

0514223

20CT001437SB

1517

ARREST / NOTICE TO APPEAR

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

OBTS Number	Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4, 0   20-001351</b>	
Charge Type: Check as many 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 <b>None/not Applicable</b>	Multiple Clearance Indicator <b>1</b>
Location of Arrest (Including Name of Business) <b>590 LAVERS CIR DELRAY BEACH FL 33444</b>			Location of Offense (Business Name, Address) <b>399 W LINTON BLVD/SW 4TH AVE, DELRAY BEACH, FL 33444</b>			
Date of Arrest <b>01/23/2020</b>	Time of Arrest <b>22:04</b>	Booking Date <b>01/23/2020</b>	Booking Time <b>22:14</b>	Jail Date <b>// ::</b>	Jail Time	Location of Vehicle

Name (Last, First, Middle) <b>SAGE, JENNIFER MARGARET</b>		Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:						
Race W - White B - Black O - Oriental/Asian	Sex <b>W</b>	Date of Birth <b>11/18/1981</b>	Height <b>5'07</b>	Weight <b>160</b>	Eye Color <b>BLUE</b>	Hair Color <b>BLOND OR</b>	Complexion <b>MEDIUM</b>	Build <b>SMALL</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status <b>S</b>	Religion <b>NOT INDICA</b>	Indication of: Alcohol Influence: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) <b>590 LAVERS CIR 335, DELRAY BEACH, FL 33444</b>			(City)	(State)	(Zip)	Phone <b>(843) 251-2469</b>		
Permanent Address (Street, Apt. Number) <b>590 LAVERS CIR 335, DELRAY BEACH, FL 33444</b>			(City)	(State)	(Zip)	Phone <b>(843) 251-2469</b>		
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone <b>(843) 251-2469</b>		
D/L Number, State <b>S200433819181 / FL</b>		INS Number	Place of Birth (City, State) <b>DETROIT, MI</b>		Citizenship <b>US</b>			

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 JAC 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 Attendant	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. Smuggle 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.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description <b>CRASH- LEAVING THE SCENE WITHOUT GIVING INFORMATION</b>	Statute Violation Number <b>316.061(1)</b>	Violation of ORD #					
Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense #	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond

Charge Description	Statute Violation Number	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond

Charge Description	Statute Violation Number	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond

Health / Apparent Physical Condition of Detainee:	Any knowledge of the following: <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"/> Postal Bond	<input type="checkbox"/> Released to Parent/Guardian	<input type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By	Released By	Released To
Transported By	Date Transported <b>// ::</b>	Time Transported	Other <b>JAN 24 AM 1:40</b>		

<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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>	Court Date and Time <b>02/27/2020 08:30:00</b>
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 <i>[Signature]</i>	Name Verification (Printed by Arrestee) (PRINT)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resistal Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) <b>SMITH, MILTON ALEXANDER</b> I.D. # <b>1016</b>
Intake Deputy <i>[Signature]</i>	Pouch #	Transporting Officer <b>M. SMITH</b> I.D. # <b>1016</b> Agency <b>DBPD</b>
Witness here if subject signal with an "X"		

COURT  STATE ATTORNEY  AGENCY  CENTRAL RECORDS  JAIL  CRIME ANALYSIS  P.I.O.

**SCANNED**

**JAN 24 2020**

**FILED**

**CIRCUIT & COUNTY COURTS (CRIMINAL DIV)**

**JAN 24 2020**

**PAGE 1 OF 1**

**NO Photo Available**


PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4   0   20-001351</b>		
	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				Special Notes:		
C H A R G E S	Name (Last, First, Middle) <b>SAGE, JENNIFER MARGARET</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>11/18/1981</b>
	Charge Description <b>316.061(1) CRASH- LEAVING THE SCENE WITHOUT GIVING</b>		Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) <b>State Of Florida</b>				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
	<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 . . .  <input type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> was observed by <b>COLLINS</b> who told  <input checked="" type="checkbox"/> confessed to <b>OFCS</b> <b>OFCS</b> that he/she saw the arrested person commit the below acts.          admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.          On the <b>23</b> day of <b>January</b>, <b>2020</b> at <b>21:24</b> (Specifically include facts constituting cause for arrest.)</p>						
P R O B A B L E	The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.						
	On 1/23/2020 at approximately 2124 hours I was dispatched to check the area of SW 4th Avenue and W Linton Boulevard in reference to a fleeing Hit and Run vehicle.						
	The following is a summary, refer to BWC for verbatim account.						
	While canvassing the area, dispatched advised the suspect vehicle, a black Honda bearing Florida tag NAWU42 with passenger side damage, was registered to a Jennifer Sage at 590 Lavers Circle #335. I located the above vehicle in the parking lot of 590 Lavers Circle with damaged to the front passenger side wheel, bumper, door, and the side air bags were deployed. CSO Seifel and Ofc. Salguero made contact with the witness and involved party, Noah Collins, who was sworn in on BWC and advised the following: While driving east bound on W Linton Boulevard the above vehicle turned in front of him at the intersection SW 4th Avenue. The results left Collins vehicle striking the front passenger side of the above vehicle. Collins advised he got out of his car and went over to the black Honda and could identify a white female with blonde hair sitting in the driver's seat. Collins advised the vehicle fled west bound through the PNC parking lot.						
S T A T E M E N T	Ofc. Sosa and I made contact with Sage at her residence. Sage was visibly impaired and advised she came home after being in a crash and had some shots (alcoholic beverages). Sage requested to make a crash report and headed to her vehicle. Ofc. Salguero transported Collins to Sage's location for a show up and confirmed that Sage was the driver of the vehicle that fled from the crash. Sage was read her Miranda Warnings from a department issued Miranda Card. Post Miranda, Sage admitted to not calling the police and leaving the scene.						
	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		
	<b>RASOR, JEFFREY</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>01/23/2020</b> DATE				<b>SMITH, MILTON ALEXANDER (1016)</b> NAME OF OFFICER (PLEASE PRINT) <b>01/23/2020</b> DATE		
					PAGE <b>1 OF 2</b>		

JAN 24 2020

A D M I N I S T R A T I V E	OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>		1 Arrest 2 N.T.A	3 Request for Warrant 4 Request for Capias	<b>1</b>	JUVENILE
	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4 0 20-001351</b>			
	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		Special Notes			
D E F	Name (Last, First, Middle) <b>SAGE, JENNIFER MARGARET</b>					Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>11/18/1981</b>
	<p>Based on the above probable Cause exists to charge the defendant, Jennifer Sage, with one count of Leaving the Scene of A Crash Without Giving Information in violation of F.S.S. 316.061(1).</p>							
<p style="font-size: 2em; opacity: 0.5; transform: rotate(-30deg);">NOT A CERTIFIED COPY</p>								
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME							
	<b>RASOR, JEFFREY</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.00)				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER			
	<b>01/23/2020</b> DATE				<b>SMITH, MILTON ALEXANDER (1016)</b> NAME OF OFFICER (PLEASE PRINT)			
	<b>01/23/2020</b> DATE				<b>01/23/2020</b> DATE			
								PAGE <b>2 OF 2</b>

**SCANNED**

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

24 2020



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

REVIEW COMPLETED BY

Booking Number: 2020002634	Date: 01/24/2020
	Specialist Name/ID: T Howard/7185

SCANNED

JAN 24 2020