0475297 19CT230820ANB 3345

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias: 1

Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 502600	Palm Beach Gardens Police Department	78- 19-007308

Charge Type – Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☑ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 1 Yes 2 No

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
Northlake Blvd/Roan Lane, PBG	Northlake Blvd/Macarthur Blvd, PBG

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/13/19	0140					Kauff's Towing

DEFENDANT

Name (Last, First, Middle): Smitananda, Daisy

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	03/02/94	5'04	105	brown	black	medium	~~thin~~ Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)	Marital Status	Religion	Indication of Alcohol Influence / Drug Influence (Y N Unk)
scar on bridge of nose	single	christian	Alcohol Influence: Y ☑; Drug Influence: Unk ☑

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type (1 City 2 County 3 Florida 4 Out of State)
1115 Cherokee Street	Jupiter	FL	33458	(561) 6856684	2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
1115 Cherokee Street	Jupiter	FL	33458	( )	defendant

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
Palm Beach State College	PBG			( )	student

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S535160945820 FL	[redacted]		WPB, FL	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth		
				☐ 1 Arrested ☐ 2 At Large	☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile
				☐ 1 Arrested ☐ 2 At Large	☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ 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 ☐ 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

CODE

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

CHARGE

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

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A			OR

CHARGE

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

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

CHARGE

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

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

CHARGE

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

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

NOTICE TO APPEAR

Location (Court, Room Number, Address): North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410

Court Date and Time: Month 01 Day 15 Year 2020 Time 10:00 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] — 12/13/19

Signature of Defendant (or Juvenile and Parent /Custodian) — Date Signed

ADMIN

HOLD for other Agency — Name

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other

Signature of Arresting Officer: [signature] 305

Name of Arresting Officer (Print): Melinda Hanton #305 — ID #: 305

Name Verification (Printed by Arrestee) — (PRINT)

Intake Deputy: [signature] — I.D. # — Pouch #

Transporting Officer: Melinda Hanton — ID #: 305 — Agency: PBG

Witness here if subject signed with an X

PAGE 1

SCANNED
DEC 13 2019

SUBJECT: Smitananda, Daisy CASE NUMBER: 19-007308

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:

was unable to follow simple instructions, was swaying, moving head, kept looking at other things at times, had to tell her many times to keep her arms down by her side.

WALK & TURN:

demonstrated and explained, she kept starting to walk multiple times, was unable to hold balance during instructions, after demonstrating and explaining she stated she understood, after telling her multiple times that her first step is when her back foot comes forward, she started with her starting stance, was not walking heel to toe. had her arms behind her back stumbled once, stopped counting, took more than 9 steps. After the first 9 steps I discontinued the task due to her level of impairment I did not want her to injure herself.

ONE LEG STAND:

tasks discontinued

FINGER TO NOSE:

tasks discontinued

ROMBERG/ALPHABET:

tasks discontinued

BREATH TEST RESULTS: .248

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Attesting Investigative Officer)

The foregoing instrument was sworn to or affirmed before me this 13th day of December 20 19 by ofc. Hanton

who is personally known to me and/or produced identification. Type of identification produced Known

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

Notary Public State of Florida
Samantha Palmer
My Commission GG 233762
Expires 10/28/2022

WITNESS LIST

CASE NUMBER: 19-007308

ARRESTING OFFICER: Melinda Hanton #305

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): ______ (WORK) 5617994445

CAN TESTIFY TO: driving, observations, arrest

NAME: Officer C. Nelson

ADDRESS: 10500 N Military Trail

PHONE NUMBERS (HOME) ______ (WORK) 5617994445

CAN TESTIFY TO: riding in my car

NAME: Officer S. Keel

ADDRESS 10500 N Military Trail

PHONE NUMBERS (HOME) ______ (WORK) 5617994445

CAN TESTIFY TO: backup, tow receipt

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: ______

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: 80-006029 Software: 8100.27
Date of Test: 12/13/2019

Date of Last Agency Inspection: 12/06/2019
Observation Period Began: 02:10
Subject's Name: DAISY SMITANANDA DOB: 03/02/1994 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	02:35
Air Blank	0.000	02:36
Control Test	0.081	02:36
Air Blank	0.000	02:37
Subject Sample #1	0.248	02:38
Air Blank	0.000	02:38
Air Blank	0.000	02:40
Subject Sample #2	0.248	02:41
Air Blank	0.000	02:42
Control Test	0.079	02:42
Air Blank	0.000	02:43
Diagnostics Check	OK	02:43

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 SAMANTHA M PALMER, 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-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 12/13/19
Signature

Sworn to (or affirmed) before me this 13 day of December 2019

_____ OFC. Hanton # 305
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

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 affidavit form is admissible without further authentication and is presumptive proof of the results therein when used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to s. 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

TESTING FACILITY TASK REPORT

AGENCY: PBG/HANTON

SUBJECT: SMITANANDA, DAISY

CASE NUMBER: 19-147758

DATE: Dec 13, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0232

ENDING TIME: 0245

BREATH TESTS RESULTS: 1) .248 TIME 0238 A.M. ☒ P.M. ☐ 2) .248 TIME 0241 A.M. ☒ P.M. ☐

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: LOW, SOFT

ATTITUDE: CALM, QUIET

CLOTHING: BLACK SHIRT, BLACK OVERALLS, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES:GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGES COMING FROM BREATH,

---

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0210
SUBJECT AGREED TO TAKE BREATH TEST
AND PROVIDED TWO ADEQUATE BREATH SAMPLES SUCCESSFULLY
TECH READ TEST RESULTS
SUBJECT STATED SHE UNDERSTOOD RESULTS
A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS
AND REFUSED ANY QUESTIONING

SUBJECT: _____ CASE NUMBER: _____

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 Ofc. Melody Hinton 305 of the Palm Beach Gardens PD.

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)_____

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)_____

SUBJECT: [illegible] CASE NUMBER: 19-007508

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: [illegible]

PALM BEACH COUNTY
SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019039779	**Date:** 12/13/2019
	Specialist Name/ID: howardt7185