

**ARREST / NOTICE TO APPEAR
Juvenile Referral Report**

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17143836	
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Weapon Seized / Type 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		Multiple Clearance Indicator	
	Location of Arrest (Including Name of Business) Orange Blvd at 120th Loxahatchee FL 33470				Location of Offense (Business Name, Address) Orange Blvd at 120th Loxahatchee FL 33470			
	Date of Arrest 10/25/2017	Time of Arrest 22:35	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) Monnett Avril J				Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 04/28/1960	Height 5'2	Weight 100	Eye Color Bro	Hair Color Bro	Complexion Med	Build Petite
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Married	Religion Aethiest	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) 9604 Capendon Ave #Apt 31-102		(City) Palm Beach Gardens FL 33418	(State)	(Zip)	Phone (561) 541 3197	Residence Type: 1. City 2. County 3. Florida 4. Out of State		2
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source Verbal		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation Unemp.		
D/L Number, State M530010606480		Soc. Sec. Number		INS Number		Place of Birth (City, State) Honolulu, Hawii	Citizenship US	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Address (Street, Apt. Number)				(City)	(State)	(Zip)
Notified by: (Name)		Date	Time	Juvenile's 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 <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 (Phone 355-2526) informed of any change of address.				School Attended		Grade		
Property Crime? <input type="checkbox"/> Yes <input 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. 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.
Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #		
Drug Activity N	Drug Type N	Amount / Unit	Offense # 17143836	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
Location (Court Room Number, Address) PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 PH: (561) 355-2996								
Court Date and Time Month Nov Day 16 Year 2017 Time 08:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>								
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 10/25/2017								
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed				
IOL D for other Agency		Signature of Arresting Officer J. Schneider		Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Inv. J. Schneider		I.D. # 8501		(PRINT)		
Intake Deputy		I.D. #	Pouch #	Transporting Officer Inv. J. Schneider		Agency PBSO		
Witness here if subject signed with an -X"				PAGE		1 OF 1		

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	<input checked="" type="checkbox"/>	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17-143836	
Charge Type Check as many as apply:		Special Notes					
<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance					
<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other					
Defendant Name (Last, First, Middle) MONNETT AVRIL J				Race W	Sex F	Date of Birth 4/28/1960	
Charge DRIVING UNDER THE INFLUENCE				Charge			
Victim Name (Last, First, Middle) STATE OF FLORIDA				Race	Sex	Date of Birth	
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation	
<p>The undersign swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence</p> <p><input type="checkbox"/> confessed to admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the 25th day of OCT 20 17 at 2303 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>							

On 10/25/2017 at 2154 hours, I responded to the area of Coconut Blvd and Orange Blvd in West Palm Beach in Palm Beach county Florida in reference to a white Lincoln Navigator that was swerving on the roadway.

As I approached Keylime Blvd and Coconut Blvd, I saw a white Lincoln Navigator (Fl Tag Y43VXQ) traveling South on Coconut Blvd. I pulled behind the vehicle, at which time I noticed the vehicles lights were not turned on. Only the daytime running lights were on. I followed the vehicle as it turned East on Orange Blvd. The Lincoln Navigator was swerving across the double yellow lines, then back across the lane into the bicycle lane. The vehicle again began to swerve across the double yellow lines again, as it was approaching on coming traffic. Fearing for the safety of the on coming traffic, I initiated a traffic stop.

As I approached the vehicle, the female driver (later identified as Avril Monnett) was attempting to roll the window down, but was unable to locate the correct button. Avril opened the driver door, and began apologizing. I asked why she was apologizing, and she said that she knew she shouldn't be driving in her condition. Avril was slurring her words, to where I was having trouble understanding what she was saying. I asked Avril for her vehicle registration, but she was unable to locate it.

I called for a DUI unit, and Inv. Schneider #8501 responded and took over the investigation. While inventorying the vehicle, an open bottle of Woodbridge wine was in the center console with a clear plastic cup sitting next to it that was partially full.

SCANNED
OCT 28 2017

The foregoing instrument was sworn to and affirmed before me this 25 day of OCT 20 17 , by:	
INV. SCHNEIDER #8501	KELLERMAN 18331
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
Page 1 of 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25 DAY OF October 20 17, AT 21:54 AM PM

SUBJECT: Monnett Avril J CASE NUMBER: 17143836

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider

PERSONAL CONTACT

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

Was observed by D/S Kellerman had observed the vehicle opearating near the intersection of Orange Blvd and Coconut Blvd without any tail lamps. As the vehicle turned east he observed the vehicle unable to maintain a lane and became so concerned that he stopped the vehicle due to oncoming traffic. He detailed his observations in a supplemental sworn probable cause affidavit.

OBSERVATION OF DRIVER:

As I approached the drivers side window I observed the vehicle solely occupied by a petite white female wearing all black. As I began to speak to her she stated "dont give me a DUI". Further speaking with her I found her speech slurred and while speaking I smelled the odor of a unknown alcoholic beverage coming from her breath. Asking if she had been drinking she stated a few drinks about an hour ago. She continued to make admissions of guilt and asked to not be taken to jail numerous times.

DRIVER'S STATEMENTS:

Dont give me a DUI. Dont arrest me.

ODORS:

Odor of a unknown alcoholic beverage coming from her breath

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cyclical emotions and cooperative

CLOTHING: Black shirt, black pants, black shoes

MEDICAL/OTHER: Stated none then alleged a neurological condition but was unable to detail or name the condition.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider

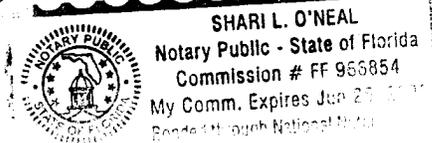
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of October 20 17 by Inv. J. Schneider

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

Shari O'Neal (#6212)

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



SCANNED

OCT 26 2017

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

This task was discontinued after numerous attempts to determine the angle of onset. Monnett continued to move her head contrary to instruction, failed to follow the stimulus as instructed, and was stumbled towards me on more than one occasion.

WALK & TURN:

While attempting to place Monnett in the instruction position she was unable to stand there. She stated she could even do that this morning and would not return to the instructional position.

ONE LEG STAND:

Monet swayed heavily while in the instructional position. Initially starting the task she raised he leg far to high but was unable to keep it elevated. I informed her that she was not performing the task as instructed and she stated that she forgot what she was supposed to do. I reexplained the task and she stated she understood. Performing the task a second time she raised her leg too high once again and was unable to maintain her balance. This task was discontinued for her safety.

FINGER TO NOSE:

Monet swayed heavily while in the instructional position. Starting the task she failed to touch the tip of her finger to the tip of her nose on numerous occasions. She touched her eyebrows and her forehead never touching her nose.

ROMBERG ALPHABET:

Monet swayed heavily while in the instructional position. Starting the task she had thick slurred speech and was unable to recite the alphabet skipping all around.

SCANNED
OCT 26 2017

BREATH TEST RESULTS: 1) .307 2) .305 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider

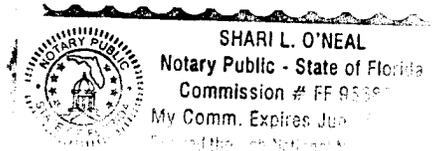
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of October 2017 by Inv. J. Schneider

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

Shari O'Neal (#6212)

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



WITNESS LIST

CASE NUMBER: 17143836

ARRESTING OFFICER: Inv. J. Schneider

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561 688-4001

CAN TESTIFY TO: Investigation

NAME: D/S A. Anderson #24100

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561 688-3000

CAN TESTIFY TO: Vehicle inventory

NAME: D/S Kellerman #18331

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

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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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED
OCT 26 2017

TESTING FACILITY TASK REPORT

AGENCY: Illinois State Police

SUBJECT: 11-14-17 CASE NUMBER: 17-14586

DATE: 10/26/17 VIDEO TAPE NUMBER: —

BEGINNING TIME: 00:00 ENDING TIME: 00:05

BREATH TESTS RESULTS: 1) 0.02 TIME 00:02 A.M./P.M. 2) 0.05 TIME 0:05 A.M./P.M.
3) — TIME — A.M./P.M. 4) — TIME — A.M./P.M.

BREATH OPERATOR: ON

MAINTENANCE TECHNICIAN: —

TESTING OFFICER'S OBSERVATIONS

SPEECH: —

ATTITUDE: —

CLOTHING: —

MEDICAL CONDITIONS: —

MEDICATIONS: —

OTHER: —

COMMENTS: 20 min. of observation during the test.

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SCANNED
OCT 26 2017

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) _____

SCANNED
OCT 26 2017

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: _____

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

SCANNED
OCT 26 2017



Florida *The Sunshine State*

DRIVER LICENSE CLASS E

**AVRIL JACQUELINE
MONNETT**

18720 GRANDE BLVD

WEST PALM BEACH, FL 33412-1300

DOB: 04-28-1960 SEX: F

EXPIRES: 04-28-2017 HGT: 5

HAIR: BRN EYES: BRN

ORGAN DONOR

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law

NOT A CERTIFIED COPY

SCANNED
OCT 26 2017