J0510253 19CT15158 P 124

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FLO 502600 | Agency Name: PALM BEACH GARDENS POLICE DEPARTMENT | Agency Report Number (N.T.A.'s only): 78- 19-004839

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other | Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator

Location of Arrest (Including Name of Business): MILITARY TRAIL/ GARDEN LAKES | Location of Offense (Business Name, Address)

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
8-16-19	15:45					KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405

DEFENDANT

Name (Last, First, Middle): NICHOLS, AMANDA, D | Alias (Name, DOB, Soc. Sec. #, Etc.)

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	7/07/1973	5 04	135	BRN	BRN	DARK	MED

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): L/FOOT(FLOWER), BACK OF NECK(MOON) | Marital Status: Divorced | Religion: RC | Indication of: Alcohol Influence / Drug Influence (Y / N / Unk.)

Local Address (Street, Apt. Number) (City) (State) (Zip): 6010 EDGEMRE CT PALM BEACH GARDENS FL 3341011 | Phone: (561) 8181870 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

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

Business Address (Name, Street) (City) (State) (Zip) | Phone: ( ) | Occupation: FACIAL SPECIALIST

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
N242004737470 FL	[redacted]		HACKENSACK, NJ	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 / Legal Custodian / Other: Name (Last) (First) (Middle) | Residence Phone: ( )

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

1-Off

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 provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 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 B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/ 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. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Offense #	Statute Violation Number	Violation of ORD #	Drug Activity	Drug Type	Amount / Unit	Warrant / Capias Number	Bond
DRIVING UNDER THE INFLUENCE	1	☐Y ☒N		316.193(1)		N	N	N/A		
		☐Y ☐N								
		☐Y ☐N								
		☐Y ☐N								
		☐Y ☐N								

NOTICE TO APPEAR

NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time: Month 09 Day 18 Year 2019 Time 10:00 AM X PM

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

non complint

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

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: X D Dowl 308

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Name of Arresting Officer (Print): DOWLING | I.D. #: 308

Intake Deputy: MS COMM-1-8099 | I.D. #: | Pouch #: | Transporting Officer: D Dowling | ID #: 308 | Agency: PBGPD

Name Verification (Printed by Arrestee): (PRINT)

Witness here if subject signed with an X

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY | GREEN - STATE ATTORNEY | YELLOW - AGENCY | PINK - AGENCY | GOLD - DEFENDANT (N.T.A.'s ONLY)

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16TH DAY OF AUGUST 20 19, AT 3:18 AM ✓ PM

SUBJECT: NICHOLS, AMANDA, D CASE NUMBER: 19-004839

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: DOWLING 308

PERSONAL CONTACT

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

Subject was driving south on Military Trail in the left lane and unable to maintain a single lane interfering with other traffic. Subject was the only occupant of the vehicle.

OBSERVATION OF DRIVER:

Strong odor of unknown Alcoholic beverage, eyes were red and glassy, speech was slurred. Subject fumbled for her vehicle paperwork. unsteady on her feet. Subject fell over while attempting SFT's.

DRIVER'S STATEMENTS:

Subject admitted to drinking vodka and pleaded with me to drive her home

ODORS:

Strong odor of unknown alcohol

GENERAL OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **Emotional**

CLOTHING: **Black dress**

MEDICAL/OTHER: **None**

STATE OF FLORIDA
COUNTY OF PALM BEACH

D Dowling 308
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of August 20 19 by DOWLING

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

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

SUBJECT: NICHOLS, AMANDA, D CASE NUMBER 19-004839

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Subject kept moving her head and failed to follow instructions

WALK & TURN:

Subject failed to follow instruction and failed to walk heel to toe on all steps.

ONE LEG STAND:

Subject failed to follow instructions. Subject fell over.... see BWC video

ROMBERG ALPHABET:

Subject was unable to recite the alphabet.... see BWC video

FINGER TO NOSE:

Subject did failed follow instructions... see BWC video

BREATH TEST RESULTS: 1) 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

DDowling 308
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of August 20 19 by DOWLING

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

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

19-004839

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BLOOD TEST

I, **DOWLING**, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of **Palm Beach Gardens Police Department**, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 16 day of AUGUST, 20 19, at 15:45 ☒ P.M. ☐ A.M.

DRIVER **AMANDA** **D** **NICHOLS**,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **N242004737470**, state of **FL**, appeared for treatment at a hospital,

clinic, or other medical facility pursuant to s. 316.1932(1)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the 16 day of AUGUST, 20 19, at 1643 ☒ P.M. ☐ A.M.

in **PALM BEACH** County,

I requested that the driver submit to a **blood test** to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that if he or she holds a CDL, or was operating a CMV, refusal would result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she had been previously disqualified as a result of a refusal to submit to a breath, urine or blood test. The driver nonetheless refused to submit to a blood test.

D Dowling 308
Signature of Law Enforcement Officer or Correctional Officer

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

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/23/2021
(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 16 day of AUGUST, 20 19,
by **DOWLING**,
who is personally known to me or who has produced **Personally Known** as identification

Notary Public _____

HSMV-BAR1002 (REV. 10/16)

The foregoing instrument was sworn and subscribed before me:

_____
Signature of Attesting Officer

Title _____

Date _____

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.

TESTING FACILITY TASK REPORT

AGENCY: PAG

SUBJECT: [illegible] CASE NUMBER: [illegible]

DATE: [illegible] VIDEO TAPE NUMBER: [illegible]

BEGINNING TIME: 1641 ENDING TIME: 1653

BREATH TESTS RESULTS: 1) [illegible] TIME 1643 A.M./P.M. 2) [illegible] TIME — A.M./P.M.

3) [illegible] TIME — A.M./P.M. 4) [illegible] TIME — A.M./P.M.

BREATH OPERATOR: [illegible]

MAINTENANCE TECHNICIAN: [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [illegible]

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: [illegible]

MEDICATIONS: [illegible]

OTHER: [illegible]

REFUSED

COMMENTS: [illegible]

REFUSED

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

PBSO #8129A REV.11/02

WITNESS LIST

CASE NUMBER: 19-004839

ARRESTING OFFICER: DOWLING
ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410
PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445
CAN TESTIFY TO: Facts of Case

NAME:
ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410
PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445
CAN TESTIFY TO: Traffic Stop

NAME:
ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410
PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445
CAN TESTIFY TO: Scene Safety

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

SUBJECT: Nicole, Amanda L CASE NUMBER: 19-004839

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? I was driving

WHERE WERE YOU GOING? coming home

WHAT STREET OR HIGHWAY WERE YOU ON? Alternate A1A / Ponte Vedra

DIRECTION OF TRAVEL? N WHERE DID YOU START? My House

WHAT TIME DID YOU START? 6:45 pm WHAT TIME IS IT NOW? 8:00 pm

WHAT IS TODAY'S DATE? 8/16/19 WHAT DAY OF THE WEEK IS IT? Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County / PBG

WHEN DID YOU LAST EAT? Don't Eat WHAT DID YOU EAT? I don't eat

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? sleeping

HOW MUCH DO YOU WEIGH? 135 HAVE YOU BEEN DRINKING? Yes WHAT? Wine / Vodka

HOW MUCH? Not a lot WHERE? At the House WITH WHOM? No one

WHEN DID YOU HAVE YOUR FIRST DRINK? I don't know AND YOUR LAST DRINK? I don't know

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? I don't remember

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? N/A HOW MUCH? —

WHAT? — WHERE? — WHEN? —

WHAT LINE OF WORK ARE YOU IN? Don't / WHEN DID YOU LAST WORK? 16yrs

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? —

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? —

DO YOU LIMP? NO 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? NO WHO? — WHY? —

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Xanax WHEN? Today

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? NO

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? —

INTERVIEWER: —

SUBJECT: [redacted] CASE NUMBER: 19-004839

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 _____ of the _____.

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: (X) [redacted]

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) [redacted] SCANNED AUG 17 20[illegible]

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

PBSO #01298 REV. 06/11

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: 2019026847	**Date:** 08/17/2019
	Specialist Name/ID: AM/31562