

20CT11186ANB

0518450

1380

OBTS Number		<b>ARREST NOTICE TO APPEAR</b> Juvenile Referral Report			1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	Juvenile	N
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- 20004044</b>						
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   1. Yes 2. No		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) <b>3360 BURNS ROAD, PALM BEACH GARDENS, FL 33410</b>					Location of Offense (Business Name, Address) <b>2477-BLK GARDENS PARKWAY, PALM BEACH GARDENS, FL 33410</b>						
Date of Arrest <b>09/10/2020</b>		Time of Arrest <b>22:16</b>		Booking Date		Booking Time		Jail Date		Jail Time	
Location of Vehicle <b>KAUFF'S TOWING &amp; RECOVERY</b> <b>4301 East Avenue, West Palm Beach, FL 33405</b>											
Name (Last, First, Middle) <b>INDIA, SAMANTHA, HELEN</b>											
Aliases (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>F</b>		Date of Birth <b>09/071988</b>		Height <b>501</b>		Weight <b>125</b>		Eye Color <b>BRO</b>	
Hair Color <b>BRO</b>		Complexion <b>LGT</b>		Build <b>SMALL</b>		Marital Status <b>Single</b>		Religion		Indication of Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Local Address (Street, Apt. Number) <b>23000 PORTOFINO CIRCLE #103, PALM BEACH GARDENS, FL 33418</b>		Phone <b>(610) 333-5901</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State   <b>1</b>		
Permanent Address (Street, Apt. Number) <b>EDMOND JAMES</b>					Business Address (Name, Street) <b>EDMOND JAMES</b>		Phone		Address Source <b>FLORIDA DRIVER'S LICENSE</b>		
D/L Number, State <b>I53078888270 FL</b>					INS Number		Place of Birth (City, State) <b>New York NY</b>		Citizenship <b>USA</b>		
Co-Defendant Name (Last, First, Middle)					Race		Sex		Date of Birth		<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 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 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. Synthetic	U. Unknown Z. Other
Charge Description <b>DUI - PROPERTY DAMAGE</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(3)(C)(1)</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 <b>OR</b>
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input 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 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 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>14</b> Year <b>2020</b> Time <b>10:00</b> 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 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											
<b>09/10/2020</b>											
Signature of Defendant (or Juvenile and Parent /Custodian)										Date Signed	
HOLD for other Agency Name:		Signature of Arresting Officer <b>X</b>			Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>Ofc. Cameron Carver #471</b>			I.D. # <b>#471</b>		(PRINT) <b>SCANNED</b>		
Intake Deputy <b>DJ Collins</b>		ID #		Pouch #		Transporting Officer <b>Ofc. Cameron Carver #471</b>		ID # <b>#471</b>		Agency <b>PBPGPD</b>	
Witness here if signed with me <b>SEP 11 2020</b>											
PAGE <b>1</b> OF <b>1</b>											

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10 DAY OF September 20 20 AT 19:48 AM PM

SUBJECT: INDIA, SAMANTHA, HELEN CASE NUMBER: 20004044

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)

Upon arrival, I began my crash investigation and observed a black Volkswagen Tiguan, bearing Florida license plate 797QWQ, with heavy front-end damage as a result of a collision with a palm tree. I made contact with Samantha India, the driver of the Tiguan and Hilary Wheeler a witness to the crash, who were both identified via their Florida Driver's Licenses. Wheeler provided a sworn-oral statement advising she and India are colleagues and after work they went to Carmine's where they had two white wine spritzers. Wheeler was behind India when she crashed into the tree. Wheeler went to the Tiguan where India claimed, "it hurts." Wheeler helped India out of the vehicle and awaited emergency services to arrive.

## OBSERVATION OF DRIVER:

India participated in the crash investigation. While interacting with India I detected the odor of unknown alcohol emanating from her breath. India was stumbling around the scene and collapsed into firefighters. India did not lose consciousness and was alert during my interaction with her and while being attended by fire rescue. Her speech was slurred and was easily confused. She had glassy eyes and her face was flush.

## DRIVER'S STATEMENTS:

Post-Miranda, India stated after work she went to Carmine's where she had one drink with dinner and was headed home. India stated something ran out in front of her, causing her to react and lose control of her vehicle and hit the tree. India stated she was not certain what it was. India stated she is on a new dosage of Lexapro, which she took this morning, as well takes Xanax when needed, however has not taken it this evening. India stated she did not usually drink alcohol because of the medication she is on.

## ODORS:

Odor of unknown alcoholic beverage.

## GENERAL OBSERVATIONS

SPEECH: Slurred, methodical

ATTITUDE: Calm, Emotional, Nervous

CLOTHING: Blue Dress

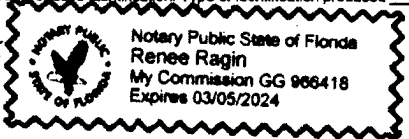
MEDICAL/OTHER: Anxiety and Depression

STATE OF FLORIDA  
COUNTY OF PALM BEACH  


The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of September 202020 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)



**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, Glassy**  
Observations: **VGN Present**

**WALK & TURN:**

India was having difficulty with maintain balance during the instructional phase, stepping out of position multiple times, and wanted to remove the hospital socks to perform the tasks. The instructions were explained and demonstrated to India. After instructions were given and India stating she understood, India started on command. India missed heel-to-toe. India took the incorrect number of steps, completing 13 steps. India stopped throughout the walk to maintain her balance. India did not turn as instructed and demonstrated. On the return, India missed heel-to-toe and walked off the line. India again took the incorrect number of steps, completing 13 steps. India again stopped during the task to regain balance. India raised her arms more than six inches during the task. During this task, I also observed India look forward, not at her feet as instructed.

**ONE LEG STAND:**

The instructions were explained and demonstrated to India, who stated she understood. Upon the command to begin, India swayed while balancing. India raised her arms more than six inches to maintain balance. India put her foot down multiple times and stopped in middle of task to maintain her balance. During this task, I also observed India look forward, not at her feet as instructed. India visibly swayed during the task.

**ROMBERG ALPHABET:**

The instructions were explained and demonstrated to India, who stated she understood. Upon the command to begin, India initially did not keep her eyes closed, but after reminding her, she kept her eyes closed. India had a visible sway. India incorrectly recited the alphabet by skipping "P, S, T, U."

**FINGER TO NOSE:**

The instructions were explained and demonstrated to India, who stated she understood. India started on command and used the pad of her finger to touch the tip of her nose.

**BREATH TEST RESULTS:**      .176                      .191

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 10 day of September 202020 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)



# WITNESS LIST

CASE NUMBER: 20004044

ARRESTING OFFICER: Ofc. Cameron Carver

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: Ofc. Angel Rodriguez #448 / Ofc. Sheldon Keel #508

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Crash Scene

NAME: Hilary Wheeler

ADDRESS 209 SW WHITMORE DR, PORT SAINT LUCIE, FL 34984

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Crash Witness / Friend of Defendant

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_



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

PBSO CASE # 20-105810 PBSO ZONE 3-13

AGENCY CASE # 20004044 CRASH CASE # 24127037

TIME OF STOP/CRASH 19:48 DATE 09/10/2020 DAY THURSDAY

SUBJECT'S NAME INDIA SAMANTHA HELEN RACE W SEX F  
LAST FIRST MID

HGT 501 WGT 125 DOB 09/071988

LOCATION 3360 BURNS ROAD, PALM BEACH GARDENS, FL 33410

ARRESTING OFFICER'S NAME & ID Ofc. Cameron Carver #471 AGENCY PBSPD

DIVISION: Traffic Unit

NOTIFIED BY COMMO YES

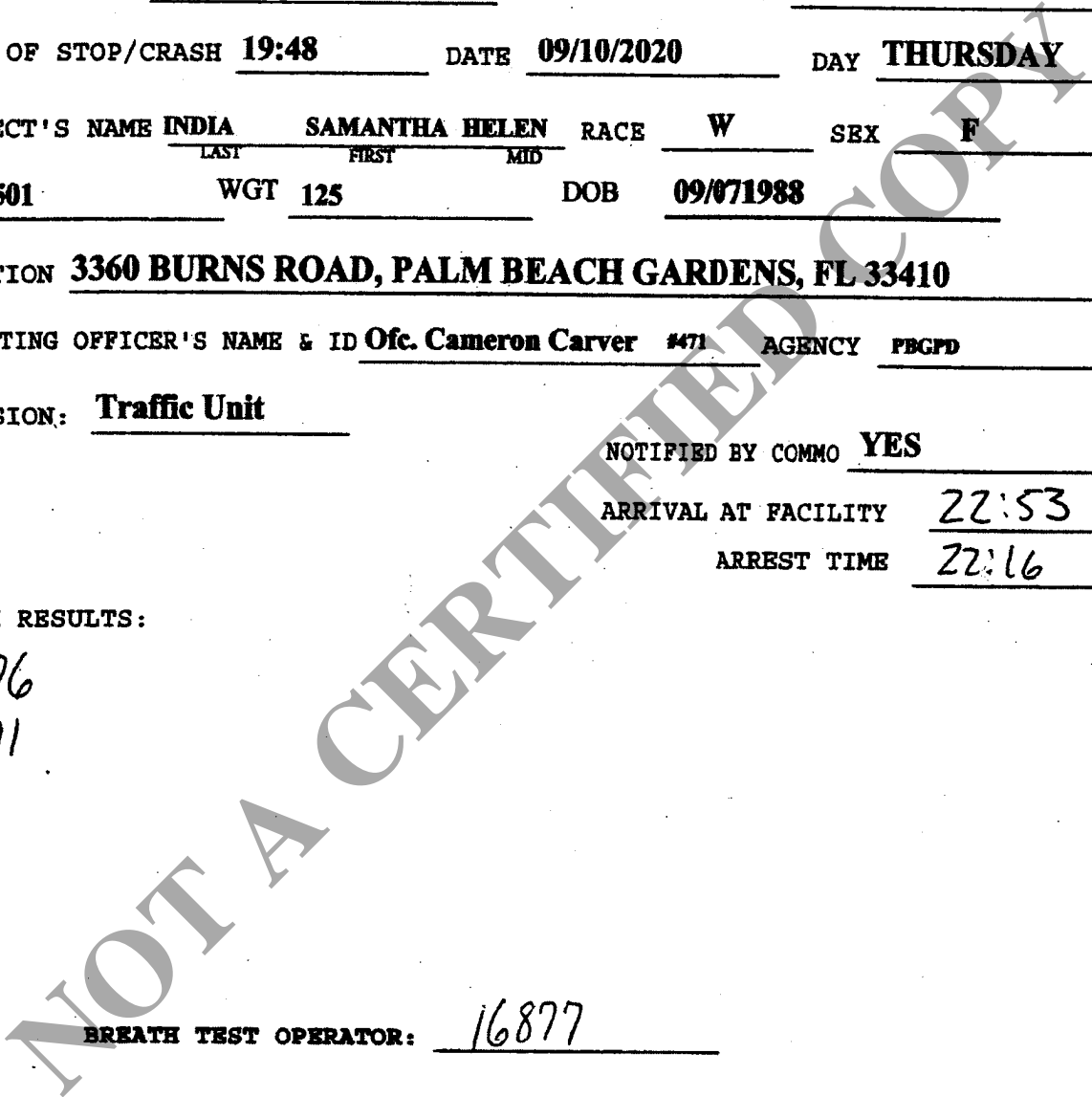
ARRIVAL AT FACILITY 22:53

ARREST TIME 22:16

**BREATH RESULTS:**

.176  
.191

BREATH TEST OPERATOR: 16877



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: 80-006238 Software: 8100.27  
Date of Test: 09/10/2020

Date of Last Agency Inspection: 08/14/2020

Observation Period Began: 22:53

Subject's Name: SAMANTHA H INDIA

DOB: 09/07/1988 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	23:15
Air Blank	0.000	23:16
Control Test	0.080	23:16
Air Blank	0.000	23:16
Subject Sample #1	0.176	23:19
Air Blank	0.000	23:19
Air Blank	0.000	23:21
Subject Sample #2	0.191	23:22
Air Blank	0.000	23:23
Control Test	0.077	23:23
Air Blank	0.000	23:23
Diagnostics Check	OK	23:23

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 RENEE M RAGIN, 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: 09/10/20

Sworn to (or affirmed) before me this 10 day of Sept., 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.

# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: India, Samantha H.

CASE NUMBER: 20-105810

DATE: Sep 10, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:12

ENDING TIME: 23:25

BREATH TESTS RESULTS: 1) .176 TIME 23:19 A.M.  P.M.  2) .191 TIME 23:22 A.M.  P.M.   
3) N/A TIME ----- A.M.  P.M.  4) N/A TIME ----- A.M.  P.M.

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Crying, upset, polite

CLOTHING: Black dress, no shoes

MEDICAL CONDITIONS: Subject stated none

MEDICATIONS: Lexapro, Xanax

## OTHER:

Eyes bloodshot, red  
Odor of unknown alcoholic beverage on breath.

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 22:53 hrs.

Subject agreed to take breath test.

A/O read rights.  
Subject stated she understood rights

Tech read breath test results.  
Subject stated she understood test results.

No Q&A conducted.  
Subject invoke right to counsel.

SUBJECT: India, Samantha H. CASE NUMBER: 2000 4044

## 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 at hospital  
Read on Camera @ BATT



**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: 2020021487	Date: 9/11/2020
	Specialist Name/ID: B Evans / 23649