0498404 (NHI) ARREST / NOTICE TO APPEAR 3320

1 JUVENILE

18C19167

ADMINISTRATION

OBTS Number

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias

Agency ORI Number: 0501700 | Agency Name: Jupiter Police Department | Agency Report Number (N T A's only): 5 4 18-002691

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): 399 MILITARY TRL/HIGHWOOD CIR JUPITER

Location of Offense (Business Name, Address): 399 MILITARY TRL/HIGHWOOD CIR, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/20/2018	20:27					

DEFENDANT

Name (Last, First, Middle): TAFT, ANGELA — 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	09/10/1963	5'02	168	BROWN	BROWN	LIGHT	Large

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

Marital Status: M — Religion: OTHER — Indications of Alcohol Influence: Yes ☒ No ☐ Unk ☐ — Drug Influence ☒

Local Address (Street, Apt Number) (City) (State) (Zip): 119 OLD ENGLISH CT, JUPITER, FL 33458 — Phone: (561) 261-2382 — Residence Type: 1 City, 2 County, 3 Florida, 4 Out of State: 1

Permanent Address (Street, Apt Number) (City) (State) (Zip): 119 OLD ENGLISH CT, JUPITER, FL 33458 — Phone: (561) 261-2382 — Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip) — Phone — Occupation: Teacher

D/L Number, State: T130000638300 / FL — Soc. Sec. Number: [redacted] — INS Number — Place of Birth (City, State): MIAMI, FL, United — Citizenship: 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

OR

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 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/Derv, 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		/		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 Comm. 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: 06/20/2018 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

X [signature] — Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed: 05/20/2018

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy: D/S B. SHATARA #7623 — ID # — Pouch #

Signature of Arresting Officer: [signature] 340

Name of Arresting Officer (Print): FANDREY, CHRISTOPHER — ID #: 1182

Transporting Officer: C FANDREY — ID #: 340 — Agency: JPD

Name Verification (Printed by Arrestee) (PRINT): Angela Taft

Witness here if subject signed with an "X"

PAGE 1 or 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20 DAY OF May 20 18 AT 1956 AM ✓ PM

SUBJECT: Taft Angela CASE NUMBER: 18-002691

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: C Fandrey #340

PERSONAL CONTACT

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

Sgt. Hennessy advised he observed a black 2015 Mercedes bearing FL Tag M137US going north on Military Trail in the area of Indian Creek Parkway. Sgt Hennessy stated he observed the vehicle driving with its emergency flashers on. The turn signals on both side were then turned on and then the emergency flashers were turned back on. Sgt Hennessy stated he observed the vehicle change lanes causing another vehicle to have to hit its brakes to avoid a crash. At this time Sgt Hennessy conducted a traffic stop on the vehicle for driving with its emergency flashers on and then for the lane change violation. The vehicle made a uturn and continued a short distance before pulling over in the area of Military Trail/Highwood Circle.

OBSERVATION OF DRIVER:

I made contact with the driver and sole occupant of the vehicle who was positively identified by Florida Drivers License to be W/F Angela Taft (9/10/63). Taft had bloodshot glassy eyes and the odor of an unknown alcoholic beverage coming from her person. While speaking with Taft I asked her where she was coming from to which she stated she was coming from Jupiter Beach. Taft appeared to be confused on why she was stopped. Taft was unsteady on her feet when asked to exit the vehicle.

DRIVER'S STATEMENTS:

Taft stated that she had one mimosa earlier in the day around noon. Taft stated that she took medication for headaches that she gets. Taft continually stated that she was not speeding and wasnt sure why she was stopped. Taft stated she was driving normally and did not stop initally because she was not speeding so she thought someone else was getting pulled over. Taft continually stated she was sorry.

ODORS:

Odor of an unknown alcoholic beverage coming from her person.

GENERAL OBSERVATIONS

SPEECH: heavy accent

ATTITUDE: Confused, upset, angry

CLOTHING: Pink shirt, white pants, white slides

MEDICAL/OTHER: head aches and acid reflux

STATE OF FLORIDA
COUNTY OF PALM BEACH

C Fandrey #340
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of May 2018 by C Fandrey #340

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

S Owen #3184
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: Taft Angela CASE NUMBER 18-002691

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
- [ ] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [ ] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Did not follow directions to keep head still.

WALK & TURN:

Taft did not maintain the starting position and was explained the instructions in English and in Spanish. Taft stated that she understood and began the task. Taft failed to touch heel to toe on each step. Taft went to #10 and turned around asking "you said 9 right?". Taft turned around and then was explaining she could not do the task because she "was too fat". Taft continued 9 steps back missing heel to toe each time and utilized her arms for balance throughout the entire time.

ONE LEG STAND:

Taft was explained the instructions in English and in Spanish and stated she understood the instructions. Taft began the task and failed to keep her foot approximately 6 inches off of the ground and was unable to maintain her balance. Taft placed her foot down several times and used her arms for balance. Taft was swaying so far to the side that the task was stopped for her safety.

FINGER TO NOSE:

Not Conducted.

ROMBERG ALPHABET:

Not Conducted

BREATH TEST RESULTS: **Refused** **Refused**

STATE OF FLORIDA
COUNTY OF PALM BEACH

C Fandrey #340 340
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of May 2018 by C Fandrey #340

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

S Owen #3184
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

WITNESS LIST

CASE NUMBER: 18-002691

ARRESTING OFFICER: C Fandrey #340
ADDRESS: 210 MILITARY TRAIL JUPITER FL 33458
PHONE NUMBERS (HOME): (WORK) 561-746-6201
CAN TESTIFY TO: SEE PC

NAME: Sgt Hennessy #210
ADDRESS: 210 MILITARY TRAIL JUPITER FL 33458
PHONE NUMBERS (HOME) (WORK) 561-746-6201
CAN TESTIFY TO: PC for traffic stop.

NAME: Ofc. Quiros #305
ADDRESS 210 Military Trail Jupiter FL 33458
PHONE NUMBERS (HOME) (WORK) 561-746-6201
CAN TESTIFY TO: Assisting on scene

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:

SUBJECT: _____ CASE NUMBER: _____

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY 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? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE 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? _____

WERE 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 YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

SUBJECT: _____ CASE NUMBER: _____

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)_____

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)_____

TESTING FACILITY TASK REPORT

AGENCY: Jupiter P.D.

SUBJECT: TAFT, Angela

CASE NUMBER: 18-076474

DATE: 5/20/18

~~VIDEO TAPE NUMBER:~~ N/A

BEGINNING TIME: 2127

ENDING TIME: 2142

BREAST TESTS RESULTS: REFUSAL 1) TIME 2140 A.M./P.M. 2) TIME ~~A.M./P.M.~~

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

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Accent

ATTITUDE: Talkative,

CLOTHING: White sandals, white jeans, orange top

MEDICAL CONDITIONS: acid reflux

MEDICATIONS: meds for acid reflux

OTHER: D in accident or caused one. Could hear talking to A/O

54 yoA

COMMENTS: A/O and D arrived at 2107 hrs

A/O observed 20 minutes

A/O requested breath test, D refused

A/O read ILC, D was almost done then she said she needed it in Spanish A/O retrieved D's glasses so she could read ILC in Spanish

D read in Spanish outloud A/O explained ILC

D needed it read in Spanish D/S Jurado read ILC in Spanish. After much disussion #20332 D refused test.

SCANNED

MAY 25 2018

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

PBSO 80129A REV.11/02

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

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

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

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

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

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: 2018016981	**Date:** 05/21/2018
	Specialist Name/ID: howardt/7185