0570788 26mm 7.62 ASB 1801

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATION

OBTS Number:

Agency ORI Number: FL0500300 | Agency Name: BOYNTON BEACH POLICE DEPT. | Agency Report Number: 34-26-068156

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 | Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 850 W GATEWAY BLVD, BOYNTON BEACH, FL, 33435

Location of Offense (Business Name, Address): 850 W GATEWAY BLVD, BOYNTON BEACH, FL, 33435

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/29/2026	20:01					KAUFFS

DEFENDANT

Name (Last, First, Middle): MARTEL, MEGAN ANN | Alias (Name, DOB, Soc. Sec. #, Etc)

W - White, B - Black, I - American Indian, O - Oriental / Asian | Race: W | Sex: F | Date of Birth: 05/13/1988 | Height: 5'7 | Weight: 135 | Eye Color: HAZEL | Hair Color: BLONDE | Complexion: FAIR | Build: MEDIUM

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: SINGLE | Religion: UNK | Indication of: Alcohol Influence Y ☒ N ☐ Unk. ☐; Drug Influence Y ☐ N ☐ Unk. ☒

Local Address (Street, Apt. Number): 1145 AUDACE AVE APT 402 | (City): BOYNTON BEACH | (State): FL | (Zip): 33426 | Phone: ( ) - | Residence Type: 1. City 3. Florida 2. County 4. Out of State → 1

Permanent Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone: ( ) - | Address Source: FL DL

Business Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone: ( ) - | Occupation: UNK

D/L Number, State: M214385567000 / FL | Soc. Sec. Number: [redacted] | INS Number | Place of Birth: LAKE WORTH, FL | Citizenship: YES

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 ☐ Legal Custodian ☐ Other | 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 Dept. and Released 2. TOT HRS/DYS 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 561-355-2526) informed of any change of address: ☐ Yes, By: (Name) ☐ No: (Reason) | School Attended | Grade

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

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, T. Traffic, B. Buy, D. Deliver, E. Use, K. Dispense/Distribute, M. Manufacture Produce/Cultivate, Z. Other

Drug Type: N. N/A, A. Amphetamine, B. Barbituate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
DUI	1	☐ Yes ☒ No	316.193.1A	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
-	-	-	26-068156		1000

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
R/A WITHOUT	1	☐ Yes ☒ No	843.02	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
-	-	-	26-068156		1000

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
REFUSAL TO BREATH TEST	1	☐ Yes ☒ No	316.1939.1D	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
-	-	-	26-068156		250

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must Comply with Instruction on reverse side.

Location (Court, Room Number, Address): South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444

Court Date and Time: Month SEPTEMBER | Day 28 | Year 2026 | Time 08:30 ☒ A.M. ☐ 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

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): ALEXIS | I.D. #: 1105 | Name Verification (Printed by Arrestee) (PRINT) | BU#

Intake Deputy | I.D. # | Pouch # | Transporting Officer: Alexis | I.D. # | Agency: NOT DEPT | Witness here is subject Signed with an "X". | AUG 30 2026

Page 1 OF 1

SCANNED

CM

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29 **DAY OF** August **2026 AT** 19:39 ☐ **A.M** ☒ **P.M.**

CASE #: 26-068156 **DEFENDANT:** MARTEL, MEGAN ANN

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On the above date and time, I responded to the parking area at 850 W Gateway Blvd, Boynton Beach, Palm Beach County, FL 33426 to assist BBPD Ofc Reyes with a traffic stop on a gray Mini Cooper bearing FL tag JHBI26. Ofc Reyes contacted me and advised that the female driver, identified via her FL DL as MEGAN ANN MARTEL, had slurred speech, among other signs of impairment.

On Arrival, Ofc Reyes advised that he stopped the vehicle for westbound traffic on Gateway Blvd at the intersection of Quantum Town Center when the above vehicle ran a solid red light and made a U-turn. The vehicle then slowed and entered the parking lot above , where Ofc Reyes conducted his traffic stop. BBPD Ortega also responded as backup and advised that Megan had glassy eyes, slurred speech, and there was a strong odor of an unknown alcoholic beverage emanating from her breath.

When I approached Megan, I also detected a strong odor of an unknown alcoholic beverage on her breath; her eyes were glassy, and at times she slurred her speech. I explained to Megan the reason for the stop, which she said she was not aware of. I began to ask Megan about her whereabouts and current location, but then she stopped answering and asked why. I explained to Megan my observation and my suspicion that she was driving while impaired, at which point she began arguing that she had run the red light. Megan then stated that she had been at a friend's house earlier in the day, although she seemed confused about the time of day, and said she had been there for approximately 1 hr. Megan admitted to having an alcoholic beverage at her friend's home but refused to answer any further questions.

Based on my suspicions, I gave Megan a lawful order to exit the vehicle. She said no. I explained to Megan the reason I was asking her to exit the driver's seat and also informed her of the Taylor Warnings. Megan kept going back to arguing about the red light and refused to get out of the driver's seat, despite being given plenty of opportunities to do so. I asked her again if she understood my lawful command, which she said yes; however, she said that she would not exit the driver's seat of her vehicle.

SFST REFUSED

HORIZONTAL GAZE NYSTAGMUS:

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☐ Left eye does not follow smoothly
☐ Left eye prior to 45 degrees
☐ Distinct jerking in left eye at maximum deviation
☐ Vertical Nystagmus in left eye

☐ Right eye does not follow smoothly
☐ Right eye prior to 45 degrees
☐ Distinct jerking in right eye at maximum deviation
☐ Vertical Nystagmus in right eye

WALK AND TURN:
REFUSED
ONE LEG STAND:
REFUSED
FINGER TO NOSE:
REFUSED
ROMBERG/ALPHABET:
REFUSED

Based on my investigation and the above facts, I opened the driver's door, removed Megan from the vehicle (no force used), and placed her under arrest for suspicion of DUI and Resisting without violence. During inventory of Megan's vehicle, Officers located a medium size bottle of "SUTTER HOME" SAUVIGNAC BLANC, wine bottle, with the rest still inside. The bottle was located in the driver side door.

Megan was then transported to the Boynton Beach Police Station, where I asked her to take a lawful breath test to determine the alcohol content, and she refused. I read Megan the Implied Consent, and she said she understood. Megan was asked a second time if she'd like to take the breath test and said no.

MEGAN ANN MARTEL was charged with:
DUI according to FSS 316.193.1a
Refusal to breath test according to FSS 316.1939.1D
Resisting officer without violence according to FSS 843.02.
She was transported and booked at the Palm Beach County Jail.

The following instrument was sworn to before me this 29 day of August 2026
By: OFC V. ALEXIS

Notary/~~Police~~ Officer (F.S.S. 117.10)

Signature of Arresting Officer

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TESTING FACILITY TASK REPORT

CASE #: 26-068156 **DEFENDANT:** MARTEL, MEGAN ANN

Date: 8/29/26 **Video Tape #:** BWC

BREATH TEST RESULTS: REFUSED

1. ___ g/210L Time _____ ☐ a.m. ☐ p.m.
2. ___ g/210L Time _____ ☐ a.m. ☐ p.m.
3. ___ g/210L Time _____ ☐ a.m. ☐ p.m.
4. ___ g/210L Time _____ ☐ a.m. ☐ p.m.

BREATH OPERATOR: VLADIMIR ALEXIS

MAINTENANCE TECHNICIAN: VLADIMIR ALEXIS

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

COMMENTS:

SUBJ WAS ASKED TO PROVIDED BREATH TEST AND REFUSED.

IMPLIED CONSENT READ AND SUBJ UNDERSTOOD.

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CASE #: 26-068156 DEFENDANT: MARTEL, MEGAN ANN

Arresting Officer: V. ALEXIS
Address: 2100 HIGH RIDGE ROAD, BOYNTON BEACH, FL 33426
Phone Numbers: Home: _____ Work: (561) 742-6100

Name: OFC REYES
Address: BOYNTON BEACH PD
Phone Numbers: Home: _____ Work: _____
Can testify to: _____

Name: OFC ORTEGA
Address: BOYNTON BEACH PD
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: _____

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STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, Vladimir Alexis, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)
member of Boynton Beach Police Department, and I do swear
(Name of Law Enforcement Agency)
or affirm that on or about the 29 day of August, 2026, at 20:01 ☑P.M. ☐A.M.
DRIVER MEGAN ANN MARTEL,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
DL # M214 385 567 000, state of FL, was placed under lawful arrest for
the offense of DUI by Vladimir Alexis and
(Name of Arresting Officer)
issued citation # ANX8QDE.

That on or about the 29 day of August, 2026, at 20:10 ☑P.M. ☐A.M.
in Palm Beach County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, and that he or she commits a misdemeanor of the second degree by so refusing. Additionally, I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., for refusing to submit to a breath, urine, or blood test, and that he or she commits a misdemeanor of the first degree by so refusing. Nonetheless, the driver refused to submit to the test requested. 1105

Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)

The foregoing instrument was sworn and subscribed before me:

1172
Signature of Attesting Officer

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20 _____, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public _____

Title Officer Villar

Date 8/29/2026

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

BAR1001

EFFECTIVE OCTOBER 1, 2025

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26-068156

STATE OF FLORIDA
IMPLIED CONSENT WARNINGS

NOT APPLICABLE WITH VOLUNTARY CONSENT

BREATH TESTING

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

Will you take the test?

on BWC

NOTE: *READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"*

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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, 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 still refuse to submit to this test?

NOTE: *IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV).*

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

Do you still refuse to submit to this test?

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Funded by FDOT

DRIVE SOBER OR GET PULLED OVER

Revised: 10/01/2025

CASE #: 26-068156 **DEFENDANT:** MARTEL, MEGAN ANN

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.

Where you operating a motor vehicle at the time of the stop/Accident? _____
Where were you going? _____
What Street or Highway were you on? _____
What was you direction of travel? _____
Where did you start from? _____
What time did you start? _____
What time is it now? _____
What is today's date? _____
What day of the week is it? _____
What City and County 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 have you been drinking? _____
How much? _____
With whom? _____
When did you have your first drink? _____
When did you have your last drink? _____
Can you feel the effects of the alcohol? _____
Are you under the influence? _____
Have you consumed any alcohol since the stop/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? _____
Where 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 you eyes that are not corrected by glasses? _____
Do you take insulin? _____ If so, when was your last injection? _____
Have you ever gad a driver's license in any other state? _____
Where? _____
Interviewer: _____

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Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	Click or tap here to enter text.
	☐	119.071(2)(e)	Confession	Click or tap here to enter text.
	☐	119.071(2)(j)1.e.	Name of a law enforcement officer who, in the course of their duties became a victim, is confidential and exempt for 72 hours after the incident. This information is exempt for an additional 60 days after the initial 72 hours.	Click or tap here to enter text.
Public Info. Exemptions	☐	119.071(2)(j)1.b.(I)	Identity, home or employment phone number, home or employment address, or any other information that could be sued to locate or harass the victim.	Click or tap here to enter text.
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	Click or tap here to enter text.
	☐	119.0712(2)	Personal information contained in a motor vehicle record	Click or tap here to enter text.
	☐	316.650(11)	Driver information contained in a uniform traffic citation	Click or tap here to enter text.
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	Click or tap here to enter text.
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	Click or tap here to enter text.
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	Click or tap here to enter text.
	☐	Click or tap here to enter text.		Click or tap here to enter text.
	☐	Click or tap here to enter text.		Click or tap here to enter text.
Other	☐	Click or tap here to enter text.		Click or tap here to enter text.
	☐	Click or tap here to enter text.		Click or tap here to enter text.
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REVIEW COMPLETED BY

Booking Number: 2026023701	**Date:** 8/30/2026
	Specialist Name/ID#: ANGELA PINKNEY/7796