

J# 0481097

16CT.17469

P# 2691

ADDITIONAL INFORMATION		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4 0 16-014373</b>							
Charge Type: <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		If Weapon Seized Enter Type <b>None/not Applicable</b>		Multiple Clearance Indicator <b>1</b>							
Location of Arrest (Including Name of Business) <b>LINDELL BLVD/SW 10TH AVE</b>				Location of Offense (Business Name, Address) <b>2000 LINDELL BLVD/SW 10TH AVE, DELRAY BEACH, FL</b>							
Date of Arrest <b>09/14/2016</b>		Time of Arrest <b>22:46</b>		Booking Date <b>09/14/2016</b>		Booking Time <b>23:36</b>		Jail Date <b>//</b>		Jail Time <b>BECK'S TOWING</b>	
Name (Last, First, Middle) <b>KORTON, CHRISTINE ELIZABETH</b>				Alias: <b>Alias (Name, DOB, Soc. Sec. #, Etc.)</b>							
Race <b>W - White</b>		Sex <b>F</b>		Date of Birth <b>07/31/1965</b>		Height <b>5'02</b>		Weight <b>120</b>		Bye Color <b>HAZEL</b>	
Hair Color <b>BLACK</b>		Complexion <b>LIGHT</b>		Build <b>SMALL</b>							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>M</b>		Religion <b>NOT INDICA</b>		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>2</b>	
Local Address (Street, Apt. Number) <b>21176 ESCONDIDO WAY N, BOCA RATON, FL 33433</b>				(City)		(State)		(Zip)		Phone <b>(561) 251-5297</b>	
Permanent Address (Street, Apt. Number) <b>21176 ESCONDIDO WAY N, BOCA RATON, FL 33433</b>				(City)		(State)		(Zip)		Phone <b>(561) 251-5297</b>	
Business Address (Name, Street) <b>ADVANCED ENS, HOLLYWOOD</b>				(City)		(State)		(Zip)		Phone <b>VERBAL</b>	
D/L Number, State <b>K635105657710 / FL</b>				Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>PEQUANNOCK, NJ</b>		Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)										Residence Phone	
<input type="checkbox"/> Legal Custodian										Business Phone	
Address (Street, Apt. Number)				(City)		(State)		(Zip)			
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				School Attended						Grade	
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property				Value of Property	
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:											
Drug Activity N. N/A P. Possess				S. Sell B. Buy T. Traffic		R. Snuggle D. Deliver E. Use		K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate	
Z. Other				Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine B. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic	
U. Unknown Z. Other											
Charge Description <b>DUI-DAMAGE TO PERSON/PROPERTY</b>				Statute Violation Number <b>316.193(3)(C)(1)</b>		Violation of ORD #					
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>16-014373</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Warrant / Capias Number										Bond <b>OK</b>	
Charge Description				Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Warrant / Capias Number										Bond	
Charge Description				Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Warrant / Capias Number										Bond	
Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input checked="" type="checkbox"/> Physical <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		Released By		Released To			
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Date Transported <b>//</b>		Time Transported		Other			
Transported By				Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time <b>10/17/2016 08:30:00</b>					
<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.											
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							
HOLD for Other Agency				Signature of Arresting Officer <b>DEF FRANCO, JERRY F.</b>		ID. # <b>1102</b>		Agency <b>DBPD</b>		PAGE <b>1 OF 1</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest				Name of Arresting Officer (Print)		ID. #		Agency		Witness here if subject signed with an "X".	
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Transporting Officer <b>DEF FRANCO</b>		ID. # <b>1102</b>		Agency <b>DBPD</b>			

## 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.

### 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.

### DRIVER'S STATEMENTS:

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

### 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

MEDICATIONS: NONE

OTHER:

BREATH TESTING REQUEST IS VIDEO RECORDED.

SCANNED

SEP 15 2016

SUBJECT:

KORTON, CHRISTINE, E

CASE NUMBER:

16-014373

## ROADSIDE TASKS

### HORIZONTAL GAZE NYSTAGMUS:

☒ LEFT EYE DOES NOT FOLLOW SMOOTHLY

☒ RIGHT EYE DOES NOT FOLLOW SMOOTHLY

☒ LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS

☒ RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS

☒ DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION

☒ 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

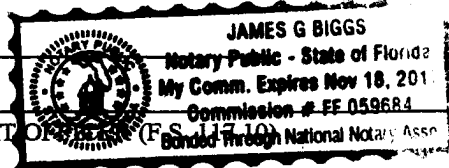
STATE OF FLORIDA  
COUNTY OF PALM BEACH

THE FOLLOWING INSTRUMENT WAS NOTARIZED OR SWORN BEFORE ME THIS

SCANNED

(DATE)

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



NOTARY/CLERK OF COURT OF \_\_\_\_\_

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 TECHNICAN: D/S J Karkleck #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

SCANNED  
SEP 15 2016

SUBJECT: Kai, 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) Kai, Christine Elizabeth

## 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.

**SCANNED**  
**SEP 15 2016**

SUSPECT'S SIGNATURE: (X) On camera

SUBJECT: Kitten, Christine ElizabethCASE NUMBER: 16-014373

## 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? YesWHERE WERE YOU GOING? HomeWHAT STREET OR HIGHWAY WERE YOU ON? London AveDIRECTION OF TRAVEL? NW WHERE DID YOU START? Federal HwyWHAT TIME DID YOU START? 7:00 pm WHAT TIME IS IT NOW? 10:00 pmWHAT IS TODAY'S DATE? 7/14/16 WHAT DAY OF THE WEEK IS IT? WednesdayWHAT COUNTY AND CITY ARE YOU IN NOW? New York County, New YorkWHEN DID YOU LAST EAT? 7:00 pm WHAT DID YOU EAT? Chicken FriesWHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Take my car to work, hanging outHOW MUCH DO YOU WEIGH? 165 HAVE YOU BEEN DRINKING? Yes WHAT? Wine, WhiteHOW MUCH? 3 glasses WHERE? Lin and Eagle WITH WHOM? MyselfWHEN DID YOU HAVE YOUR FIRST DRINK? 5:00 pm AND YOUR LAST DRINK? 6:30 pmHOW DID YOU CONSUME YOUR LAST TWO DRINKS? SteadyCAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? NoHAVE 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 pmDO 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? NoWERE YOU IN AN ACCIDENT TODAY? YesHAVE 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? NoGLASS EYE? NoFALSE TEETH? NoEAR INFECTION? NoINNER EAR TROUBLE? NoDIABETES? No**SCANNED****SEP 15 2016**DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? My eyesDO 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: 

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

# 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:

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PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

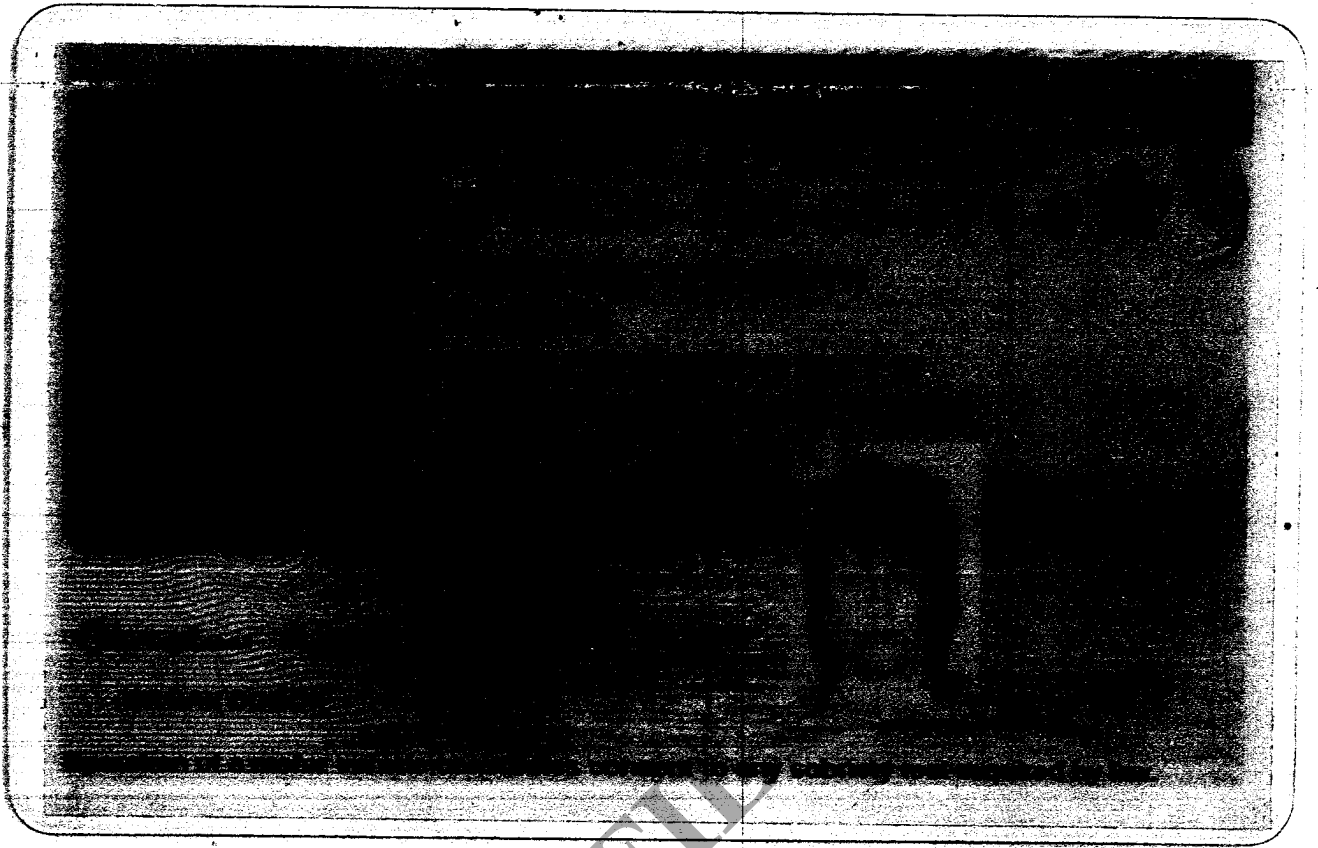
NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

SCANNED  
SEP 15 2015



NOT A CERTIFIED

SCANNED  
SEP 15 2016