

0511975

19CT19627

119

ARREST / NOTICE TO APPEAR

AD MIN IS TR A T I O N	OBTS Number		Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 / 1 / 2019-0018165		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE	
D E F E N D A N T	Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		If Weapon Seized Enter Type NOT APPLICABLE		Multiple Clearance Indicator N							
	Location of Arrest (Including Name of Business) 100 NORTHPOINT PKWY				Location of Offense (Business Name, Address) 100 NORTHPOINT PKWY, WEST PALM BEACH, FL 33409							
	Date of Arrest 10/22/2019	Time of Arrest 23:15	Booking Date 10/22/2019	Booking Time 23:25	Jail Date 10/23/2019	Jail Time 01:19	Location of Vehicle					
	Name (Last, First, Middle) JOHANSON, EMILY GRACE				Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White B - Black O - Oriental/Asian W				Sex F	Date of Birth 04/23/1992	Height 5'07	Weight 160	Eye Color BLUE	Hair Color BLOND OR	Complexion LIGHT	Build NL
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status U		Religion		Indication of: Alcohol Influence Drug Influence Yes ☐ No ☐ Unk. ☐			
	Local Address (Street, Apt. Number) 513 44TH ST 2, WEST PALM BEACH, FL 33407				(City) (City)		(State) (State)		(Zip) (Zip)		Phone (952) 913-1660	
	Permanent Address (Street, Apt. Number) 513 44TH ST 2, WEST PALM BEACH, FL 33407				(City) (City)		(State) (State)		(Zip) (Zip)		Phone (952) 913-1660	
	Business Address (Name, Street) (City)				(City) (City)		(State) (State)		(Zip) (Zip)		Phone (952) 913-1660	
	D/L Number, State J525207926430 / FL				Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) Edina, Minnesota		Citizenship U.S.	
C O D E F E N D	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile	
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile	
	Name (Last, First, Middle)				Residence Phone							
	Address (Street, Apt. Number) (City)				(City) (City)		(State) (State)		(Zip) (Zip)		Business Phone	
	Notified by: (Name)				Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated			
	Released To: (Name)				Relationship		Date		Time			
	The above address was provided by ☐ defendant and/or ☐ 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					
	☐ Yes by: ☐ No				Property Crime? ☐ Yes ☒ No		Description of Property		Value of Property			
	Drug Activity N. N/A P. Possess				S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ 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. Synthetic	
U. Unknown Z. Other												
C H A R G E	Charge Description DUI PROPERTY DAMAGE				Statute Violation Number 316.193(3)(c)(i)				Violation of ORD # 316.193(3)(c)(i)			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond OR				
	N	N	/	/	1	☐ Y ☒ N						
C H A R G E	Charge Description				Statute Violation Number				Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
						☐ Y ☒ N						
C H A R G E	Charge Description				Statute Violation Number				Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
						☐ Y ☒ N						
I N T A K E	Health / Apparent Physical Condition of Defendant				Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries							
	Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health				PROPERTY - Received By				Released By		Released To	
	Transported By				Date Transported		Time Transported		Other			
N O T I C E T O A P P E A R	☒ INSTRUCTION NO. 1 - Mandatory appearance in court ☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) Criminal Justice CRIMINAL JUSTICE COMPLEX Court Date and Time 11/21/2019 08:00:00 3228 GUN CLUB ROAD							
	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.				No Photo Available							
	Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed							
A D M I N	HOLD for Other Agency				Signature of Arresting Officer LOPEZ, NIKOL V				Date Verification (Printed by Arrestee) OCT 23 2019			
	☐ Dangerous ☐ Restricted Arrest ☐ Suicidal ☐ Other				Name of Arresting Officer (Print) LOPEZ, NIKOL V				ID # 02075		(PRINT) OCT 23 2019	
	Transporting Officer LOPEZ				ID # 2075		Agency WPBPD		Witness here if subject signed with an "X"			

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

DUI PROBABLE CAUSE AFFIDAVIT

On the 22 Day of October at 2220 A.M. P.M.

Subject: Johanson, Emily Case Number: 2019-18165

Agency: West Palm Beach Police Department Arresting Officer: Lopez 2075

Personal Contact

Driving Pattern

Actual physical control (physical evidence putting the driver behind the wheel)

On Tuesday, October 22, 2019, at approximately 2225 hours, I responded to 100 Northpoint Pkwy in reference to an accident (moving vehicle vs stopped vehicle) caused by the defendant, identified through Florida Driver's license as Emily Johanson (DOB 04/23/1992). On my arrival, Johanson was arguing with the driver of the other vehicle. I asked Johanson to stand by her vehicle which she did. When I asked Johanson what happened and she began crying and saying "I didn't do anything to her and that she is being unfair". Johanson stated she was turning into Pollo Tropical and that was it. At this time, I advised Johanson the traffic crash investigation was completed and I would be initiating a DUI investigation. I asked Johanson if she would be willing to perform roadside exercises to show me she was not intoxicated and she agreed. This was captured on my Body Worn Camera.

Observation of Driver

When I arrived on scene, I observed Johanson being confrontational with the driver of the other vehicle. While speaking with Johanson, she was very emotional and began crying hysterically. Due to Johanson slurred speech and incoherence it was unclear how the accident occurred from her part.

Drivers Statements:

Johanson stated it was unfair how the driver of the other vehicle did this. Johanson stated "all I did was turn into Pollo Tropical because I wanted some chicken." I was turning in her and she was pulling forward and that was it.

Odors:

When I approached Johanson, I smelled the odor of an alcoholic beverage coming from her mouth. The odor got stronger as I continued to speak to her.

General Observations

Speech: Incoherent, slurred speech and angry

Attitude: Confused, Belligerent, Bipolar, Angry, confrontational, talkative

Clothing: Black long shirt and black shorts

Medical Problems/Medications: Celexa for depression and Trispintec

Other: None

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OCT 23 2019

DUI PROBABLE CAUSE AFFIDAVIT

Subject: Johanson, Emily Case Number: 2019-18165

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 at Maximum Deviation | ☒ Distinct Jerking Right Eye at Maximum Deviation |

After reading Johanson the instructions, Johanson acknowledged she understood the instructions. I had to instruct Johanson her head multiple times. While conducting the exercise Johanson was unable to follow instructions. Johanson was swaying back and forth throughout the exercise and was unable to maintain balance.

Walk and Turn Task

After reading Johanson the instructions, Johanson acknowledged she understood the instructions. I had to instruct Johanson to stay on the line and not to start until told to do so prior to the exercise. Johanson was unable to maintain balance while listening to instructions and started before being told multiple times. Johanson missed all heel to toe steps and stepped off the line. Johanson continued counting all the way to 13 and failed to turn. I instructed Johanson to stop the exercise due to her safety and to prevent her from falling.

One Leg Stand

After reading Johanson the instructions, Johanson acknowledged she understood the instructions. Johanson was unable to maintain balance or complete exercise like I instructed her too. I stopped the exercise due to Johanson's safety. I believed due to Johanson's intoxication level if we continued the exercise she could possibly fall.

Finger To Nose

After reading Johanson the instructions, Johanson acknowledged she understood the instructions. When Johanson closed her eyes, she lost her balance and almost fell. I believed due to Johanson's intoxication level if we continued the exercise she could possibly fall. Johanson was unable to complete the task.

Romberg Balance

I did not continue the SFSTs.

Breath Results from Instrument

1st Result

.213

2nd Result

N/A

3rd Result

If Applicable

.213

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

☐

Personally Known

☐

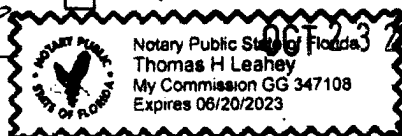
Produced Identification

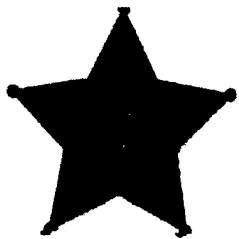
☐

Notary Public

10/22/19

(DATE)





PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 19-129232 PBSO ZONE 3-21
AGENCY CASE # 2019-18165 CRASH CASE # _____
TIME OF STOP/CRASH 2225 DATE 10/22/19 DAY _____
SUBJECT'S NAME Emily Johanson RACE W SEX F
HGT 507 WGT 170 DOB 4/23/92
LOCATION 100 Northpoint Pkwy
ARRESTING OFFICER'S NAME & ID Lopez 2075 AGENCY WPBPD
DIVISION: Patrol
NOTIFIED BY COMMO yes
ARRIVAL AT FACILITY 23:42
Arrest Time 2315
BREATH RESULTS:
1. .213
2. VNM
3. .213
4. N/A
TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

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TESTING FACILITY TASK REPORT

AGENCY: WPPD
SUBJECT: Johanson, Emily G CASE NUMBER: 19-129232
DATE: 10/22/19 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 00:04 ENDING TIME: 00:37

BREATH TESTS RESULTS: 1) .213 TIME 00:16 A.M./P.M. 2) VNM TIME 00:22 A.M./P.M.
3) .213 TIME 00:25 A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: T. Leakey #19183

MAINTENANCE TECHNICIAN: J Kurke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: upset, crying, fidgety, talkative

CLOTHING: black jean shorts, black shirt, black flip flops

MEDICAL CONDITIONS: Depression, Birth control

MEDICATIONS: Celecox, Trispinlec, Adoral

OTHER: eyes glassy + bloodshot

odor of unknown alcoholic beverage on breath

Δ stated she had 2 Ginx Tonics + 1 glass wine - Q+A

COMMENTS: arrived at center A/O conducted 20 minute observation period at 23:42 hrs

Δ agreed to perform breath test + then asked what would happen if she refused

A/O read I/C + Δ acknowledged she understood I/C

Δ agreed to perform breath test

A/O read rights + Δ stated she understood rights

Tech read breath test results + Δ acknowledged she understood breath test results.

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A/O conducted Q+A + Δ answered questions

SUBJECT: Johanson, Emily G 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 N Lopez #2075 of the WPB

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.

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SUSPECT'S SIGNATURE: (X) _____

Read on camera

SUBJECT: Johanson, Emily G CASE NUMBER: _____

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? Ball Tropical

WHAT STREET OR HIGHWAY WERE YOU ON? 11th St turning into Ball Tropical

DIRECTION OF TRAVEL? DK WHERE DID YOU START? Home

WHAT TIME DID YOU START? DK WHAT TIME IS IT NOW? DK

WHAT IS TODAY'S DATE? 01 Oct 2019 WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach, West Palm Beach

WHEN DID YOU LAST EAT? Breakfast WHAT DID YOU EAT? DK

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? over at a friend's house in Cape Palm Plantation

HOW MUCH DO YOU WEIGH? 160 HAVE YOU BEEN DRINKING? Yes WHAT? 2 (can) tonic/wine (1)

HOW MUCH? 2/1 WHERE? Copper Blue WITH WHOM? Friends (Hammock)

WHEN DID YOU HAVE YOUR FIRST DRINK? 3:30 pm AND YOUR LAST DRINK? 7:30 pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Drank it Siped it

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? —

WHAT? — WHERE? — WHEN? —

WHAT LINE OF WORK ARE YOU IN? Student - Intern WHEN DID YOU LAST WORK? —

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? —

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? —

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? According to her yes Yes

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? Yes WHAT? Celebra WHEN? 7:30 pm

DO YOU HAVE:	EPILEPSY?	<u>NO</u>
	GLASS EYE?	<u>NO</u>
	FALSE TEETH?	<u>NO</u>
	EAR INFECTION?	<u>NO</u>
	INNER EAR TROUBLE?	<u>NO</u>
	DIABETES?	<u>NO</u>

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? —

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

INTERVIEWER: L. 102 2019

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

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: 80-006238 Software: 8100.27
Date of Test: 10/23/2019

Date of Last Agency Inspection: 10/18/2019
Observation Period Began: 23:42
Subject's Name: EMILY G JOHANSON

DOB: 04/23/1992 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	00:14
	Air Blank	0.000	00:14
	Control Test	0.079	00:14
	Air Blank	0.000	00:15
	Subject Sample #1	0.213	00:16
	Air Blank	0.000	00:17
	Air Blank	0.000	00:18
	Subject Sample #2	VNM*	00:22
	Air Blank	0.000	00:22
	Air Blank	0.000	00:24
	Subject Sample #3	0.213	00:25
	Air Blank	0.000	00:25
	Control Test	0.078	00:26
	Air Blank	0.000	00:26
	Diagnostics Check	OK	00:26

*Volume Not Met (0.184 - Breath Sample Not
Reliable to Determine Breath Alcohol Level)

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 THOMAS H LEAHEY, 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: T. Leahey

Signature

Date: 10/23/19

Sworn to (or affirmed) before me this 23rd day of October, 2019

[Signature]

Signature of Notary Public-State of Florida

Ofc N Lopez #2075

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 completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



**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: 2019034397

Date: 10/23/2019

Specialist Name/ID: Gammage/5660

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