

JA 0518374 50-2020-CT-010948-ASB

2809

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1

Juvenile

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-104120	
	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		Weapon Seized / Type 1. Yes 2. No	
	Location of Arrest (Including Name of Business) US Hwy 441 / Central Park Blvd, Boca Raton, FL		Location of Offense (Business Name, Address) US Hwy 441 / Central Park Blvd, Boca Raton, FL		Date of Arrest 09/05/2020		Time of Arrest 03:56	
DEFENDANT	Name (Last, First, Middle) Rahim, Nichelle, Marissa		Alias (Name, DOB, Soc. Sec. #, Etc.)		Date of Birth 12/14/1979		Height 5'03	
	Race W		Sex F		Weight 150		Eye Color brown	
	Hair Color brown		Complexion medium		Build medium		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	
	Local Address (Street, Apt. Number) 9874 Ridge Creek Rd, Boca Raton, FL 33496		Phone (954) 204 9628		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Address Source verbal	
CO-DEF	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		First		Middle	
JUVENILE	Address (Street, Apt. Number)		City		State		Zip	
	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	
CHARGE	Charge Description Driving Under the Influence		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)(c)	
	Drug Activity N		Drug Type N		Amount / Unit		Offense # 20-104120	
	Charge Description		Counts		Domestic Violence		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Charge Description		Counts		Domestic Violence		Statute Violation Number	
NOTICE TO APPEAR	Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996							
	Court Date and Time Month October Day 5th Year 2020 Time 08:30 AM X PM							
ADMIN	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) <i>Nichelle Rahim</i>				Date Signed 09/05/2020			
	HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Resisted Arrest <input type="checkbox"/> Other:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) Nichelle Rahim	
Intake Deputy DS Yollas 7622		I.D. # 7622		Pouch #		Name of Arresting Officer (Print) D/S POINTU P.		
Transporting Officer D/S POINTU P.		ID # 16032		Agency PBSO		PAGE 1 OF 1		

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number

Agency ORI Number
FLO 500000

Agency Name
PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number
06-20-104120

Charge Type: Check as many as apply.
1. Felony 3. Misdemeanor 5. Ordinance
2. Traffic Felony 4. Traffic Misdemeanor 6. Other

Special Notes:

Name (Last, First, Middle) **Rahim, Nichelle, Marissa** Alias _____ Race **W** Sex **F** Date of Birth **12/14/1979**

CHARGES: Charge Description

VICTIM: Victim's Name (Last, First, Middle) _____ 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 _____

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
 committed the below acts in my presence. was observed by _____ who told _____
 confessed to _____ that he/she saw the arrested person commit the below acts.
 was found to have committed the below acts, resulting from my (described) investigation.
On the 5th day of September 2020 at 03:14 A.M. P.M. (Specifically include facts constituting cause for arrest.)

I was traveling north bound on State Road 7 from Palmetto Park Road when I noticed a Gray Honda Florida tag HMUB52 in the number 3 lane begin to speed away quickly. When I noticed the vehicle was traveling quickly I proceeded to catch up to the vehicle to initiate a Traffic stop. From my in car camera GPS speed I paced the Gray Honda at 70 MPH in a 45 MPH speed zone. I conducted the traffic stop and made contact with the driver of the vehicle (Female) when I was standing next to the vehicle I could smell the odor of an alcoholic beverage coming from inside of the vehicle. I also observed the female to have very glossy eyes and slurred and slow speech. I identified the driver as Nichelle Rahim from her Florida driver's license she provided me from inside of her vehicle. It was at this time I contacted D/S P. Pointu to conduct a DUI investigation based on my findings.

Traffic citation A9X01UE was issued to Nichelle for unlawful speed F.S.S. 316.187(1)

STATE OF FLORIDA
COUNTY OF PALM BEACH
[Signature] 29008
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of September 2020 by _____

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)
DJ BROWN P 1632

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

PAGE 1 OF 1

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5th DAY OF September 2020, AT 03:14 AM PM

SUBJECT: Rahim, Nichelle, Marissa CASE NUMBER: 20-104120

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

A gray Honda bearing Florida tag HMUB52 was paced by D/S D'Avanzo on Northbound US Highway 441 from Palmetto Park Road, in unincorporated Boca Raton, Palm Beach County, Florida at 70 mph in a 45 mph zone. The driver and only occupant of the vehicle was identified by her Florida Driver's License as Nichelle Rahim.

OBSERVATION OF DRIVER:

Glossy eyes, slow, low and slurred speech. Drowsy. When exited the vehicle unsteady on her feet.

DRIVER'S STATEMENTS:

Post Miranda admitted having been drinking one beer two hours earlier.

ODORS:

slight odor of unknown alcohol beverage that become stronger when she talked.

GENERAL OBSERVATIONS

SPEECH: slow, low, slurred

ATTITUDE: argumentative, repetitive

CLOTHING: red tank top, black pants, flip flops

MEDICAL/OTHER: [REDACTED]

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

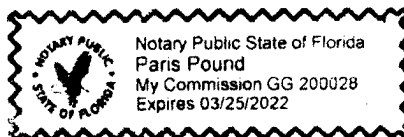
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 05 day of September 2020 by D/S POINTU P.

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

Paris Pound (#24639)

Notary Public, Clerk of Court, Officer (F.S.S. 17.10)



SUBJECT: Rahim, Nichelle, Marissa

CASE NUMBER 20-104120

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 type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

slight sway, had to be reminded multiple times not to move her head. VGN. Unable to perform onset of HGN as she moved her eyes to max deviation in anticipation of the stimulus movement.

WALK & TURN:

Refused to perform the task. Was explained the Taylor warnings three times to clear any confusion with her rights to remain silent. She refused three more times.

ONE LEG STAND:

not performed

FINGER TO NOSE:

not performed

ROMBERG ALPHABET:

not performed

BREATH TEST RESULTS: Refusal

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

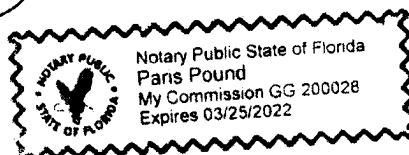
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 05 day of September 2020 by D/S POINTU P.

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

Paris Pound (#24639)

Notary Public, Clerk of Court, Officer (F.S.S. 117 (10))



TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: RAHIM, NICHELLE M

CASE NUMBER: 20-104120

DATE: Sep 5, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 05:02

ENDING TIME: 05:09

BREATH TESTS RESULTS: 1) R TIME 05:08 A.M. P.M. 2) N/A TIME N/A A.M. P.M.
3) N/A TIME N/A A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: LOUD, MAD, UPSET

CLOTHING: BLACK PANTS, RED/WHITE TANK TOP, BLACK SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

REFUSED

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 04:38 HRS.

SUBJECT: REFUSED TO ANSWER FORMAT QUESTIONS

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C, ALSO EXPLAINED I/C

SUBJECT: REFUSED TO ANSWER IF SHE UNDERSTOOD I/C, BUT STATED SHE WOULD REFUSE TEST.

A/O: STATED RIGHTS WERE READ ON SCENE

NO Q&A CONDUCTED

REFUSED

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

20-104120

I, D/S POINTU P., a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 5 day of September, 20 20, at 03:56 P.M. A.M.

DRIVER Nichelle Marissa Rahim,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

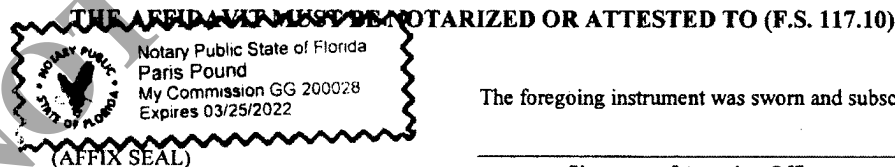
DL# R500633799540, state of Florida, was placed under lawful arrest for
the offense of Driving Under the Influence by D/S POINTU P. and
(Name of Arresting Officer)
issued Citation # A2GCRNP

That on or about the 5th day of September, 20 20, at 05:08 P.M. A.M.

in Palm Beach County,

I requested that the driver submit to a **breath and/or** **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or
Correctional Officer



The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

The foregoing instrument was sworn and subscribed before
me this 05 day of September, 20 20,

by D/S POINTU P.,

who is personally known to me or who has produced
known as identification

Notary Public Paris Pound (#24639)

Note: Mail or hand deliver to the designated
Bureau of Administrative Reviews office,
Department of Highway Safety and Motor
Vehicles, with the driver's license, the
appropriate copy of the UTC, and the
probable cause affidavit.



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 checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	4
	<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: 2020021039	Date: 09/06/2020
	Specialist Name/ID: AM/31562