

J#0481097

16CT17469

P#2691

## ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBT Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A. only)					
0500400		Delray Beach Police Department				4 0 16-014373					
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				If Weapon Seized		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business)		LINDELL BLVD/SW 10TH AVE		Location of Offense (Business Name, Address)		2000 LINDELL BLVD/SW 10TH AVE, DELRAY BEACH, FL		1			
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date			
09/14/2016		22:46		09/14/2016		23:36		11:11			
Jail Time		Location of Vehicle		BECK'S TOWING							
Name (Last, First, Middle)		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)							
KORTON, CHRISTINE ELIZABETH											
Race W - White    I - American Indian B - Black    O - Oriental/Asian		Sex W    F		Date of Birth 07/31/1965		Height 5'02		Weight 120			
Eye Color HAZEL		Hair Color BLACK		Complexion LIGHT		Build SMALL					
Marital Status M		Religion NOT INDICA									
Scars, Marks, Unique Physical Features (Location, Type, Description)											
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone (561) 251-5297			
21176 ESCONDIDO WAY N, BOCA RATON, FL 33433								Residence Type: 1. City    3. Florida 2. County    4. Out of State			
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Address Source			
21176 ESCONDIDO WAY N, BOCA RATON, FL 33433								(561) 251-5297			
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone			
ADVANCED ENS, HOLLYWOOD								Occupation Accountant			
D/L Number, State K635105657710 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) PEQUANNOCK, NJ		Citizenship US			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth			
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____								Residence Phone			
<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, <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 N. N/A P. Possess		R. Smuggle D. Deliver T. Traffic		K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
C H A R G E		Drug Type N		Offense # /		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(3)(C)(1)	
C H A R G E		Drug Activity		Drug Type		Amount / Unit		Offense #		Violation of ORD #	
C H A R G E		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts	
C H A R G E		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts	
C H A R G E		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts	
I N T A K E		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts	
B		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts	
N O T I C E		Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> Medical <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:			
T O A P P E A R		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		T.O.T. County Jail		PROPERTY - Received By		Released By		Released To	
B		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) SOUTH COUNTY 200 W ATLANTIC AVE DELRAY BEACH, FL 33444					
T O A P P E A R		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.				Court Date and Time 10/17/2016 08:30:00					
B		Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed					
A D M I N		HOLD for Other Agency		Signature of Arresting Officer							
		<input type="checkbox"/> Dangerous <input type="checkbox"/> Related Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) DEFRANCO, JERRY F.		ID. # 1102					
		Intake Deputy W6/S030		ID. #		Pouch #		Transporting Officer DEFRANCO		ID. # 1102	
								Agency DBPD		PAGE 1 OF 1	
										Witness here if subject signed with an "X".	

SCANNED

SEP 15 2016

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14 DAY OF September 2016, AT 09:59 AM PM  
SUBJECT: KORTON, CHRISTINE, E CASE NUMBER: 16-014373  
AGENCY: DELRAY BEACH ARRESTING OFFICER: DEFRANCO

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
ON THE ABOVE DATE AND TIME, THE VICTIM, ALVISE PUGLIESE, WAS STOPPED AT THE  
STOP SIGN WESTBOUND ON LINDELL BLVD AND SW 10TH AVE. BEFORE ALVISE WAS  
ABLE TO MOVE, THE DEFENDANT, CHRISTINE ELIZABETH KORTON, CRASHED HER  
VEHICLE INTO THE BACK OF ALVISE. ALVISE STATED THAT CHRISTINE PUT HER  
VEHICLE IN REVERSE AND ATTEMPTED TO LEAVE THE SCENE WHEN ALVISE ADVISED  
HER TO STOP BECAUSE HE WAS CALLING THE COPS.

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### OBSERVATION OF DRIVER:

THE DEFENDANT APPEARED IMPAIRED, HAD VERY GLASSY, VERY REDDENED EYES, SLOW DEXTERITY, FLUSH FACE, SLOW COMPREHENSION, AND HAD THE ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ABOUT HER BREATH. THE DEFENDANT APPEARED TO HAVE URINATED ON HERSELF AND HAD VISIBLE WET SPOTS ON HER PANTS. DURING MY CRASH INVESTIGATION OFC. LEBLANC-MORINIERE STOOD WITH THE DEFENDANT. OFC. LEBLANC-MORINIERE STATED THAT THE DEFENDANT FELL ASLEEP MULTIPLE TIMES WHILE WAITING FOR ME TO FINISH MY INVESTIGATION. DURING THE TRAVEL TO PALM BEACH SHERIFF OFFICE JAIL, THE DEFENDANT FELL ASLEEP MULTIPLE TIMES IN MY PATROL CAR, EVEN TO THE POINT WHERE HER FACE WAS PRESSED AGAINST MY VEHICLE PARTITION.

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### DRIVER'S STATEMENTS:

THE DEFENDANT SAID THAT SHE HAD 3 GLASSES OF WINE, AND WAS DISTRACTED WHEN THE CRASH TOOK PLACE

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### ODORS:

DEFENDANT HAD THE ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ABOUT THEIR BREATH.

## GENERAL OBSERVATIONS

SPEECH: SLOW, SLURRED, MUMBLED

ATTITUDE: POLITE, TALKATIVE

CLOTHING: NORMAL ATTIRE

MEDICAL PROBLEMS:  
NONE

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MEDICATIONS: NONE

SEP 15 2016

OTHER:  
BREATH TESTING REQUEST IS VIDEO RECORDED.

## ROADSIDE TASKS

### HORIZONTAL GAZE NYSTAGMUS:

<input checked="" type="checkbox"/> LEFT EYE DOES NOT FOLLOW SMOOTHLY	<input checked="" type="checkbox"/> RIGHT EYE DOES NOT FOLLOW SMOOTHLY
<input checked="" type="checkbox"/> LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS	<input checked="" type="checkbox"/> RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS
<input checked="" type="checkbox"/> DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION	<input checked="" type="checkbox"/> DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION

CAN NOT DO, WHY? \_\_\_\_\_

### WALK AND TURN:

THE DEFENDANT STATED SHE UNDERSTOOD MY INSTRUCTIONS. THE DEFENDANT WAS UNABLE TO KEEP BALANCE WHILE LISTENING TO MY INSTRUCTIONS, STEPPED OFF LINE ON HER FOURTH STEP BACK, MISSED HEEL-TO-TOE NINE STEPS UP AND NINE STEPS BACK, TURNED INCORRECTLY, AND TOOK 20 STEPS UP BEFORE OFC. COLLARETTI ASKED THE DEFENDANT TO STOP.

CAN NOT DO, WHY? \_\_\_\_\_

### ONE LEG STAND:

THE DEFENDANT STATED SHE UNDERSTOOD MY INSTRUCTIONS. THE DEFENDANT SWAYED WHILE BALANCING, PUT FOOT DOWN 3 TIMES, AND WAS ONLY ABLE TO GET TO 1002, 1003 BEFORE PUTTING FOOT DOWN EVERY TIME.

CAN NOT DO, WHY? \_\_\_\_\_

### FINGER TO NOSE:

THE DEFENDANT STATED SHE UNDERSTOOD MY INSTRUCTIONS. THE DEFENDANT FAILED TO KEEP EYES CLOSED, ON THE SECOND COMMAND OF "RIGHT" THE DEFENDANT TOUCHED UNDER HER NOSE BEFORE RESTING HER INDEX FINGER ON TOP OF HER NOSE. TWICE THE DEFENDANT WAS ASKED TO LOWER HER FINGER FROM HER NOSE.

CAN NOT DO, WHY? \_\_\_\_\_

### ROMBERG/ALPHABET:

THE DEFENDANT STATED SHE UNDERSTOOD MY INSTRUCTIONS. THE DEFENDANT RECITED THE ALPHABET CORRECTLY.

CAN NOT DO, WHY? \_\_\_\_\_

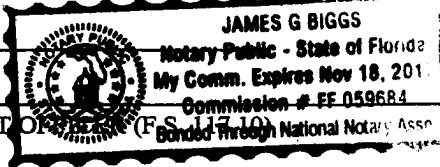
BREATH TEST RESULTS: .169, .168

STATE OF FLORIDA  
COUNTY OF PALM BEACH

THE FOLLOWING INSTRUMENT WAS NOTARIZED OR SWEORN BEFORE ME THIS \_\_\_\_\_

SCANNED (DATE)

BY: \_\_\_\_\_



SEP 15 2016

NOTARY/CLERK OF COURT OF APPEALS (F.S. 17.10)

SIGNATURE OF ARRESTING OFFICER

# TESTING FACILITY TASK REPORT

AGENCY: DBPD-DEFRANCO

SUBJECT: KORTON, CHRISTINE E

CASE NUMBER: 16-127155

DATE: Sep 15, 2016

VIDEO DVD NUMBER: 61380

BEGINNING TIME: 0001

ENDING TIME: 0022

BREATH TESTS RESULTS: 1) .169 TIME 0006 A.M.  P.M.  2) .168 TIME 0009 A.M.  P.M.   
3) XX TIME XX A.M.  P.M.  4) XX TIME XX A.M.  P.M.

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICIAN: D/S J Karklecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: LOW, SLURRED AT TIMES

ATTITUDE: COOPERATIVE

CLOTHING: BLACK TANK TOP, GRAY SLACKS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES GLASSY, RED

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

SUBJECT UNSTEADY ON FEET AT TIMES

## COMMENTS:

THE ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2340  
SUBJECT REFUSED THE TEST INITIALLY  
IMPLIED CONSENT WAS READ TO SUBJECT AND UNDERSTOOD  
SUBJECT ADVISED SHE WOULD SUBMIT TO THE TEST  
INSTRUCTIONS WERE GIVEN TO THE SUBJECT FOR THE TEST  
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY  
RESULTS WERE GIVEN TO THE SUBJECT  
MIRANDA WAS READ AND UNDERSTOOD  
SUBJECT SUBMITTED TO THE QUESTIONS

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SEP 15 2016

SUBJECT: Koi, Christine Elizabeth

CASE NUMBER: 16-014373

## **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) 10/04/2016

## **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.

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**SEP 15 2016**

SUSPECT'S SIGNATURE: (X) On camera

## 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? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Laurel Dr

DIRECTION OF TRAVEL? NW WHERE DID YOU START? Federal Hwy

WHAT TIME DID YOU START? 7:00 pm WHAT TIME IS IT NOW? 7:30 pm

WHAT IS TODAY'S DATE? 7/14/16 WHAT DAY OF THE WEEK IS IT? Wednesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Franklin County, Ohio

WHEN DID YOU LAST EAT? Breakfast WHAT DID YOU EAT? French Fries

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Walking the dog, having my cat

HOW MUCH DO YOU WEIGH? 168 HAVE YOU BEEN DRINKING? Yes WHAT? Wine, water

HOW MUCH? 3 glasses WHERE? Car and house WITH WHOM? Myself

WHEN DID YOU HAVE YOUR FIRST DRINK? 5:00 pm AND YOUR LAST DRINK? 6:30 pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Gulp

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? Insurance WHEN DID YOU LAST WORK? 4:30 pm

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT?

ARE YOU SICK OR INJURED? No WHAT'S WRONG?

DO YOU LIMP? Yes 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? No WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE: EPILEPSY? No

GLASS EYE? No

FALSE TEETH? No

EAR INFECTION? No

INNER EAR TROUBLE? No

DIABETES? No

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? My eyes

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION?

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE?

INTERVIEWER:

PBSO #0129C REV.9/93

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED  
SEP 15 2016

## WITNESS LIST

CASE NUMBER: 16-014373

ARRESTING OFFICER: DEFRANCO

ADDRESS: 300 WEST ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) 561-243-7832 (WORK) 561-243-7832

CAN TESTIFY TO: DUI

NAME: OFC COLLARETTI

ADDRESS: 300 WEST ATLANTIC BLVD DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) 561-243-7832 (WORK) 561-243-7832

CAN TESTIFY TO: DUI

NAME: OFC. LEBLANC-MORINIERE

ADDRESS 300 WEST ATLANTIC BLVD DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) 561-243-7832 (WORK) 561-243-7832

CAN TESTIFY TO: DUI

NAME: ALVISE DEVIN PUGLIESE

ADDRESS 1385 CRYSTAL WAY APT J DELRAY BEACH, FL 33444

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

CAN TESTIFY TO: WHEEL WITNESS, DRIVER

NAME: KEVIN MATTHEW COVERT

ADDRESS 1420 GALLINULE CIR DELRAY BEACH, FL 33444

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

CAN TESTIFY TO: WHEEL WITNESS, PASSENGER

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 15 2015

NOT A CERTIFICATE

SCANNED  
SEP 15 2016