0531642 22CT 7751 IANB 3584

ARREST / NOTICE TO APPEAR

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | JUVENILE

ADMINISTRATION

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0501700	Jupiter Police Department	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

If Weapon Seized: Enter Type: UNARMED | Multiple Clearance Indicator

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
W INDIANTOWN RD/CYPRESS AISLE	799 W INDIANTOWN RD/CYPRESS AISLE, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/15/2022	20:25					

DEFENDANT

Name (Last, First, Middle): HOGAN, JORDAN LOUISE | Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	06/12/1989	5'06	120	GREEN	BLONDE /	LIGHT	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) | Marital Status: S | Religion: CATHOLIC | Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
1317 S DIXIE HWY, WEST PALM ~~CITY, CO~~	Beach, FL		33401	(720) 476-0067	1
Permanent Address (Street, Apt. Number)	**(City)**	**(State)**	**(Zip)**	**Phone**	**Address Source**
1317 S DIXIE HWY, WEST PALM ~~CITY, CO~~	Beach FL		33401	(720) 476-0067	VERBAL
Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
042460864 / CO	[redacted]		GOLDAN, CO, United	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian | Name (Last, First, Middle) | Residence Phone

Address (Street, Apt. Number) | (City) | (State) | (Zip) | Business Phone

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	

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.
☐ Yes, by: ☐ No

School Attended | Grade

Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. 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

Charge Description	Statute Violation Number	Violation of ORD #
DUI - NORMAL FACULTIES IMPAIRED	316.193(1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant | Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries | Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health | PROPERTY - Received By | Released By | Released To

Transported By | Date Transported | Time Transported | Other

NOTICE TO APPEAR

☒ 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

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed

No Photo Available

ADMIN

HOLD for Other Agency | Signature of Arresting Officer

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): NOBLE, RILEY | I.D. #: 1226

Intake Deputy | I.D.# | Pouch # | Transporting Officer: NOBLE, RILEY | I.D. #: 349 | Agency: JPD

Name Verification (Printed by Arrestee) (PRINT) | MAY 16 AM 1:33

Witness here if subject signed with an "X"

PAGE 1 OF 1

COURTESY DISTRIBUTION

MAY 16 2022

DS

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

ADMIN

OBTS Number			

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	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:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
HOGAN, JORDAN LOUISE		W	F	06/12/1989

CHARGES

Charge Description	Charge Description
316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 15 day of May, 2022 at 23:39 (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

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

MARINUCCI, VINCENT
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

05/15/2022
DATE

349
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

NOBLE, RILEY (1226)
NAME OF OFFICER (PLEASE PRINT)

05/15/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	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:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
HOGAN, JORDAN LOUISE		W	F	06/12/1989

PROBABLE CAUSE STATEMENT

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.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

MARINUCCI, VINCENT
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

05/15/2022
DATE

343
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

NOBLE, RILEY (1226)
NAME OF OFFICER (PLEASE PRINT)

05/15/2022
DATE

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 o 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 Camea** ,

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:
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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. Tooks #8557