

0536820 2022 CT-21052 AMB
3855 3464

Marsity's Law invoked - CVI present

ARREST / NOTICE TO APPEAR

0. On-View 3. Request for Warrant
S. Summons T. Taken into Custody

0

JUVENILE

ADMI NIST RATI ON	OBTS Number		Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 4 2022-0020368		Multiple Clearance Indicator		
	Charge Type: Check as many <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized Enter Type UNARMED								
	Location of Arrest (Including Name of Business) 8200-BLK NORTHLAKE BLVD, WEST PALM BEACH				Location of Offense (Business Name, Address) 8200 NORTHLAKE BLVD, WEST PALM BEACH, FL 33411						
	Date of Arrest 12/19/2022	Time of Arrest 23:12	Booking Date 12/19/2022	Booking Time 23:22	Jail Date	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) WAGNER, CAROLINE TAYLOR BRADEN				Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White 1 - American Indian B - Black A - Asian W F	Sex F	Date of Birth 04/14/1998	Height 5'08	Weight 116	Eye Color BLUE	Hair Color RED OR	Complexion LIGHT	Build Thin		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status M	Religion	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>				
	Local Address (Street, Apt. Number) 11072 94TH ST N, LOXAHATCHEE, FL 33470		(City)	(State)	(Zip)	Home Phone (561) 363-9603		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2			
	Permanent Address (Street, Apt. Number) 11072 94TH ST N, LOXAHATCHEE, FL 33470		(City)	(State)	(Zip)	Mobile Phone		Address Source VERBAL			
	Business Address (Name, Street)		(City)	(State)	(Zip)	Work Phone		Occupation			
	D/L Number, State W256118986340 / FL		Soc. Sec. Number	INS Number		Place of Birth (City, State) MORRIS TOWN, NJ,		Citizenship US			
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
	<input type="checkbox"/> Parent <input type="checkbox"/> Other:		Name (Last, First, Middle)				Residence Phone				
	<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)				(City)		(State) (Zip)		
	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 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				
	<input type="checkbox"/> Yes, by:		<input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		
	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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/Opv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description DUI INFLUENCE OF ALCOHOL OR DRUGS						Statute Violation Number 316.193(1A)		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						Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias 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 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 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 <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) Criminal Justice CRIMINAL JUSTICE COMPLEX						
					Court Date and Time 01/26/2023 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						
	I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.										
	HOLD for Other Agency				Signature of Arresting Officer [Signature]		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) MARTINEZ, JACOB ANTONIO		I.D. # 02104		(PRINT)		
	Intake Deputy [Signature]		I.D. #		Pouch #		Transporting Officer MARTINEZ		I.D. # 2104 Agency WPBPD		
	Witness here if subject signed with an "X".										

2022 DEC 20 11:08 AM EST

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DEC 20 2022

No Photo Available

#0536820

DUI PROBABLE CAUSE AFFIDAVIT

On the 19 Day of December 2022 at 2126 A.M. P.M.

Subject: Wagner, Caroline Case Number: 20220020368

Agency: West Palm Beach Police Department Arresting Officer: Martinez #2104

Personal Contact

Driving Pattern	Actual physical control (physical evidence putting the driver behind the wheel)
<p>WPBPD received a call about a single vehicle that rolled over in the 8200-Blk of Northlake Blvd. Units reponding told me that a W/F later identified as Caroline Wagoner (W/F 4/14/1998) was outside the vehicle and admitted to being the driver of the vehicle bearing FL tag HNAB47. Ofc. Ebersold told me that the driver had slurred speech, was uneasy on her feet and had glassy watery eyes. Upon my arrival I read Caroline her Miranda Rights which she stated she understood. Caroline stated that she was driving her vehicle (HNAB47) and due to her "Old shocks" that is why her vehicle flipped.</p>	

Observation of Driver
<p>Driver had slurred speech, swayed as she stood, and I detected an unknown alcoholic substance emanating from her breath that grew stronger as she spoke.</p>

Drivers Statements:
<p>Post miranda, driver stated that she had a couple glasses of champagne at a friends house</p>

Odors:
<p>Unknown alcoholic beverage that emanated from her breath and grew as she spoke</p>

General Observations

Speech: Slurred, thich
Attitude: Happy, talkitive
Clothing: Black/Gold shirt, black jeans, black socks
Medical Problems/Medications: Allergic to lavender
Other:

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DUI PROBABLE CAUSE AFFIDAVIT

Subject: _____

Wagner, Caroline

Case Number: **20220020368**

Roadside Tasks

Horizontal Gaze Nystagmus

- | | |
|---|--|
| <input type="checkbox"/> Left Eye Does Not Follow Smoothly | <input type="checkbox"/> Right Eye Does Not Follow Smoothly |
| <input type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less | <input type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less |
| <input type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

The driver had equal pupil size and equal tracking. While conducting this exercise lack of smooth pursuit was present. Sustained and distinct nystagmus at maximum deviation was present. The onset of nystagmus was approximately 40 degrees. The driver had to be reminded several times not to move her head and to keep her eyes on the stimulus.

Walk and Turn Task

I instructed the driver to stand with her right foot in front of her left foot on a solid white line and to remain in this position until told to begin. Driver stepped off the line several times and attempted to begin task before instructions were explained. I explained and demonstrated the exercise and the driver stated she understood the instructions. Driver used her hands for balance, took an improper number of steps, took an improper turn, and did not count her steps. Driver stated "i couldn't do this sober".

One Leg Stand

I had the driver stand with her feet together and hands down at her side. I explained and demonstrated the exercise and the driver stated she understood the instructions. As I was giving the directions, driver attempted to begin task. The driver was observed swaying from side to side. Driver used her arms for balance, and put her foot down during the exercise.

Finger To Nose

I had the driver stand with her feet together and index fingers pointed straight out. I explained and demonstrated the exercise to the driver and she stated he understood. Driver touched the side of her nose with the side of her finger. Driver opened eyes during testing and did not have her head tilted back.

Romberg Balance

Driver stated that her highest level of education is her AA. I told driver to recite her english alphabet from A to Z without singing in a non-rythmic manner. Driver understood directions. Driver sang the entire alphabet and stated "X Y and Z".

Breath Results from Instrument

1st Result

0.193

2nd Result

0.191

3rd Result

If Applicable

N/A

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

Personally Known

Produced Identification

Notary Public

D. Thomas

Notary / Clerk of Courts / Officer (FSS: 117.10)

Signature of Arresting Officer

12/19/22 (DATE)

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**West Palm Beach Police Department
Breath Testing Facility Report**



Defendant: Wagner, Caroline Case #: 20220020368
 Arresting Officer: Martinez #2104 Date: _____

Breath Test Results: 0.193 g/210L 2228 Time 0.191 g/210L 2231 Time
N/A g/210L _____ Time N/A g/210L _____ Time

Note: Times are in Military Time

Breath Operator: J. Martinez #2104
 Maintenance Technician Inv J Ingrassia #1857

Testing Officer Observations:

Speech: Slurred, thick
 Attitude: Happy
 Clothing: Black/gold shirt, black pants, black socks
 Medical Conditions: N/A
 Medications: N/A
 Other: N/A

Arrival Time at Facility/ Time Twenty (20) Minute Observation Started: 2200

Comments:

I brought defendant to HQ and began 20-min observation at 2200
 I asked defendant to submit to a breath test
 Defendant agreed
 Read defendant results
 Q/A read

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DEC 20 2022**

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: WEST PALM BEACH PD
Instrument Serial Number: 80-001235 Software: 8100.27
Date of Test: 12/19/2022

Date of Last Agency Inspection: 11/22/2022
Observation Period Began: 22:00
Subject's Name: CAROLINE T WAGNER

DOB: 04/14/1998

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	22:27
	Air Blank	0.000	22:27
	Control Test	0.081	22:27
	Air Blank	0.000	22:28
	Subject Sample #1	0.193	22:28
	Air Blank	0.000	22:29
	Air Blank	0.000	22:31
	Subject Sample #2	0.191	22:31
	Air Blank	0.000	22:32
	Control Test	0.081	22:32
	Air Blank	0.000	22:33
	Diagnostics Check	OK	22:33

Cylinder Lot: 1356262
Exp: 08/03/2023

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 JACOB A MARTINEZ, 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 110-1, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: J. Martinez Date: 12/19/22
Signature

Sworn to (or affirmed) before me this 19th day of December, 2022

D. Thomas #2107 Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

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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.



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"/>	(vii) 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: 2022032758	Date: 12/20/2022
	Specialist Name/ID: M. Tooks #8557

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