

J#0198460

18072259 AH 3839

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2 N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18-155463	
Charge Type ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other		Weapon Seized / Type ☒ 1. Yes ☐ 2. No None		Multiple Clearance Indicator ☐	
Location of Arrest (Including Name of Business) Belvedere Rd and North State Road 7 RPB, FL 33411		Location of Offense (Business Name, Address) Belvedere Rd and North State Rd 7 Royal Palm Beach, FL 33411			
Date of Arrest 12/14/2018	Time of Arrest 1202 hours	Booking Date	Booking Time	Jail Date	Jail Time
Location of Vehicle 9990 Belvedere Rd Royal Palm Beach, FL 33411					
Name (Last, First, Middle) MAHONEY DONNA M					
Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth 09/12/1961	Height 5'2	Weight 113	Eye Color Green
Hair Color Brown		Complexion	Build		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None			Marital Status Married	Religion CATHOLIC	Indication of Alcohol Influence Drug Influence ☐ Y ☐ N ☐ Unk.
Local Address (Street, Apt. Number) 116 Dove Circle		(City) Royal Palm Beach, FL	(State) FL	(Zip) 33411	Phone (561) 398-0728
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone
OR Number, State MS00-173-61-832-0		Soc. Sec. Number	INS Number Legal	Place of Birth (City, State) New York, Bronx	Citizenship USA
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	☐ 1. Arrested ☐ 3. Felony ☐ 2. At Large ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	☐ 1. Arrested ☐ 3. Felony ☐ 2. At Large ☐ 4. Misdemeanor ☐ 5. Juvenile
☐ Parent ☐ Legal Custodian ☐ Other		Residence Phone			
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone
Notified by: (Name)		Date	Time	Juvenile Disposition ☐ 1. Handed/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	
Drug Activity N. N/A S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other P. Possess B. Buy D. Deliver E. Use 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 1	Domestic Violence ☐ Y ☒ N	Statute Violation Number 316.193(1)	Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit 0	Offense # 18-155463	Warrant / Capias Number	Bond OK
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 #
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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) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700					
Court Date and Time Month 01 Day 9th Year 2018 Time 8:30 AM X 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) <i>Donna Mahoney</i>				Date Signed 12/14/2018	
HOLD for other Agency Name		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)	
☐ Dangerous ☐ Resisted Arrest ☐ Suicide ☐ Other		Name of Arresting Officer (Print) D/S Jolimeau		(PRINT)	
Transporting Officer Jolimeau		ID # 9146	Agency PBSO	Witness here if subject signed with me	
PAGE 1					

PBSO 0146 REV 007

DISTRIBUTION WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

DEC 17 2018

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14th DAY OF December 20 18, AT 1116 hours ✓ AM PM
SUBJECT: MAHONEY DONNA M CASE NUMBER: 18-155463

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Jolimeau

PERSONAL CONTACT

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

I observed a 4-door red in color Mazda bearing FL tag AFWP35 VIN#(JM1CW2DL5D0152258) driving on the opposite side of oncoming traffic facing West Bound at the intersection of Belvedere Rd and North State Road 7. After noticing this traffic violation I then quickly conducted a traffic stop in front of the vehicle to prevent an accident with oncoming motorist.

OBSERVATION OF DRIVER:

I then made contact with the driver later identified by her Florida driver's license as W/F Mahoney, Donna M. Upon contact with Mahoney I noticed a strong pungent odor of alcohol emitting from her breath and person. Mahoney had glassy blood shot eyes slurred speech and when asking her questions. Mahoney and her vehicle were then moved off the side of the road with the assistance of Palm Beach County Fire Rescue Engine 29 (Captain Hirsch Run#18-130751).

DRIVER'S STATEMENTS:

Mahoney vitals came back fine and advised Fire Rescue "I am fine and just want to go home". I then continued to talk to Mahoney who appeared confused agitated and upset. I advised Mahoney on the reason why I pulled her over and she could not understand what she did wrong or where she was stating that she's driving to Royal Palm beach when she was indeed in Royal Palm Beach. While talking to Mahoney I noticed an almost empty Bacardi vodka bottle in plain sight in the center console. I then asked Mahoney have you been drinking today which she stated "no well maybe just a few".

ODORS:

I noticed a strong pungent odor of alcohol emitting from Mahoney's breath and person.

GENERAL OBSERVATIONS

SPEECH: Slurred, Mumbled and upset

ATTITUDE: Uncooperative and upset

CLOTHING: Normal attire

MEDICAL/OTHER: COPD

STATE OF FLORIDA
COUNTY OF PALM BEACH

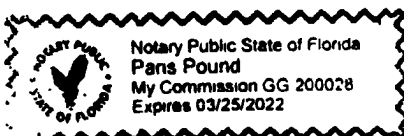
D/S Jolimeau

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of December 20 18 by D/S Jolimeau

(Print name of Arresting/Investigative Officer), 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)



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DEC 17 2018

SUBJECT MAHONEYDONNACASE NUMBER 18-155463

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:

Mahoney agreed and advised me that she has no current medical issues with her feet, legs, or eyes. I then had Mahoney preform Horizontal Gaze Nystagmus read her the instructions which Mahoney said she understood and was willing to perform. Mahoney did not keep her hands and feet together and was moving her head side to side instead of using her eyes to follow my pen.

WALK & TURN:

I then had Mahoney perform walk and turn which she stated she understood the instructions and advised her that I will demonstrate the exercise. Mahoney did not listen to my instruction and started the exercise before I could demonstrate. Mahoney started walking on the line without keeping her hands to her side and was unable walking on the straight line heel to toe losing her balance.

Mahoney lost her balance several times and did not count her steps or was able to turn around.

ONE LEG STAND:

I then had Mahoney preform one leg stand read the instructions which she agreed and understood before I could demonstrate the exercise. Mahoney begin to lift her leg at which time she lost her balance several times and said I'm doing good right I'm going to left my leg nine inches not six don't do this to me.

ROMBERG ALPHABET:

I then asked Mahoney to perform the finger to nose and read her the instructions which she agreed and understood Mahoney. Mahoney then conducted the exercise without my permission touching her using the left finger and placing inside her nose instead of touching the tip of her nose with her feet separated and not tilting her head back. I then asked Mahoney if she would perform the Romberg with Recitation (choosing whichever she wanted to do the alphabet or number count). Mahoney declined and walked back to her vehicle wanting to go home.

ROMBERG ALPHABET:

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BREATH TEST RESULTS:

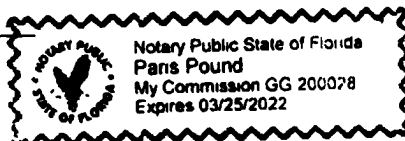
1)	2)	3)	4)
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STATE OF FLORIDA
COUNTY OF PALM BEACHD/S Jolimeau

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of December, 2018 by D/S Jolimeau(Print name of Arresting/Investigative Officer), 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)

SCANNED
DEC 17 2018

WITNESS LIST

CASE NUMBER: 18-155463

ARRESTING OFFICER: D/S Jolimeau

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) 0 _____ (WORK) 0 _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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DEC 17 2018

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: MAHONEY, DONNA M CASE NUMBER: 18-155463

DATE: 12/14/18

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 13:12

ENDING TIME: 13:28

BREATH TESTS RESULTS: 1) R TIME 13:16 A.M./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: P. POUND #24639

MAINTENANCE TECHNICIAN: T. KALECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: JURKED

ATTITUDE: TALKATIVE, UNSET, MAD, RELAXED

CLOTHING: RED/GOLD PANTS, RED HIRT, GREEN SANDALS

MEDICAL CONDITIONS: NONE / COFO

MEDICATIONS: NONE / 3 INHALERS

OTHER: EYES

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE ON BREATH.

COMMENTS: ARRIVED AT CENTER A/D BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 12:45 HRS.

A. REFUSED TO TAKE TEST.

A/D. READ I/C

A. SAID SHE UNDERSTOOD I/C, BUT WENT ON ABOUT NEEDING A LAWYER AND HER FATHER THEN REFUSED TO TAKE TEST @ 13:16

A/D. READ RIGHTS.

A. SAID SHE UNDERSTOOD RIGHTS.

A. CONDUCTED Q&A A. ANSWER QUESTIONS.

REFUSED

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DEC 17 2018

SUBJECT: MATTHEW, DONNA M CASE NUMBER: 18-155463

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 D/S. E. JOLIMEAU of the PBSU

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

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SUBJECT: MAHONEY, DONNA M CASE NUMBER: 15-155463

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? Work

WHAT STREET OR HIGHWAY WERE YOU ON? SR 7

DIRECTION OF TRAVEL? Left WHERE DID YOU START? Work

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

WHAT IS TODAY'S DATE? 12/17/18 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? Albany, NY

WHEN DID YOU LAST EAT? 6:00 WHAT DID YOU EAT? Food

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Working

HOW MUCH DO YOU WEIGH? 150 HAVE YOU BEEN DRINKING? Yes WHAT? Alcohol

HOW MUCH? 1 WHERE? At home WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:00 AND YOUR LAST DRINK? 7:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? By drinking

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Yes HOW MUCH? 1

WHAT? Alcohol WHERE? At home WHEN? 7:00

WHAT LINE OF WORK ARE YOU IN? Construction WHEN DID YOU LAST WORK? Today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? None

ARE YOU SICK OR INJURED? No WHAT'S WRONG? Nothing

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? None

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? None WHEN? None

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? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? None

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? New York

INTERVIEWER: Officer Johnson

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, D/S Jolimeau, a duly certified Law Enforcement Officer or Correctional Officer,
 (Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
 (Name of law enforcement agency)

or affirm that on or about the 14th day of December, 20 18, at 1202 hours ☒ P.M. ☐ A.M.

DRIVER DONNA M MAHONEY
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M500-173-61-832-0, state of _____, was placed under lawful arrest for
 the offense of DUI by D/S Jolimeau and
 issued Citation # ASG3SYP
 (Name of Arresting Officer)

That on or about the 14th day of December, 20 18, at 12:02 ☒ P.M. ☐ A.M.
 in PALM BEACH County,

I requested that the driver submit to a ☒ breath and/or ☐ urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving 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 any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
 Signature of Law Enforcement Officer or
 Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
 me this 14th day of December, 20 18,
 by D/S Jolimeau,

who is personally known to me or who has produced
Known as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer _____

Title _____

Date _____

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.

SCANNED
 DEC 17 2018



**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)
I/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	☐	539.001, F.S., 539.003, F.S.	Other: Pawn Broker Information	
	☐	943.031(2)	Other: Names of Gangs Criminal Activity	

REVIEW COMPLETED BY

Booking Number: 2018041379

Date: 12/15/2018

Specialist Name/ID: M. Toos #8557

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DEC 17 2018