

50497890

20 OCT 10 234 NB

P3741

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest
2. N.T.A.

3. Request for Warrant
4. Request for Capias

1

Juvenile N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-099241	
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business) 5000 BLK SEMINOLE PRATT WHITNEY RD		Location of Offense (Business Name, Address) 5000 BLK SEMINOLE PRATT WHITNEY RD		Weapon Seized / Type 2. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> N/A		Multiple Clearance Indicator 01	
Date of Arrest 08-20-2020	Time of Arrest 1807	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle PRIORITY TOWING	
Name (Last, First, Middle) KING, DORENE M.				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 02-22-1959	Height 5-04	Weight 130	Eye Color BRO	Hair Color BLO	Complexion NED
Build MED				Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Marital Status W	
Religion CHRISTIAN				Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>		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"/>	
Local Address (Street, Apt. Number) 19481 W. SYCAMORE DR LOXAHATCHEE FL 33470		(City) (State) (Zip)		Phone (407) 559-7819		Address Source	
Permanent Address (Street, Apt. Number) SAME		(City) (State) (Zip)		Phone ()		Occupation RCA - MAIL CARRIER	
Business Address (Name, Street) USPS		(City) (State) (Zip)		Phone ()		Occupation	
D/L Number, State K520-173-59-562-0 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) SAUGUS, MA	
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)		Residence Phone		Business Phone		Date AUG 20 PM 9:52	
Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip)		Notified by: (Name)		Date	
Other:		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated			
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 355-2628) informed of any change of address.				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Code A. Drug Activity N. N/A P. 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. Paraphernalia S. Pharmacy		U. Unknown Z. Other			
Charge Description DUI		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1)	
Drug Activity		Drug Type		Amount / Unit		Offense # 20-099241	
Warrant / Capias Number		Bond		Charge Description		Counts	
Domestic Violence <input type="checkbox"/> Y <input 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 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 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 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 GOVERNMENT CENTER - 3188 PGA BLVD PALM BEACH GARDENS FL 33410		Court Date and Time	
Month SEPT. Day 30 Year 2020 Time 08:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		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) <i>[Signature]</i>		Date Signed 08-22-2020	
HOLD for other Agency		Name of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)			
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Intake		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) D/S J. LEVEY		I.D. # 6656	
Pouch #		Transporting Officer D/S J. LEVEY #6656		ID #		Agency FBSO	
Witness here		PAGE 1		OF 1		SCANNED AUG 22 2020 AB	

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

Agency ORI Number: FLO 500000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06-20-099241

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

Name (Last, First, Middle): KING, DORENE M. Race: W Sex: F Date of Birth: 02-22-1959

Charge Description: DUI 316.193(1)

Charge Description: (Empty)

Victim's Name (Last, First, Middle): STATE OF FLORIDA Race: Sex: Date of Birth:

Local Address (Street, Apt. Number): (City) (State) (zip) Phone: Address Source:

Business Address (Name, Street): (City) (State) (zip) Phone: Occupation:

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.

committed the below acts in my presence. was observed by 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 20TH day of AUG 20 20 at 1731 A.M. P.M. (Specifically include facts constituting cause for arrest.)

ON THE ABOVE DATE AND TIME I WAS NORTHBOUND IN THE 5000 BLOCK OF SEMINOLE PRATT WHITNEY RD, INCORPORATED CITY OF WESTLAKE, PALM BEACH COUNTY, FLORIDA, HEADING TO A CALL FOR SERVICE. IT SHOULD BE NOTED THAT SEMINOLE PRATT WHITNEY RD IS A FOUR LANE DIVIDED (BY A LOW CURB, GRASS AND TREES) HIGHWAY.

AT THIS TIME I APPROACHED THE RED TRAFFIC SIGNAL FOR NORTHBOUND TRAFFIC. A WHITE FOUR DOOR NISSAN SEDAN EXIT TOWN CENTER PARKWAY NORTH AND PROCEED SOUTHBOUND INTO THE NORTHBOUND TRAVEL LANE OF SEMINOLE PRATT WHITNEY RD, HEAD ON INTO TRAFFIC. THIS VEHICLE PASSED A FULLY MARKED PALM BEACH COUNTY SHERIFF'S OFFICE PATROL VEHICLE THAT WAS SITTING AT THE SAME TRAFFIC SIGNAL, ALSO NORTHBOUND. THE VEHICLE, DRIVEN BY A WHITE FEMALE, PASSED ME AND CONTINUED SOUTHBOUND HEAD ON INTO ONCOMING TRAFFIC.

I IMMEDIATELY TURNED AROUND, ACTIVATED MY EMERGENCY LIGHTS AND SIREN AND ATTEMPTED TO STOP THE VEHICLE. THE VEHICLE, A 2019 NISSAN SEDAN WITH A FLORIDA TAG OF LLAL33, AN ASSIGNED VIN NUMBER OF 3N1CN7AP5KL878664, PROCEEDED SOUTHBOUND IN THE NORTH BOUND LANES FOR APPROXIMATELY 150 YARDS. THE VEHICLE THEN CUT RIGHT INTO THE MEDIAN CURB AND CROSSED OVER THE MEDIAN ONTO SOUTHBOUND SEMINOLE PRATT WHITNEY RD. THE VEHICLE THEN CAME TO A FULL AND COMPLETE STOP.

I EXITED MY FULLY MARKED PALM BEACH COUNTY SHERIFF'S PATROL VEHICLE, AND I APPROACHED THE VEHICLE. I WAS WEARING A COMPLETE CLASS B UNIFORM WITH FULL GUNBELT, VISIBAL PBSO SILVER STAR AND NAME TAG.

STATE OF FLORIDA COUNTY OF PALM BEACH D/S J. LEVEY (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20TH day of AUG 20 by D/S J. LEVEY

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.10) Notary Public State of Florida Renee Ragin My Commission GG 906418 Expires 03/05/2024

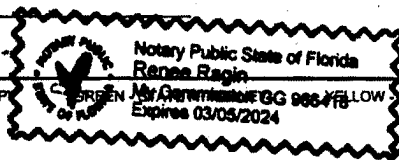
PAGE 1 OF 2 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	Juvenile	N
ADMIN	Agency ORI Number	Agency Name	Agency Report Number					
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 20-099241					
CHARGES	Charge Type: Check as many as apply.		Special Notes:					
	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other		
DEF	Name (Last, First, Middle)			Alias	Race	Sex	Date of Birth	
	KING, DORENE M.				W	F	02-22-1959	
CHARGES	Charge Description		316.193(1)		Charge Description			
	Charge Description				Charge Description			
VICTIM	Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth		
	STATE OF FLORIDA							
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone	Address Source	
Business Address (Name, Street)		(City)	(State)	(zip)	Phone	Occupation		
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>20TH</u> day of <u>AUG</u> 20<u>20</u> at <u>1731</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>THE DRIVER, LATER IDENTIFIED BY FLORIDA DRIVER'S LICENSE AS DORENE M. KING, APPEARED CONFUSED AND COULD NOT OPEN THE DOOR. I NOTICED A CORONA 24OZ CAN OF BEER IN THE CUPHOLDER WITH A STRAW IN IT. THE CAN HAD "SWEAT" ON IT INDICATING THAT IT WAS COLD. UPON OPENING THE DOOR KING APPEARED CONFUSED AND I DETECTED THE ODOR OF AN UNKNOWN MIXED ALCOHOLIC BEVERAGE ON HER BREATH AND PERSON.</p> <p>AT THIS TIME I BEGAN MY INVESTIGATION INTO A POSSIBLE DUI INVESTIGATION. PLEASE SEE THE ATTACHED PAPERWORK FOR FURTHER.</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH D/S J. LEVEY (Signature of Arresting/Investigative Officer)							
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>20TH</u> day of <u>AUG</u> 20 <u>20</u> by <u>D/S J. Levey</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known</u>							
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								PAGE <u>2</u> OF <u>2</u>

NOT A CERTIFICATE



D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20TH DAY OF AUG 20 20 AT 1731 AM PM

SUBJECT: KING, DORENE M. CASE NUMBER: 20-099241

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S J. LEVEY

PERSONAL CONTACT

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

I OBSERVED A WHITE 4 DOOR NISSAN SEDAN TURN SOUTHBOUND INTO THE NORTHBOUND SEMINOLE PRATT WHITNEY TRAVEL LANES FROM TOWN CENTER PARKWAY N. THE DRIVER, A WHITE FEMALE LATER IDENTIFIED BY FLORIDA DRIVER'S LICENSE AS DORENE KING, WAS THE SOLE OCCUPANT OF THE VEHICLE. KING PROCEEDED SOUTHBOUND IN THE NORTHBOUND TRAVEL LANE (INSIDE IN TURN LANE) FOR APPROXIMATELY 150 YARDS UNTIL THE LANE MERGE. SHE THEN JUMPED THE CURB AND PROCEEDED SOUTHBOUND IN THE #1 TRAVEL LANE (SOUTHBOUND SIDE OF THE ROADWAY).

OBSERVATION OF DRIVER:

KING APPEARED CONFUSED. SHE HAD DIFFICULTY IN OPENING THE CAR DOOR AND TUGGED SEVERAL TIMES AT THE LATCH. IT ALSO TOOK HER SEVERAL TRIES TO OPEN THE WINDOW. SHE APPEARED UNKEMPT.

DRIVER'S STATEMENTS:

KING WAS CONFUSED. SHE DID NOT KNOW WHY I STOPPED HER. SHE STATED THAT SHE WAS GOING HOME AND COMING FROM THE LIQUOR STORE.

ODORS:

I DETECTED THE ODOR OF AN UNKNOWN MIXED ALCOHOLIC BEVERAGE ON HER BREATH.

GENERAL OBSERVATIONS

SPEECH: CONFUSED AND SLOW

ATTITUDE: APPOLOGETIC

CLOTHING: PINK SANDALS, BLACK TANK TOP, WHITE SHORTS

MEDICAL/OTHER: NONE NOTED

STATE OF FLORIDA
COUNTY OF PALM BEACH

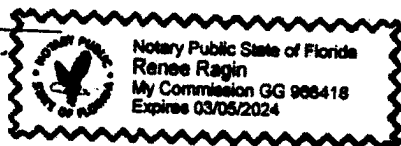
D/S J. LEVEY

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20TH day of AUG 20 20 by D/S J. LEVEY #6656

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

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



SUBJECT: KING, DORENE M.

CASE NUMBER 20-099241

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:

UNABLE TO PERFORM TASK. COULD NOT KEEP HEAD STILL.

WALK & TURN:

UNABLE TO FOLLOW INSTRUCTIONS. WALKED AND DID NOT COUNT OUT LOUD.

ONE LEG STAND:

DID NOT FOLLOW INSTRUCTIONS AND DID WALK AND TURN A SECOND TIME ALSO WALKING AND NOT COUNTING.

FINGER TO NOSE:

READ INSTRUCTIONS TWICE. KEPT EYES OPEN AND KEPT HEAD UP. MISSED NOISE ON #1 (LEFT)

ROMBERG ALPHABET:

INSTRUCTIONS READ TWICE. COMPLETED PROPERLY TO "U.. R... OH FUCK" BUT EYES OPEN AND DID SAY RHYTHMICALLY.

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

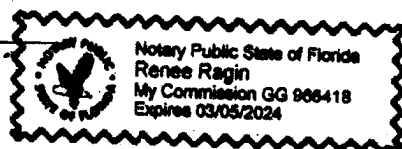
D/S J. LEVEY

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20TH day of AUG 2020 by D/S J. LEVEY #6656

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

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





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)(l)	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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020019862	Date: 08/21/2020
	Specialist Name/ID: T Howard/7185