

ARREST / NOTICE TO APPEAR

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

17mm12514

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 51 4 17-004862
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type NONE		Multiple Clearance Indicator		
Location of Arrest (Including Name of Business) 125 DOCKSIDE CIRCLE			Location of Offense (Business Name, Address) 125 DOCKSIDE CIR, JUPITER, FL 33477		
Date of Arrest 10/13/2017	Time of Arrest 01:44	Booking Date 10/13/2017	Booking Time 01:54	Jail Date 10/13/2017	Jail Time 01:50
Name (Last, First, Middle) JOHNSON, AUDREY DIANE					
Race W - White I - American Indian B - Black O - Oriental/Asian W F			Date of Birth 07/15/1979	Height 5'01	Weight 100
Eye Color GREEN		Hair Color BLONDE /		Complexion FAIR	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S	Religion NONE	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/>
Local Address (Street, Apt. Number) 5565 CENTER ST, PISO, FL 33458		(City)	(State)	(Zip)	Phone (561) 853-7104
Permanent Address (Street, Apt. Number) 5565 CENTER ST, PISO, FL 33458		(City)	(State)	(Zip)	Phone (561) 853-7104
Business Address (Name, Street) UNEMPLOYED,		(City)	(State)	(Zip)	Phone
D/L Number, State JS25004797550 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) PBG, FL, United States		Citizenship
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth
Name (Last, First, Middle)					Residence Phone
Address (Street, Apt. Number)					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 <input type="checkbox"/> defendant and/or <input type="checkbox"/> 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.					Grade
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property			Value of Property
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 Description DISORDERLY CONDUCT - DISORDERLY INTOXICATION			Statute Violation Number 856.011	Violation of ORD #	
Drug Activity	Drug Type N	Amount / Unit /	Offense # 17-004862	Counts I	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Charge Description RESIST/OBSTRUCT OFFICER W/O VIOLENCE			Statute Violation Number 843.02	Violation of ORD #	
Drug Activity	Drug Type N	Amount / Unit /	Offense # 17-004862	Counts I	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Charge Description TRESPASS AFTER WARNING - PROPERTY			Statute Violation Number 810.09(2)(B)	Violation of ORD #	
Drug Activity	Drug Type N	Amount / Unit /	Offense # 17-004862	Counts I	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Health / Apparent Physical Condition of Defendant INTOXICATED			Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By
Transported By			Date Transported // : : /	Time Transported	Other
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> 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 11/15/2017 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	
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) KOLENICH, RYAN		SCANNED	
Intake Deputy I.D. #		Pouch #		I.D. # 1175	
		Transporting Officer R. KOLENICH		Agency JUPITE	
				Witness here if subject signed with an "X".	

2017 OCT 13 AM 9:29

No Photo Available

OCT 13 2017

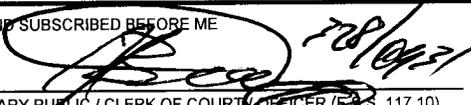
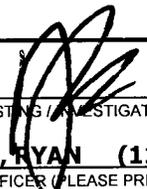
OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number	Agency Name	Agency Report Number				
	FL 0501700	JUPITER POLICE DEPARTMENT	5 4 17-004862				
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						Special Notes:	
Name (Last, First, Middle)			Alias	Race	Sex	Date of Birth	
JOHNSON, AUDREY DIANE				W	F	07/15/1979	

with the name provided by Peery and I was able to locate Johnson information.

While inside of the restaurant Johnson continued to yell, scream and make statements that made no sense. During my contact with Johnson it was clear that she was extremely intoxicated and per the written statement completed by Peery, they refused to further serve Johnson due to her already high level of intoxication. Johnson was then transported to the Jupiter Medical Center where upon her arrival she remained irate and belligerent yelling and screaming at the top of her lungs "Call my fucking psychiatrist now"[sic]. While walking Johnson into the medical facility, she refused to walk and myself along with Sgt. S. Drown had to hold Johnson up and then place her into a wheelchair to get her to room #16 in the hospital. Nursing staff along with Security Officers [B. St. Pierre] requested Johnson retard her anger and stop yelling but she continued her extremely disorderly behavior inside.

Johnson was eventually cleared from then hospital with medical clearance for the Palm Beach County Sheriffs Office and she was then transported and turned over without further incident.

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
			
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)	
	DATE	DATE	DATE
	10-13-17	10/13/2017	OCT 13 2017
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