

0536697

286

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N T A's only) 4 0 22-015916		1 Arrest 2 N T A 3 Request for Warrant 4 Request for Capias 1		JUVENILE				
	Change Type: <input type="checkbox"/> Felony <input type="checkbox"/> Check as many as apply		<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input type="checkbox"/> 1 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		If Weapon Seized		Multiple Clearance Indicator 1				
Location of Arrest (Including Name of Business) I-95/W ATLANTIC AVE, DELRAY BEACH, FL						Location of Offense (Business Name, Address) I-95/W ATLANTIC AVE, DELRAY BEACH, FL 33444									
Date of Arrest 12/15/2022		Time of Arrest 01:02		Booking Date 12/15/2022		Booking Time 01:12		Jail Date 12/15/2022		Jail Time 04:13		Location of Vehicle I-95/W ATLANTIC AVE			
Name (Last, First, Middle) GWYNN, AVERIE JOSEPHINE															
Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.): _____															
Race W - White B - Black		1 - American Indian O - Oriental/Asian		Sex F		Date of Birth 08/26/2004		Height 5'08		Weight 130		Eye Color GREEN			
Hair Color BLOND OR		Complexion FAIR		Build SMALL		Martial Status S		Religion NON-DENOMI		Inclusion of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Inclusion of Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number) 278 LAKE MONTEREY CIR, BOYNTON BEACH, FL 33426				(City) (State) (Zip)				Phone (954) 829-9612				Residence Type: 1. City 3 Florida 2. County 4. Out of State 2			
Permanent Address (Street, Apt. Number) 278 LAKE MONTEREY CIR, BOYNTON BEACH, FL 33426				(City) (State) (Zip)				Phone (954) 829-9612				Address Source FL DL			
Business Address (Name, Street) _____				(City) (State) (Zip)				Phone _____				Occupation Model			
DL Number, State GS00010048060 / FL				Sec. Sec. Number _____				DNS Number _____				Place of Birth (City, State) BOYNTON BEACH, FL US			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> Arrested <input type="checkbox"/> 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"/> Arrested <input type="checkbox"/> At Large		<input type="checkbox"/> 3 Felony <input type="checkbox"/> 4 Misdemeanor		<input type="checkbox"/> 5 Juvenile			
Name (Last, First, Middle) _____															
<input type="checkbox"/> Permit <input type="checkbox"/> Other _____															
<input type="checkbox"/> Legal Custodian															
Address (Street, Apt. Number) D.R.				(City) (State) (Zip)				Residence Phone _____				Business Phone _____			
Notified by (Name) D.R.				Date				Time				JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
Released To (Name) _____				Relationship _____				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				Drug Type				B. Barbiturate C. Cocaine E. Heroin			
S. Sell B. Buy P. Possess				R. Smuggle D. Deliver E. Use				K. Dispense/ Distribute				M. Manufacture/ Produce/ Cultivate			
Z. Other _____				Drug Type N. N/A A. Amphetamine				H. Hallucinogen M. Marijuana O. Opium/Deriv				P. Paraphernalia/ Equipment S. Synthetic			
U. Unknown Z. Other _____				Charge Description DUI BREATH ALCOHOL .08 OR MORE PER 210L				Statute Violation Number 316.193(1)(C)				Violation of ORD # _____			
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
Charge Description		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
Charge Description		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias 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															
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail															
PROPERTY - Received By				Released By				Released To							
Transported By				Date Transported				Time Transported				Other			
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court								Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444							
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.								Court Date and Time 01/12/2023 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 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)								Date Signed							
HOLD for Other Agency				Signature of Arresting Officer WINDSOR				Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				(PRINT)							
Intake Deputy TK 9353				Name of Arresting Officer (Print) WINDSOR, NICHOLAS				ID # 1029							
286				Transporting Officer WINDSOR				ID # 1029							
				Agency DBPD				Witness here if subject signed with an "X"							
PAGE 1 OF 1															

No Photo Available

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15th DAY OF December 20 22 AT 0026 AM PM

SUBJECT: Gwynn, Averie Josephine CASE NUMBER: 22-015916

AGENCY: Delray Beach Police Department ARRESTING OFFICER: Windsor #1029

PERSONAL CONTACT

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

The following occurred in the City of Delray Beach, County of Palm Beach, FL.

On 12/15/22 at 0026hrs I observed a black 2018 Volkswagen Passat (FL Tag #QKPN12) traveling on the northbound entrance ramp of I-95 at the interchange of W. Atlantic Ave. I observed the Volkswagen change lanes from the merge lane across two travel lanes without using a turn signal. The Volkswagen left very little space between the Volkswagen and other vehicles while changing lanes. I activated my emergency lights of my marked DBPD patrol vehicle and conducted a traffic stop on the east shoulder of the roadway. I met with the white female driver and identified her by her FL DL as Averie Josephine Gwynn. Gwynn was sitting in the driver seat with the engine running and vehicle key in the ignition. There was another white female sitting in the front passenger seat.

OBSERVATION OF DRIVER:

I smelled an odor of unknown alcoholic beverage coming from Gwynn. Gwynn's eyes were red and had a glassy appearance. Gwynn's speech was slurred and thick. Gwynn fumbled with papers and had difficulty locating the vehicle registration and insurance ID card. Gwynn provided a Volkswagen service record twice as the insurance ID card. The female passenger located the vehicle registration and Gwynn provided the insurance ID card after another search. After exiting the Volkswagen, Gwynn was unsteady on her feet and swayed in a circular motion while standing still. Once Gwynn was away from the Volkswagen, I again smelled an odor of an unknown alcoholic beverage coming from Gwynn.

DRIVER'S STATEMENTS:

Gwynn denied having any medical conditions that would affect her ability to operate a motor vehicle. Gwynn denied taking any prescription medications. Gwynn denied consuming any illegal drugs including marijuana. Gwynn initially denied consuming any alcoholic beverages. Gwynn stated she left her mother's residence on Atlantic Ave. and was on her way home when she was stopped by the police. Gwynn stated the only beverage inside the Volkswagen was a Dr. Pepper soda bottle. Gwynn later stated her mother resided in a neighborhood on S. Federal Hwy. in Delray Beach, FL and was not located Atlantic Ave. I requested Gwynn perform roadside tasks and she agreed. While performing the roadside tasks, I asked Gwynn again how much alcohol had she consumed and Gwynn admitted one Corona Light that her friend bought her downtown on Atlantic Ave. Gwynn stated she finished the beer three hours prior to the traffic stop.

ODORS:

I smelled an odor of an unknown alcoholic beverage coming from Gwynn.

GENERAL OBSERVATIONS

SPEECH: Slurred and Thick

ATTITUDE: Polite and Cooperative

CLOTHING: Black Top, White Skirt and Black Boots

MEDICAL/OTHER: None Stated

STATE OF FLORIDA
COUNTY OF PALM BEACH

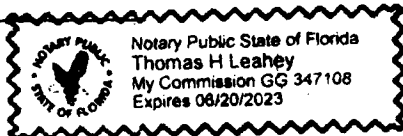
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of December 20 22 by Ofc. Windsor #1029

(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)





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

PBSO CASE # 22-139692 PBSO ZONE 4-11

AGENCY CASE # 22-15910 CRASH CASE # N/A

TIME OF STOP/CRASH 0020 DATE 12/15/22 DAY THURSDAY

SUBJECT'S NAME GWYNN, AVERIE J. RACE W SEX F

HGT 5'08" WGT 130 DOB 08/20/2004

LOCATION I-95 / W ATLANTIC AVE, DELRAY BEACH, FL

ARRESTING OFFICER'S NAME & ID WINDSOR 1029 AGENCY DELRAY BEACH PD

DIVISION: CRD

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0120

Arrest Time 0102

BREATH RESULTS:

- 1. .124
- 2. .152
- 3. .150
- 4. N/A

TESTING OFFICER'S ID 19183

NOT A CERTIFIED

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: 12/15/2022

Date of Last Agency Inspection: 11/18/2022
Observation Period Began: 01:20
Subject's Name: AVERIE J GWYNN

DOB: 08/26/2004 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	01:45
	Air Blank	0.000	01:45
	Control Test	0.080	01:46
	Air Blank	0.000	01:46
	Subject Sample #1	0.124	01:47
	Air Blank	0.000	01:47
	Air Blank	0.000	01:49
	Subject Sample #2	0.152	01:50
	Air Blank	0.000	01:51
	Air Blank	0.000	01:53
	Subject Sample #3	0.150	01:53
	Air Blank	0.000	01:54
	Control Test	0.078	01:54
	Air Blank	0.000	01:55
	Diagnostics Check	OK	01:55

Cylinder Lot: 29821080A4
Exp: 12/05/2023

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 THOMAS H. LEAHEY, 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: T. Ing Date: 12/15/2022
Signature

Sworn to (or affirmed) before me this 15 day of December, 2022
[Signature] Ofe N Windsor # 1029
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.

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Gwynn, Averie J

CASE NUMBER: 22-139692

DATE: Dec 15, 2022

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0142

ENDING TIME: 0203

BREATH TESTS RESULTS: 1) .124 TIME 0147 A.M. P.M. 2) .152 TIME 0150 A.M. P.M.
3) .150 TIME 0153 A.M. P.M. 4) n/a TIME 0 A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: upset, crying, cooperative

CLOTHING: white skirt, black tank top, black sneakers

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes were glassy & bloodshot
odor of unknown alcoholic beverage on breath
subject drank Corona Light w/ friends - Q&A

COMMENTS:

arrived at center A/O conducted 20 observation period at 0120 hrs
subject agreed to perform breath test
subject completed breath test
A/O read rights & subject understand rights
tech read breath test results & subject understood breath test results
A/O conducted Q&A
subject answered questions

SUBJECT: _____

CASE NUMBER: _____

32-15916

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 determining 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 refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS 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) _____

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

SUBJECT: _____ CASE NUMBER: 22-15916

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? Home

WHAT STREET OR HIGHWAY WERE YOU ON? 15

DIRECTION OF TRAVEL? N WHERE DID YOU START? 15th & 1st

WHAT TIME DID YOU START? Don't know WHAT TIME IS IT NOW? Don't know

WHAT IS TODAY'S DATE? 10/11/20 WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Deerfield / West Deerpark

WHEN DID YOU LAST EAT? Don't know WHAT DID YOU EAT? Don't know

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Driving out of town

HOW MUCH DO YOU WEIGH? 130 HAVE YOU BEEN DRINKING? Y WHAT? Coke in limit

HOW MUCH? Don't know WHERE? anywhere WITH WHOM? friends

WHEN DID YOU HAVE YOUR FIRST DRINK? Don't know AND YOUR LAST DRINK? Don't know

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? shots

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? N ARE YOU UNDER THE INFLUENCE? Don't think so

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Y HOW MUCH? Stop

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Model WHEN DID YOU LAST WORK? 10/1st

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? N WHAT? _____

ARE YOU SICK OR INJURED? N WHAT'S WRONG? _____

DO YOU LIMP? N DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? N

WERE YOU IN AN ACCIDENT TODAY? N

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? N WHEN? _____

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

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? N WHAT? _____ WHEN? _____

- DO YOU HAVE: EPILEPSY? N
- GLASS EYE? N
- FALSE TEETH? N
- EAR INFECTION? N
- INNER EAR TROUBLE? N
- DIABETES? N

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? N

DO YOU TAKE INSULIN? N IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: Officer Windsor #1029



**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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	Other:		
	<input type="checkbox"/>	Other:		

REVIEW COMPLETED BY

Booking Number: 2022032277	Date: 12/16/2022
	Specialist Name/ID: Pinkney/7796