

20CT13702 NB
ARREST / NOTICE TO APPEAR
 Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-20004757	
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 2 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
Location of Arrest (Including Name of Business) 3805 NORTHLAKE BLVD, PBG, FL		Location of Offense (Business Name, Address) 3805 NORTHLAKE BLVD, PBG, FL					
Date of Arrest 10/25/2020	Time of Arrest 04:09	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405	
Name (Last, First, Middle) HILL, NICOLE, MARIE				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 01/28/1992	Height 5'5	Weight 223	Eye Color BRO	Hair Color BRO	Complexion LIGHT
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT BEHIND LEFT EAR				Marital Status MARRIED	Religion CATHOLIC	Indication of Alcohol/Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 2000 N ESTRELLA CT #201 PALM BEACH GARDENS, FL 33410		Phone (561) 339-6377		Residence Type 1. City 2. County 3. Florida 4. Out of State 1		Address Source VERBAL	
Permanent Address (Street, Apt. Number) 2000 N ESTRELLA CT #201 PALM BEACH GARDENS, FL 33410		Phone ()		Occupation ()			
Business Address (Name, Street) ()		Phone ()		Occupation ()			
D/L Number, State H400633925280 FL		Soc. Sec. Number ()		INS Number ()		Place of Birth (City, State) SEACAUCUS, NJ	
Citizenship US		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Parent Legal Custodian <input type="checkbox"/> Other: ()		Name (Last) (First) (Middle)		Residence Phone ()		Business Phone ()	
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		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 355-2528) 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 S. Sell N. N/A P. Possess		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		U. Unknown Z. Other		S. Synthetics			
Charge Description DRIVING UNDER THE INFLUENCE OVER .08		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 #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Location (Court, Room, Street, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700							
Court Date and Time Month NOVEMBER Day 25 Year 2020 Time 10:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>							
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 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. 10/25/2020							
Signature of Defendant (or Juvenile and Parent /Custodian) (Signature)				Date Signed			
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) OIC. ANDREW FLINK		I.D. # 514	
Transporting Officer ANDREW FLINK		ID # 514		Agency PBGPD		Witness here if subject signed with an "X" 1 OF 1	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)
 0519268 253

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25TH DAY OF OCTOBER 20 20, AT 0354 AM PM

SUBJECT: HILL, NICOLE, MARIE CASE NUMBER: 20004757

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514

PERSONAL CONTACT

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

Officers received a call from Riviera Beach Police Officer Roberts #6678, regarding an individual passed out behind the wheel at 3805 Northlake Blvd, PBG, FL. Ofc Paquette 526 and Ofc Nelson 516 arrived on scene and observed a Ford sedan (IIUP03/FL), in the drive-thru with two females unconscious inside. Officers were concerned the individuals might be sick, injured or impaired, thus contact was attempted and was successful. This Officer arrived on scene and made contact with the driver, identified via Florida Driver License photo, Nicole Hill, while she was still in actual physical control of the vehicle.

OBSERVATION OF DRIVER:

Hill appeared disoriented, had slurred speech, bloodshot watery eyes, flushed red face, and the obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance.

DRIVER'S STATEMENTS:

Hill said she was out with her sister and friends. When asked how much she had to drink, Hill did not respond, rather looked forward then eventually said she drank a long time ago.

ODORS:

Unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Complaint

CLOTHING: Black blouse, white shorts, no shoes.

MEDICAL/OTHER: None stated

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 25th day of October 2020 by Ofc. ANDREW FLINK

(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)



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

SUBJECT: HILL, NICOLE, MARIE

CASE NUMBER 20004757

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:

Hill was swaying back and forth while standing upright. Hill had Vertical Gaze Nystagmus in both eyes.

WALK & TURN:

During the instructions, Hill had her arms raised more than six inches from her sides. During the exercise, Hill kept her arms raised more than six inches from her sides. Hill also missed the line on two steps and took eight steps, rather than nine. After the turnaround, Hill again kept arms raised and missed the line on one step.

ONE LEG STAND:

During the exercise, Hill raised her right foot. Hill raised her arms more than six inches from her side, placed her foot down multiple times prior to being told to do so and was swaying.

ROMBERG ALPHABET:

Not conducted

FINGER TO NOSE:

Not conducted

BREATH TEST RESULTS: 1) .113 2) .115 3) - 4) -

STATE OF FLORIDA
COUNTY OF DELMONTE BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25th day of October 2020 by Ofc. ANDREW FLINK

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

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



TESTING FACILITY TASK REPORT

AGENCY: PBG
SUBJECT: HILL, NICOLE MARIE
CASE NUMBER: 20-120064
DATE: Oct 25, 2020
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0506
ENDING TIME: 0520

BREATH TESTS RESULTS: 1) .113 TIME 0510 A.M. P.M.
2) .115 TIME 0513 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 TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:
ATTITUDE: COOPERATIVE
CLOTHING: BLACK SHIRT, WHITE SHORTS, NO SHOES
MEDICAL CONDITIONS: HIGH BLOOD PRESSURE, A.D.D, SINUS ISSUES
MEDICATIONS: VYVANSE, LISINOPRIL, METOPROLOL

OTHER:

EYES: GLASSY
SUBJECT STATED SHE DRANK 3 OR 4 MOSCOW MULE MIXED DRINKS (Q AND A)

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0445 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
A/O CONDUCTED Q AND A
SUBJECT ANSWERED Q AND A



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

PBSO CASE # 20-120064 PBSO ZONE 3-13

AGENCY CASE # 20004757 CRASH CASE # _____

TIME OF STOP/CRASH 0354 DATE 10/25/2020 DAY SUNDAY

SUBJECT'S NAME HILL NICOLE MARIE RACE W SEX F
LAST FIRST MID

HGT 5'5 WGT 223 DOB 01/28/1992

LOCATION 3805 NORTHLAKE BLVD, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0445

ARREST TIME 04:09

BREATH RESULTS:

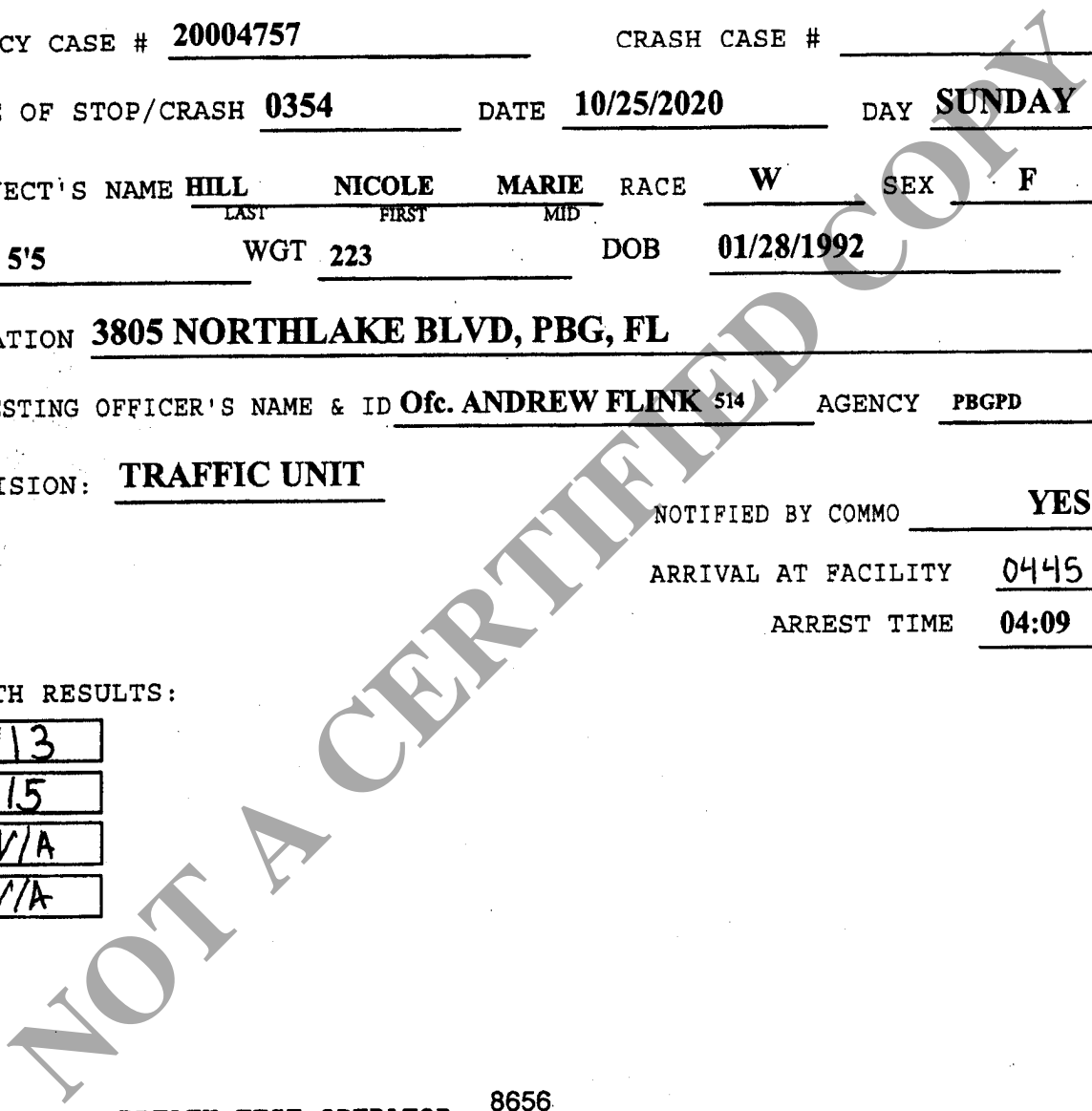
1) .113

2) .115

3) -N/A

4) -N/A

BREATH TEST OPERATOR: 8656



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: 80-006029 Software: 8100.27
Date of Test: 10/25/2020

Date of Last Agency Inspection: 10/16/2020

Observation Period Began: 04:45

Subject's Name: NICOLE MARIE HILL

DOB: 01/28/1992 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	05:08
	Air Blank	0.000	05:09
	Control Test	0.081	05:09
	Air Blank	0.000	05:10
	Subject Sample #1	0.113	05:10
	Air Blank	0.000	05:11
	Air Blank	0.000	05:13
	Subject Sample #2	0.115	05:13
	Air Blank	0.000	05:14
	Control Test	0.081	05:14
	Air Blank	0.000	05:15
	Diagnostics Check	OK	05:15

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: 10/25/20

Sworn to / or affirmed, before me this 25 day of October, 2020

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: Hill, Nicole M 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? yes

WHERE WERE YOU GOING? McDonalds

WHAT STREET OR HIGHWAY WERE YOU ON? Northlake

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? Jupiter Farms

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

WHAT IS TODAY'S DATE? Oct 25 2002 WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? PRC

WHEN DID YOU LAST EAT? 03-9-93 WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Working at home after school

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

HOW MUCH? 3 or 4 WHERE? on bus WITH WHOM? _____

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? mixed

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Nursing Assistant WHEN DID YOU LAST WORK? Friday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? Broken left hand

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? knowing how long it's been

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? ibuprofen 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? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? _____

INTERVIEWER: Off. A. Flink #514

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

SUBJECT: Hill, Nicole M

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 OFF FINE of the PRAPT

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

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



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: 2020025132	Date: 10/26/2020
	Specialist Name/ID: AM/31562