020, at 1703 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)

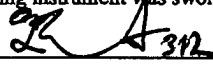
The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 13TH day of JANUARY, 20 20,
by Officer S. MCGILLICUDDY,
who is personally known to me or who has produced
_____ as identification

Notary Public _____

HSMV-BAR1002 (REV. 10/16)


Signature of Attesting Officer

Title ofc. B. Zesut 312

Date 1/13/2020

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.

SCANNED
JAN 15 2020

WITNESS LIST

CASE NUMBER: 20-000207

ARRESTING OFFICER: S. MCGILLICUDDY

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PROBABLE CAUSE/DUI INVESTIGATION

NAME: OFC. J. O'KEEFE

ADDRESS: 210 MILITARY TRL, JUPITER, FL

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: LEAD CRASH INVESTIGATOR

NAME: MPO FAUNTLEROY

ADDRESS 210 MILITARY TRL, JUPITER, FL

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON SCENE

NAME: ELVIA WITTE

ADDRESS 5 WINDSOR RD W. JUPTER, FL

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: VICTIM OF CRASH

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
JAN 15 2020

SUBJECT: **Davis, Daria Breedlove**

CASE NUMBER: 20-000207

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 o 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 Davis, Daria Breedlove

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 Davis, Daria Breedlove

SCANNED
JAN 15 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: 2020001475	Date: 01/14/2020
	Specialist Name/ID: AM/31562

SCANNED
JAN 15 2020