

0518738

20CT 12033

3096

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
Agency ORI Number FLO 502600		Agency Name Palm Beach Gardens Police Department			Agency Report Number (N.T.A.'s only) 78- 20-004291						
Charge Type: Check as many as apply.		<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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) N Military Trl/ Gardenia Dr. PBG					Location of Offense (Business Name, Address) N Military Trail/Gardenia Drive, PBG						
Date of Arrest 9/25/2020		Time of Arrest 2342		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First Middle) Cohen, Erin Rachel					Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White / American Indian		Sex F	Date of Birth 6/25/1984		Height 5'2"	Weight 105	Eye Color BRO	Hair Color BRO	Complexion Light	Build Small	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none					Marital Status single		Religion none		Indication of Alcohol/Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) 10418 Orchid Reserve Dr		(City) Palm Beach Gardens		(State) FL		(Zip) 33412		Phone (301) 642-6887		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) Same as Local Address		(City)		(State)		(Zip)		Phone () Same		Address Source verbal	
Business Address (Name, Street) unknown		(City)		(State)		(Zip)		Phone ()		Occupation unknown	
D/L Number, State 28756281 PA		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) Pittsburgh, PA		Citizenship YES			
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 Legal Custodian Other		Name (Last)		(First)		(Middle)		Residence Phone ()			
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone ()			
Noticed by (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / OYS 3. Incarcerated		Grade			
Released To (Name)		Relationship		Date		Time		Grade			
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 Clime? <input type="checkbox"/> Yes <input 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. 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/Derv.	P. Paraphernalia Equipment S. Synthetics	U. Unknown Z. Other
Charge Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193 (1) (C)		Violation of ORD #			
Drug Activity N		Drug Type N	Amount / Unit N/A		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 N		Drug Type N	Amount / Unit N/A		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 N		Drug Type N	Amount / Unit N/A		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 N		Drug Type N	Amount / Unit N/A		Offense #		Warrant / Capias Number		Bond		
Location (Court, Room Number, Address) North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410											
Court Date and Time Month 10 Day 28 Year 2020 Time 10 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 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 SHALL BE ISSUED. [Signature] Date Signed 9/26/20											
HOLD for other Agency Name		Signature of Arresting Officer [Signature]			Name Verification (Printed by Arrestee) Sep 26 am 2:51						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) Officer Faris		I.D.# 476		PAGE			
Intake Deputy [Signature]		I.D.#	Pouch #	Transporting Officer Officer Faris		I.D.# 476	Agency PBGPD		Witness here if subject signed with an X		

SEP 26 2020

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25th DAY OF September 20 20 AT 2342 AM PM

SUBJECT: Cohen, Erin Rachel CASE NUMBER: 20-004291

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Officer Paris

PERSONAL CONTACT

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

On September 25, 2020, at 11:29 p.m., I responded to a traffic stop in reference to a possible intoxicated driver. On arrival I spoke to Officer Trudeau and Officer Wood, who advised the following: he observed a Grey BMW bearing Florida Tag IM83SU traveling south bound on Military Trail in the outside lane, approaching Gardenia Drive when the vehicle came a screeching halt to avoid colliding with the vehicle that was stopped at the red light in front of it. As the vehicle traveled south bound the left tires traveled over the white dividing lines from the outside lane to the middle lane then quickly swerved back to the outside lane almost striking the curb four times.

OBSERVATION OF DRIVER:

Officer Trudeau and Officer Wood advised Cohen was slurring her words and was not able to focus on what she was doing when asked questions. Cohen also had blood shot and watery eyes. When I asked Cohen to step out of the vehicle she stumbled out. Cohen was unable to walk without stumbling to the rear of the vehicle. Cohen was unable to maintain balance while I gave instructions. I observed Cohen having bloodshot and watery eyes. Odor of an unknown alcoholic beverage on her breath. Cohen had slurred speech while speaking to me. Cohen was lethargic while speaking to me.

DEFENSE STATEMENTS:

I asked Cohen if she was on any medication and she told me she takes Effexor.

ODORS:

unknown odor of an alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: slurred,

ATTITUDE: cooperative, lethargic

CLOTHING: Jeans, black top, white heels

MEDICAL/OTHER: Effexor

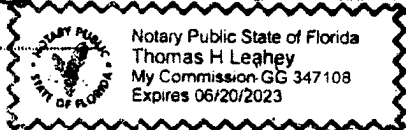
STATE OF FLORIDA COUNTY OF PALM BEACH

(Signature of Notary Public)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25th day of September 2020 by OF: Paris

(Print name of Notary Public) Thomas H. Leahy My Commission GG 347108 Expires 06/20/2023

Notary Public, State of Florida



SCANNED

SEP 26 2020

SUBJECT: Cohen, Erin Rachel

CASE NUMBER: 20-004291

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION |
| <input checked="" type="checkbox"/> LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

could not keep head straight, swayed, stumbled, unable to keep hands to her side.

WALK & TURN:

Unable to stand while giving instructions. Due to her level of impairment I was concerned for her safety therefore I discontinued the sobriety tasks.

ONE LEG STAND:

Due to her level of impairment I was concerned for her safety therefore I discontinued the sobriety tasks.

FINGER TO NOSE:

Due to her level of impairment I was concerned for her safety therefore I discontinued the sobriety tasks.

ROMBERG/ALPHABET:

Due to her level of impairment I was concerned for her safety therefore I discontinued the sobriety tasks.

BREATH TEST RESULTS: .193, .198

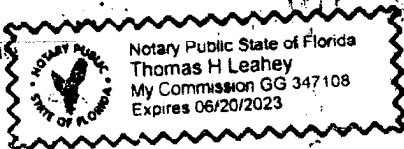
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn to before me this 25th day of September, 2020 by Ofc. Faris

who is personally known to me and/or whose identification, Type of identification produced None

Notary Public, Clerk of Court, Officer (F.S. § 117.15)



SCANNED

SEP 26 2020

WITNESS LIST

CASE NUMBER: 20-004291

ARRESTING OFFICER: Officer Paris

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

PHONE NUMBERS (HOME): _____ (WORK) 561-799-4445

CAN TESTIFY TO: Observations of driver, SFSTs, arrest.

NAME: FTO. Hanton

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

PHONE NUMBERS (HOME) _____ (WORK) 561-799-4445

CAN TESTIFY TO: Observations of driver, SFSTs, arrest.

NAME: Officer Wood

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

PHONE NUMBERS (HOME) _____ (WORK) 561-799-4445

CAN TESTIFY TO: Driving pattern, observations of driver, SFSTs, arrest.

NAME: FTO. Trudeau

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

PHONE NUMBERS (HOME) _____ (WORK) 561-799-4445

CAN TESTIFY TO: Driving pattern, observations of driver, SFSTs, arrest.

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: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
SEP 26 2000

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: 80-006477 Software: 8100.27
Date of Test: 09/26/2020

Date of Last Agency Inspection: 09/18/2020
Observation Period Began: 00:15
Subject's Name: ERIN R COHEN

DOB: 06/25/1984 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	00:39
	Air Blank	0.000	00:40
	Control Test	0.079	00:40
	Air Blank	0.000	00:40
	Subject Sample #1	0.193	00:41
	Air Blank	0.000	00:42
	Air Blank	0.000	00:43
	Subject Sample #2	0.198	00:44
	Air Blank	0.000	00:45
	Control Test	0.079	00:45
	Air Blank	0.000	00:45
	Diagnostics Check	OK	00:46

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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 THOMAS H LEAHEY, 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: 09/26/2020

Sworn to (or affirmed) before me this 26th day of September, 2020

Signature of Notary Public-State of Florida

Dr J FANT #476
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.



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	<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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020022753	Date: 09/26/2020
	Specialist Name/ID: T Howard/7185

SCANNED

SEP 26 2020