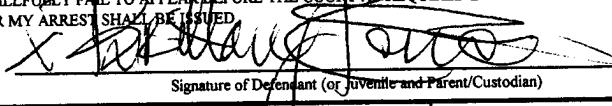


## ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number		Agency ORI Number		Agency Name		17 CTI 7662		Agency Report Number (N.T.A.'s only)					
0501700		Jupiter Police Department				5 4 17-004583		If Weapon Seized Enter Type <b>NONE</b>		Multiple Clearance Indicator			
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							
Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address)							
<b>MILITARY TRL/UNIVERSITY BLVD JUPITER FL</b>						<b>4699 MILITARY TRL/UNIVERSITY BLVD, JUPITER, FL 33458</b>							
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time			
09/25/2017		01:09											
Name (Last, First, Middle) <b>ROMANI, BRITTANY JOY</b>													
Race W - White B - Black		Sex W - F		Date of Birth 09/18/1989		Height 5'02		Weight 140		Eye Color GREEN			
Marital Status <b>S</b>		Religion <b>OTHER</b>											
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT R BACK / MERMAID; TATT M BACK / "ROMANI RIDE OR</b>													
Local Address (Street, Apt. Number) <b>13212 83RD LNN, WEST PALM BEACH, FL 33412</b>						(City)		(State)		(Zip)		Phone <b>(561) 420-9993</b>	
Permanent Address (Street, Apt. Number) <b>13212 83RD LNN, WEST PALM BEACH, FL 33412</b>						(City)		(State)		(Zip)		Phone <b>(561) 420-9993</b>	
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone	
												Occupation <b>Student</b>	
D/L Number, State <b>R550070898380 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>WEST PALM BEACH,</b>		Citizenship <b>US</b>					
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <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"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Name (Last, First, Middle) <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____													
Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian													
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			
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			
C O D E Drug Activity S. Sell R. Smuggle K. Disperses/ M. Manufacture/ Z. Other						Drug Type N. N/A B. Buy D. Deliver Produce/ C. Cocaine Cultivate		B. Barbiturate H. Hallucinogen C. Marijuana E. Heroin O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
C H A R G E Charge Description <b>DUI - DRIVING WHILE UNDER INFLUENCE</b>								Statute Violation Number <b>316.193(1)</b>		Violation of ORD #			
Drug Activity Drug Type Amount / Unit Offense #						Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
C H A R G E 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	
C H A R G E 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	
I N T A K E 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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By		Released By		Released To			
E Transported By						Date Transported		Time Transported		Other			
N O T I C E <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) <b>North County PALM BEACH GARD</b>		Court Date and Time <b>10/25/2017 08:30:00</b>		9-25-17 2017 SEP #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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.													
 Signature of Defendant (or Juvenile and Parent/Custodian)													
A D M I N I S T R A T I O N HOLD for Other Agency						Signature of Arresting Officer <b>Christopher 340</b>							
						Name Verification (Printed by Arrestee) <b>Brittany Romani</b>							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal						(PRINT) Name of Arresting Officer (Print) <b>FANDREY CHRISTOPHER</b> I.D. # <b>1182</b>							
I.D. # <b>09100017204</b>						Transporting Officer <b>Fandrey</b> I.D. # <b>340</b> Agency <b>JPD</b>							
						Witness here if subject signed with an "X". <input type="checkbox"/>							

SCANNED

SEP 28 2017

11:12 AM 4:37

0492093

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 she's 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

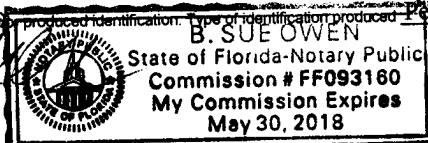
(Signature of Arresting/Investigative Officer)

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/or produced identification. Type of identification produced: Personally Known

Sue Owen #3184

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



**SCANNED**  
**SEP 28 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 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 contianually 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 Romani failed to look at her elevated foot and was not counting outloud. 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)

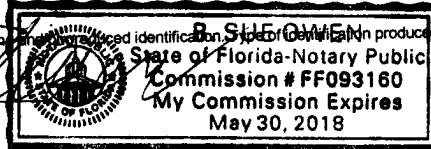
STATE OF FLORIDA  
COUNTY OF PALM BEACH

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 or is known to me by my official identification. I declare under penalty of perjury that the information produced is true and correct.



Sue Owen #3184  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SCANNED  
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 \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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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: \_\_\_\_\_

SCANNED

SEP 28 2017



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? \_\_\_\_\_

**SCANNED**

INTERVIEWER: \_\_\_\_\_

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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.

**SCANNED**

**SEP 28 2017**

SUSPECT'S SIGNATURE: (X) *Ron G.*

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

# 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