

20CT15857AMB

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) 06-20-134154	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Weapon Seized / Type 2 1. Yes 2. No NONE		Multiple Clearance Indicator 01
Location of Arrest (Including Name of Business) 5301 S. CONGRESS AVENUE ATLANTIS, FL 33463			Location of Offense (Business Name, Address) 5137 LANTANA RD LAKE WORTH, FL 33463			
Date of Arrest 12/07/2020	Time of Arrest 00:55	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle JOY TOWING

Name (Last, First, Middle) WELCH, JACQUELYN, HOPE						Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 06/08/1991	Height 5'8"	Weight 150	Eye Color BRW	Hair Color BRW	Complexion FAIR	Build MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) LWFT ANKLE: "HOPE"			Marital Status Single	Religion NONE	Indication of Alcohol Influence Drug Influence			Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Local Address (Street, Apt. Number) 12301 S Gardens Drive #108			(City) Palm Beach Gardens, FL 33418	(State) FL	(Zip) 33418	Phone (561) 389-2082	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source FLORIDA DRIVER LICENSE	
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation HUMAN RESOURCES	
D/L Number, State W420-428-91-708-0, FL			INS Number		Place of Birth (City, State) GAINSVILLE, FL		Citizenship US	

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <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"/> 3. Felony	<input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Residence Phone () () ()	
Address (Street, Apt. Number)	(City)	(State) (Zip)
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated
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
Property Crime? <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/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description DUI w/PROPERTY DAMAGE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(3)(c)(1) (5)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit REFUSAL / \$40K	Offense # 20-134154	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) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406	
Court Date and Time Month JANUARY Day 7th Year 2021 Time 08:30 AM <input checked="" type="checkbox"/> 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 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 12/07/2020

HOLD for other Agency Name:	Signature of Arresting Officer Inv. J. Schaefer # 8777	Name Verification (Printed by Arrestee) Jacquelyn Welch
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:	Name of Arresting Officer (Print) INV. J. SCHAEFER	I.D. # 8777
Intake Deputy D. [Signature]	Transporting Officer INV. J. SCHAEFER	ID # 8777
I.D. #	Pouch #	Agency PBSO
Witness here if subject signed with you		PAGE 1



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

PBSO CASE # 20-134154 PBSO ZONE 1-42

AGENCY CASE # _____ CRASH CASE # 20-134145

TIME OF STOP/CRASH 22:30 DATE 12/07/2020 DAY Monday

SUBJECT'S NAME WELCH, JACQUELYN, HOPE RACE W SEX F
LAST FIRST MID

HGT 5'8" WGT 150 DOB 06/08/1991

LOCATION 5137 LANTANA RD LAKE WORTH, FL 33463

ARRESTING OFFICER'S NAME & ID INV. J. SCHAEFER 8777 AGENCY PBSO

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY _____

ARREST TIME 00:55

BREATH RESULTS:

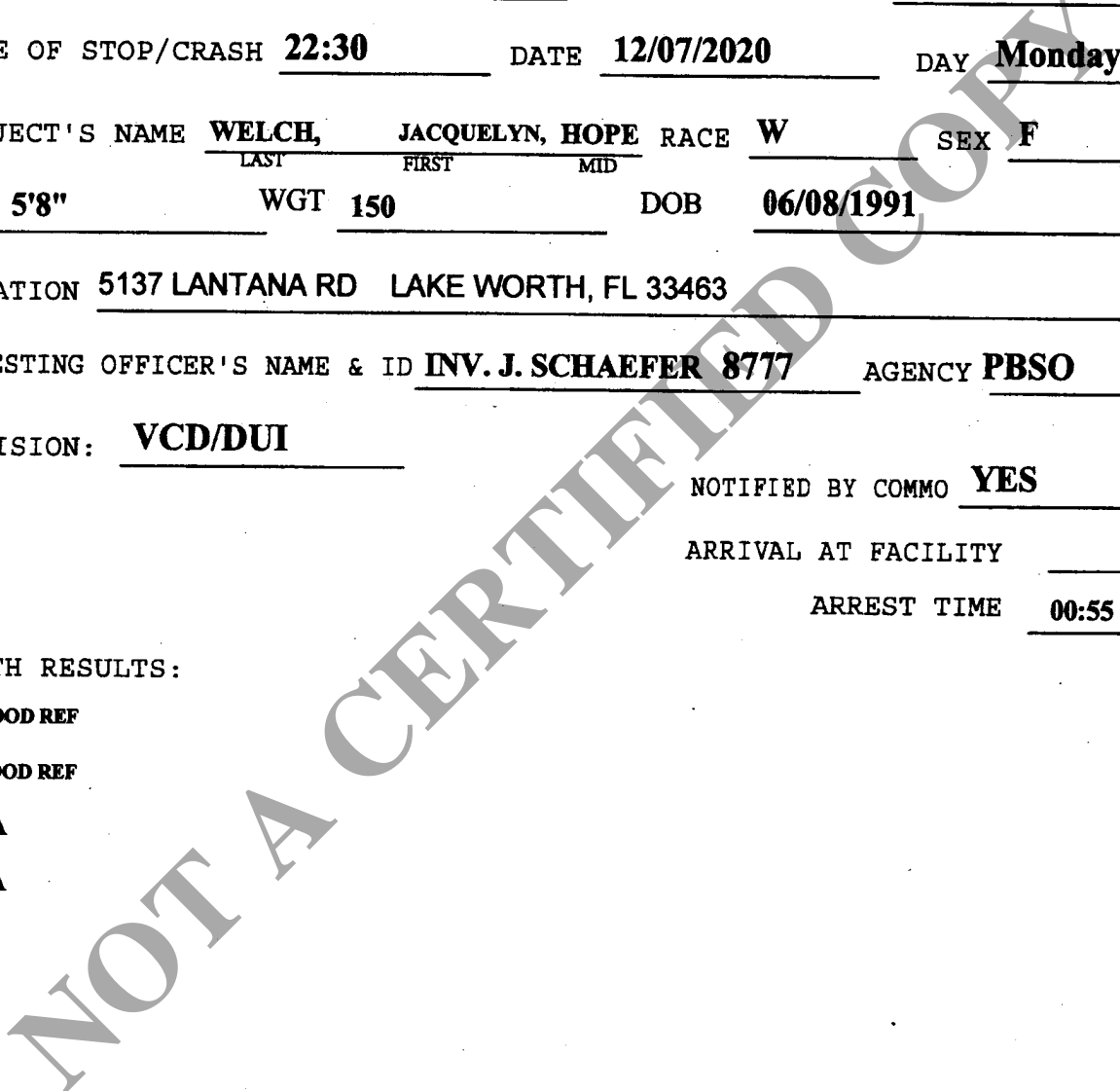
BLOOD REF

BLOOD REF

N/A

N/A

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # N/A



D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 6th DAY OF DECEMBER 20 20, AT 22:30 AM PM

SUBJECT: WELCH, JACQUELYN, HOPE CASE NUMBER: 20-134154

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER

PERSONAL CONTACT

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

On 12/07/2020 at approximately 22:43hrs, I was dispatched to the scene of a motor vehicle crash without injuries in the 5100 block of Lantana Road, which is located in unincorporated Lake Worth, Palm Beach County, Florida. I arrived at the scene at approximately 22:55hrs. After my independent crash investigation, based on physical evidence, and witness statements, I determined that at approximately 22:30hrs, the defendant did indeed fail to maintain a lane and collided with and sideswipe V2, then over-corrected and mounted the center median where the vehicle then impacted a palm tree and rolled over. (See PBSO crash case #20-134145) Witness Kelsey R. Taipalus, identified the defendant to me, as the driver and sole occupant, of the 2014 BMW X5 bearing Florida tag C57VS at the time of the crash. Taipalus completed a written sworn statement as to the events which transpired surrounding the crash and placed the defendant behind the wheel. D/S D. Fundora #33809 relayed to me that the defendant had articulable indicators of impairment, so he called for a DUI Unit to conduct a possible DUI investigation.

OBSERVATION OF DRIVER:

Upon making contact with the driver at JFK Medical Center at 23:35hrs, the defendant was identified by her Florida Driver License as "JACQUELYN HOPE WELCH", I immediately detected a very obvious and very strong odor of an unknown alcoholic beverage emanating from her person and face area even while wearing my PPE mask. This odor intensified as I spoke to Welch. Welch had glassy, glazed, and extremely blood shot eyes. Welch's speech was extremely slurred, slow, thick, and at times difficult to understand. Welch made numerous incoherent statements. Welch's movements were slow and deliberate while sitting on the examination bed. Welch was wearing a black sports top, black yoga pants, and gray hospital socks. All the clothing appeared neat.

DRIVER'S STATEMENTS:

Pre-Miranda: Welch could not recall the accident but stated she was traveling North on Lake Worth Road after getting tacos from Rosalita's. Welch refused to provide a blood sample after Implied Consent, which she stated she understood.

ODORS:

A very strong and very obvious odor of an unknown alcoholic beverage was emanating from her person and face area which intensified as I spoke to Welch.

GENERAL OBSERVATIONS

SPEECH: Welch's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: sleepy, annoyed, belligerent

CLOTHING: black sports top, black yoga pants, and gray hospital socks

MEDICAL/OTHER: SEE BAT REPORT

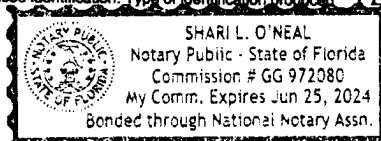
TATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER *Inv. J. Schaefer #8777*
Signature of Arresting/Investigative Officer)

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of DECEMBER 2020 by INV. J. SCHAEFER

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

Shari O'Neal (#6212) *S. O'Neal*
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



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 **INV. J. SCHAEFER** of the **PBSO**

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: **REFUSED TO SIGN** **WELCH,, JACQUELYN,, HOPE**

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: **REFUSED TO SIGN** **WELCH,, JACQUELYN,, HOPE**

SUBJECT: WELCH, JACQUELYN, CASE NUMBER 20-134154

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:

WALK & TURN:

NOT PERFORMED

ONE LEG STAND:

NOT PERFORMED

FINGER TO NOSE:

NOT PERFORMED

ROMBERG ALPHABET:

BREATH TEST RESULTS: BLOOD REF BLOOD REF N/A N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

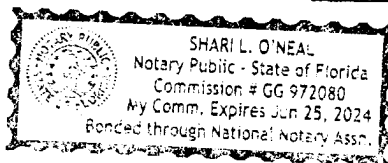
INV. J. SCHAEFER *Inv. J. Schaefer #8777*
Signature of Arresting/Investigative Officer

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of DECEMBER 2020 by INV. J. SCHAEFER

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

Shari O'Neal (#6212) *S. O'Neal*

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



NOT A CERTIFIED COPY

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BLOOD TEST

I, INV. J. SCHAEFER, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 6th day of DECEMBER, 20 20, at 11:15 P.M. A.M.

DRIVER JACQUELYN, HOPE WELCH,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

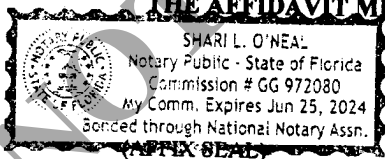
DL# W420-428-91-708-0, FL, state of FLORIDA, appeared for treatment at a hospital,
clinic, or other medical facility pursuant to s. 316.1932(1)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the 6th day of DECEMBER, 20 20, at 11:50 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.

Inv. J. Schaefer #8777
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:

Signature of Attesting Officer

Title _____

Date _____

The foregoing instrument was sworn and subscribed before

me this 7th day of DECEMBER, 20 20,

by INV. J. SCHAEFER,

who is personally known to me or who has produced

PERSONALLY KNOWN LEO as identification

Notary Public Shari O'Neal (#6212) *S. O'Neal*

HSMV-BAR1002 (REV. 10/16)

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.

WITNESS LIST

CASE NUMBER: 20-134154

ARRESTING OFFICER: INV. J. SCHAEFER

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, IN-CAR & BAT VIDEO

NAME: D/S D. FUNDORA #33809 (DISTRICT 1)

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) (561) 688-3000

CAN TESTIFY TO: SIGNS OF IMPAIRMENT

NAME: KELSEY R. TAIPALUS (email: kelsevtaipalis@yahoo.com)

ADDRESS 4356 EMERALD VISTA WAY LAKE WORTH, FL 33461

PHONE NUMBERS (HOME) (561) 800-5664 (WORK) (561)

CAN TESTIFY TO: EVENTS SURROUNDING THE CRASH & PLACING THE DEFENDANT BEHIND THE WHEEL

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) _____

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ADDRESS _____

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NAME: _____

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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: _____



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: 2020028588	Date: 12/7/2020
	Specialist Name/ID: B Evans / 23649