

50-2020-CT-012425-ASB
 0518875
 [Signature]
 687

ADMINISTRATION		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 FL 0500300				Agency Name BOYNTON BEACH POLICE DEPT.				Agency Report Number 34-20-049128			
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		If Weapon Seized Enter Type		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business)		N Congress Ave & Boynton Beach Blvd, Boynton Beach, FL 33436 N Congress Ave & Boynton Beach Blvd, Boynton Beach, F											
Date of Arrest 10/03/2020		Time of Arrest 03:28		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle	
Name (Last, First, Middle) Ellsworth, Michelle, Katelyn													
Alias (Name, DOB, Soc. Sec. #, Etc)													
W - White B - Black		I - American Indian O - Oriental / Asian		Race W	Sex F	Date of Birth 10/22/1997		Height 5'3	Weight 120	Eye Color Brown	Hair Color Brown	Complexion Light	Build Thin
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Marital Status Single		Religion Unk		Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) 7190 Brickyard Cir,		(City) Lake Worth,		(State) Florida,		(Zip) 33435		Phone (561)531-9180		Residence Type 1. City 3. Florida 2. County 4. Out of State		2	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		FL DL			
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Occupation Server			
D/L Number, State E426-551-97-882-0 FL				Soc. Sec. Number		INS Number		Place of Birth Boca Raton, Florida		Citizenship USA			
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 <input type="checkbox"/> Other		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 Dept. and Released 2. TOT HRS/DYS 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 561-355-2528) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)								School Attended		Grade			
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other			
Charge Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 316.193.1A		Violation of ORD#					
Drug Activity		Drug Type		Amount/Unit		Offense # 20-049128		Warrant/Capias Number		Bond OR			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#					
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond			
<input 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 instruction on reverse side.				Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444									
				Court Date and Time Month November Day 02 Year 2020 Time 8:30 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.									
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 FULLY 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.													
Date Signed 10/3/2020													
Signature of Defendant (or Juvenile and Parent/Custodian)													
HOLD for other Agency Name:				Signature of Arresting Officer <i>[Signature]</i>				Name Verification (Printed by Arrestee) (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Make Deputy		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) L. Nalerio		I.D. # 982		BU# 115819		Page 1 OF 1			
Pouch #		Transporing Officer L. Nalerio		I.D. # 982		Agency BBPD		Witness here is subject Signed with an "X".					

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3rd DAY OF October 2020 AT 02:45 A.M. P.M.

CASE #: 20-049128 DEFENDANT: Ellsworth, Michelle, Katelin

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On 10/03/2020 at approximately 0245 hours I was in the area of N Congress Ave and W Boynton Beach Blvd in my marked BBPD vehicle 4441. In the southbound lanes on the right lane, facing south I observed a White Nissan 350z bearing FL tag ENBK55. The Nissan was occupied by a white female who was slumped behind the wheel on the driver seat of the vehicle. The traffic light was green and the vehicle was stationary through several cycles. I then turned my emergency equipment on and placed my vehicle in front of the Nissan with my front bumper facing the front bumper of the Nissan. I exited my vehicle and approached the driver side door to conduct a welfare check of the driver. I observed w/f later identified as Michelle Ellsworth in the driver seat with the vehicle turned on and placed on neutral. Ellsworth had her foot on the brake as the vehicle was running. Ellsworth was passed out behind the wheel and appeared to be sleeping. She was breathing but unconscious. I knocked on the window multiple times to no avail. I shined my light at Ellsworth and used my sirens in an attempt to get her attention, which failed. After approximately ten minutes of attempting to wake Ellsworth up, she suddenly woke up and opened the driver side door. BBFD arrived on scene and checked Ellsworth. Ellsworth did not want to be transported to the hospital and was not complaining of anything.

Ellsworth then provided me with her FL DL. I asked Ellsworth where she was coming from and she advised that she had left Tin Roof in Delray Beach. Tin Roof is a bar that serves alcoholic beverages. Ellsworth advised that she had two white claws and a shot of lemon drop. Ellsworth was having a hard time balancing herself and kept on using the side of my patrol vehicle to balance. Ellsworth had blood shot eyes and I could smell the odor of alcohol every time she spoke. Ellsworth also had slurred speech and she got closer to me, the odor of alcohol intensified.

I started an investigation of Ellsworth possibly being under the influence while operating a motor vehicle. Ellsworth was asked if she recently had any disabilities or injuries which she replied that she did not. Ellsworth was asked if she would submit to a series of Standard Field Sobriety Tasks (SFST's) which she advised that she would.

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Left eye does not follow smoothly | <input checked="" type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye prior to 45 degrees | <input type="checkbox"/> Right eye prior to 45 degrees |
| <input checked="" type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input checked="" type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye | <input type="checkbox"/> Vertical Nystagmus in right eye |

WALK AND TURN:

The task was demonstrated and Ellsworth advised that she understood it. Ellsworth struggled to maintain balance while in the ready position. Ellsworth was unable to keep feet heel to toe while conducting steps. Ellsworth did not conduct the turn in a series of small steps.

ONE LEG STAND:

The task was demonstrated and Ellsworth advised that she understood it. Ellsworth Swayed side to side during the exercise. Ellsworth put her foot on the ground during the exercise. Ellsworth used her arms for balance.

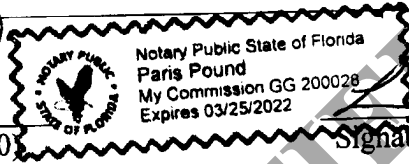
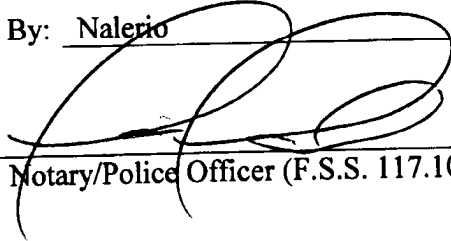
FINGER TO NOSE:

The task was demonstrated and Ellsworth advised that she understood it. Ellsworth used the wrong once during this incident.

ROMBERG/ALPHABET:

The following instrument was sworn to before me this 3 day of October 2020

By: Nalerio



982
Signature of Arresting Officer

Notary/Police Officer (F.S.S. 117.10)

NOT A CERTIFIED COPY



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

PBSO CASE # 20-112917 PBSO ZONE 6-32

AGENCY CASE # 20-049128 CRASH CASE # _____

TIME OF STOP/CRASH 0245 DATE 10/3/20 DAY Saturday

SUBJECT'S NAME Michelle Ersworth RACE W SEX F

HGT 5'3 WGT 120 DOB 10/22/97

LOCATION W Boynton Beach Blvd, N Congress Ave, Boynton Beach

ARRESTING OFFICER'S NAME & ID Nalerio 982 AGENCY BBPD

DIVISION: Patrol

NOTIFIED BY COMMO Yes

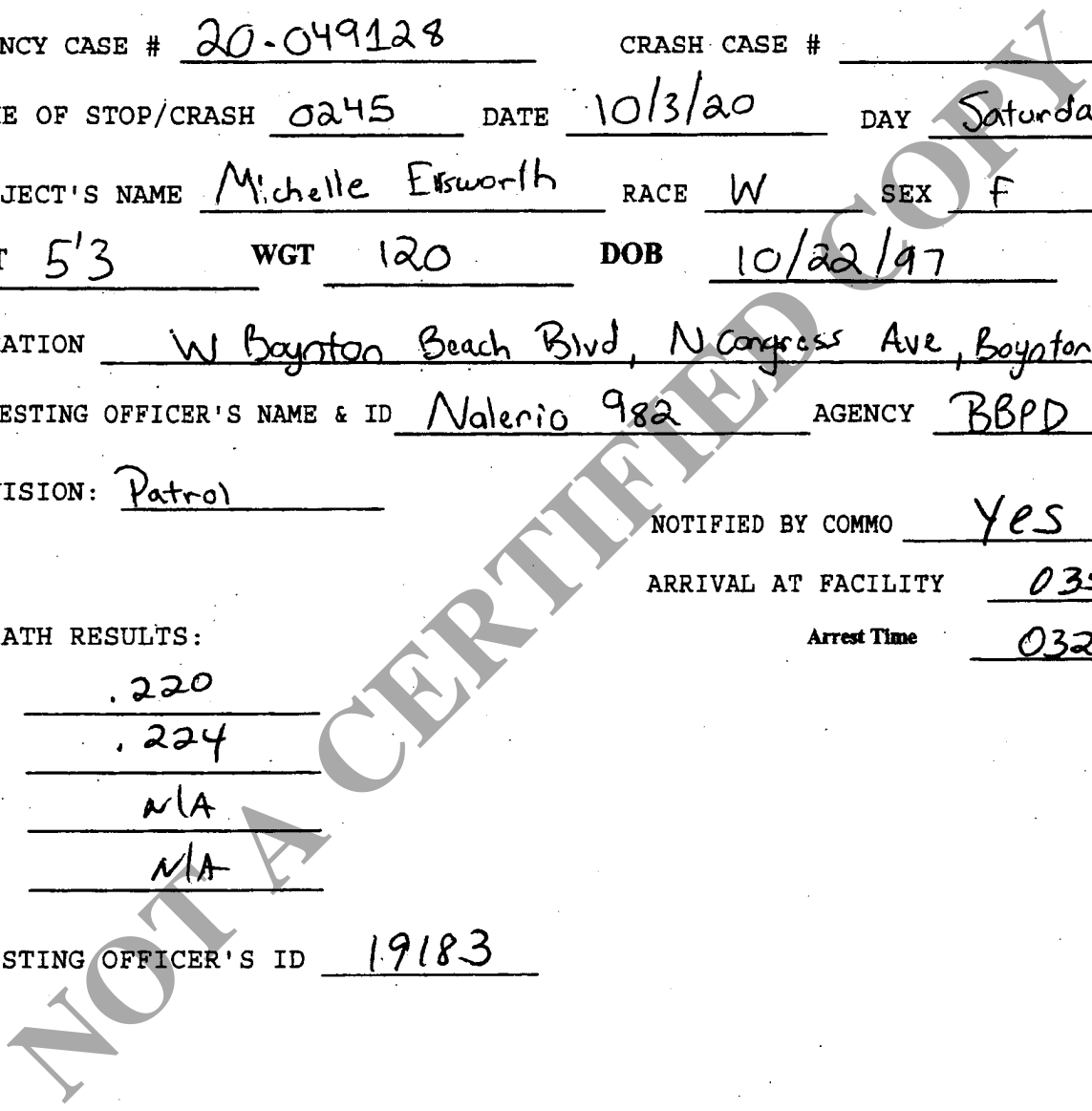
ARRIVAL AT FACILITY 0350

BREATH RESULTS:

Arrest Time 0328

- 1. .220
- 2. .224
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID 19183



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: 10/03/2020

Date of Last Agency Inspection: 09/18/2020

Observation Period Began: 03:50

Subject's Name: MICHELLE K ELLSWORTH

DOB: 10/22/1997 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	04:14
	Air Blank	0.000	04:14
	Control Test	0.080	04:15
	Air Blank	0.000	04:15
	Subject Sample #1	0.220	04:16
	Air Blank	0.000	04:17
	Air Blank	0.000	04:18
	Subject Sample #2	0.224	04:19
	Air Blank	0.000	04:20
	Control Test	0.079	04:20
	Air Blank	0.000	04:20
	Diagnostics Check	OK	04:21

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 THOMAS H LEAHEY, 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: T Leahey Date: 10/03/2020
Signature

Sworn to (or affirmed) before me this 03rd day of October, 2020
[Signature] Of L Walerio #982
Signature of Notary Public-State of Florida 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: William H. McCallister 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? 5 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: Det L. M. ...



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: 2020023364	Date: 10/04/2020
	Specialist Name/ID: AM/31562