

0518781

20CT12055NB

3718

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 <b>FLO 502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number (N.T.A.'s only) <b>78- 20004316</b>				
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>				
Location of Arrest (Including Name of Business) <b>ALTERNATE A1A/HOOD RD, PALM BEACH GARDENS, FL 33418</b>		Location of Offense (Business Name, Address) <b>ALTERNATE A1A/HOOD RD, PALM BEACH GARDENS, FL 33418</b>								
Date of Arrest <b>09/28/2020</b>	Time of Arrest <b>05:33</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>KAUFF'S TOWING &amp; RECOVERY 4301 East Avenue, West Palm Beach, FL 33405</b>				
Name (Last, First, Middle) <b>HENRIQUES, MELISSA, MARIE</b>				Alias (Name, DOB, Soc. Sec. #, Etc.) <b>MELBY</b>						
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>02/11/1981</b>	Height <b>504</b>	Weight <b>150</b>	Eye Color <b>HAZ</b>	Hair Color <b>BLON</b>	Complexion <b>LGT</b>	Build <b>SMALL</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>				Marital Status <b>MARRIED</b>	Religion <b>NONE</b>	Indication of Alcohol Influence Drug Intoxication Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) <b>12811 WOODMILL DR, PALM BEACH GARDENS, FL 33418</b>			Phone <b>(772) 349-4297</b>	Residence Type: 1. City <input checked="" type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>   1						
Permanent Address (Street, Apt. Number) <b>12811 WOODMILL DR, PALM BEACH GARDENS, FL 33418</b>			Phone <b>( )</b>	Address Source <b>FLORIDA DRIVER'S LICENSE</b>						
Business Address (Name, Street) <b>CHASE BANK, PGA BLVD</b>			Phone <b>( )</b>	Occupation <b>ADMINISTRATIVE ASSIST.</b>						
D/L Number, State <b>H-562-553-81-551-0 FL</b>		Soc. Sec. Number <b>[REDACTED]</b>	INS Number	Place of Birth (City, State) <b>MIAMI, FL</b>		Citizenship <b>USA</b>				
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			
Parent Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)	Residence Phone <b>( )</b>		Business Phone <b>( )</b>					
Address (Street, Apt. Number)		(City) (State) (Zip)	Business Phone <b>( )</b>							
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. <input type="checkbox"/> 2. TOT HRS / DYS <input type="checkbox"/> 3. Incarcerated <input type="checkbox"/>		Grade				
Released To: (Name)		Relationship		Date	Time					
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 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 <b>DUI - BREATH OVER .08</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(C)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>N/A</b>	Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" 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) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>										
Court Date and Time Month <b>OCTOBER</b> Day <b>28</b> Year <b>2020</b> Time <b>10:00</b> 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 <b>09/28/2020</b>				
HOLD for other Agency Name:			Signature of Arresting Officer <b>[Signature]</b>			Name Verification (Printed by Arrestee) <b>SCANNED</b>				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Releated Arrest <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Other:			Name of Arresting Officer (Print) <b>Ofc. Cameron Carver</b>			(PRINT) <b>SEP 29 2020</b>				
Intake Facility <b>[Signature]</b>			ID # <b>501</b>			Pouch #			PAGE <b>1 OF 1</b>	
Transporting Officer <b>Ofc. Cameron Carver</b>			ID # <b>#471</b>			Agency <b>PBGPDP</b>			Witness here if subject signed with an "X"	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28 DAY OF September 20 20, AT 04:53  AM  PM  
SUBJECT: HENRIQUES, MELISSA, MARIE CASE NUMBER: 20004316  
AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Cameron Carver #471

## PERSONAL CONTACT

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

Was dispatched to Alternate A1A and Hood Road where Palm Beach Gardens Fire Rescue requested our presence due to a female sleeping behind the wheel. Officer Keel #508 made contact with the driver and sole occupant of the vehicle, identified via her Florida Driver's License as Melissa Henriques, who was still sleeping. Officer Keel saw that the door was unlocked and opened the door, which woke Henriques up. Officer Keel asked Henriques to remove her seatbelt and to exit the vehicle. The vehicle was still running, but was in park.

## OBSERVATION OF DRIVER:

Henriques has bloodshot and watery eyes, swayed while standing. Speech was mumbled and had the odor of an unknown alcoholic beverage, masked with the smell of cigarettes. Henriques repeated her statements and was unable to make complete sentences and answer questions.

## DRIVER'S STATEMENTS:

Initially stated she was coming from a place, but didn't know the address. Would not answer where she was coming from. Stated she did not have any drinks or do drugs this evening. After Fire Rescue evaluated her, she stated she had two drinks, was at Swamp Grass Willies and hung out there from 21:30 to closing, then hung out in the parking lot with friends.

## ODORS:

Odor of unknown alcoholic beverage.

## GENERAL OBSERVATIONS

SPEECH: Mumbled

ATTITUDE: Cooperative, Emotional

CLOTHING: Blue Shirt, Blue Jeans, Blue Shoes

MEDICAL/OTHER: None

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 28 day of September 2020 by Ofc. Cameron Carver

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

Personally Known

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



JOSHUA BELL  
MY COMMISSION #GG346008  
EXPIRES: JUN 18, 2023  
Bonded through 1st State Insurance

SUBJECT: HENRIQUES, MELISSA, MARIE CASE NUMBER 20004316

**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:**

Condition of Eyes: **Bloodshot, watery**  
Observations: **Difficulty with following and focusing on stimulus.**

**WALK & TURN:**

- \*Lost Balance
  - \*Stepped Off Line
  - \*Used Arms for Balance
  - \*Wrong Number of Steps
  - \*Stopped While Performing Task
  - \*Improper Turn
- Other Observations: **Asked questions to verify instructions during the task.**

**ONE LEG STAND:**

- \*Used Arms for Balance
  - \*Swayed
- Other Observations: **Did not look at foot/looked ahead; Started less than six-inches**

**ROMBERG ALPHABET:**

**Swayed more than 2 inches; repeated at end W X Y Z.**

**FINGER TO NOSE:**

- L - Tip to Under Nose
- R - Pad to Tip of Nose
- L - Pad to Tip of Nose
- R - Tip to Tip
- R - Pad to Tip
- L - Pad to Tip

**BREATH TEST RESULTS: .141 .139**

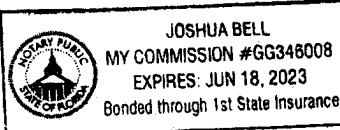
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of September, 2020 by Ofc. Cameron Carver

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known

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





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

PBSO CASE # 20-111280 PBSO ZONE 3-13

AGENCY CASE # 20004316 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0453 DATE 09/28/2020 DAY MONDAY

SUBJECT'S NAME HENRIQUES, MELISSA MARIE RACE W SEX F

HGT 5'4 WGT 150 DOB 02/11/1981

LOCATION ALTERNATE A1A / HOOD RD, PALM BEACH GARDENS FL 33418

ARRESTING OFFICER'S NAME & ID OFC. CAMERON CARVER #471 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO YES

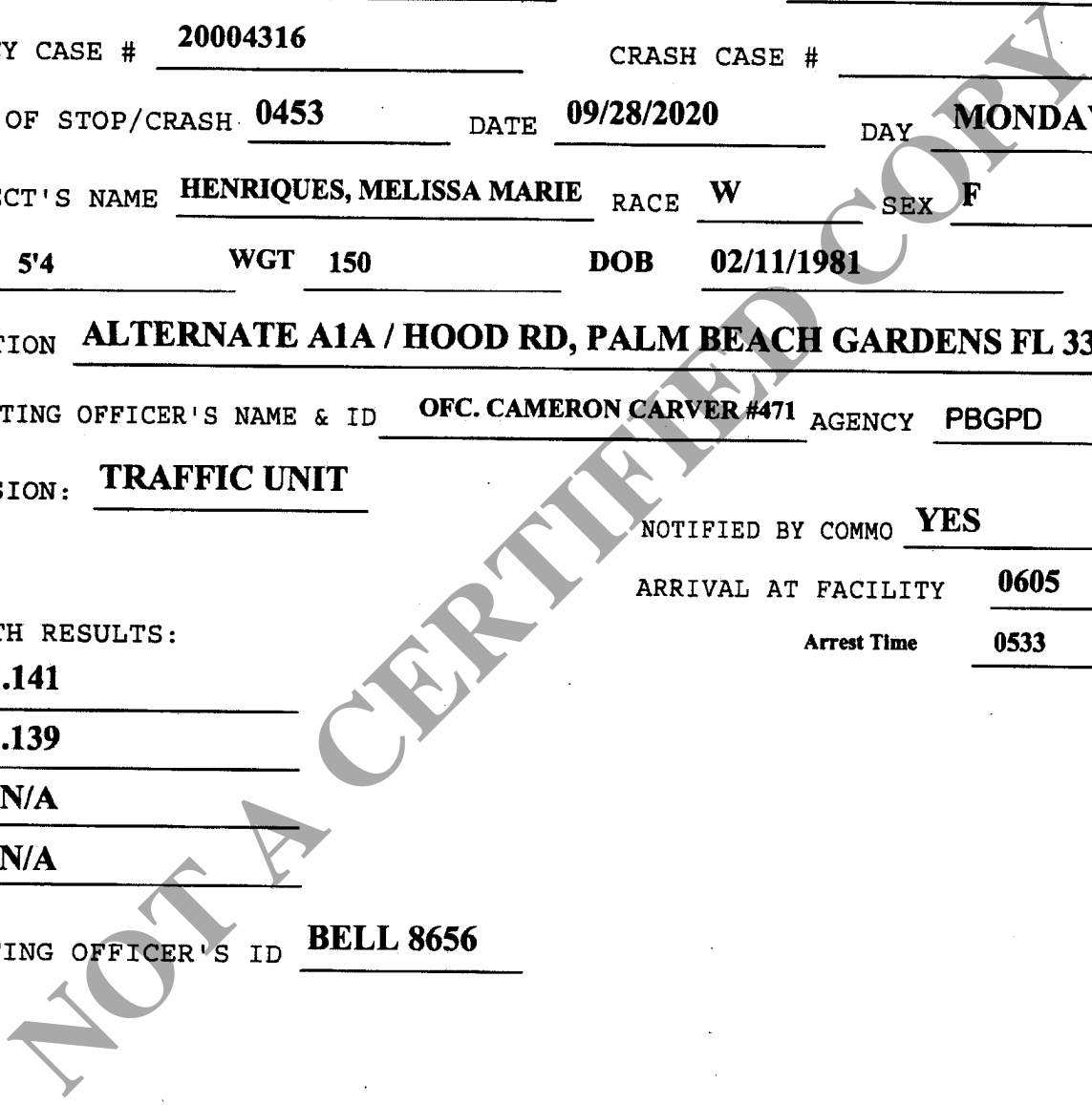
ARRIVAL AT FACILITY 0605

Arrest Time 0533

BREATH RESULTS:

1. .141
2. .139
3. N/A
4. N/A

TESTING OFFICER'S ID BELL 8656



# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: HENRIQUES, MELISSA MARIE

CASE NUMBER: 20-111280

DATE: Sep 28, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0630

ENDING TIME: 0641

BREATH TESTS RESULTS: 1) .141 TIME 0635 A.M.  P.M.  2) .139 TIME 0638 A.M.  P.M.   
3) N/A TIME XX A.M.  P.M.  4) N/A TIME XX A.M.  P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: MUMBLED

ATTITUDE: EMOTIONAL, CRYING, COOPERATIVE

CLOTHING: BLACK V-NECK TEE SHIRT, BLUE JEANS, BLACK SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: BLOODSHOT, WATERY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0605 HOURS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

TECH READ BREATH TEST RESULTS

SUBJECT STATED SHE UNDERSTOOD BREATH TEST RESULTS

Q AND A NOT CONDUCTED

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: 09/28/2020

Date of Last Agency Inspection: 09/18/2020

Observation Period Began: 06:05

Subject's Name: MELISSA M HENRIQUES

DOB: 02/11/1981 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	06:33
	Air Blank	0.000	06:33
	Control Test	0.080	06:34
	Air Blank	0.000	06:34
	Subject Sample #1	0.141	06:35
	Air Blank	0.000	06:35
	Air Blank	0.000	06:37
	Subject Sample #2	0.139	06:38
	Air Blank	0.000	06:38
	Control Test	0.080	06:39
	Air Blank	0.000	06:39
	Diagnostics Check	OK	06:39

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 JOSHUA J BELL, 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: 09/28/20

Sworn to (or affirmed) before me this 28 day of September, 2020

Signature of Notary Public-State of Florida

OFC. C. Carver # 471  
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.

SUBJECT: Henriques, Melissa Marc C CASE NUMBER: 20004316

## 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) Read on camera



**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: 2020022900	Date: 09/28/20
	Specialist Name/ID: J. Beck/9007