

2020CT00285/ASB

Arrest Report

FLORIDA HIGHWAY PATROL
P.O. BOX 540007, GREENACRES, FL 33454

Report Date / Time 2/16/2020 04:19 AM	Report Number FHP99ARR816342	Case Number/Cad Number FHPL20OFF010073 / LWRC20CAD027697	Reporting Officer Name Z. TODD
Originating Agency ORI	Occur Date Time Range 02/16/2020 02:35:38 -	Jurisdiction	Clearance

Location of Occurrence

County PALM BEACH	Location Type PUBLIC PLACE	Location Description ROADWAY			
Street Number SR-9	Street NB YAMATO ROAD	Apt/Lot/Bldg	City BOCA RATON	State FL	Zip Code 33487

Defendant

First Name FAVIOLA	Middle Name JUBILEE	Last Name SHARPE	Suffix	Race BLACK	Sex FEMALE	Height 504	Weight 120	Hair BLK	Eyes BRO
MNI #	SSN	Date of Birth 01/16/1991	Age 29	Place of Birth BOZEMAN MO USA	Drivers License or other ID S610250915160	State FL	ID Type E		
Address * RESIDENCE / 1036 SW 29TH TERR , PALM CITY, FL 34990 /									

Arrest

Arrest Date/Time 2/16/2020 3:55:38 AM	Arrest Location Type PUBLIC PLACE	Arrest Location Description ROADWAY				
Street Number SR-9	Street NB YAMATO ROAD	Apt/Lot/Bldg	County PALM BEACH	City BOCA RATON	State FL	Zip Code 33487

Charge : S

Counts 1	Charge 316.193.1a	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree N	Charge Level MISDEMEANOR	General Offense Code DUI-UNLAW BLD ALCH	
Charge Description DUI ALCOHOL OR DRUGS			

Bond Set by Court

Bond Amount	<input type="checkbox"/> No Bond
Bond Type(s)	

Probable Cause

On February 16, 2020 I was on routine patrol in my marked patrol car in Palm Beach County. I responded to the scene of a traffic crash that occurred on I-95 (State Road 9) northbound north of Yamato Road. Trooper Parent stated that he arrived on scene of the traffic crash and observed that the driver of the Honda was still in the driver's seat of the vehicle. The driver was later identified as Faviola Sharpe by her FL DL. Trooper Parent stated to me that while he was conducting his traffic crash

Arrest Report

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SCANNED

FEB 17 2020

FEB 17 AM 7:56
 CLERK
 COUNTY FL
 BRANCH

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investigation, he observed that the driver had bloodshot glassy eyes, slurred speech, and the odor of an unknown alcoholic beverage emitting from her breath as she talked. Trooper Parent then concluded his crash investigation and Ms. Sharpe stated that she understood. I then explained to Ms. Sharpe that I was conducting the DUI investigation. I then read Miranda Warning from my state issue Miranda Warning card and she stated that she understood. She then stated to me that she was driving her car and could not remember exactly how the traffic crash occurred. She also stated that she had a couple beers prior to driving. As she talked, I observed that she had bloodshot glassy eyes, slurred speech, an orbital sway and the odor of an unknown alcoholic beverage emitting from her breath as she talked. I then requested that she conduct field sobriety exercises and she agreed.

Horizontal Gaze Nystagmus

Before beginning the exercises, I checked to see if Ms. Sharpe was wearing glasses or contact lenses. It was determined that Ms. Sharpe was not wearing glasses or contacts. I then checked her eyes and observed equal tracking and equal pupil size. She was instructed to place her feet together and place her hands down at her side. She then was instructed to keep her head still and follow the stimulus with her eyes and her eyes only. She was also instructed to keep looking at the stimulus until told not to. She verbally indicated that she understood. During the exercise I observed 6 of the 6 possible clues.

- Lack of smooth pursuit, left eye
- Lack of smooth pursuit, right eye
- A distinct and sustained nystagmus at maximum deviation in the left eye
- A distinct and sustained nystagmus at maximum deviation in the right eye
- An onset of nystagmus prior to 45 degrees in the left eye
- An onset of nystagmus prior to 45 degrees in the right eye

I observed vertical nystagmus. I observed the initial angle of onset to be 30°. I also observed Ms. Sharpe to have orbital sway.

Walk and Turn Exercise

The area was level and free of debris. Ms. Sharpe indicated that she observed the yellow line on the ground. Ms. Sharpe was instructed to put her left foot on the line, then place her right foot on the line ahead of the left foot in a heel to toe manner. I then demonstrated this position. She was instructed not to begin until told to do so. Ms. Sharpe verbally indicated that she has understood all instructions up to this point. Ms. Sharpe was then instructed to take 9 heel to toe steps on the line when told to do so. I then demonstrated this. Ms. Sharpe was then instructed to turn on the ninth step and to keep the front foot on the line and to take a series of small steps with the foot on the line. I then demonstrated this. Ms. Sharpe was also instructed to keep her arms at her sides and to watch her feet during the exercise. Ms. Sharpe was also instructed to count aloud and to not stop once she begins the exercise.

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She was also instructed to keep her arms at her sides at all times.

She was unable to maintain balance in the starting position. She began the exercise and took 3 steps forward and stopped. She used her arms for balance, missed heel to toe and had a sway as she walked. She asked for further instructions. She then took 3 more steps forward and stopped and asked for instructions again. She then took 2 more steps forward and stopped. She completed the turn incorrectly and took 3 steps and stopped. She then turned around and stopped.

One Leg Stand Exercise

Ms. Sharpe was instructed to stand with her feet together and to place her arms down at her side. Ms. Sharpe was instructed to maintain that position until told to do so. Once told to do so, she was instructed to raise one leg approximately 6 inches off the ground and to keep both legs straight with both arms at her side. She was also instructed to look at the elevated foot and count aloud in the manner of one thousand-one, one thousand-two and so on until told to stop. Ms. Sharpe verbally indicated that she understood the instructions after I demonstrated to her. She raised her right foot and had her leg bent. She had a sway as she stood there and used her arms for balance.

Finger To Nose

Ms. Sharpe was instructed stand with her feet together and arms at her side and to have her index fingers pointed out. She was instructed to not start and stay in that position until told to do so. She stated that she understood. I then demonstrated the position. Ms. Sharpe was then instructed to when told to start to close both eyes and tilt her head back. When told to do so she was instructed to bring the hand I directed upward, touching the tip of your finger to the tip of her nose. I then demonstrated this. She was then instructed to after touching the tip of the nose to immediately bring her hand down to her side. She stated that she understood. I then demonstrated and she stated that she understood. She was instructed to raise her hand in the following order, left, right, left, right, and right, left.

- Left: Did not return immediately to side. Missed nose.
- Right: Missed nose.
- Left: Missed nose.
- Right: Missed nose.
- Right: Initially raised left hand. Missed nose.
- Left: Missed nose.

While conducting the exercise I observed an orbital sway.

She was then placed under arrest and transported to the county jail. Once I arrived at the county jail, I conducted a 20-minute observation. At no time did she regurgitate or take anything by mouth. I then requested that she provide a lawful sample of her breath and she refused. Implied consent was read, and she stated that she understood, and she refused again. She then refused to sign the citations and

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was booked into the county jail.

The above incident occurred in Palm Beach County.

Jail Bookin Facility

Booking Date/Time 0.0000	Booking County PALM BEACH	Booking Facility PALM BEACH COUNTY CORRECTIONS	Booking Facility Phone Number (561) 688-4400
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Booking Facility Location

Booking Number

3228 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406

Booking Comments


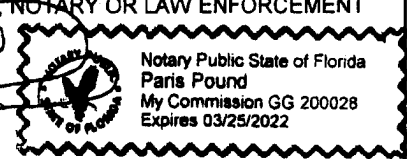
Court

Court County PALM BEACH	Court Location 200 WEST ATLANTIC AVE. DELRAY BEACH, FL 33444		
Court PALM BEACH SOUTH COUNTY COURTHOUSE	Court Phone 561-274-1530	Court Appearance Date / Time 03/09/2020 830 AM	Court Fine
Comments			

Officer Name Rank / ID # Z. TODD TROOPER 4141	Involvement On Report / Reporting Role REPORTING OFFICER	Officer Agency Org/Unit FLORIDA HIGHWAY PATROL FHPL\LWRCC\PALM BEACH\SR804 JSOF SR702
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The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

Reporting Officer

Officer Name Z. TODD	Office Rank TROOPER	Officer ID No 4141	Sworn and subscribed before me, the undersigned authority This the <u>16</u> day of <u>FEBRUARY</u> , <u>2020</u>
Officer Agency FLORIDA HIGHWAY PATROL	Officer Signature 		DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT 



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

REVIEW COMPLETED BY

Booking Number: 2020005302	Date: 02/17/2020
	Specialist Name/ID: AM/31562

COMPLAINT

FLORIDA DUI UNIFORM TRAFFIC CITATION **A76VQDE**

COUNTY OF PALM BEACH	<input checked="" type="checkbox"/> (1) FHP <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER
CITY (IF APPLICABLE) BOCA RATON	AGENCY NAME FLORIDA HIGHWAY PATROL
AGENCY # _____	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON	
COMPLAINT (RETAINED BY COURT)	
DAY OF WEEK Sun	MONTH 02
DAY 16	YEAR 2020
TIME 06:03 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
NAME (PRINT) FIRST FAVIOLA	NAME (PRINT) MIDDLE JUBILEE
NAME (PRINT) LAST SHARPE	
STREET 1036 SW 29TH TERR	
IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE	
CITY PALM CITY	STATE FL
ZIP CODE 34990	
TELEPHONE NUMBER	DATE OF BIRTH
	MO 01 DAY 16 YR 1991
	RACE B SEX F HTY 504
DRIVER LICENSE NUMBER	CLASS
S 6 1 0 2 5 0 9 1 5 1 6 0	E
STATE FL	CDL LICENSE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
YR LICENSE EXP. 2023	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
YR VEHICLE 2012	PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
MAKE HOND	STYLE 4D
COLOR SIL	> 18 PASSENGERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VEHICLE LICENSE NO. DVSE43	TRAILER TAG NO.
STATE FL	YEAR TAG EXPIRES 2020
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY SR-9 NB YAMATO ROAD	
MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
COMPANION CITATIONS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FT. _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF ROADS	

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 _____

COMMENTS PERTAINING TO OFFENSE (Only one offense each cluster) RE-EXAM YES NO

<input type="checkbox"/> AGGRESSIVE DRIVER	PASSENGER < 18 YEARS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	STATE STATUTE	SECTION SUB-SECTION 316.193(1)
CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DAMAGE TO OTHER PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FATAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

THIS IS A CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED, AS INDICATED BELOW.
03/09/2020 8:30 AM A76VQDE

COURT DATE TIME
PALM BEACH SOUTH COUNTY COURTHOUSE
COURT AND LOCATION
**200 WEST ATLANTIC AVE.
DELRAY BEACH, FL 33444**

ARREST DELIVERED TO **PALM BEACH COUNTY CORRECTIONS** DATE **02/16/2020**

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. I WILL REFUSE 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 322.2615, 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 **REFUSAL**

ELIGIBLE FOR PERMIT? YES NO REASON **VALID DL**

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 Lauderdale Lakes 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 DUI RELATED OFFENSE. SEE RIGHT SIDE.

TROOPER **Z. TODD** 4141 L
RANK - SIGNATURE OF OFFICER BADGE NO. ID. NO. TROOP UNIT

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

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 _____