

J# 0515362

20CT4098 NB P# 2608

ARREST / NOTICE TO APPEAR

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

JUVENILE

Agency ORI Number 0501700	Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 514 20-001044
Charge Type: Check as many <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 NONE	Misc. Charge Indict.
Location of Arrest (Including Name of Business) S CENTRAL BLVD/MAIN ST JUPITER FL 33458		
Location of Offense (Business Name, Address) 4999 S CENTRAL BLVD/MAIN ST, JUPITER, FL 33458		
Date of Arrest 03/07/2020	Time of Arrest 14:54	Booking Date 03/07/2020
Booking Time 15:04	Jail Date // : :	Jail Time // : :
Location of Vehicle		
Alias (Name, DOB, Soc. Sec. #, Etc.)		
Name (Last, First, Middle) PATTINATO, TIFFANY ANN		
Race W - White B - Black	Sex F	Date of Birth 09/04/1991
Height 5'00	Weight 115	Eye Color BLUE
Hair Color BROWN	Complexion LIGHT	Build
Marital Status M		Religion CATHOLIC
Indication of: Alcohol Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Local Address (Street, Apt. Number) 4812 S CENTRAL BLVD, JUPITER, FL 33458		Phone (561) 877-9678
Permanent Address (Street, Apt. Number) 4812 S CENTRAL BLVD, JUPITER, FL 33458		Phone (561) 877-9678
Business Address (Name, Street) 4812 S CENTRAL BLVD, JUPITER, FL 33458		Phone (561) 877-9678
DL Number, State P353801918240 / FL	INS Number	Place of Birth (City, State) PITTSBURGH, PA,
Co-Defendant Name (Last, First, Middle)		Race Sex Date of Birth
Co-Defendant Name (Last, First, Middle)		Race Sex Date of Birth
Name (Last, First, Middle)		Residence Phone
Address (Street, Apt. Number)		Business Phone
Notified by: (Name)		Date Time
Released To: (Name)		Date Time
The above address was 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's Office (Phone 355-2526) informed of any change of address.		School Attended Grade
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property Value of Property
Drug Activity S. Sell N. N/A P. Possess R. Smuggle B. Buy T. Traffic K. Disperse/Distribute E. Use 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 DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE		Statute Violation Number 316.193(4)
Drug Activity	Drug Type	Amount / Unit
N	N	/
Offense #	Counts	Domestic Violence
I	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	Statute Violation Number	Violation of ORD #
		DR
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
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By
<input type="checkbox"/> Postpaid Bond <input type="checkbox"/> South County Mental Health		Released By
Transported 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) North County PALM BEACH GARD
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.		Court Date and Time 04/08/2020 08:30:00
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed
Signature of Arresting Officer WALTEBURG, MARCUS		Name Verification (Printed by Arrestee)
Name of Arresting Officer (Print) WALTEBURG, MARCUS		(PRINT)
Transporting Officer WALTEBURG		Agency JUPITER
I.D. # 335		Witness here if subject signed with arrestee

MAR 08 2020

AM 5:08
JUPITER POLICE
COMMUNICATIONS CENTER

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N	OBT# Number		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 20-001044	
	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		Special Notes:	

D E F	Name (Last, First, Middle) PATTINATO, TIFFANY ANN				Alias	Race W	Sex F	Date of Birth 09/04/1991
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C H A R G E S	Charge Description 316.193(4) DUI - DRIVING UNDER INFLUENCE	Charge Description
	Charge Description	Charge Description

V I C T I M	Victim's Name (Last, First, Middle) State Of Florida				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 _____ (that he/she saw the arrested person commit the below acts)

confessed to _____ was found to have committed the below acts, resulting from my (described) investigation admitting to the below facts.

On the 7 day of March, 2020 at 15:12 (Specifically include facts constituting cause for arrest.)

On 3-7-2020 at approximately 1401hrs I was dispatched to a single vehicle crash in which a car ran off the road and struck a tree. Prior to my arrival, dispatch advised a witness noticed a female staggering out of the vehicle. Upon my arrival I observed a white female who was later positively identified to be W/F Tiffany Pattinato (9-4-1991) by her Florida's Driver's License standing next to a silver VW sedan which was stuck in the bushes. Tiffany was swaying heavily while standing next to her vehicle and appeared to have a hard time balancing. She said she was the driver and only occupant of the vehicle. She refused rescue and stated she was not injured. I completed my traffic crash investigation and advised Tiffany of same. I read her Miranda from my agency issued card, she agreed to speak with me.

I asked Tiffany where she was coming from, she stated she left Publix and Lynora's restaurant. I asked her if she had anything alcoholic to drink, she stated yes, one Mimosa. While speaking to her, I could smell a strong odor of an alcoholic beverage coming from her mouth, it got stronger the more she spoke. Her eyes were bloodshot and watery. She had a difficult time comprehending basic instructions and kept repeating herself. Her speech was very slurred and labored. I asked Tiffany if she would be willing to conduct roadside sobriety tasks, she hesitated and then said no. I explained to her if she refused to conduct the roadside sobriety tasks, I would have to base my investigation off of my observations and her statements up until this point. She continued to refuse.

Based on my observations and her statements, I placed Tiffany under arrest for DUI and advised her of same. She was placed in handcuffs which were double locked and checked for tightness. I transported Tiffany to Jupiter Medical Center for medical clearance. While at the hospital, Tiffany would begin to cry then get upset with staff members. Multiple times she asked me what was going on and I explained to her the circumstances that lead to her at the hospital. Once cleared, she was transported to the PBC Jail.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (P.S. # 14790) <u>03/07/20</u> DATE		Notary Public State of Florida Gary J Parent My Commission GG 085486 Expires 08/21/2021	
			WALTENBURG, MARCUS (1222) NAME OF OFFICER (PLEASE PRINT) <u>03/07/2020</u> DATE	

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P.

MAR 08 2020

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

JUVENILE

OBTS Number

Agency ORI Number
FL 0501700

Agency Name
JUPITER POLICE DEPARTMENT

Agency Report Number
5 | 4 | 20-001044

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

Special Notes:

Name (Last, First, Middle)
PATTINATO, TIFFANY ANN

Race: **W** Sex: **F** Date of Birth: **09/04/1991**

Once at the B.A.T. section of the jail, I conducted a 20-minute observation period. I then asked Tiffany if she would a breath sample to determine the level of its alcoholic content, she agreed. Her results were BrAC .168 and .168.

Based on my investigation and the totality of the circumstances, I found probable cause to arrest Tiffany Pattinato for DUI because she did drive or was in actual physical control of a vehicle, while under the influence of alcoholic beverages as set forth in Florida Statute 877.111, and during the course of driving a vehicle while under the influence of alcoholic beverages, breath alcohol level of .15 or more grams of alcohol per 210 liters of breath, contrary to Florida Statute 316.193(4). (MISD) (ENHANCED DUI)

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SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (PLEASE PRINT)

03/07/20
DATE



SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WALTENBURG, MARCUS (1222)
NAME OF OFFICER (PLEASE PRINT)

03/07/2020
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P.

MAR 08 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: 80-006238 Software: 8100.27
Date of Test: 03/07/2020

Date of Last Agency Inspection: 02/14/2020

Observation Period Began: 17:04

Subject's Name: TIFFANY A PATTINATO

DOB: 09/04/1991 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	17:38
Air Blank	0.000	17:39
Control Test	0.081	17:39
Air Blank	0.000	17:39
Subject Sample #1	0.168	17:40
Air Blank	0.000	17:41
Air Blank	0.000	17:43
Subject Sample #2	0.168	17:43
Air Blank	0.000	17:44
Control Test	0.081	17:44
Air Blank	0.000	17:45
Diagnostics Check	OK	17:45

Cylinder Lot: 00919080A3
Exp: 03/05/2021

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: _____ Date: 03/07/20
Signature

Sworn to (or affirmed) before me this 07 day of MARCH, 2020

Signature of Notary Public-State of Florida

OFF. M. WALTENBURG
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: JPO

CASE NUMBER: 20-046704

VIDEO TAPE NUMBER: N/A

ENDING TIME: 1747

TIME 1740 A.M. TIME 165

TIME - A.M./P.M. 0 N/A

7907

MAINTENANCE TECHNICIAN: KASPER 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

DATE OF BIRTH: 01000 5000-265

EDUCATION: JAMES M. WOODS, U.S. POSTAL SERVICE, BIRMINGHAM

RESIDENCE: 12345 67890, ANY-54, NY 10000

MEDICATIONS: ANISON, XANIX, VERAPAMIL, PLE METAN

OTHER: EYES: BROWN AND PROSISOR, UNSTRONG AND PEARSON

OUR OF ONE YEARLY ALCOHOLIC BEVERAGE

COMMENTS: SUBJECT AGREES TO TAKE TEST

OBSERVATION FROM 1704 HRS

A AGREES TO TAKE TEST

ALSO REMARKS A THAT RESULTS WERE READ AT 1700 HRS

A STATE SHE UNDERSTOOD RESULTS

TESTING FACILITY TEST RESULTS A

0000000000

ALSO ATTACHED C + A

SCANNED
MAR 08 2020

A REMINDS ONE SHOULD TEST RESULTS

Robert PATTIATO, TERRY A.

CASE NUMBER _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER OR REFUSE TO ANSWER ANY OF THE FOLLOWING QUESTIONS IF YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHAT WERE YOU DOING? Driving

WHERE WERE YOU ON? _____

WHAT TYPE 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? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

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

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 EFFECTS 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? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____

DO YOU HAVE _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED? _____

DO YOU WEAR CONTACTS? _____ IF SO, WHEN WAS YOUR LAST EXAMINATION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____

INTERVIEWER: A. V. [Signature]

WHITE _____ PINK _____

1980 B7C REV 108

MAR 11 8 2021

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE SECTION WHICH APPLICABLE TO THE TYPE OF TEST BEING ADMINISTERED.

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining the alcohol content and the presence of chemical or controlled substances.

OR

I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the alcohol content and 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 determining the alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH EITHER SECTION ABOVE.

I am _____ of the _____

If you fail to comply with the request of you, your privilege to operate a motor vehicle in this state will be suspended for a period of ninety (90) days or, if you are a non-resident, for a period of twelve (12) months if your privilege has been suspended for a period of 90 days or more. If I refuse to administer a breath, urine or blood. Additionally, if you have been previously suspended for a period of 90 days or more, your privilege to operate a motor vehicle in this state will be suspended for a period of 180 days. If you submit to a test of your breath, urine or blood, you are consenting to a submission. Refusal to submit to a test I have requested is a criminal offense in any jurisdiction.

SUBJECT'S SIGNATURE (X) _____

CONSTITUTIONAL WARNING

WARNING: YOU DO NOT HAVE TO MAKE ANY STATEMENTS THAT WILL BE USED IN THE FOLLOWING MANNER:

1. You have the right to remain silent and not answer any questions.
2. Any statements you make will be used against you.
3. You have the right to stop answering questions at any time. You have the right to stop answering questions at any time.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before we ask you any questions.
5. If you are being interviewed and you do not wish to answer any questions, you will not be punished for not answering. We will not make any threats or promises to induce you to make a statement. The results of your statement will be used against you in a court of law.

OFFICER'S SIGNATURE (X) _____

SCANNED
MAR 08 2020

Paulo A. Cantano

WITNESS LIST

CASE NUMBER: 20-001044

ARRESTING OFFICER: M. WALTENBURG

ADDRESS: 210 MILITARY TRAIL JUPITER FL 33458

PHONE NUMBERS (HOME): _____ (WORK) 561-746-6201

CAN TESTIFY TO: SEE PC

NAME: Ofc. Irons

ADDRESS: 210 MILITARY TRAIL JUPITER FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: Assisting on Scene and PC for stop

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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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: _____

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SCANNED
MAR 08 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)(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: 2020007629	Date: 03/08/2020
	Specialist Name/ID: AM/31562

SCANNED
MAR 08 2020