

0502167

3675

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

OBTS Number	Agency ORI Number		Agency Name PBPD Palm Beach Police Department	Agency Report Number (N.T.A.'s only) 18-001361
Charge Type: Check as many as apply: <input checked="" 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	Weapon Seized / Type 1. Yes 2. No	Multiple Clearance Indicator UK
Location of Arrest (Including Name of Business) Everglade Ave/N County Road, Palm Beach, FL 33480		Location of Offense (Business Name, Address) Everglade Ave/N County Road, Palm Beach, FL 33480		
Date of Arrest 10/12/18	Time of Arrest 0410	Booking Date	Booking Time	Jail Date Jail Time Location of Vehicle

Name (Last, First, Middle) Adair, Cassandra, Marie		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 01/11/98	Height 504	Weight 130
Eye Color BLU	Hair Color BRO	Complexion FAIR	Build SMALL	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO LEFT BICEP		Marital Status S	Religion NONE	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/>
Local Address (Street, Apt. Number) 9920 Hindel Court Boynton Beach FL 33472		Phone (561) 755-3030	Residence Type: 1. City 3. Florida 2. County 4. Out of State 2	
Permanent Address (Street, Apt. Number) 9920 Hindel Court Boynton Beach FL 33472		Phone ()	Address Source VERBAL	
Business Address (Name, Street) ()		Phone ()	Occupation	
D/L Number, State A360-113-98-511-0	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"/> 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

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Name (Last) (First) (Middle)	Residence Phone () () ()
Address (Street, Apt. Number)	(City) (State) (Zip)	Business Phone () () ()

Notified by: (Name)	Date	Time	Juvenile 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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		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.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
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Charge Description Driving Under the Influence	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)	Violation of ORD #
Drug Activity P	Drug Type B	Amount / Unit	Offense # 18-001361	Warrant / Capias Number
Charge Description Poss. of Controlled Substance W/O prescription (XANAX)	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 893.13 (6)(a)	Violation of ORD #
Drug Activity P	Drug Type B	Amount / Unit 1 1/2 Pills	Offense # 18-001361	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

Location (Court, Room Number, Address) 3228 GUN CLUB RD, WEST PALM BEACH FL 33411
Court Date and Time Month November Day 1st Year 2018 Time 0830 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.

Cassandra Marie Adair
Signature of Defendant (or Juvenile and Parent /Custodian)

Date Signed **OCT 12 AM 8:12**

HOLD for other Agency Name:	Signature of Arresting Officer <i>Dean Morea</i>	Name Verification (Printed by Arrestee) OCT 12 AM 8:12
<input type="checkbox"/> Dangerous <input type="checkbox"/> Other	Name of Arresting Officer (Print) Dean Morea	(PRINT)
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	ID # 9130 9130	PAGE 1 OF 1
Intake Desk #	Transporing Officer Dean Morea	Witness here if subject signed with an X (Signature)
LD #	ID # 9130	Agency PBPD
Pouch #		

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

N

OBTs Number		Agency ORI Number		Agency Name PBPD Palm Beach Police Department		Agency Report Number 18-001361	
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:		
		<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other			

Name (Last, First, Middle) Adair, Cassandra, Marie		Alias	Race W	Sex F	Date of Birth 01/11/98
Charge Description Driving Under the Influence 316.193(1)		Charge Description Poss. of Controlled Substance W/O prescription (XANAX) 893.13 (6)(a)			
Charge Description		Charge Description			

Victim's 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 (Name, Street) (City) (State) (zip) Phone () ()		Occupation		

The undersigned certifies and 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

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 12th day of OCTOBER 2018 at 0410 A.M. P.M. (Specifically include facts constituting cause for arrest.)

Cassandra Marie Adair (W/F, DOB: 01/11/1998) was arrested and charged with D.U.I pursuant to F.S.S. 316.193 (1). A search incident to arrest of Adair's belongings at the Palm Beach County Jail, revealed one and a half white pills. The pills were found in Adair's wallet. The white pills had the marking "GG 249 APRAZOLAM 2MG". It should be noted that Adair stated that the wallet was hers and the wallet was also in her possession at the time of the stop.

Based on the above facts, I have charged Adair with Possession of a Controlled Substance without prescription pursuant to F.S.S. 893.13 (6)(a).

NOT A CERTIFIED COPY

PROBABLE CAUSE STATEMENT

STATE OF FLORIDA COUNTY OF PALM BEACH Dean Morea (Signature of Arresting/Investigative Officer)		12 day of Oct 20 18 by Dean Morea	
The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20____ by _____		or _____	
(Print name of Arresting/Investigative Officer), who is personally known to me and _____		JAMES G. BIGGS Commission # GG 165618 Expires December 5, 2021 Bonded Thru Troy Fain Insurance 800-385-7019	
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		PAGE 1 OF 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12th DAY OF OCTOBER 20 18, AT 0410 AM PM

SUBJECT: Adair, Cassandra, Marie CASE NUMBER: 18-001361

AGENCY: PBPD ARRESTING OFFICER: Dean Morea

PERSONAL CONTACT

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

I observed a vehicle traveling westbound in the 200 block of Everglade Ave. It should be noted that Everglade Ave is a one-way eastbound only lane. I initiated a traffic stop on this vehicle, a red 4D Subaru bearing FL Tag: HVUG30. Upon contact with the vehicle, I made contact with the driver identified to me via FL driver's license as, Cassandra Marie Adair.

OBSERVATION OF DRIVER:

Upon contact with the driver, I immediately smelled a strong odor of marijuana emanating from inside of the vehicle. Adair had red eyes and slurred speech. Adair was also shaking nervously. Adair's eyes repeatedly shut in a dazed and confused state. When I had Adair exit the vehicle, she lost balance.

DRIVER'S STATEMENTS:

Adair stated that she was on her way home but was lost. Adair stated that she was out on Clematis street in West Palm Beach and had a few drinks. Adair also stated that she had smoked marijuana tonight at a friends house. Adair stated that she knew she was driving the wrong way on a one way street.

ODORS:

Smell of alcohol and marijuana

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Argumentative, crying, delirious, confused

CLOTHING: Blue tank top, white pants, socks

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

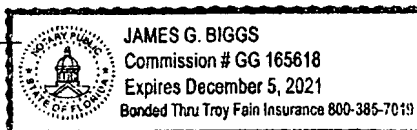
Dean Morea

(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of OCT 20 18 by _____

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

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



SCANNED
OCT 17 2018

SUBJECT: Adair, Cassandra, Marie

CASE NUMBER 18-001361

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:

Adair was unable to follow the stimulus. Adair's eyes would track way behind the stimulus and would stare off into random directions. Adair was swaying during the task.

WALK & TURN

Adair lost balance during the instruction portion of the task. Adair stopped multiple times to regain her balance. Adair made an improper turn when turning around on the 9th step. Adair missed heel to toe.

ONE LEG STAND:

Adair was swaying during the task. Adair put her foot down on the ground to maintain balance. Adair also failed to keep her foot elevated 6 inches off the ground and pointed her toes downward.

FINGER TO NOSE:

Adair was swaying during the task.

ROMBERG ALPHABET:

Adair was swaying during the task.

BREATH TEST RESULTS: .044/.044

STATE OF FLORIDA
COUNTY OF PALM BEACH

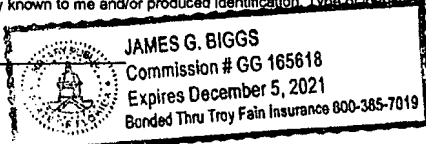
Dean Morea

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of Oct 2018 by _____

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

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



SCANNED
OCT 17 2018

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: 80-006240 Software: 8100.27
Date of Test: 10/12/2018

Date of Last Agency Inspection: 09/07/2018
Observation Period Began: 04:40
Subject's Name: CASSANDRA M ADAIR DOB: 01/11/1998 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	05:02
	Air Blank	0.000	05:03
	Control Test	0.081	05:03
	Air Blank	0.000	05:04
	Subject Sample #1	0.044	05:04
	Air Blank	0.000	05:05
	Air Blank	0.000	05:07
	Subject Sample #2	0.044	05:07
	Air Blank	0.000	05:08
	Control Test	0.080	05:08
	Air Blank	0.000	05:09
	Diagnostics Check	OK	05:09

Cylinder Lot: 05218080A3
Exp: 05/05/2020

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 JAMES G BIGGS, 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-5, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 10/12/18
Signature

Sworn to (or affirmed) before me this 12 day of Oct, 2018

[Signature] _____
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida
OFC Morey

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 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SCANNED
OCT 17 2018

PALM BEACH COUNTY

SHERIFF'S OFFICE

RIG L. BRADSHAW, SHERIFF



LABORATORY ANALYSIS REQUEST

This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis
PRINT LEGIBLY OR TYPE

Agency: Palm Beach Police Department Case #: 18-001361

Officer: Dean Morea ID#: 9130 District: Division: Patrol Phone #: 561-838-5454

Email: dmorea@palmbeachpolice.com

Specimen Collected By: S Palmer Date: 10/12/18 Time: 5:20

Specimen Collected From: Adair, Cassandra, Marie Age: 20 Sex: F Hgt: 504 Wgt: 130

Specimen Type: Blood Urine Beverage Other-Describe

Type of Case: Traffic Accident Fatality DWI/DUI Other Date: Time:

Was any medication administered by medical personnel prior to sample being drawn: Yes No

If yes, name of Medication(s):

Medication(s):

Breath Test Performed? Yes No Reading: .044/.044

Tests requested: Blood Alcohol Blood Drug Screen Urine Drug Screen

DRE exam performed: Yes No DRE Officer: Agency:

DRE Opinion:

Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)
Xanax/Marijuana were found in the subjects possession

Multiple blank lines for additional notes or details.



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: 2018034126	Date: 10/13/2018
	Specialist Name/ID: AM/31562