

0480743

NH

1198

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number
Agency ORI Number: **FLO 500000**
Agency Name: **PALM BEACH COUNTY SHERIFF'S OFFICE**
Agency Report Number (N.T.A.'s only): **06-16-122298**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other
Weapon Seized / Type: 1. Yes 2. No
Multiple Clearance Indicator

Location of Arrest (Including Name of Business): **ROYAL PALM BEACH BV AND STAMFORD ST ROYAL PALM BCH FL**
Location of Offense (Business Name, Address): **ROYAL PALM BEACH BV AND STAMFORD ST ROYAL PALM BCH FL**

Date of Arrest: **09/02/16** Time of Arrest: **2055** Booking Date: Booking Time: Jail Date: Jail Time: Location of Vehicle:

Name (Last, First, Middle): **HULL CHELSEA ANN**
Alias (Name, DOB, Soc. Sec. #, Etc.):

Race: **W - White 1 - American Indian** Sex: **F** Date of Birth: **02/20/1992** Height: **508** Weight: **160** Eye Color: **BLU** Hair Color: **BLON** Complexion: **MED** Build: **MED**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **TAT ARMS RIBS AND LEGS**
Marital Status: **S** Religion: **CHRISTIAN** Indication of Alcohol Influence: Y N Unk. Drug Influence: Y N Unk.

Local Address (Street, Apt. Number): **179 PARKWOOD DRIVE** (City): **ROYAL PALM BEACH** (State): **FL** (Zip): **33411** Phone: **(561) 3892853**
Residence Type: 1. City 2. County 3. Florida 4. Out of State | **1**

Permanent Address (Street, Apt. Number): (City): (State): (Zip): Phone: **(561) 3336242**
Address Source: **DEFENDANT**

Business Address (Name, Street): **CALIFORNIA PIZZA KITCHEN GARDENS MALL PALM BEACH GDN FL** (City): (State): (Zip): Phone: **(561)**
Occupation: **SERVER**

D/L Number, State: **(F1)H400101925600** Soc. Sec. Number: INS Number: Place of Birth (City, State): **WEST PALM BCH FL** Citizenship: **US**

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: 1. Arrested 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: 1. Arrested 3. Felony 4. Misdemeanor 5. Juvenile

Parent Name (Last): (First): (Middle): Residence Phone: Parent Legal Custodian Other

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: **561-3336242**

Released To: (Name): Relationship: Date: Time:

The above address provided by defendant and / or 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. Yes, by: (Name) No: (Reason) School Attended: Grade:

Property Crime? Yes No Description of Property: Value of Property:

Drug Activity: S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other N. N/A B. Buy D. Deliver E. Use 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

Charge Description: **DUI** Counts: Domestic Violence: Y N Statute Violation Number: **316.193(1)** Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: **16-122298** Warrant / Capias Number: Bond:

Charge Description: Counts: Domestic Violence: Y N Statute Violation Number: Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

Charge Description: Counts: Domestic Violence: Y N Statute Violation Number: Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

Charge Description: Counts: Domestic Violence: Y N Statute Violation Number: Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

Location (Court, Room Number, Address): **3228 GUN CLUB RD WEST PALM BEACH FL 33406**

Court Date and Time: Month: **SEPTEMBER** Day: **29** Year: **2016** Time: **0830** AM 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: **9/2/16**

HOLD for other Agency Name: Signature of Arresting Officer: Name Verification (Printed by Arrestee):

Dangerous Suicidal Resisted Arrest Other: Name of Arresting Officer (Print): **Inv. E.K. White 7209** I.D. #: **7209**

Make Detention: # Pouch #: Transporting Officer: **Inv. E.K. White 7209** ID #: Agency: **PBSO** Witness here if subject signed with an X: **SEP 06 2016**

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA
3 Request for Warrant
4 Request for Copies

1

Juvenile

Agency ORI Number: FLO 5000000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 16-122298

Charge Type: 1 Felony, 2 Traffic Felony, 3 Misdemeanor, 4 Traffic Misdemeanor, 5 Ordinance, 6 Other. Special Notes: [Blank]

Name (Last, First, Middle): HULL, CHELSEA, ANN. Race: W, Sex: F, Date of Birth: 02/20/1992

Charge Description: [Blank]

Victim's Name (Last, First, Middle): State of Florida. Race, Sex, Date of Birth: [Blank]

Local Address (Street, Apt Number), (City), (State), (Zip), Phone, Address Source: [Blank]

Business Address (Name, Street), (City), (State), (Zip), Phone, Occupation: [Blank]

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... On the 2 day of September 20 16 at 8:00 P.M.

On Friday September 2th, 2016 at approximately 2000 hours while I was driving south on Royal Palm Beach Blvd, I was dispatched to a mobile eyes call in reference to a possible drunk driver. I received an update from PBSO dispatch that the vehicle was heading west bound on Okeechobee Blvd passing Ponce de Leon Blvd. I advised dispatch that I was on Okeechobee driving East bound in attempt to visually see the car. I made a u turn on Okeechobee when I visually saw the 4 Dr gray vehicle drive past me. I got behind the vehicle and began recording to obtain a driving pattern. I observed the vehicle fail to maintain a single lane and was swerving almost side swiping another vehicle. At that time I turned on my red and blue emergency lights and conducted a traffic stop on the grey vehicle. When I approached the vehicle there was a white female, who was later identified by her Florida Driver's License as Chelsea Ann Hull, sitting in the driver's seat of the vehicle. She attempted to hide a white bag with a brown bag inside of it. I explained to Hull the reason I stopped her vehicle was because she failed to maintain a single lane and for attempting to switch lanes and almost hitting another vehicle. I asked her if she had been drinking and she stated she hasn't had anything to drink today. At this time DS E. White arrived on scene to conduct his DUI investigation.

PROBABLE CAUSE STATEMENT

STATE OF FLORIDA COUNTY OF PALM BEACH. (Signature) 7209

The foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of September 20 16 by D/S C.Tiburcio #19480

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced personally known. D/S C. TIBURCIO #19480

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

SCANNED PAGE 1 OF 1 SEP 06 2016

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2 DAY OF SEPTEMBER 20 16, AT 1946 AM PM

SUBJECT: HULL CHELSEA ANN CASE NUMBER: 16-122298

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. E.K. White 7209

PERSONAL CONTACT

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

On the aforementioned date and time District 15 received a "Mobile Eyes" complaint of a vehicle traveling southbound on the State Road (SR) 7 Extension where as it was not traveling safely within its lane. The complainant said the vehicle was impeding traffic as it drove at various speeds. The vehicle swerved and nearly hit several other vehicles. The complainant followed the vehicle for approximately 10-15 minutes while on the phone with Palm Beach Communications. Once the police got behind the vehicle she observed the vehicle slam on its brakes nearly causing the police cruiser to strike it. Deputy Tibercio got behind the vehicle and established a driving pattern. During this time he watched it swerve and nearly hit other vehicles. He activated his lights and conducted a traffic stop. He made contact with the driver and saw her trying to conceal an alcoholic beverage alongside her foot. He later recovered the beverage. D/S Tibercio wrote a sworn statement regarding this incident. The complainants also wrote sworn witness statements regarding this incident.

OBSERVATION OF DRIVER:

I made contact with the driver who was sitting in the driver seat of a small blue vehicle. She was later identified as Chelsea Ann Hull by her Florida driver license. I began interviewing her and noticed her eyes were watery, dilated and glossy. Her speech was slow and slurred. Her cheeks were flushed and her movements were slow and lethargic. I could smell a strong odor of an unknown alcoholic beverage emanating from the inside of the vehicle. I explained to the driver that I had a suspicion he had been drinking an unspecified amount of unknown alcoholic beverages. Moreover I asked if she would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if she was impaired while operating a motor vehicle. She did consent to performing the SFSTs. Prior to exiting the vehicle I asked if she had any physical problems with her body that would inhibit her from performing light physical movements. I also asked if she was on medication. She told me she if a Type 1 Diabetic. I asked for paramedics to respond to assess her for any problems with her diabetes. Rescue 28 responded. Lieutenant Kaplin and his crew assessed Hull's diabetic condition. They told me her blood was a 180 and deemed that to be fine. I asked her to exit her vehicle and walk to a portion on the highway that was smooth, level and free from obstructions and debris. We positioned our vehicles in the inside lane to divert traffic into the outside lane. This allowed a safe environment for her performance on the SFSTs. The area was well lighted by the lights from my patrol car. I could now smell a strong odor of an unknown alcoholic beverage coming from her breath which intensified when she spoke. We also recovered a bottle of New Amsterdam Vodka that she admitted to placing by her feet when the police got behind her. The bottle had approximately 1/4 of its beverage left inside it. The following SFSTs were explained, demonstrated and acknowledged by her prior to her performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation.

DRIVER'S STATEMENTS:

I have not been drinking. I live not far from her.

ODORS:

Strong odor of an unknown alcoholic beverage coming from subject's breath.

GENERAL OBSERVATIONS

SPEECH: slow and slurred

ATTITUDE: erratic calm and aggressive

CLOTHING: normal

MEDICAL/OTHER: diabetic

STATE OF FLORIDA
COUNTY OF PALM BEACH

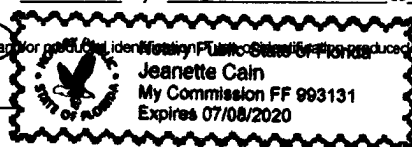
Inv. E.K. White 7209

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of September 20 16 by D/S WHITE

(Print name of Arresting/Investigative Officer) who is personally known to me and for public identification purposes produced a KNOWN

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



SCANNED
SEP 06 2016

SUBJECT: HULL CHELSEA ANN

CASE NUMBER 16-122298

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:

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. Subject often turned her head to assist her eyes in following the stimulus. Swayed while standing.

WALK & TURN:

The def was placed in the instructional stance for the Walk & Turn and given instructions. The def stated that they understood my instructions. Subject could not balance during the instructions and ultimately abandoned the position. She stopped to steady herself and stepped off the line. She missed touching heel to toe and raised her arms away from her side. She took the wrong number of steps down the line (12) and turned improperly.

ONE LEG STAND:

The def was placed in the instructional stance for the One Leg Stand and given instructions. The def stated that they understood my instructions. Subject swayed while standing and put her foot down more than three times. She also attempted to start this evaluation too soon.

FINGER TO NOSE:

The def was placed in the instructional stance for the Finger to Nose and given instructions. The def stated that they understood my instructions. Subject misses touching the tip of her finger to the tip of her nose four out of 6 times. Once she touched her nose she left her finger against it approximately 3 to 4 seconds before returning it to her side. She flinched the wrong hand on one occasion. She also swayed while performing this evaluation.

ROMBERG ALPHABET:

The def was placed in the instructional stance for the Romberg Alphabet and given instructions. The def stated that they understood my instructions. Subject attempted this evaluation more than three (3) times. She was unsuccessful on all attempts. She reached the letter "O" before misconstruing the proper sequence.

BREATH TEST RESULTS: 1) refused 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

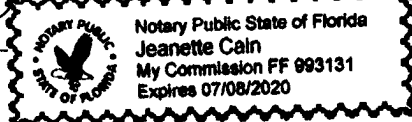
Inv. E.K. White 7209

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of September 20 16 by D/S WHITE

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

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



SCANNED
SEP 06 2016

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

| | | | | | | | |
|-------------|----------|---------|-------|----------|----------------|--|----------|
| CASE #: | 16-12298 | ZONE: | 3-24 | SUSPECT: | Chelsea A Hull | DATE & TIME OF ORIGINAL EVENT/OFFENSE: | 09/02/16 |
| EVENT TYPE: | DUI | DEPUTY: | WHITE | ID#: | 7209 | | |

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

| | | | | | | | | | |
|---------------------------|---|---|--|-----------------|---|----------------------|--|-----------------|-----------|
| LAST NAME: | Nelson | FIRST NAME: | Kayla | MIDDLE INITIAL: | K | RACE: | W | SEX: | F |
| DATE OF BIRTH: | (MM/DD/YYYY) 12/12/1988 | YOUR HEIGHT: | 5'10 | YOUR WEIGHT: | 175 | YOUR HAIR COLOR: | Brown | YOUR EYE COLOR: | Grey/Blue |
| YOUR HOME ADDRESS: | 11095 Sunset Blvd | <input type="checkbox"/> CHECK IF HOMELESS | CITY: | WPB | STATE: | FL | ZIP: | 33411 | |
| YOUR WORK NAME & ADDRESS: | Same | <input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED | CITY: | | STATE: | | ZIP: | | |
| WORK PHONE: | <input checked="" type="checkbox"/> CHECK IF NONE | CELL PHONE: | <input type="checkbox"/> CHECK IF NONE | HOME PHONE: | <input checked="" type="checkbox"/> CHECK IF NONE | EMAIL: | <input type="checkbox"/> CHECK IF NONE | | |
| () | | (561) 523-4347 | () | () | | K.Drawdy@hotmail.com | | | |

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

| | | |
|---|----------------|--|
| YOUR NAME: | 1 Kayla Nelson | DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER... |
| <p>While driving down the 441 extension I witness the Prius swerving all over the the Road impeding traffic. Slaming their brakes, Doing a 28 in a 45. Swerving in to other lanes almost hitting multiple cars. I feared for their safety & the safety of others on the road. I was behind them ^{the Prius} for about 10-15 mins while on the phone with dispatch. After the cop car located us I watched as the driver of the prius slam on their brakes almost making the cop car rear end her. The Prius was dark in color, Dark grey or Blue</p> | | |
| PAGE 1 OF 1 | | |

READ AND SIGN

| | |
|--|---|
| I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE: | <input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10 |
| YOUR SIGNATURE: X Kayla Nelson | SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 9/2/16 TIME: 2017 SIGNATURE: [Signature] ID: 12417 |

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

SCANNED

SEP 06 2016

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

| | | | | | | | |
|-------------|-----------|---------|-------|----------|----------------|--|----------|
| CASE #: | 16-122298 | ZONE: | 3-24 | SUSPECT: | Chelsea A Hull | DATE & TIME OF ORIGINAL EVENT/OFFENSE: | 09/02/16 |
| EVENT TYPE: | DUI | DEPUTY: | WHITE | ID#: | 7209 | | |

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

| | | | | | | | |
|---------------------------|--|---|--|------------------|--|-------------------|--|
| LAST NAME: | | FIRST NAME: | | MIDDLE INITIAL: | RACE: | SEX: | |
| Nelson | | Jessica | | D | W | F | |
| DATE OF BIRTH: | (MM/DD/YYYY) | YOUR HEIGHT: | YOUR WEIGHT: | YOUR HAIR COLOR: | YOUR EYE COLOR: | | |
| 05/22/89 | | 5'5 | | brown | green | | |
| YOUR HOME ADDRESS: | | <input type="checkbox"/> CHECK IF HOMELESS | | CITY: | STATE: | ZIP: | |
| 11095 Sunset Blvd. | | | | WPO | FL | 33411 | |
| YOUR WORK NAME & ADDRESS: | | <input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED | | CITY: | STATE: | ZIP: | |
| | | | | | | | |
| WORK PHONE: | <input type="checkbox"/> CHECK IF NONE | CELL PHONE: | <input type="checkbox"/> CHECK IF NONE | HOME PHONE: | <input type="checkbox"/> CHECK IF NONE | EMAIL: | <input type="checkbox"/> CHECK IF NONE |
| () | | (561) 398-5476 | | () | | jessica@yahoo.com | |

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

| | |
|------------------|--|
| YOUR NAME: | DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER... |
| 1 Jessica Nelson | |

~~DOES~~ I witnessed the driver of the car swerving all over the road into oncoming traffic, as well as the median. She almost hit multiple cars. The car was a Prius+ of a dark color.

PAGE 1 OF 1

READ AND SIGN

| | |
|--|---|
| I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE: | <input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10 |
| YOUR SIGNATURE: <u>X</u> | SWORN TO AND SUBSCRIBED BEFORE ME TODAY: |
| | DATE: 9/2/16 TIME: 2000 |
| | SIGNATURE: |
| | ID: 12412 |

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE WILL BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

SCANNED
SEP 06 2016

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF
REFUSAL TO SUBMIT TO BREATH, URINE, OR BLOOD TEST**

I, Inv. E.K. White 7209, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of enforcement agency)

or affirm that on or about the 2 day of SEPTEMBER, 20 16, at 1946 A.M.
(Circle One)

NAME CHELSEA ANN HULL
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

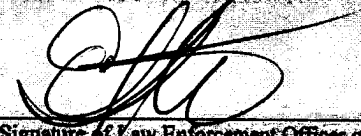
DL# (F1)H400101925600, state of Florida, was placed under lawful arrest for
the offense of DUI by Inv. E.K. White 7209 and
(Name of Arresting Officer)

issued Citation # A0ZS1NP

That on or about the 2 day of September, 20 16, at 2137 A.M.
(Circle One)
in Palm Beach County, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said

person to submit to a breath, urine, or blood test to determine the content of alcohol in his or her blood or breath or the presence of chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits a misdemeanor, if said person refuses to submit to a lawful test as requested above, and his or her driving privilege has been previously suspended for a prior refusal to submit to a lawful test of his or her breath, urine, or blood. If driver holds a CDL or is operating a CMV, I did inform the driver that this refusal will result in the disqualification of the driver's Commercial Driver's License/privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to such test.

Said person did at that time and place refuse to submit to such test or tests.


Signature of Law Enforcement Officer or
Correctional Officer

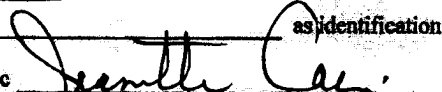


THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this 2 day of September, 20 16,
by Inv. E.K. White 7209

Signature of Attesting Officer _____
Title _____
Date _____

who is personally known to me or who has produced
_____ as identification
Notary Public 

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

WITNESS LIST

CASE NUMBER: 16-122298

ARRESTING OFFICER: Inv. E.K. White 7209

ADDRESS: DUI/Traffic

PHONE NUMBERS (HOME): _____ (WORK) 561 681 4500

CAN TESTIFY TO: DUI Investigation

NAME: D/S C Tiburco

ADDRESS: Dist 9

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

CAN TESTIFY TO: Stopping the vehicle and making contact with the driver

NAME: Kayla K. Nelson

ADDRESS 11095 Sunset Bv West Palm Beach Fl 33411

PHONE NUMBERS (HOME) 561 523 4347 (WORK) _____

CAN TESTIFY TO: Making the Mobile Eyes complaint

NAME: Jessica D Nelson

ADDRESS 11095 Sunset Bv West Palm Beach Fl 33411

PHONE NUMBERS (HOME) 561 398 5476 (WORK) _____

CAN TESTIFY TO: Mobile Eyes complainant

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) _____

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: _____

SCANNED
SEP 06 2016

TESTING FACILITY TASK REPORT

27

AGENCY: PBSO

SUBJECT: WILL, CHELSEA ANN

CASE NUMBER: 16-122298

DATE: SEPT. 2nd, 2016 - Fri.

VIDEO TAPE NUMBER: 61318

BEGINNING TIME: 21:36 hrs.

ENDING TIME: 22:02 hrs.

BREATH TESTS RESULTS:

REFUSED

1) 21:37 A.M./P.M. 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: J. CAH 92109

MAINTENANCE TECHNICIAN: INV. J. KALECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred thick repetitive statements, rambling
ATTITUDE: talkative then reserved, demanding mood swings, playing games
CLOTHING: blk. pants, grey t-shirt, flip flops
MEDICAL CONDITIONS: Diabetic - Type 1
MEDICATIONS: for above in morning, noon, nose spray
OTHER: blonde/blue 24 YOA
Odor of unknown alcoholic beverage
Eyes: Glassy

COMMENTS: 20 MIN. OBSERV DONE BY ARRESTING INV.

Said no to bft.
Inv read the Implied Consent to Δ.
Said she understood I/C & again No.
Inv accepted refusal.
Rights read / said she understood each one.
Answered questions (1pm)
Said it was around ~~around~~ Sept 1st - Thurs. (Chick Crystal Lite)
Last ate around 9:30 AM. Said no to drinking this date.
Vague about drink in car - playing games - rambling during
some questions. *See Video*

SCANNED
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SUBJECT: WILL, CHELSEA ANN

CASE NUMBER: 16-122298

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) _____

READ

ON

CAMERA

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) _____

READ

ON

CAMERA

SCANNED

SEP 06 2016

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? YES

WHERE WERE YOU GOING? ON MY WAY HOME

WHAT STREET OR HIGHWAY WERE YOU ON? ROYAL PALM BCH BL

DIRECTION OF TRAVEL? DO NOT KNOW WHERE DID YOU START? HOME

WHAT TIME DID YOU START? 5pm WHAT TIME IS IT NOW? 2:45 LATER

WHAT IS TODAY'S DATE? SEPT 1 WHAT DAY OF THE WEEK IS IT? THURS (MAYBE)

WHAT COUNTY AND CITY ARE YOU IN NOW? ROYAL PALM BCH (FLORIDA)

WHEN DID YOU LAST EAT? IN THE MORNING WHAT DID YOU EAT? GRIS

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? TV NAP WALKING DOGS

HOW MUCH DO YOU WEIGH? 165 HAVE YOU BEEN DRINKING? NO WHAT? CRYSTAL LIGHT

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? WAITRESS WHEN DID YOU LAST WORK? LAST NIGHT

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? /

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? /

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? /

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? / WHY? /

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? YES WHAT? NOVOLON LANTIS WHEN? THIS MORNING

DO YOU HAVE: EPILEPSY? NO

GLASS EYE? NO

FALSE TEETH? NO

EAR INFECTION? NO

INNER EAR TROUBLE? NO

DIABETES? YES TYPE 1

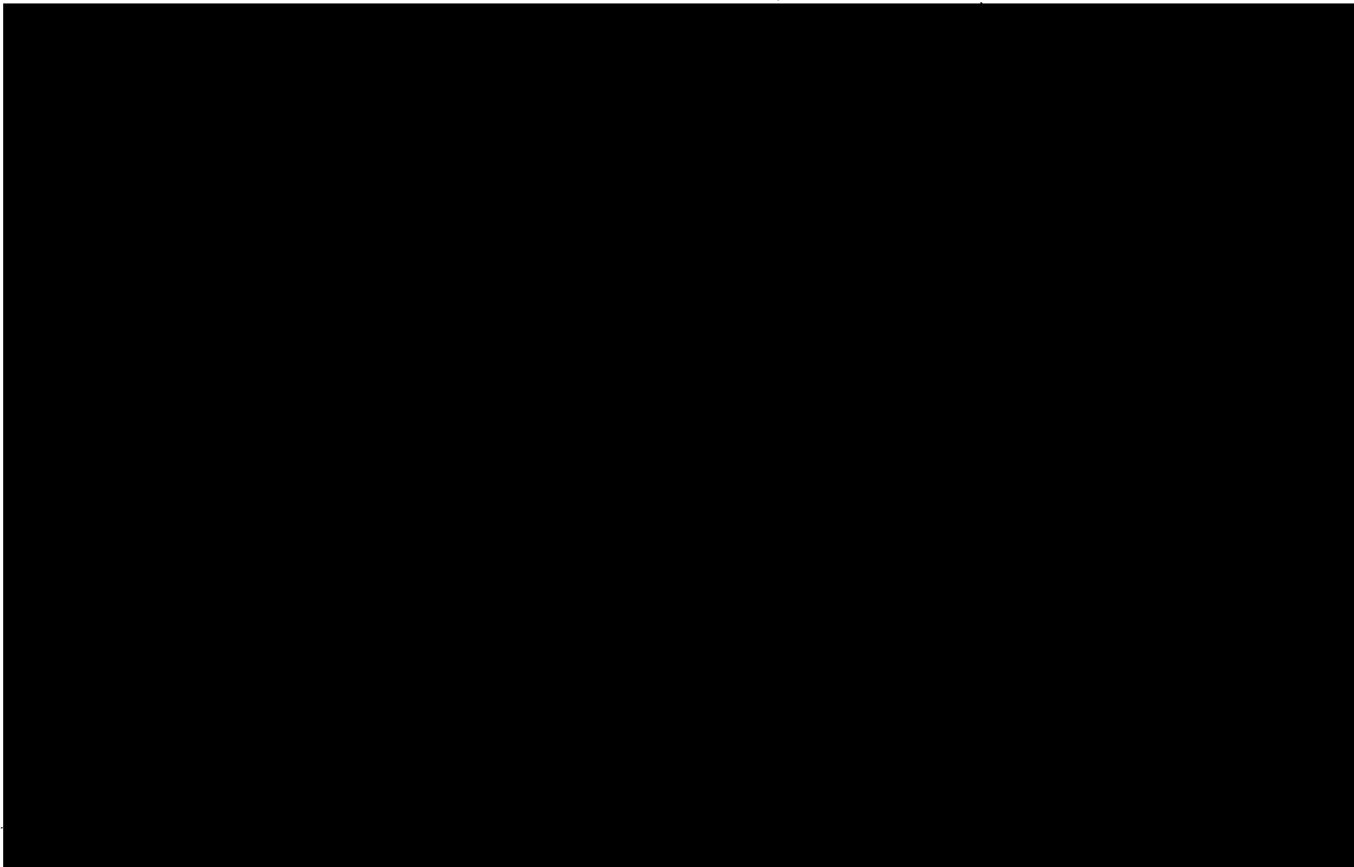
DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? YES IF SO, WHEN WAS YOUR LAST INJECTION? NOON

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? YES WHERE? CAL

INTERVIEWER: INV. E. K. WHITE

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NOT A CERTIFIED

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