

22CT1 3252mb

☐ Marsy's Law CVI FL. Const. Art.1 § 16(b)

# ARREST / NOTICE TO APPEAR Juvenile Referral Report

☐ Check if Supplement is Attached

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

 Juvenile ☐ N

|                    |                                                                                                                                                                                                                                                                                                                                                     |                                           |                                                                            |                                                                            |                                                                                                                                             |                                                                              |                                                                                                                       |                                       |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| ADMINISTRATIVE     | OBTS Number                                                                                                                                                                                                                                                                                                                                         |                                           | Agency ORI Number<br>FLO 5 0 0 0 0 0                                       |                                                                            | Agency Name<br>PALM BEACH COUNTY SHERIFF'S OFFICE                                                                                           |                                                                              | Agency Report Number (N.T.A.'s only)<br>0 16 - 22097406                                                               |                                       |
|                    | Charge Type:<br>Check as many as apply:<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                       |                                           | If Weapon Seized<br>Enter Type: N/A                                        |                                                                            | Multiple Clearance Indicator                                                                                                                |                                                                              |                                                                                                                       |                                       |
|                    | Location of Arrest (including Name of Business)<br>S. HAVERHILL RD / SUNNY SIDE DR, WEST PALM BEACH, FL 33415                                                                                                                                                                                                                                       |                                           |                                                                            |                                                                            | Location of Offense (Business Name, Address)<br>S. HAVERHILL RD / SUNNY SIDE DR, WEST PALM BEACH, FL 33415                                  |                                                                              |                                                                                                                       |                                       |
|                    | Date of Arrest<br>08/12/2022                                                                                                                                                                                                                                                                                                                        | Time of Arrest<br>0326                    | Booking Date                                                               | Booking Time                                                               | Jail Date                                                                                                                                   | Jail Time                                                                    | Location of Vehicle<br>PALM BEACH FINEST TOWING                                                                       |                                       |
| DEFENDANT          | Name (Last, First, Middle)<br>Williams, Jennifer, Nicole                                                                                                                                                                                                                                                                                            |                                           |                                                                            |                                                                            |                                                                                                                                             |                                                                              |                                                                                                                       |                                       |
|                    | Alias (Name, DOB, Soc. Sec. #, Etc.)                                                                                                                                                                                                                                                                                                                |                                           |                                                                            |                                                                            |                                                                                                                                             |                                                                              |                                                                                                                       |                                       |
|                    | Race<br>W - White<br>B - Black                                                                                                                                                                                                                                                                                                                      | I - American Indian<br>O - Oriental/Asian | W                                                                          | Sex<br>F                                                                   | Date of Birth<br>12/26/1983                                                                                                                 | Height<br>5'02                                                               | Weight<br>160                                                                                                         | Eye Color<br>BLUE                     |
|                    | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br>BACK                                                                                                                                                                                                                                                               |                                           | Marital Status<br>Single                                                   | Religion<br>NONE                                                           | Indication of:<br>Alcohol Influence<br>Drug Influence<br>Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> |                                                                              | Build<br>MED                                                                                                          |                                       |
|                    | Local Address (Street, Apt. Number)<br>8536 Wendy Lane East, West Palm Beach, FL 33411                                                                                                                                                                                                                                                              |                                           | (City)                                                                     | (State)                                                                    | (Zip)                                                                                                                                       | Phone<br>(561) 818-7722                                                      | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State<br>2                                         |                                       |
|                    | Permanent Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                             |                                           | (City)                                                                     | (State)                                                                    | (Zip)                                                                                                                                       | Phone<br>( )                                                                 | Address Source<br>VERBAL / DL                                                                                         |                                       |
|                    | Business Address (Name, Street)                                                                                                                                                                                                                                                                                                                     |                                           | (City)                                                                     | (State)                                                                    | (Zip)                                                                                                                                       | Phone<br>( )                                                                 | Occupation<br>PHARMACY MANAGER                                                                                        |                                       |
|                    | D/L Number, State<br>W452434839660, FL                                                                                                                                                                                                                                                                                                              |                                           | Soc. Sec. Number                                                           |                                                                            | INS Number                                                                                                                                  |                                                                              | Place of Birth (City, State)<br>WPB, FL                                                                               | Citizenship<br>YES                    |
|                    | Co-Defendant (Last, First, Middle)                                                                                                                                                                                                                                                                                                                  |                                           | Race                                                                       | Sex                                                                        | Date of Birth                                                                                                                               | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                                       |
|                    | Co-Defendant (Last, First, Middle)                                                                                                                                                                                                                                                                                                                  |                                           | Race                                                                       | Sex                                                                        | Date of Birth                                                                                                                               | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                                       |
| JUVENILE           | Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other:                                                                                                                                                                                                                                                               |                                           | Name (Last)<br>(First)<br>(Middle)                                         |                                                                            | Residence Phone<br>( )                                                                                                                      |                                                                              |                                                                                                                       |                                       |
|                    | Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                                       |                                           | (City)                                                                     | (State)                                                                    | (Zip)                                                                                                                                       | Business Phone<br>( )                                                        |                                                                                                                       |                                       |
|                    | Notified by: (Name)                                                                                                                                                                                                                                                                                                                                 |                                           | Date                                                                       | Time                                                                       | Juvenile Disposition<br>1. Handled/Processed within Dept. and Released.<br>2. TOT HRS/DYS<br>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 (561) 355-8511) informed of any change of address.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason) |                                           |                                                                            |                                                                            | School Attended                                                                                                                             |                                                                              | Grade                                                                                                                 |                                       |
|                    | Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                         |                                           | Description of Property                                                    |                                                                            | Value of Property                                                                                                                           |                                                                              |                                                                                                                       |                                       |
|                    | Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                                                               |                                           | S. Sell<br>B. Buy<br>T. Traffic                                            | R. Smuggle<br>D. Deliver<br>E. Use                                         | K. Dispense/<br>Distribute                                                                                                                  | M. Manufacture/<br>Produce/<br>Cultivate                                     | Z. Other                                                                                                              | Drug Type<br>N. N/A<br>A. Amphetamine |
|                    | Charge Description<br>Driving Under The Influence                                                                                                                                                                                                                                                                                                   |                                           | Counts<br>1                                                                | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number<br>316.193(1)(A)                                                                                                   |                                                                              | Violation of ORD #                                                                                                    |                                       |
|                    | Drug Activity<br>U                                                                                                                                                                                                                                                                                                                                  | Drug Type<br>U                            | Amount / Unit                                                              | Offense #<br>22097406                                                      | Warrant / Capias Number                                                                                                                     |                                                                              | Bond                                                                                                                  |                                       |
|                    | Charge Description                                                                                                                                                                                                                                                                                                                                  |                                           | Counts                                                                     | Domestic Violence<br><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<br><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<br><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<br><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                                                                         |                                                                                                                       |                                       |
| NOTICE TO APPEAR   | Location (Court, Room Number, Address)<br>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600                                                                                                                                                                                                              |                                           |                                                                            |                                                                            |                                                                                                                                             |                                                                              |                                                                                                                       |                                       |
|                    | Court Date and Time<br>Month SEPTEMBER Day 8TH Year 2022 Time 0830 A.M. <input checked="" type="checkbox"/> P.M.                                                                                                                                                                                                                                    |                                           |                                                                            |                                                                            |                                                                                                                                             |                                                                              |                                                                                                                       |                                       |
|                    | 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<br>08/12/2022                                                                                                                   |                                                                              |                                                                                                                       |                                       |
| ADMIN              | HOLD for other agency                                                                                                                                                                                                                                                                                                                               |                                           | Signature of Arresting Officer<br>X                                        |                                                                            | Name Verification (Printed by Arrestee)                                                                                                     |                                                                              |                                                                                                                       |                                       |
|                    | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal                                                                                                                                                                                                                                                                             |                                           | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other |                                                                            | Name of Arresting Officer (Print)<br>Inv. Cisson J.                                                                                         |                                                                              | I.D. #<br>24091                                                                                                       | (PRINT)<br>AUG 12 AM 5:33             |
|                    | Intake Deputy<br>I.D. #                                                                                                                                                                                                                                                                                                                             |                                           | Pouch #                                                                    |                                                                            | Transporting Officer<br>Inv. Cisson J.                                                                                                      |                                                                              | I.D. #<br>24091                                                                                                       | Agency<br>PBSO                        |
|                    |                                                                                                                                                                                                                                                                                                                                                     |                                           |                                                                            |                                                                            | Witness here if subject signed with an "X"                                                                                                  |                                                                              | PAGE<br>1 OF 1                                                                                                        |                                       |

0533712

2609

| OBT Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                    | <b>PROBABLE CAUSE AFFIDAVIT</b>    |                | 1. Arrest<br>2. N.T.A. |         | 3. Request for Warrant<br>4. Request for Copies |               | Juvenile |               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------|------------------------|---------|-------------------------------------------------|---------------|----------|---------------|--|
| ADMIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Agency ORI Number                                                                                                                                                                                                                                                                  | Agency Name                        |                | Agency Report Number   |         |                                                 |               |          |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FLO 500000                                                                                                                                                                                                                                                                         | PALM BEACH COUNTY SHERIFF'S OFFICE |                | 06- 22097406           |         |                                                 |               |          |               |  |
| CHARGES / DEF.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Charge Type:<br>Check as many as apply.                                                                                                                                                                                                                                            |                                    | Special Notes: |                        |         |                                                 |               |          |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |                                    |                |                        |         |                                                 |               |          |               |  |
| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Name (Last, First, Middle)                                                                                                                                                                                                                                                         |                                    | Alias          |                        | Race    |                                                 | Sex           |          | Date of Birth |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Williams Jennifer Nicole                                                                                                                                                                                                                                                           |                                    |                |                        | W       |                                                 | F             |          | 12/26/1983    |  |
| PROBABLE CAUSE STATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Victim's Name (Last, First, Middle)                                                                                                                                                                                                                                                |                                    | Race           |                        | Sex     |                                                 | Date of Birth |          |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Stutz                                                                                                                                                                                                                                                                              |                                    |                |                        |         |                                                 |               |          |               |  |
| ADMINISTRATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Local Address (Street, Apt. Number)                                                                                                                                                                                                                                                |                                    | (City)         |                        | (State) |                                                 | (zip)         |          | Phone         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Business Address (Name, Street)                                                                                                                                                                                                                                                    |                                    | (City)         |                        | (State) |                                                 | (zip)         |          | Phone         |  |
| <p>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.<br/>           The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> committed the below acts in my presence.<br/> <input type="checkbox"/> confessed to _____<br/>             admitting to the below facts.           </div> <div> <input type="checkbox"/> was observed by _____ who told<br/>             that he/she saw the arrested person commit the below acts.<br/> <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.           </div> </div> <p>On the <u>12</u> day of <u>August</u>, 20<u>22</u> at <u>0254</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                    |                                    |                |                        |         |                                                 |               |          |               |  |
| <p><input type="checkbox"/> Marsy's Law CVI<br/>           FL Const. Art.1 § 16(b)</p> <p><b>While driving northbound on S Haverhill Rd in my marked PBSO patrol vehicle, I observed a blue Honda bearing FL tag IQGF33 traveling northbound on S Haverhill Rd. I observed the vehicle to have a flat front left tire and driving on the rim.</b></p> <p><b>I conducted a traffic stop on the vehicle on S Haverhill Rd and Sunny Side Dr. I made contact with the driver and sole occupant of the vehicle, positively identified via her FL DL as Jennifer Nicole Williams (W/F DOB 12/26/1983). As I made contact with Williams, I observed her eyes to be watery, red and droopy. As I spoke to Williams, her speech was thick, slow and slurred. A smell of unknown alcoholic beverage emanated from her person and intensified as she spoke with me. I asked Williams where she was coming from to which she responded she was coming from hanging out with friends in Boynton Beach. She stated she was going to Wellington where she lives. When I asked what road we were on she responded "I'm not good with directions, Jog Rd".</b></p> <p><b>I then asked if she had anything to drink tonight and she stated "vodka", when I asked how many she stated 2. I then asked what exactly she drank to which she responded "vodka and soda".</b></p> <p><b>Based on the above facts, I requested for a DUI to respond. Investigator J Cisson 24091 responded and took over investigations.</b></p> <p><b>This is a supplement.</b></p> |                                                                                                                                                                                                                                                                                    |                                    |                |                        |         |                                                 |               |          |               |  |
| <p>STATE OF FLORIDA<br/>           COUNTY OF PALM BEACH<br/>           D/S Y Agaoglu (Signature of Arresting/Investigative Officer) <u>37986</u></p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>12</u> day of <u>August</u>, 20<u>22</u> by <u>D/S Y Agaoglu 37986</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known</u></p> <p><u>Inv. Cisson 24091</u><br/>           Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                    |                                    |                |                        |         |                                                 |               |          |               |  |

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12TH DAY OF AUGUST 20 22, AT 0253 AM PM

SUBJECT: Williams, Jennifer, Nicole CASE NUMBER: 22097406

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Cisson J.

## PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

On Friday August 12th 2022 at approximately 0303 hours, I arrived on scene of a traffic stop conducted by Deputy Agaoglu ID# 37986 at S. Haverhill Rd. and Sunny Side Dr in unincorporated West Palm Beach, FL 33415 (Palm Beach County). Upon arrival she relayed the following to me: While driving northbound on S Haverhill Rd in my marked PBSO patrol vehicle, I observed a blue Honda bearing FL tag IQGF33 traveling northbound on S Haverhill Rd. I observed the vehicle to have a flat front left tire and driving on the rim. I conducted a traffic stop on the vehicle on S Haverhill Rd and Sunny Side Dr. I made contact with the driver and sole occupant of the vehicle, positively identified via her FL DL as Jennifer Nicole Williams (W/F DOB 12/26/1983). As I made contact with Williams, I observed her eyes to be watery, red and droopy. As I spoke to Williams, her speech was thick, slow and slurred. A smell of unknown alcoholic beverage emanated from her person and intensified as she spoke with me. I asked Williams where she was coming from to which she responded she was coming from hanging out with friends in Boynton Beach. She stated she was going to Wellington where she lives. When I asked what road we were on she responded "I'm not good with directions, Jog Rd". I then asked if she had anything to drink tonight and she stated "vodka", when I asked how many she stated 2. I then asked what exactly she drank to which she responded "vodka and soda". This concludes her supplement.

## OBSERVATION OF DRIVER:

I observed the defendant, Jennifer Nicole Williams who was wearing a green shirt, blue jean pants, with tan sandals. The defendant was sitting in the driver seat of her vehicle and she was alone. I asked the defendant to walk over to the front of my vehicle and speak with me. While walking over to my vehicle, the defendant was unsteady on his feet and staggered as she walked. While standing stationary the defendant swayed. I could see the defendants eyes were bloodshot and glossy. She had an obvious odor of an unknown alcoholic beverage emitting from her breath that grew stronger as she spoke. The defendants speech was slow and slurred.

## DRIVER'S STATEMENTS:

The defendant said she did not have any physical defects or preexisting injuries, diabetes, wear glasses or receive a bump on the head. She was wearing contacts. The defendant said she had two Vodka and Soda's to drink. The defendant said she was coming from Elmo's Bar and going home. I asked the defendant to submit to roadside field sobriety tasks to which she agreed.

## ODORS:

An obvious odor of an unknown alcoholic beverage

## GENERAL OBSERVATIONS

SPEECH: Slow, Slurred

ATTITUDE: Calm, Compliant, Crying

CLOTHING: Clean, Disheveled

MEDICAL/OTHER: NONE

STATE OF FLORIDA  
COUNTY OF PALM BEACH

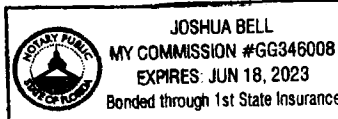
Inv. Cisson J.  
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of August 20 22 by Inv. Cisson J.

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced KNOWN

Joshua Bell (#8656)

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



SUBJECT: Williams, Jennifer, Nicole

CASE NUMBER 22097406

## 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:

HGN: I had to remind the defendant to not turn her head. She swayed while standing stationary. I had to remind her to keep her feet together and hands by her side.

### WALK & TURN:

The task was explained and demonstrated. The defendant stated she understood the instructions. During the task the defendant failed to maintain the instructional stance. The defendant swayed while standing stationary. The defendant used his arms for balance throughout the task, did not touch heel to toe multiple times, and took the incorrect number of steps. 13 and 15.

### ONE LEG STAND:

The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant used arms for balance, put her foot down multiple times before 30 seconds elapsed.

### FINGER TO NOSE:

The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant used the pad of her finger instead of the tip. She raised her left when I called for right on attempt 5. She missed the tip of her nose with her finger multiple times.

### ROMBERG ALPHABET:

The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant paused at N and said F. She stopped and did not continue with the rest of the alphabet.

BREATH TEST RESULTS: 0.135 0.137

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. Cisson J.

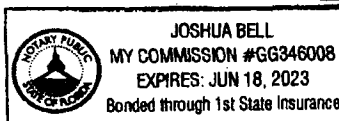
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of August, 2022, by Inv. Cisson J.

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

Joshua Bell (#8656)

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



# WITNESS LIST

CASE NUMBER: **22097406**

ARRESTING OFFICER: **Inv. Cisson J.**

ADDRESS: **3228 GUN CLUB RD, WEST PALM BEACH, FL 33406**

PHONE NUMBERS (HOME): **688-3000**

(WORK)

CAN TESTIFY TO: **FACTS OF THE CASE**

NAME: **DEPUTY Agaoglu ID# 37986**

ADDRESS: **3228 GUN CLUB RD, WEST PALM BEACH, FL 33406**

PHONE NUMBERS (HOME) **688-3000**

(WORK)

CAN TESTIFY TO: **TRAFFIC STOP, INDICATORS OF IMPAIRMENT**

NAME:

ADDRESS

PHONE NUMBERS (HOME)

(WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME)

(WORK) 0

CAN TESTIFY TO:

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(WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME)

(WORK)

CAN TESTIFY TO:

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: WILLIAMS, JENNIFER MNICOLE

CASE NUMBER: 22-097406

DATE: Aug 12, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0404

ENDING TIME: 0418

BREATH TESTS RESULTS: 1) .135 TIME 0407 A.M. ☒ P.M. ☐ 2) .137 TIME 0410 A.M. ☒ P.M. ☐

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SOFT

ATTITUDE: EMOTIONAL, COOPERATIVE

CLOTHING: GREEN LONG SLEEVE SHIRT, BLUE JEANS, TAN SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: BLOODSHOT, GLASSY

SUBJECT STATED SHE DRANK 2 VODKA / SODA Q AND A

## COMMENTS:

A/O ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0339 HOURS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

BREATH TEST COMPLETED

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

TECH READ BREATH TEST RESULTS

SUBJECT ACKNOWLEDGED SHE UNDERSTOOD BREATH TEST RESULTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED Q AND A



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

PBSO CASE # 22097406 PBSO ZONE 1-13

AGENCY CASE # \_\_\_\_\_ CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0253 DATE 08/12/2022 DAY Friday

SUBJECT'S NAME Williams, Jennifer, Nicole RACE W SEX F

HGT 5'02 WGT 160 DOB 12/26/1983

LOCATION S. HAVERHILL RD / SUNNY SIDE DR, WEST PALM BEACH, FL 33415

ARRESTING OFFICER'S NAME & ID Inv. Cisson J. (24091) AGENCY Palm Beach County Sheriff's Office

DIVISION: CID / DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0339

ARREST TIME 0326

BREATH RESULTS:

.135

.137

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # \_\_\_\_\_

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

## **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) \_\_\_\_\_

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

## 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? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION 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? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

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

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 DEFECTS 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? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE: ☒ EPILEPSY? \_\_\_\_\_  
GLASS EYE? \_\_\_\_\_  
FALSE TEETH? \_\_\_\_\_  
EAR INFECTION? \_\_\_\_\_  
INNER EAR TROUBLE? \_\_\_\_\_  
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 DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

**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: 80-006477 Software: 8100.27  
Date of Test: 08/12/2022

Date of Last Agency Inspection: 07/15/2022

Observation Period Began: 03:39

Subject's Name: JENNIFER N WILLIAMS

DOB: 12/26/1983 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     | 04:06 |
|          | Air Blank         | 0.000  | 04:06 |
|          | Control Test      | 0.080  | 04:06 |
|          | Air Blank         | 0.000  | 04:07 |
|          | Subject Sample #1 | 0.135  | 04:07 |
|          | Air Blank         | 0.000  | 04:08 |
|          | Air Blank         | 0.000  | 04:10 |
|          | Subject Sample #2 | 0.137  | 04:10 |
|          | Air Blank         | 0.000  | 04:11 |
|          | Control Test      | 0.080  | 04:11 |
|          | Air Blank         | 0.000  | 04:12 |
|          | Diagnostics Check | OK     | 04:12 |

Cylinder Lot: 19021080A2  
Exp: 09/05/2023

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 JOSHUA J BELL, 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: 08/12/22

Sworn to (or affirmed) Before me this 12 day of August, 2022

Signature of Notary Public-State of Florida

INV. J. Cisson #24091  
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.



**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),<br>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),<br>(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),<br>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: 2022020882 | Date: 8/13/2022                   |
|                            | Specialist Name/ID: Pinkneya/7796 |