

0518709

50-2020-CT-611900-ASB

1124

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

Agency ORI Number 0500400	Agency Name Delray Beach Police Department	Agency Report Number (N.T.A.'s only) 410 20-012619
Charge Type: <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	If Weapon Seized None/not Applicable	Multiple Clearance Indicator 1
Location of Arrest (Including Name of Business) 555 NE 5TH AVE, DELRAY BEACH		Location of Offense (Business Name, Address) 555 NE 5TH AVE, DELRAY BEACH, FL 33483
Date of Arrest 09/24/2020	Time of Arrest 03:30	Booking Date 09/24/2020
Booking Time 03:40	Jail Date 11	Jail Time 11
Name (Last, First, Middle) DAVIS, JILL CATHERINE		
Alias (Name, DOB, Sec. Sec. #, Etc.)		
Race W - White B - Black O - Oriental/Asian S - Spanish	Sex M - Male F - Female	Date of Birth 12/28/1981
Height 5'06	Weight 140	Eye Color HAZEL
Hair Color BLOND OR	Complexion FAIR	Build Medium
Local Address (Street, Apt. Number) 6300 NW 2ND AVE 304, BOCA RATON, FL 34741		
Permanent Address (Street, Apt. Number) 6300 NW 2ND AVE 304, BOCA RATON, FL 34741		
Business Address (Name, Street) 6300 NW 2ND AVE 304, BOCA RATON, FL 34741		
DL Number, State D120423819680 / FL	SS Number	Place of Birth (City, State) Cambridge, MA
Citizenship		
Co-Defendant Name (Last, First, Middle)		
Co-Defendant Name (Last, First, Middle)		
Parent / Other / Legal Custodian		
Address (Street, Apt. Number)		
Notified by: (Name)		
Released To: (Name)		
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.		
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Description of Property		
Value of Property		
Drug Activity		
Charge Description DUI ALCOHOL OR DRUGS 2ND OFF		
Statute Violation Number 316.193(B)(A)		
Violation of ORD #		
Charge Description		
Statute Violation Number		
Violation of ORD #		
Charge Description		
Statute Violation Number		
Violation of ORD #		
Health / Apparent Physical Condition of Defendant		
Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Disabilities <input type="checkbox"/> Injuries		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail		
PROPERTY - Received By		
Released By		
Released To		
Transported By		
Date Transported		
Time Transported		
Other		
<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) South County 200 W Atlantic Ave Delray Beach, FL-33444		
Court Date and Time 10/22/20 8:30		
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		
Name Verification (Printed by Arrestee)		
Name of Arresting Officer (Print) VICKERY, MEGAN N		
ID.# 1114		
Transporting Officer DBPD Vickery		
ID.# 1114		
Agency DBPD		
Witness here if subject signed with an "X".		

No Photo Available

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24 DAY OF September 2020 AT 1:16 AM PM

SUBJECT: Jill Davis CASE NUMBER: 20-012619

AGENCY: DBPD ARRESTING OFFICER: Vickery

PERSONAL CONTACT

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

The following incident occurred in the City of Delray Beach, Palm Beach County, Florida. On 9/24/2020 at 0042hrs, Acting Sgt. Saraceni observed a white Nissan Sentra bearing FL tag IP13CF driving northbound in the southbound lanes in the 100 block NE 5th Ave. A/Sgt. Saraceni observed the vehicle travel 4 blocks and he then conducted a traffic stop. The vehicle came to a final rest in the 500 block NE 5th Ave. A/Sgt. Saraceni identified the driver by her FL DL as Jill Davis. I arrived on scene at 0043hrs as a backup officers and observed Jill Davis as the driver of the vehicle.

OBSERVATION OF DRIVER:

Davis had red and glassy eyes. Davis had a strong odor of an unknown alcoholic beverage coming from her person. Davis was having mood swings from being angry and defensive to then laughing and then being mad again. Davis avoided my question of where she just came from when I asked her several times and stated, "I was just going the wrong way". Davis had slurred speech and was adamant about calling her mother and having her mother on the phone.

DRIVER'S STATEMENTS:

Davis would not tell me where she was coming from and kept saying she was just driving the wrong way because she does not know the area well however, she has a address that is in close proximity to where she was pulled over. Davis refused roadsides at first and stated she knew how this work and was not going to do them. Davis told me I could go to her house and when I asked her if she was going to do the roadsides she said she was not doing that and I could follow her to her house if I wanted. Once out of the vehicle, I gave Davis a second opportunity to do roadsides to dispel my belief about her being under the influence to which she agreed this time and said she knows she was not under the influence.

ODORS:

Davis had a strong smell of an unknown alcoholic beverage emanating from her person

GENERAL OBSERVATIONS

SPEECH: Slurred, loud

ATTITUDE: Angry, laughing, mood swings

CLOTHING: Black t-shirt, gray pants, blue flip flops

MEDICAL/OTHER:

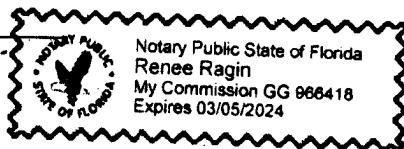
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of Sept. 2020 by Vickery

(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)



SUBJECT: Jill Davis

CASE NUMBER 20-012619

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:

At one point during the Horizontal Gaze Nystagmus, Davis moved her head to look at my stimulus and I had to tell her to not move her head only her eyes.

WALK & TURN:

Davis swayed while standing still. Davis had to be instructed several times to keep her hands by her side. Davis did not remain in the instructional phase position as instructed. I had to demonstrate several times the position she needed to be in. Davis had her arms two inches apart of her body using them for balance.

ONE LEG STAND:

Davis's arms were not pinned to her sides the entire time and I had to tell her multiple times to keep her head back and her eyes closed. At one point, Davis stopped counting and looked at me and was unsure if she needed to keep counting when I told her before the test began not to stop until I told her to stop. Davis would not stand on my straight line I provided her and stated she wanted to do it off the line and stood about 4 inches to the right of my line provided. I had to instruct Davis several times to keep her eyes closed.

FINGER TO NOSE:

Davis swayed while standing still. Davis had to be instructed several times to keep her hands by her side. Davis did not remain in the instructional phase position as instructed. Davis stated she understood my instructions however I had to demonstrate the task several times before she could begin. Davis kept stating throughout the roadsides "this is cute". I had to instruct Davis several times to keep her eyes closed.

ROMBERG ALPHABET:

Davis swayed while standing still. Davis had to be instructed to keep her hands by her side. Davis stated she knew the English alphabet. Davis had to be instructed to keep her head back and to keep her eyes closed. While reciting the alphabet, Davis recited the wrong letter several times during this roadside and she recited the word "Jelly" instead of reciting the letter "J".

BREATH TEST RESULTS: 1) .235 2) .230 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

M. G. 1114
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of Sept 2020 by Vickery

(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. 117.10)



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: 09/24/2020

Date of Last Agency Inspection: 09/18/2020
Observation Period Began: 01:50
Subject's Name: JILL C DAVIS

DOB: 12/28/1981 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	02:14
	Air Blank	0.000	02:15
	Control Test	0.080	02:15
	Air Blank	0.000	02:16
	Subject Sample #1	0.235	02:16
	Air Blank	0.000	02:17
	Air Blank	0.000	02:18
	Subject Sample #2	0.230	02:20
	Air Blank	0.000	02:20
	Control Test	0.080	02:21
	Air Blank	0.000	02:21
	Diagnostics Check	OK	02:21

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 RENEE M RAGIN, 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: 09/24/20

Sworn to (or affirmed) before me this 24 day of Sept., 2020

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida Ofc. M. Vickery #1114

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.

WITNESS LIST

CASE NUMBER: 20-012819

ARRESTING OFFICER: Officer Vickery

ADDRESS: 300 W Atlantic Ave, Delray Beach Florida

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: DUI PC

NAME: Acting Sgt. Saraceni

ADDRESS: 300 W Atlantic Ave, Delray Beach Florida

PHONE NUMBERS (HOME) ¹ _____ (WORK) 561-243-7800

CAN TESTIFY TO: Traffic Stop

NAME: Officer Kitzerow

ADDRESS 300 W Atlantic Ave, Delray Beach

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: Inventory search of vehicle prior to tow

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) _____

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) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY:
SUBJECT: CASE NUMBER:
DATE: VIDEO DVD NUMBER:
BEGINNING TIME: ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:
MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:
ATTITUDE:
CLOTHING:
MEDICAL CONDITIONS:
MEDICATIONS:

OTHER:

Eyes bloodshot
Odor of unknown alcoholic beverage on breath.

COMMENTS:

Arrived at center A/O started 20 minute observation period at 01:50 hrs.
Subject agreed to take breath test.
A/O read rights.
Subject stated she understood rights.
Tech read breath test results.
Subject stated she understood test results.
A/O attempted Q&A.
Subject invoke right to counsel.

SUBJECT: DUI, III CASE NUMBER: _____

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 of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

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: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. 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.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Real ...

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: Dave, Jill C. CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE: EPILEPSY? _____
 GLASS EYE? _____
 FALSE TEETH? _____
 EAR INFECTION? _____
 INNER EAR TROUBLE? _____
 DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____



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: 2020022558	Date: 9/24/2020
	Specialist Name/ID: B Evans / 23649