

0517451

20CT8460 MB 3619

ARREST / NOTICE TO APPEAR

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

Agency ORI Number 0500800	Agency Name West Palm Beach Police Department	Agency Report Number (N.T.A.'s only) 9 / 4 / 2020-0010810
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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 NOT APPLICABLE	Multiple Clearance Indicator
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Location of Arrest (Including Name of Business) AUSTRALIAN AV/7TH ST-WPB, FL 33401	Location of Offense (Business Name, Address) 699 AUSTRALIAN AVE/W 7TH ST, RIVIERA BEACH, FL 33401
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Date of Arrest 07/12/2020	Time of Arrest 18:36	Booking Date 07/12/2020	Booking Time 18:46	Jail Date //	Jail Time //	Location of Vehicle 699 AUSTRALIAN AVE/W
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Name (Last, First, Middle) CHHAN, MORRIDA	Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)
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Race W - White I - American Indian B - Black O - Asian W F	Sex F	Date of Birth 09/27/1990	Height 5'03	Weight 140	Eye Color BROWN	Hair Color BROWN	Complexion MEDIUM	Build Medium
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Local Address (Street, Apt. Number) 14860 89TH PL N, LOXAHATCHEE, FL 33470	Home Phone (561) 420-2180	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
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Permanent Address (Street, Apt. Number) 14860 89TH PL N, LOXAHATCHEE, FL 33470	Mobile Phone	Residence Type: 1 - City 3 - Florida 2 - County 4 - Out of State 2
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Business Address (Name, Street) VERBAL	Work Phone	Occupation Student
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D/L Number, State C500540908470 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) SANFORD, ME, United	Citizenship US
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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
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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
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<input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian	Name (Last, First, Middle)	Residence Phone
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Address (Street, Apt. Number)	(City)	(State)	(Zip)	Business Phone
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Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated
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Released To: (Name)	Relationship	Date	Time
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The above address was provided by defendant and/or 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
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Drug Activity S. Sell 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	F. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description DUI-DAMAGE TO PERSON/PROPERTY	Statute Violation Number 316.193(3)(C)(I)	Violation of ORD #
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Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
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Charge Description	Statute Violation Number	Violation of ORD #
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Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond
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Charge Description	Statute Violation Number	Violation of ORD #
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Health / Apparex 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"/> Deformities <input type="checkbox"/> Injuries Explain:
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Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Pooled Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health	<input checked="" type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By	Released By	Released To
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Transported By	Date Transported //	Time Transported	Other JUL 12 PM 10:05
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<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) Criminal Justice CRIMINAL JUSTICE COMPLEX Court Date and Time 08/04/2020 08:30:00	3228 GUN CLUB ROAD
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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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian)	Date Signed 07/12/2020	INITIAL
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HOLD for Other Agency	Signature of Arresting Officer THOMAS MICAH	Name Verification (Printed by Arrestee)
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<input type="checkbox"/> Dangerous <input type="checkbox"/> Subject	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) THOMAS MICAH	LD.# 02094	(PRINT)
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Issue/Deposit	LD.#	Pouch #	Transporting Officer THOMAS MICAH	LD.# 7004	Agency WPRPD	Witness here if subject signed with an "X"
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No Photo Available

SCANNED
07/12/2020
1661 420-2180

07/12/2020
11:55 AM
50

DUI PROBABLE CAUSE AFFIDAVIT

On the 12 Day of July at 1836 hours A.M. P.M.

Subject: Chhan, Morrida

Case Number: 20200010810

Agency: West Palm Beach Police Department

Arresting Officer: M. Thomas 2094

Personal Contact

Driving Pattern

Actual physical control (physical evidence putting the driver behind the wheel)

Driver was in actual physical control (vehicle in motion) of a White Mercedes Benz C4 AMG bearing FL Tag: Z02EJV. Driver crashed into the rear of a White Jeep Grand Cherokee bearing NJ Tag: M57KXD, at a high rate of speed. The area this crash occurred in is a 30 mph zone.

Observation of Driver

Driver had a lack of dexterity in her fingers. Driver's speech was slow and slurred. The strong odor of alcoholic beverage emanated from Driver's head and mouth area. Driver appeared to lose balance at times. Driver's eyes were watery and exhibited reddened conjunctiva.

Drivers Statements:

After "Changing hats," Driver was read her Constitutional Rights. After each statement, Driver advised she understood. Driver advised she was driving and the vehicle in front of her slammed on brakes. Driver advised she'd been out fishing earlier. Driver advised she may or may not have drank alcoholic beverages. Driver advised she was healthy and would conduct Standardized Field Sobriety Tasks. Driver advised she doesn't take medication.

Odors:

The strong odor of alcoholic beverage emanated from Driver's head and mouth area.

General Observations

Speech: Slow & Slurred

Attitude: Cooperative & Remorseful

Clothing: Blue Short Sleeve Button Shirt, White Short Pants, and Brown Flip Flops

Medical Problems/Medications: None/None

Other: Driver refused medical assistance from WPBFR while on-scene.

SCANNED

JUL 13 2020

DUI PROBABLE CAUSE AFFIDAVIT

Subject: Chhan, Morrida Case Number: 20200010810

Roadside Tasks

Horizontal Gaze Nystagmus

- | | |
|---|--|
| <input type="checkbox"/> Left Eye Does Not Follow Smoothly | <input type="checkbox"/> Right Eye Does Not Follow Smoothly |
| <input type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less | <input type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less |
| <input type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

Driver wears contacts making Nystagmus difficult to see.

Walk and Turn Task

During instructional phase, Driver couldn't stand as I stood. After completing example, Driver was asked if she understood the instructions presented and if she had any question(s). Driver advised she understood what was presented and did not have any question(s). During task Driver failed to make heel to toe contact, stopped to steady herself, stepped off the line, turned improperly, took more steps than requested, and failed to count out loud.

One Leg Stand

After completing example Driver was asked if she understood the instructions presented and if she had any question(s). Driver advised she understood what was presented and did not have any question(s). During task Driver, placed foot on the ground once, used arms for balance, swayed, counted incorrectly, and failed to look at foot during task.

Finger To Nose

After completing example Driver was asked if she understood the instructions presented and if she had any question(s). Driver advised she understood what was presented and did not have any question(s). During task, Driver couldn't touch the tip of her nose with the tip of her fingers 3 out of 6 attempts. Driver also had to be told to tilt head back and to place hand back down numerous times. The requested was: Left, Right, Left, Right, Right, Left

Romberg Balance

Did not conduct

Breath Results from Instrument

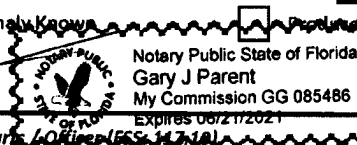
1st Result **.237** 2nd Result **.233** 3rd Result **N/A**
If Applicable

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

Personally Known Production Identification Notary Public



Notary / Clerk of Court

Signature of Arresting Officer

SCANNED
JUL 11 (DATE) 2020

TESTING FACILITY TASK REPORT

AGENCY: WPPD

SUBJECT: Chhan, Morrida

DATE: 07/12/2020

BEGINNING TIME: 1915

CASE NUMBER: 20-086944

VIDEO DVD NUMBER: N/A

ENDING TIME: 1925

BREATH TESTS RESULTS: 1) .237 TIME 1919 A.M. P.M. 2) .233 TIME 1922 A.M. P.M.
3) N/A TIME _____ A.M. P.M. 4) N/A TIME _____ A.M. P.M.

BREATH OPERATOR: G. Parent #7909

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Mumbled

ATTITUDE: Calm, quiet, crying, upset, vague, co operative

CLOTHING: White shorts, teal s/s buttondown blouse, brown sandals

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes watery and bloodshot, odor of an unknown alcoholic beverage on breath.

COMMENTS:

Arrived at Center A/O began the 20 minute observation period at 1852 hrs.

Subject agreed to take test.

Tech. read breath test results.

Subject stated she understood test results.

A/O did not read rights or attempt Q&A as subject requested an attorney at the scene.

SCANNED
JUL 13 2020

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: 80-006476 Software: 8100.27
Date of Test: 07/12/2020

Date of Last Agency Inspection: 06/26/2020
Observation Period Began: 18:52
Subject's Name: MORRIDA CHHAN

DOB: 09/27/1990 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		19:17
	Air Blank	0.000	19:17
	Control Test	0.081	19:18
	Air Blank	0.000	19:18
	Subject Sample #1	0.237	19:19
	Air Blank	0.000	19:20
	Air Blank	0.000	19:21
	Subject Sample #2	0.233	19:22
	Air Blank	0.000	19:23
	Control Test	0.079	19:24
	Air Blank	0.000	19:24
	Diagnostics Check OK		19:24

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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 GARY J PARENT, 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: 07/12/20

Sworn to (or affirmed) before me this 12 day of JULY, 2020

[Signature]
Signature of Notary Public-State of Florida

Off. M. Thomas
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.



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

PBSO CASE # 20-086944 PBSO ZONE 3-22

AGENCY CASE # 20200010810 CRASH CASE # _____

TIME OF STOP/CRASH 1732 DATE 07/12/2020 DAY Sunday

SUBJECT'S NAME Chhan, Morrida RACE W SEX F

HGT 5'03 WGT 140 DOB 09/27/1990

LOCATION Australian Ave + 7th Street

ARRESTING OFFICER'S NAME & ID M. Thomas 2094 AGENCY WPDPD

DIVISION: Traffic

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 1852

BREATH RESULTS:

Arrest Time 1836

1. 237

2. 233

3. N/A

4. N/A

TESTING OFFICER'S ID 7909

NOT A CERTIFIED COPY

SCANNED
JUL 13 2020

SUBJECT: Case # 2020 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: _____

NOT A CERTIFIED COPY

SCANNED
JUL 13 2020

SUBJECT: CHAS, ROSS 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) Ross, Chas SCANNED JUL 13 2020



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)(l)	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: 2020016774	Date: 07/13/2020
	Specialist Name/ID: AM/31562

SEARCHED
SERIALIZED