

OBTs Number		ARREST / NOTICE TO APPEAR		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1		JUVENILE	
Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4 17-004583					
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" 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) MILITARY TRL/UNIVERSITY BLVD JUPITER FL				Location of Offense (Business Name, Address) 4699 MILITARY TRL/UNIVERSITY BLVD, JUPITER, FL 33458					
Date of Arrest 09/25/2017		Time of Arrest 01:09		Booking Date		Booking Time		Jail Date	
Jail Time		Location of Vehicle							
Name (Last, First, Middle) ROMANI, BRITTANY JOY				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:					
Race W - White B - Black O - Oriental/Asian W F		Sex M F F		Date of Birth 09/18/1989		Height 5'02		Weight 140	
Eye Color GREEN		Hair Color BLONDE /		Completion FAIR		Build Medium			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT R BACK / MERMAID; TATT M BACK / "ROMANI RIDE OR				Marital Status S		Religion OTHER		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 checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 13212 83RD LN N, WEST PALM BEACH, FL 33412				(City) (State) (Zip)		Phone (561) 420-9993		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2	
Permanent Address (Street, Apt. Number) 13212 83RD LN N, WEST PALM BEACH, FL 33412				(City) (State) (Zip)		Phone (561) 420-9993		Address Source FL DL	
Business Address (Name, Street) (City) (State) (Zip)				(City) (State) (Zip)		Phone (561) 420-9993		Occupation Student	
D/L Number, State R550070898380 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL		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"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone					
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone					
Notified by: (Name)		Relationship		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.				School Attended		Grade			
<input type="checkbox"/> Yes, by: _____		<input type="checkbox"/> No: _____		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
Drug Activity S. Sell B. Buy P. Possess		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 DUI - DRIVING WHILE UNDER INFLUENCE				Statute Violation Number 316.193(1)		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense # 17-004583		Counts I	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond					
Charge Description				Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts	
Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond					
Charge Description				Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts	
Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond					
Health / Apparent Physical Condition of Defendant				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					
Explain:									
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		Released By		Released To	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Date Transported		Time Transported		Other	
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		No Photo Available			
Court Date and Time 10/25/2017 08:30:00				Signature of Defendant (or Juvenile and Parent/Custodian) [Signature]		Date Signed 9-25-17		#38	
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.				Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) Brittany Romani		PAGE 1 OF 1	
HOLD for Other Agency		Signature of Arresting Officer FANDREY, CHRISTOPHER		I.D. # 1182		Witness here if subject signed with an "X"			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Pouch #		Transporting Officer Fandrey		I.D. # 340		Agency JPD	

SCANNED

SEP 28 2017

10/25/2017 4:37

3348

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25th DAY OF September 20 17, AT 0050 [✓]AM PM
SUBJECT: Romani Brittany J CASE NUMBER: 17-004583
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)

On 9/25/17 at approximately 0050hrs I observed a black Ford bearing FL tag 114RRE going south on Military Trail. While following the vehicle I estimated the vehicle to be traveling faster than the posted speed limit. Utilizing my Jupiter Police Department Patrol Vehicle (Veh #1407) I paced the vehicle at 60mph for more than a 1/4 of a mile and the speed limit is 45mph. The vehicle was also swerving to the left and crossed over the solid line on the left side of the road multiple times. A traffic stop was conducted by activating my overhead red and blue emergency lights. I then exited my police vehicle and made contact with the driver who was positively identified as W/F Brittany J. Romani (9/18/89) by her Florida Driver License.

OBSERVATION OF DRIVER:

Upon making contact with Romani I immediately noticed the strong and distinct odor of an unknown alcoholic beverage coming from her person. Romani had red bloodshot eyes and was attempting to avoid eye contact while speaking with her by looking down towards her lap. Romani was immediately able to provide her FL DL and registration but was unable to locate the proof of insurance for her vehicle. Romani was calm and cooperative throughout the encounter. Romani was unable to maintain her balance and was swaying while standing still. Romani continually moved her feet in order to maintain her balance.

DRIVER'S STATEMENTS:

Romani stated that she had three or four beers earlier in the day while out on the boat. When asked on a scale of 1-10 with 1 being completely sober and 10 being the most drunk shes ever been in her life, Romani stated she was at a 3. Romani stated that she thought she was ok to be driving. Romani stated she was on her way home from dropping off a friend and then continuing home.

ODORS:

Strong and distinct odor of an unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: clear

ATTITUDE: calm, cooperative

CLOTHING: pink shirt, blue jean shorts, no shoes

MEDICAL/OTHER: migraines, no other issues

STATE OF FLORIDA
COUNTY OF PALM BEACH

C Fandrey #340

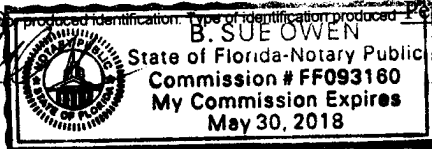
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25th day of September 20 17 by C Fandrey #340

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

Sue Owen #3184

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



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SEP 28 2017

SUBJECT RomaniBrittanyCASE NUMBER 17-004583

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 checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Romani continually moved her feet and placed her hands behind her back when told to keep her hands at her side.

WALK & TURN:

Romani failed to maintain the starting position during the instructions and demonstration phase. Romani continually began early after repeatedly being told to not begin until told to do so. Romani was explained the instructions several times to remain in the starting position. While demonstrating the task Romani left the starting position and was swaying while standing still. Romani stated she understood the instructions. Romani missed heel to toe multiple times. Romani stepped very slowly to maintain her balance. Romani made an improper turn and paused during the turn. Romani missed heel to toe several times during the 9 steps back. Romani failed to count out loud each step.

ONE LEG STAND:

Romani stated that she understood the instructions. Romani failed to look at her elevated foot and was not counting out loud. Romani was reminded to look at her foot and count out loud. Romani was not counting as instructed and placed her foot down. Romani stated she was nervous and asked to start over. Romani was reexplained the instructions and again she stated she understood. Romani was not looking at her elevated foot. Romani failed to keep her elevated foot straight. Romani placed her arms behind her back although she was instructed to keep her arms by her side.

FINGER TO NOSE:

Romani was swaying while standing still. Romani stated she understood the instructions. Romani brought her left hand up and touched the tip of her finger to the tip of her nose but failed to bring her hand back down to her side. After several seconds Romani was reminded to bring her hand back down. Romani completed her right hand correctly and then on the next left she once again failed to bring her hand back down to her side. Romani then completed her next right correctly. When instructed to do the second right in a row she brought her left hand up almost all the way. Romani failed to keep her eyes closed throughout the entire task.

ROMBERG ALPHABET:

Romani swayed while standing still. Romani correctly recited the alphabet.

BREATH TEST RESULTS: 1) 0.196 2) 0.195 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH**C Fandrey #340**

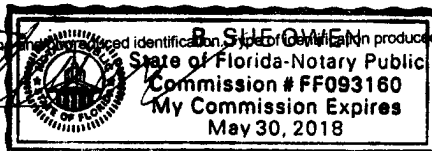
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25th day of September, 2017 by C Fandrey #340

(Print name of Arresting/Investigative Officer), who is personally known to me

Sue Owen #3184

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



Personally Known

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SEP 28 2017

WITNESS LIST

CASE NUMBER: 17-004583

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: Ofc. Matonti #384

ADDRESS: 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: Assisting on scene

NAME: Ofc. Raleigh #308

ADDRESS 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: Female Search

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: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

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ADDRESS _____

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ADDRESS _____

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NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

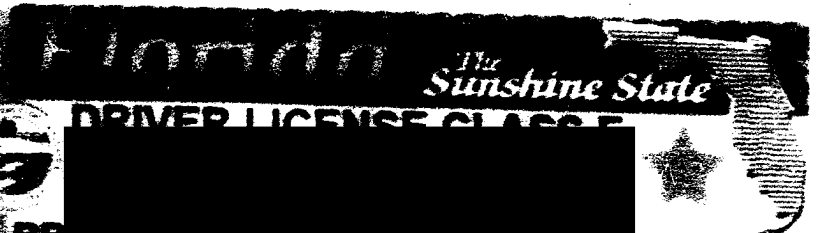
ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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SEP 28 2017



BRITTANY JOY
ROMANI
13212 83RD LN N
WEST PALM BEACH, FL 33412-2665
DOB: 09-18-1988 SEX: F
EXPIRATION: 02-16-2018 HGT: 5'00"
WEIGHT: 110 LBS
EYES: BROWN HAIR: BROWN
REPLACED: 02-16-2018

Brittany Romani



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

NOT A CERTIFIED COPY

SCANNED
SEP 28 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

SEP 28 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) _____

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SEP 28 2017

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: _____

SCANNED

SEP 28 2017