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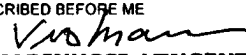
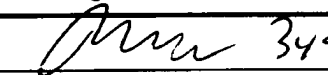
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AD M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE			
	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 514 22-001956								
D E F E N D A N T	Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony		☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		If Weapon Seized Enter Type: UNARMED		Multiple Clearance Indicator				
	Location of Arrest (Including Name of Business) W INDIANTOWN RD/CYPRESS AISLE					Location of Offense (Business Name, Address) 799 W INDIANTOWN RD/CYPRESS AISLE, JUPITER, FL 33458							
J U V E N I L E	Date of Arrest 05/15/2022	Time of Arrest 20:25	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
	Name (Last, First, Middle) HOGAN, JORDAN LOUISE										Alias (Name, DOB, Soc. Sec. #, Etc.)		
C O D E F	Race W - White B - Black O - Oriental/Asian W		Sex F	Date of Birth 06/12/1989	Height 5'06	Weight 120	Eye Color GREEN	Hair Color BLONDE /	Complexion LIGHT	Build SMALL			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status S	Religion CATHOLIC	Indication of: Alcohol Influence Yes ☐ No ☐ Unk. ☐ Drug Influence Yes ☐ No ☐ Unk. ☐				
C H A R G E	Local Address (Street, Apt. Number) 1317 S DIXIE HWY, WEST PALM CITY, CO 33401		(City) West Palm City, FL	(State)	(Zip)	Phone (720) 476-0067		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1					
	Permanent Address (Street, Apt. Number) 1317 S DIXIE HWY, WEST PALM CITY, CO 33401		(City)	(State)	(Zip)	Phone (720) 476-0067		Address Source VERBAL					
C H A R G E	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation					
	D/L Number, State 042460864 / CO		Soc. Sec. Number		INS Number		Place of Birth (City, State) GOLDAN, CO, United		Citizenship US				
C O D E F	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor					
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor					
J U V E N I L E	☐ Parent ☐ Other		Name (Last, First, Middle)		Residence Phone								
	☐ Legal Custodian		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone					
J U V E N I L E	Notified by (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated								
	Released To (Name)		Relationship	Date	Time								
C O D E F	The above address was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.						School Attended		Grade				
	☐ Yes, by: ☐ No						Property Crime? ☐ Yes ☒ No		Description of Property		Value of Property		
C H A R G E	Drug Activity N. N/A P. Possess		S. Sell R. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description DUI - NORMAL FACULTIES IMPAIRED		Statute Violation Number 316.193(1)(A)		Violation of ORD #								
C H A R G E	Drug Activity	Drug Type N	Amount / Unit /	Offense #	Counts 1	Domestic Violence ☐ Y ☒ N	Warrant / Capias Number	Bond					
	Charge Description		Statute Violation Number		Violation of ORD #								
C H A R G E	Drug Activity	Drug Type	Amount / Unit /	Offense #	Counts	Domestic Violence ☐ Y ☒ N	Warrant / Capias Number	Bond					
	Charge Description		Statute Violation Number		Violation of ORD #								
C H A R G E	Drug Activity	Drug Type	Amount / Unit /	Offense #	Counts	Domestic Violence ☐ Y ☒ N	Warrant / Capias Number	Bond					
	Charge Description		Statute Violation Number		Violation of ORD #								
I N T A K E	Health / Apparent Physical Condition of Defendant						Any knowledge of the following ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries						
	Explain:												
N O T I C E T O A P P E A R	Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail						PROPERTY - Received By		Released By		Released To		
	☐ Posted Bond ☐ South County Mental Health						Transported By		Date Transported		Time Transported		
N O T I C E T O A P P E A R	☒ INSTRUCTION NO. 1 - Mandatory appearance in court ☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) North County PALM BEACH GARD		Court Date and Time 06/22/2022 08:30:00		No Photo Available		
	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												
A D M I N I S T R A T I O N	Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed						
	HOLD For Other Agency						Signature of Arresting Officer						
A D M I N I S T R A T I O N	☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other						Name of Arresting Officer (Print) NOBLE, RILEY		I.D. # 1226		Name Verification (Printed by Arrestee) MAY 16 11:33		
	Initials Deputy Unias						Pouch #		Transporting Officer NOBLE, RILEY		I.D. # 349		
A D M I N I S T R A T I O N	Witness here if subject signed with an "X"						Agency 780		PAGE 1				

MAY 16 2022

DA

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
OBT Number					
Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 22-001956	
Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Special Notes			
Name (Last, First, Middle) HOGAN, JORDAN LOUISE		Alias		Race W	Sex F
				Date of Birth 06/12/1989	
Charge Description 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED		Charge Description			
Charge Description		Charge Description			
Victim's Name (Last, First, Middle) State Of Florida		Race		Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone		Address Source	
Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation	
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ... ☐ committed the below acts in my presence. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☐ confessed to _____ admitting to the below facts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the <u>15</u> day of <u>May</u>, <u>2022</u> at <u>23:39</u> (Specifically include facts constituting cause for arrest.) On Sunday May 15th 2022, at approximately 1922 hours I was dispatched to the area of Indiantown Rd/Cypress Aisle in reference to a traffic crash. Upon arrival, I made contact with the driver of one vehicle, James Dorsey (W/M 09/01/1959) and his passenger, Natalia Dorsey (W/F 01/28/1970), who were standing on the side of the road next to their totaled vehicle. James advised he was traveling eastbound on Indiantown Road at approximately 45-50 MPH when a gray vehicle made a fast and sudden U-turn in front of him causing him to crash into the right side of the vehicle. James stated he ran over to the other vehicle to make sure the driver was okay. He made contact with the driver later identified by her CO DL as Jordan Hogan (W/F 06/12/1989), who was in the driver seat trying to get out of the vehicle. James advised Hogan appeared very out of it and was saying she didn't understand what happened and to not call the police because she would get into trouble. I made contact with Hogan who was standing by her totaled vehicle with Ofc. DaSilva. My initial observation of Hogan was she was very unsteady on her feet, had bloodshot-glassy eyes, and the odor of an unknown alcoholic beverage was emanating from her breath that amplified as she spoke. Ofc. DaSilva advised me that Hogan was very adamant about trying to call an Uber and leave the scene and stating she did not want the police involved. I introduced myself and advised Hogan I was the traffic officer and was going to handle the crash investigation. Hogan admitted to failing to yield to oncoming traffic and being at fault for the crash and that she did not remember what else happened. Hogan also had slurred speech when she spoke to me and spontaneously uttered that the drink inside her car was not hers. I later discovered an empty WhiteClaw alcoholic beverage on the floor-board. After completing my traffic crash investigation, I found that Hogan was at fault for failing to yield to on-coming traffic and careless driving. I advised Hogan that I had					
SWORN AND SUBSCRIBED BEFORE ME  MARINUCCI, VINCENT NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>05/15/2022</u> DATE		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER NOBLE, RILEY (1226) NAME OF OFFICER (PLEASE PRINT) <u>05/15/2022</u> DATE			
				PAGE 1 OF 2	

COURT

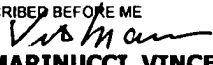
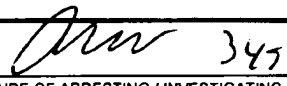
STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 22-001956		
	Charge Type: Check as many as apply. ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other		Special Notes				
D E F	Name (Last, First, Middle) HOGAN, JORDAN LOUISE				Race W	Sex F	Date of Birth 06/12/1989
	completed my traffic crash investigation and she was found at fault and was being issued two citations. I then advised Hogan I was moving onto a criminal DUI investigation and needed to read her Miranda Warnings from a pre-printed card. Hogan immediately stated she wanted a lawyer and refused to listen to me. I was able to read Hogan her Miranda Warnings to which she stated she understood, however, still wanted a lawyer. I asked Hogan if she would submit to Field Sobriety Exercises based on the aforementioned events. She refused and was read her Taylor Warnings from a pre-printed card. Hogan stated she understood, however, still refused. Hogan was advised she was being placed under arrest for DUI and placed into handcuffs that were checked for proper spacing and double-locked per department policy. Based on my investigation, observations, and totality of circumstances, I have probable cause to believe that Jordan Hogan was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical, or controlled substance, to the point where her normal faculties were impaired, contrary to F.S 316.193. Hogan was transported to the Jupiter Medical Center for medical clearance at 2019 hours. While at Jupiter Medical Center at 2130 hours, RN Delaney Raymond advised that Hogan had to have multiple x-rays and tests done reference her complaints from the crash and would be here for at least another hour or two. Based on the fact that I believed it was impractical to obtain a breath sample within a reasonable amount of time due to medical clearance, I asked Hogan if she would submit to a blood draw, which she consented. Jupiter Medical Center Nurse Delaney Raymond took Hogan`s blood sample at 2150hrs. After being cleared from the hospital at 2330 hours, Hogan was then transported to the Jupiter Police Department to complete all necessary paperwork and ultimately transported and booked into the Palm Beach County Jail with a criminal court date of 06/22/22. The above incident was captured on Body Worn Camera. This is a summary of the events and not purported to be verbatim.						
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  MARINUCCI, VINCENT NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		
	05/15/2022 DATE				NOBLE, RILEY (1226) NAME OF OFFICER (PLEASE PRINT)		
					05/15/2022 DATE		
					PAGE 2 OF 2		

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

PALM BEACH COUNTY

SHERIFF'S OFFICE

RIC L. BRADSHAW, SHERIFF



LABORATORY ANALYSIS REQUEST

**This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis
PRINT LEGIBLY OR TYPE**

Agency: Jupiter Police Department Case #: 22001956

Officer: Noble ID#: 349 District: Division: Phone #:

Email: 1226@jupiter.fl.us

Specimen Collected By: RN Delaney Raymond Date: 05/15/2022 Time: 9:50PM

Specimen Collected From: Jordan Hogan Age: 32 Sex: F Hgt: 5'6 Wgt: 120

Specimen Type: ☒ Blood ☐ Urine ☐ Beverage ☐ Other-Describe

Type of Case: ☒ Traffic Accident ☐ Fatality ☐ DWI/DUI ☐ Other Date: 05/15/2022 Time: 1922

Was any medication administered by medical personnel prior to sample being drawn: ☐ Yes ☒ No

If yes, name of Medication(s):

Subject Arrested: ☒ Yes ☐ No

Breath Test Performed? ☐ Yes ☒ No Reading:

Tests requested: ☒ Blood Alcohol ☒ Blood Drug Screen ☐ Urine Drug Screen

DRE exam performed: ☐ Yes ☒ No DRE Officer: Agency:

DRE Opinion:

Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)

None

SUBJECT: ,

CASE NUMBER: 22001956

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 detecting the presence of chemical or controlled substances.

-OR-

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

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST

I am Officer Noble of the Jupiter Police Department

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: Read on Camera ,

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: Read on Camera ,

WITNESS LIST

CASE NUMBER: 22001956

ARRESTING OFFICER: Noble

ADDRESS: 210 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: James Dorsey

ADDRESS: 18629 SE PALM ISLAND LN

PHONE NUMBERS (HOME) 561-504-4774 (WORK) _____

CAN TESTIFY TO: Wheel witness

NAME: PFC. Flesch

ADDRESS 210 Military Trail

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: supplemental report

NAME: Ofc. DaSilva

ADDRESS 210 Military TRail

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Initial contact with defendant

NAME: RN Nurse Delaney Raymond

ADDRESS 1210 S Old Dixie, Jupiter Medical Center

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Blood draw

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



**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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022012735

Date: 5/16/2022

Specialist Name/ID: M. Tookes #8557