

0504698

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1901 1372-2232
1 Arrest
2 NTA
3 Request for Warrant
4 Request for Capias

Juvenile N Y

ADMINISTRATIVE	OBTS Number	0504698		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1 Arrest	2 NTA	3 Request for Warrant	4 Request for Capias	1	Juvenile	N
	Agency ORI Number	FLO 500000		Agency Name	PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N T A 's only)	06-19-027861				
	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	Weapon Seized / Type	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	Multiple Clearance Indicator			
DEFENDANT	Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address)							
	Forest Hill Blvd / Hunter Dr						Forest Hill Blvd / Hunter Dr							
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle							
	1/20/2019		0201											
	Name (Last, First, Middle)												Aliases (Name, DOB, Soc Sec #, Etc)	
	Smith, Carmen R.													
	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build					
	W - White I - American Indian B - Black O - Oriental/Asian	W	F	12/29/1967	5'6	155	Brown	Brown	Brown	Med				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Mental Status	Religion	Indication of Alcohol Influence Drug Influence					
							MARRIED	NONE	Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input checked="" type="checkbox"/>					
Local Address (Street, Apt Number)				(City)	(State)	(Zip)	Phone		Residence Type					
1665 Cabot Ln Apt 1				Wellington	FL	33414	(646) 702-3435		1 City 2 County 3 Florida 4 Out of State 1					
Permanent Address (Street, Apt Number)				(City)	(State)	(Zip)	Phone		Address Source					
									Defendant					
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone		Occupation					
									Realtor					
DL Number, State		S530-116-67-969-0, FL		Soc Sec Number		INS Number		Place of Birth (City, State)		Citizenship				
								Dominican Republic		US				
CO-DEF	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				
JUVENILE	Parent Legal Custodian Other						Name (Last) (First) (Middle)		Residence Phone					
	Address (Street, Apt Number)						(City)	(State)	(Zip)	Business Phone				
CHARGE	Notified by (Name)						Date	Time	Juvenile Disposition		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 <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No. (Reason)						School Attended		Grade					
CHARGE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No						Description of Property			Value of Property				
	Drug Activity		S Sell	R Smuggle	K Dispense/ Distribute	M Manufacture/ Produce/ Cultivate	Z Other	Drug Type		B Barbiturate	H Hallucinogen	P Paraphernalia/ Equipment	U Unknown	
	N N/A		B Buy	D Deliver	E Use			N N/A		C Cocaine	M Marijuana	S Synthetics	Z Other	
	P Possess		T Traffic					A Amphetamine		E Heroin	O Opium/Opav			
	Charge Description		DUI		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #					
				1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	316.193(1)								
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond							
N		N		19-027861			OR							
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #								
			<input type="checkbox"/> Y <input type="checkbox"/> N											
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond							
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #								
			<input type="checkbox"/> Y <input type="checkbox"/> N											
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond							
Location (Court, Room Number, Address)														
CRIMINAL JUSTICE COMPLEX @ 3228 GUN CLUB RD WPB, FL 33406														
Court Date and Time														
Month 02		Day 08		Year 2019		Time 8:30		AM <input checked="" type="checkbox"/> PM						
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 Defendant (or Juvenile and Parent / Custodian)						Date Signed								
HOLDING Other Agency Name		Signature of Arresting Officer				Name Verification (Printed by Arrestee)								
		x Franklin Schofield				(PRINT)								
<input type="checkbox"/> Dangerous <input type="checkbox"/> Re-arrested Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print)				ID #								
		D/S Franklin Schofield				8236								
Inmate Deputy		Pouch #		Transporting Officer		ID #	Agency		Witness here if subject signed with an					
				D/S F Schofield		8842	PBSO		1 of 1					

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N/A's ONLY)

2019 JAN 21 7:56

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 6th DAY OF NOVEMBER 20 18, AT 0148 AM PM

SUBJECT: Smith, Carmen R. CASE NUMBER: 19-027861

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: DS Franklin Schofield

PERSONAL CONTACT

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

Carmen was driving on a flat tire and made no attempt to pull off the roadway.

OBSERVATION OF DRIVER:

Upon pulling the vehicle over I could smell an unknown odor of alcohol on Carmen's breathe. Carmen also had blood shot and glassy eyes. Carmen also had slurred speech and could not follow simple commands. There was also an open beer can at Carmen's feet.

DRIVER'S STATEMENTS:

Carmen stated that she was OK and wanted to know why she was stopped. When asked where she was coming from Carmen said I had an argument with my daughter and want to go home, I am OK.

ODORS:

Obvious odor of an unknown alcoholic beverage that intensified as the defendant spoke to me.

GENERAL OBSERVATIONS

SPEECH: slurred, slow, rapid, mumbling, incoherent, illogical, incessant, pleading, cursing

ATTITUDE: polite, friendly, cooperative, flirtatious, annoyed, pleading, argumentative, fought, resisted, threatening

CLOTHING: Black Shirt and Black Pants

MEDICAL/OTHER:

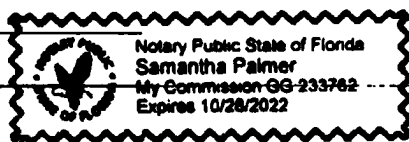
STATE OF FLORIDA
COUNTY OF PALM BEACH

DS Franklin Schofield
Signature of Arresting/Investigative Officer

This foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of January 20 19 by INV. DANIEL MERCIER

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

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



SUBJECT: Smith, Carmen R.

CASE NUMBER 19-027861

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

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:

Carmen could not stand without assistance. When asked to sit she fell down.

WALK & TURN:

Unable to do

ONE LEG STAND:

Unable to do

FINGER TO NOSE:

Unable to do

ROMBERG ALPHABET:

Unable to do

BREATH TEST RESULTS: .215 .210

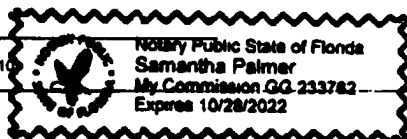
STATE OF FLORIDA
COUNTY OF PALM BEACH

DS Franklin Schofield
Signature of Arresting/Investigative Officer

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of January, 2019 by INV. DANIEL MERCIER

My name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO

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



NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 19-027861

ARRESTING OFFICER: DS Franklin Schofield

ADDRESS: 3228 Gun Club Rd, West Palm Beach FL 33406

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

CAN TESTIFY TO: Stop

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) _____

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CAN TESTIFY TO: _____

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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: _____

NOT A CERTIFIED COPY

SUBJECT: Kevin Cameron CASE NUMBER: 19 027861

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 DL 21101104 of the State of Michigan

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) Kevin Cameron

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) Kevin Cameron

Florida DRIVER LICENSE



IDENTIFICATION NUMBER: S530-116-87-969-0

CLASS: E



SMITH
CARMEN R
2000 CAROL MOUNTAIN
MELBORNE FL 32914-3343
DOB: 12/25/1967 15 SEX: F
EXPIRES: 12/25/2019 16 HGT: 5-06"
12 REST: NONE 15 END: NONE

EXPIRES: 12/25/2011
SDC PT: 0000000000
REPLACED: 03/01/2018



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

NOT A CERTIFIED COPY

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006239 Software: 8100.27
Date of Test: 01/20/2019

Date of Last Agency Inspection: 01/18/2019
Observation Period Began: 02:20
Subject's Name: CARMEN R SMITH

DOB: 12/29/1967 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	02:46
	Air Blank	0.000	02:46
	Control Test	0.079	02:47
	Air Blank	0.000	02:47
	Subject Sample #1	0.215	02:49
	Air Blank	0.000	02:50
	Air Blank	0.000	02:52
	Subject Sample #2	0.210	02:55
	Air Blank	0.000	02:56
	Control Test	0.078	02:56
	Air Blank	0.000	02:56
	Diagnostics Check	OK	02:57

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I, SAMANTHA H. PALMER, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement. I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 1/20/19
Signature

Sworn to (or affirmed) before me this 20 day of January, 2019
D/S Felt: [Signature] D/S Schofield # 8842
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1434(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019002307	Date: 1/20/2019
	Specialist Name/ID: J. Beck/9007