

0917510

1935

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

A D M I N I S T R A T I O N	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 18-003845	
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" 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) 1 MILITARY TRL/W INDIANTOWN RD JUPITER		Location of Offense (Business Name, Address) 1 MILITARY TRL/W INDIANTOWN RD, JUPITER, FL 33458	
D E F E N D A N T	Date of Arrest 08/02/2018		Time of Arrest 02:20		Booking Date	
	Name (Last, First, Middle) CONTRERAS, CHRISTINA DENISE		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)	
C O D E D E F	Race W - White B - Black O - Oriental/Asian W		Sex F		Date of Birth 05/01/1991	
	Height 5'06		Weight 175		Eye Color BROWN	
J U V E N I L E	Hair Color RED /		Complexion MEDIUM		Build Medium	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT R LEG / GLOW IN DARK TATTOO		Marital Status S		Religion OTHER	
C H A R G E	Local Address (Street, Apt. Number) 1350 CHERRY HILLS RD NE, PALM BAY, FL 32905		(City)		(Zip)	
	Permanent Address (Street, Apt. Number) 1350 CHERRY HILLS RD NE, PALM BAY, FL 32905		(City)		(Zip)	
I N T A K E	Business Address (Name, Street) OUTBACK,		(City)		(Zip)	
	DL Number, State CS36104916610 / FL		Sec. Sec. Number		INS Number	
N O T I C E	Place of Birth (City, State) Puerto Rico		Citizenship US		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
	Co-Defendant Name (Last, First, Middle)		Race		Sex	
A P P E A R	Co-Defendant Name (Last, First, Middle)		Race		Sex	
	Name (Last, First, Middle)		Residence Phone		Business Phone	
H O L D	Address (Street, Apt. Number)		(City)		(Zip)	
	Notified by: (Name)		Date		Time	
A D M I N	Released To: (Name)		Relationship		Date	
	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	
H O L D	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
	Drug Activity N. N/A P. Possess		S. Sell D. Deliver T. Traffic		R. Smuggle K. Dispense/ D. Distribute E. Use	
C H A R G E	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	
C H A R G E	U. Unknown Z. Other		Statute Violation Number 316.193(1)		Violation of ORD #	
	Charge Description DUI - DRIVING WHILE UNDER INFLUENCE		Counts		Domestic Violence	
C H A R G E	Drug Activity		Drug Type		Amount / Unit	
	Offense #		Counts		Domestic Violence	
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #	
	Drug Activity		Drug Type		Amount / Unit	
C H A R G E	Offense #		Counts		Domestic Violence	
	Charge Description		Statute Violation Number		Violation of ORD #	
I N T A K E	Drug Activity		Drug Type		Amount / Unit	
	Offense #		Counts		Domestic Violence	
N O T I C 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			
	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	
A P P E A R	<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		Court Date and Time 09/05/2018 08:30:00	
	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) <i>Christina Contreras</i>		Date <i>08/02/2018</i>	
H O L D	Signature of Arresting Officer <i>Christopher Fandrey</i>		Name Verification (Printed by Arrestee)		No Photo Available	
	Name of Arresting Officer (Print) FANDREY, CHRISTOPHER		ID.# 1182		Date 2018 AUG 02	
A D M I N	Intake Deputy <i>Spivey</i>		Fouch #		Agency JPD	
	Signature of Intake Deputy <i>Spivey</i>		ID.# 345		Witness here if subject signed with an "X".	

AUG 09 2018

5:22

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2 DAY OF August 20 18, AT 0220 AM PM
SUBJECT: Contreras Berry Christina D. CASE NUMBER: 18-003845
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)
Ofc. Zesut advised he observed a red 2009 Ford SUV bearing FL tag IVWQ30 driving east in the west bound lanes of W. Indiantown Rd with no lights on. Ofc Zesut stated that the vehicle then turned south bound on Military Trail. Ofc Zesut stated that he conducted a traffic stop on the vehicle and identified the driver by FL DL to be W/F Christina D. Contreras Berry (05/01/1991).

OBSERVATION OF DRIVER:

Upon making contact with Contreras Berry I noticed the strong odor of an unknown alcoholic beverage coming from her person. Contreras Berry had red bloodshot glassy eyes. Contreras Berry was seated in the drivers seat and was the sole occupant of the vehicle.

DRIVER'S STATEMENTS:

Contreras Berry was asked to step out of the vehicle to which she complied. Contreras Berry asked if I was going to be taking her to jail. Contreras Berry stated she had four beers (Michelob ultra) over the course of 2.5 hours. Contreras Berry stated that she started drinking about 10pm and stopped drinking about an hour before the traffic stop. Contreras Berry stated she was at about a 5 or a 6 on a scale of 1-10 with 1 being sober and 10 being drunk. Contreras Berry also stated she did not think she should be driving.

ODORS:

Odor of an unknown alcoholic beverage coming from her person.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: Cooperative, worried about her child and work.

CLOTHING: Blue dress and brown slides

MEDICAL/OTHER:

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 2 day of August 20 18 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

K Moynihan #22079

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



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:

Contreras Berry was swaying while standing still.

WALK & TURN:

Contreras Berry failed to maintain the starting position. Contreras Berry missed heel to toe several times on the first 9 steps. Contreras Berry utilized her arms for balance. Contreras Berry turned around incorrectly. Contreras Berry stepped off line on the 9 steps back. Contreras Berry failed to touch heel to toe during the nine steps back.

ONE LEG STAND:

Contreras Berry lifted her right foot and was swaying and using her arms for balance. Contreras Berry placed her foot down several times and restarted her count each time.

FINGER TO NOSE:

Contreras Berry touched under her nose on 1L touched the right side of her nose on R1. Contreras Berry touched her nose as instructed on L2. Contreras Berry touched under her nose on R2 and to the left on R3. Contreras Berry touched her nose as instructed on L3.

ROMBERG ALPHABET:

Contreras Berry completed the alphabet as instructed.

BREATH TEST RESULTS: 1) Refused 2) Refused 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 2 day of August 2018 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

K Moynihan #22079

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



WITNESS LIST

CASE NUMBER: 18-003845

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. Zesut

ADDRESS: 210 MILITARY TRAIL JUPITER FL 33458

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

CAN TESTIFY TO: PC for Step

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

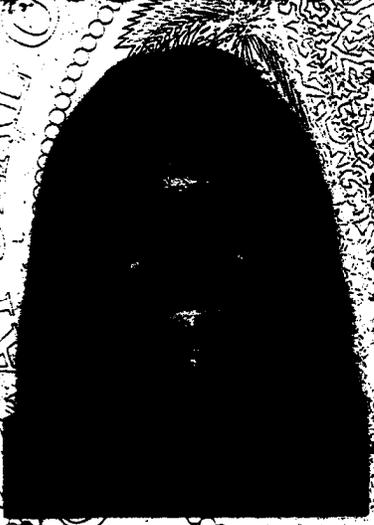
PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

Florida

DRIVER LICENSE



DLID# **C536-104-91-661-0** CLASS **E**

CONTRERAS BERRY
CRISTINA DE
1700 CHERRY HILLS RD NE
ATLANTA, FL 30329

DOB **05/01/1981** SEX **F**
EXP **08/31/2022** HGT **5-06"**
EYES **BROWN** HAIR **BROWN**
12 REST **NONE** 13 END **NONE**

ISS **02/26/2018**
5DD **H76773294000**

REPLACED **12/01/2017**

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



DONOR

NOT A CERTIFIED COPY

SUBJECT: Contreras Berry, Christina D CASE NUMBER: 16003845

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

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: Conteras Berry, Christina D

CASE NUMBER: 18-104133

DATE: 08/02/18

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 03:39

ENDING TIME: 03:44

BREATH TESTS RESULTS: 1) R TIME 03:43 AM/P.M. 2) N/A TIME — A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: K. Mynihan #38679

MAINTENANCE TECHNICIAN: J. Kamecke #104167

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Crying upset, Taunting/argumentative, Very cooperative

CLOTHING: Floral Print Dress, No Shoes

MEDICAL CONDITIONS: "I don't know" Blood in Urine

MEDICATIONS: Sleeping medication, Xanax, Blood Stabilizer "Don't know names"

OTHER: Eyes glassy and bloodshot.

COMMENTS: Arrived at Testing Center, ALO began 90 minute Observation Period at 03:55

REFUSED

A refused to take test.

ALO read I/C and explained several times

A stated she understood I/C and again Refused to take test.

ALO read Rights

A stated she understood her Rights

REFUSED

NO Q+A, A invoked Rights to Counsel

SUBJECT: Contreras Barry, Christina D CASE NUMBER: 18-007845

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 - MAIL



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"/>			
Other	<input type="checkbox"/>	Other:		
	<input type="checkbox"/>	Other:		

REVIEW COMPLETED BY

Booking Number: 2018025600	Date: 08/07/18
	Specialist Name/ID: Stewart/5660