

0514999

20CT3224 JB 2196

ARREST / NOTICE TO APPEAR

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

Agency ORI Number 0500400	Agency Name Delray Beach Police Department	Agency Report Number (N.T.A.'s only) 4 0 20-003238
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 Used <input type="checkbox"/> None/not Applicable	Multiple Clearance Indicator 1

Location of Arrest (Including Name of Business) W LINTON BLVD/S MILITARY TRL, DB, FL		Location of Offense (Business Name, Address) 4999 W LINTON BLVD/S MILITARY TRL, DELRAY BEACH, FL	
Date of Arrest 02/22/2020	Time of Arrest 03:24	Booking Date 02/22/2020	Booking Time 05:35
Jail Date		Jail Time	
Location of Vehicle 4999 W LINTON BLVD/S MIL			

Name (Last, First, Middle) ALEXANDER, SKYLAR MADISON		Alias:	
Sex W	DOB 07/21/1995	Height 5'04	Weight 130
Eye Color GREEN	Hair Color BROWN	Complexion LIGHT	Build Small
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status	Religion

Local Address (Street, Apt. Number) 9963 BOYNTON GARDENS LN, BOYNTON BEACH, FL 33437	Phone (561) 346-1173
Permanent Address (Street, Apt. Number) 9963 BOYNTON GARDENS LN, BOYNTON BEACH, FL 33437	Phone (561) 346-1173
Business Address (Name, Street)	Phone
DL Number, State A425793957610 / FL	INS Number
Place of Birth (City, State) Delray Beach, FL	Citizenship US

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	Name (Last, First, Middle)	Residence Phone
Address (Street, Apt. Number)	(City) (State) (Zip)	Business Phone

Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Bonded/Processed within Department and Released 2. TOT IAC 3. Incarcerated
Released To: (Name)	Relationship	Date	Time

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.

Yes, by: No

Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	Value of Property
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Drug Activity N. N/A P. Possession	S. Sell B. Buy	R. Struggle 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/Opium Deriv.	F. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description DRIVING WHILE UNDER INFLUENCE	Statute Violation Number 316.193(1)(A)	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
N	N	/
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
		Warrant / Copies Number
		Bond

Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
		Warrant / Copies Number
		Bond

Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
		Warrant / Copies Number
		Bond

Health / Apparent 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:
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input checked="" type="checkbox"/> South County Mental Health	PROPERTY - Received By
Transported By	Released By
Date Transported	Time Transported
	Other

<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) South County 200 W Atlantic Ave Delray Beach, FL 33444
	Court Date and Time 03/16/2020 08:30:00

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.

Signature of Defendant (or Juvenile and Parent/Custodian) _____ Date Signed _____

HOLD for Other Agency	Signature of Arresting Officer Andrew Culberson	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Name of Arresting Officer (Print) CULBERSON, ANDREW E	ID.# 1135
Initials SPAW 8/01	Transporting Officer CULBERSON	ID.# Agency 1135 DBPD

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22nd DAY OF February, 20 20, AT 0324 Hrs AM PM
SUBJECT: Skylar Alexander CASE NUMBER: 20-003238
AGENCY: DBPD ARRESTING OFFICER: Culberson

PERSONAL CONTACT

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

Officer Richardson observed a vehicle driving recklessly near at the intersection of W Atlantic Ave and S Military Trl. Officer Richardson proceeded after the vehicle and paced the moving vehicle with his marked patrol car at 84 mph in a posted 45 mph speed zone. Officer Richardson then initiated a traffic stop on the vehicle near the intersection of S Military Trl and Sherwood Blvd, and the vehicle came to a stop at the intersection of W Linton Blvd and S Military Trl. I arrived on scene to conduct a DUI investigation. I made contact with the driver and sole occupant of the vehicle and identified her by her Florida Driver License as Skylar Alexander.

OBSERVATION OF DRIVER:

Skylar had glassy eyes, slurred speech, and a strong odor of an unknown alcoholic beverage emitting from her person. Skylar had slow reaction time while interacting with her and upon exiting the vehicle, she needed to use the car to assist her standing up.

DRIVER'S STATEMENTS:

Skylar Spontaneously uttered that she had ingested alcohol when I asked her if she would submit to Standardized Field Sobriety Tasks.

ODORS:

Skylar had the odor of an unknown alcoholic beverage coming from her.

GENERAL OBSERVATIONS

SPEECH: Slow, Slurred, Mumbled.

ATTITUDE: Calm.

CLOTHING: Blue dress, white shoes.

MEDICAL/OTHER:

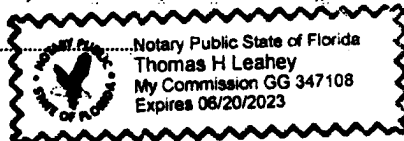
STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of February, 20 20 by Ofc Culberson

(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)



SCANNED
FEB 23 2020

SUBJECT: Skylar Alexander

CASE NUMBER 20-003238

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Refused to complete SFST.

WALK & TURN:

Refused to complete SFST.

ONE LEG STAND:

Refused to complete SFST.

FINGER TO NOSE:

Refused to complete SFST.

ROMBERG ALPHABET:

Refused to complete SFST.

BREATH TEST RESULTS: (1) refused (2) (3) (4)

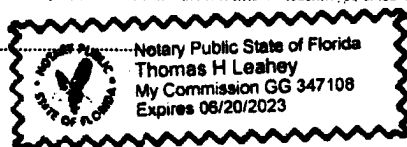
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of February, 2020 by Ofc Culberson

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

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



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FEB 23 2020



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

PBSO CASE # 20-041039 PBSO ZONE 4-22

AGENCY CASE # 20-003238 CRASH CASE # _____

TIME OF STOP/CRASH 0258 Hrs DATE 02/22/20 DAY Saturday

SUBJECT'S NAME Skylar Alexander RACE White SEX Female

HGT 504 WGT 130 DOB 07/21/1995

LOCATION W Linton Blvd/S Military Trl

ARRESTING OFFICER'S NAME & ID Culberson/1135 AGENCY DBPD

DIVISION: _____

NOTIFIED BY COMMO yes

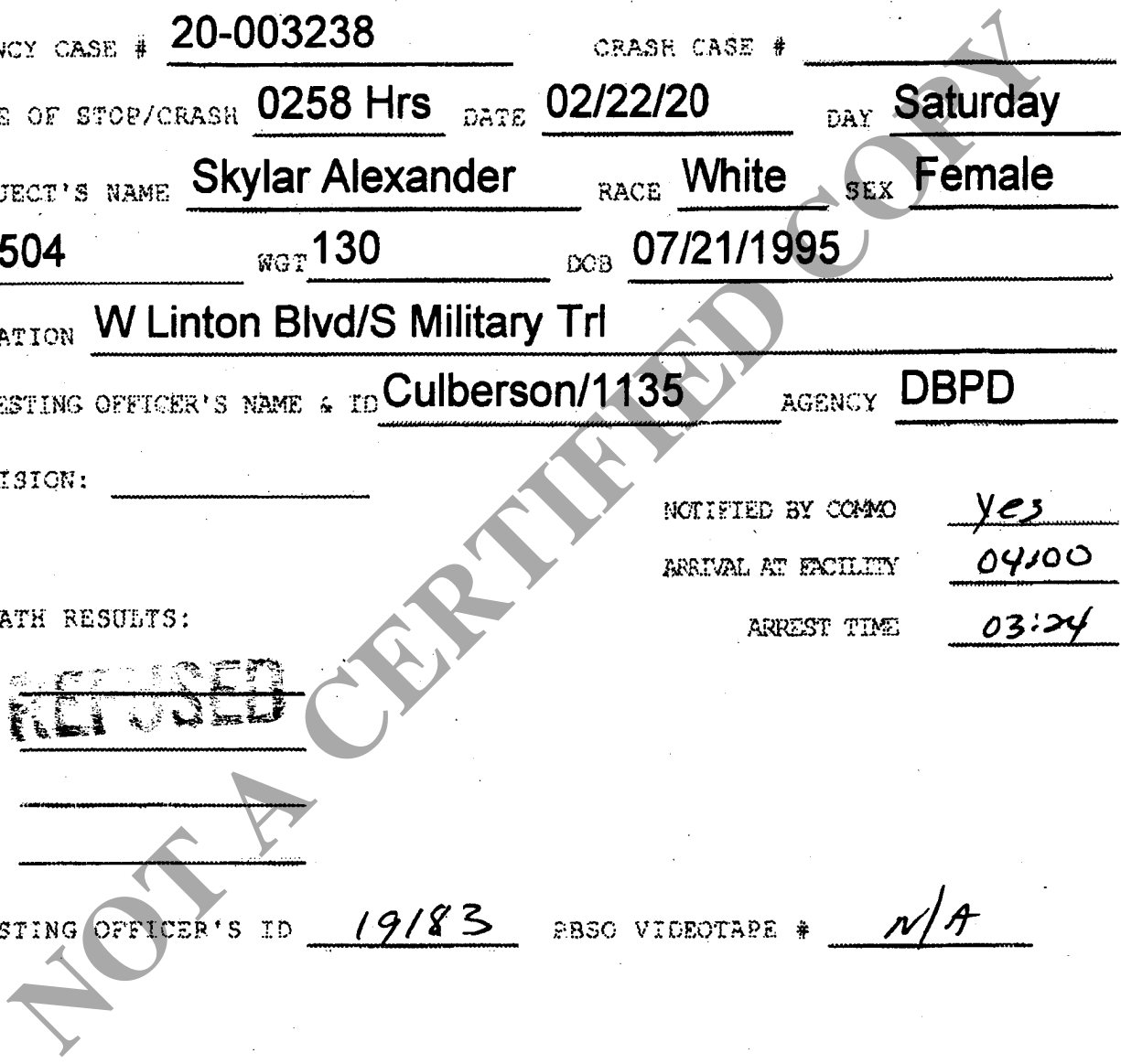
ARRIVAL AT FACILITY 0400

BREATH RESULTS:

ARREST TIME 03:24

- 1) ~~REFUSED~~
- 2) _____
- 3) _____
- 4) _____

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A



TESTING FACILITY TASK REPORT

AGENCY: DBPD

CASE NUMBER: 20-041129

VIDEO TAPE NUMBER: N/A

ENDING TIME: 04:37

NAME: Alexander, Sybil M

DATE: 09/23/03

BEGINNING TIME: 09:23

TEST RESULTS: 1) R TIME 04:25 A.M./P.M. 2) N/A TIME --- A.M./P.M. 3) N/A TIME --- A.M./P.M.

TESTING OFFICER: Keefe #1913

TESTING OFFICER'S ID: Keefe #6467

TESTING OFFICER'S OBSERVATIONS

subject shaved, dolomite
tall, 5'8", calm, cooperative
blue jean dress, white sneakers
hair: blonde, N/A
eyes: N/A

REFUSED

subject wearing a black shirt
subject consumed alcoholic beverage on break
subject arrived at court A/Po conducted 20-minute
observation period at 09:00 hrs

A returned to perform breath test

A/Po read T/C + A stated she understood T/C

A returned to perform breath test

REFUSED

A/Po read rights + A stated she understood rights

A alternated with

A declined to answer questions

SUBJECT: Alexander, Skylar M CASE NUMBER: 20-007

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY REFUSE TO ANSWER ANY 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 TIME OF THE DAY WERE YOU ON?

WHAT TYPE OF TRAFFIC VIOLATION DID YOU START? WHERE DID YOU START?

WHAT TYPE OF TRAFFIC VIOLATION DID YOU COMMIT? WHAT TIME IS IT NOW?

WHAT DAY OF THE WEEK IS IT?

WHAT TIME DID YOU GET UP AND GO TO BED?

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? WHERE?

HOW MANY? WHEN? WITH WHOM?

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

HOW MANY? CONSIDER YOUR LAST TWO DRINKS?

CAN YOU FEEL THE EFFECTS OF THE ACCIDENT? ARE YOU UNDER THE INFLUENCE?

HOW MANY? HOW MANY ALCOHOL SINCE THE ACCIDENT? HOW MANY?

WHERE? WHERE? WHEN?

WHAT KIND OF DAMAGE DID YOU DO? WHEN DID YOU LAST DRINK?

DO YOU HAVE ANY OTHER INJURIES OR INJURIES? WHAT?

WHAT'S WRONG?

DO YOU HAVE A BUMP ON THE HEAD RECENTLY?

WHERE DID YOU GET IT TODAY?

HOW MANY? ARE YOU ON ANY MEDICATION TODAY? WHERE?

DOES ANYONE SEE A DOCTOR OR DENTIST TODAY? WHO? WHY?

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? WHAT? WHERE?

- DO YOU HAVE: EPILEPSY? _____
- GLASS EYES? _____
- FALSE TEETH? _____
- EAR PROBLEMS? _____
- INNER EAR PROBLEMS? _____
- 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 BROKEN LEG OR ANY OTHER STAFF?

INTERVIEWER: _____

SCANNED
FEB 23 2020

Alexander, Skylar M CASE NUMBER 20-003257

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 detecting the presence of alcohol or controlled substances.

OR

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of alcohol 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 THE REQUEST.

I am Ofc Culberson #1135 of the DBPD

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 180 days for a first refusal or suspension (18) months if your privilege has been previously suspended for a period of 180 days for a second or subsequent 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, you may be liable for a criminal offense 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 a criminal offense.

SUBJECT'S SIGNATURE (S)

Read on camera

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. Anything you say can be used against you in court.
3. You have the right to the presence of a lawyer of your choice before you make any statements and during any questioning.
4. If you cannot afford a lawyer, one will be appointed for you before any questioning if you cannot afford one.
5. If you answer questions without a lawyer present, you will still be allowed to stop answering at any time. You will still need to answer questions if you have already answered questions.
6. Anything you say can be used against you in court. This must be of your own free will.
7. You have the right to stop answering at any time. You will still need to answer questions if you have already answered questions.

SCANNED
FEB 23 2025

SUSPECT'S NUMBER (S)

Read on camera

WITNESS LIST

CASE NUMBER: 20-003238

ARRESTING OFFICER: Ofc Culberson

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: DUI

NAME: Ofc Richardson

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: Road sides, defendants actions, and statements.

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: _____

ADDRESS _____

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ADDRESS _____

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NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

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FEB 23 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: 2020006037	Date: 02/23/2020
	Specialist Name/ID: AM/31562

**SCANNED
FEB 23 2020**