0483828 16CF-23808 446

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0502600

Agency Name: Palm Beach Gardens Police Department

Agency Report Number (N.T.A.'s only): 7 | 8 | 16-006774

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: NONE

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 4445 PGA BLVD PBG, FL 33410

Location of Offense (Business Name, Address): 4295 PGA BLVD/INTERSTATE 95, PALM BEACH GARDENS, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/21/2016	22:35					

DEFENDANT

Name (Last, First, Middle): DANSKIN, ALICIA DANIELLE

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	05/11/1983	5'07	132	Green	Brown	Light	Thin

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATT M BACK; TATT LO STOMACH; TATT LO STOMACH

Marital Status: M

Religion:

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence ☐ Yes ☐ No ☒ Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): 151 COPLEY TER, SEBASTIAN, FL 32958

Phone:

Residence Type: 1. City 3. Florida 2. County 4. Out of State | 3

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 151 COPLEY TER, SEBASTIAN, FL 32958

Phone:

Address Source: DL

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
D525004836710 / FL	[redacted]		Iowa	United States

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 D. Deliver E. Use R. Smuggle 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 - DRIVING WHILE UNDER INFLUENCE	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	16-006774	1	☐ Y ☒ N		OR

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 ☐ Drugs ☐ Alcohol ☐ Deformities ☐ Injuries
Explain:

DEC 22 PM 2:26

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):

Court Date and Time:

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

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer 440

Name of Arresting Officer (Print): TIYALOGLU, BRIAN I.D. # 440

Transporting Officer I.D. # 440 Agency 766

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

SCANNED DEC 22 2016

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

TIYALOGLU

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21 DAY OF 12 20 16, AT 10:35 AM PM

SUBJECT: DANSKIN, ALICIA CASE NUMBER: 16-006774

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: B.TIYALOGLU #440

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

WHILE ON PATROL IN MY MARKED VEHICLE AT THE INTERSECTION OF PGA BLVD AND INTERSTATE 95 EASTBOUND AT A RED LIGHT AT THE MOST WESTBOUND TRAFFIC LIGHT. I OBSERVED A RED VEHICLE EASTBOUND RUN THE RED LIGHT AND FAIL TO OBEY A TRAFFIC CONTROL SIGNAL SIGN THAT ADVISES NO U-TURN. I THEN OBSERVED THE VEHICLE TRAVEL WESTBOUND AND OBSERVED THE VEHICLES LEFT SIDE TIRES CROSS OVER THE DOTTED LINE AND REALIGN. I ACTIVATED MY EMERGENCY LIGHTS AND THE VEHICLE SWERVED AT HIGH RATE OF SPEED INTO 4445 PGA BLVD PBG, FL 33410 (SHELL).

OBSERVATION OF DRIVER:

BELLIGERENT, SLURRED SPEECH, ODOR OF UNKNOWN ALCOHOL BEVERAGE COMING FROM HER BREATH, MOOD SWINGS FROM CALM TO BELLIGERENT.

DRIVER'S STATEMENTS:

When I advised Danskin that I smelled the odor of alcohol under her breath she advised "thats not alcohol, thats mint". Danskin made numerous statements requesting to call her husband and she advised "I did not refuse arrest. When issued a citation she advised "I thought you could do that" "someone told me you could"

ODORS:

UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HER BREATH

GENERAL OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: BELLIGERANT, UNCOOPERATIVE, RUDE

CLOTHING: WHITE SHIRT, BLACK LEATHER PANTS, BLACK HEELS

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

440
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22ND day of December 20 16 by ofc Tiyaloglu

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

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

B. SUE OWEN
State of Florida-Notary Public
Commission # FF093160
My Commission Expires
May 30, 2018

SUBJECT: **DANSKIN, ALICIA** CASE NUMBER: **16-006774**

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- ☐ LT EYE-LACK OF SMOOTH PURSUIT
- ☐ RT EYE-LACK OF SMOOTH PURSUIT
- ☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- ☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- ☐ LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- ☐ RT EYE- ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG/ALPHABET:

REFUSED

BREATH TEST RESULTS: **REFUSED**

STATE OF FLORIDA
COUNTY OF PALM BEACH

440
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 22 day of December, 2016 by ofc Tiyaloglu

who is personally known to me and/or produced identification. Type of identification produced _____

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

B. SUE OWEN
State of Florida-Notary Public
Commission # FF093160
My Commission Expires
May 30, 2018

TESTING FACILITY TASK REPORT

AGENCY: PSC

SUBJECT: [illegible] D CASE NUMBER: [illegible] 1857

DATE: [illegible] VIDEO TAPE NUMBER: 61862

BEGINNING TIME: 2331 ENDING TIME: [illegible] 341

BREATH TESTS RESULTS: 1) R TIME 2333 A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: [illegible]

MAINTENANCE TECHNICIAN: [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [illegible]

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: D eyes [illegible] D has unknown [illegible]

COMMENTS: [illegible]

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: Danko, Alicia CASE NUMBER: 16-006774

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? No

WHERE WERE YOU GOING? [illegible]

WHAT STREET OR HIGHWAY WERE YOU ON? [illegible] / PGA Blvd

DIRECTION OF TRAVEL? NW WHERE DID YOU START? NW PGA Blvd

WHAT TIME DID YOU START? 11:30 pm WHAT TIME IS IT NOW? [illegible]

WHAT IS TODAY'S DATE? 12/21/2016 WHAT DAY OF THE WEEK IS IT? Wed

WHAT COUNTY AND CITY ARE YOU IN NOW? West Palm Beach, FL

WHEN DID YOU LAST EAT? 7 pm WHAT DID YOU EAT? [illegible]

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? [illegible]

HOW MUCH DO YOU WEIGH? 133 HAVE YOU BEEN DRINKING? No WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? Not tonight AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? no

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? no ARE YOU UNDER THE INFLUENCE? no

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? [illegible] WHEN DID YOU LAST WORK? 9am - 6:30pm

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? yes WHAT? [illegible]

ARE YOU SICK OR INJURED? no WHAT'S WRONG? _____

DO YOU LIMP? yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? no

WERE YOU IN AN ACCIDENT TODAY? no

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? no WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? yes WHO? [illegible] WHY? [illegible]

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? [illegible] WHEN? [illegible]

DO YOU HAVE:

EPILEPSY?	no
GLASS EYE?	no
FALSE TEETH?	no
EAR INFECTION?	no
INNER EAR TROUBLE?	no
DIABETES?	no

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? yes

DO YOU TAKE INSULIN? no IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? no WHERE? [redacted]

INTERVIEWER: B. Taylor # 4410

WITNESS LIST

CASE NUMBER: 16-006774

ARRESTING OFFICER: B.TIYALOGLU #440

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): ______ (WORK) (561) 799-4445

CAN TESTIFY TO: ARREST, REFUSAL

NAME: M.HANTON #305

ADDRESS: 10500 N.Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) ______ (WORK) ______

CAN TESTIFY TO: ARREST, REFUSAL

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: ______

NAME: ______

ADDRESS ______

PHONE NUMBERS (HOME) ______ (WORK) ______

CAN TESTIFY TO: ______

NAME: ______

ADDRESS ______

PHONE NUMBERS (HOME) ______ (WORK) ______

CAN TESTIFY TO: ______

NAME: ______

ADDRESS ______

PHONE NUMBERS (HOME) ______ (WORK) ______