

16CF 9620

		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3		Juvenile							
ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-16084929										
	Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1												
	Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address) CAIN BLVD/VISTA GRAND, BOCA RATON, FL 33498														
DEFENDANT	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle				
	Name (Last, First, Middle) EMILY MORGENBESSER										Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 11/02/1996		Height 4-11		Weight 105		Eye Color GRN		Hair Color BRO		Complexion MED		Build THIN
CO-DEF	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status SINGLE		Religion NONE		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk.		
	Local Address (Street, Apt. Number) 6671 NW 23 TERRACE, BOCA RATON, FL 33496				(City) BOCA RATON		(State) FL		(Zip) 33496		Phone (516) 5277937		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2				
	Permanent Address (Street, Apt. Number) 6671 NW 23 TERRACE, BOCA RATON, FL 33496				(City) BOCA RATON		(State) FL		(Zip) 33496		Phone ()		Address Source DEFENDANT				
JUVENILE	Business Address (Name, Street) ()				(City) ()		(State) ()		(Zip) ()		Phone ()		Occupation ()				
	D/L Number, State 959159446, NY				Soc. Sec. Number ()				INS Number ()				Place of Birth (City, State) NEW YORK, NY		Citizenship US		
	Co-Defendant Name (Last, First, Middle) ()				Race ()		Sex ()		Date of Birth ()		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile						
CHARGE	Co-Defendant Name (Last, First, Middle) ()				Race ()		Sex ()		Date of Birth ()		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile						
	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Name (Last) (First) (Middle) Address (Street, Apt. Number) (City) (State) (Zip) Residence Phone () Business Phone ()																
	Notified by: (Name) () Date () Time () Relationship () Juv. Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS./DYS 3. Incarcerated																
CHARGE	Released To: (Name) () Relationship () The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) () <input type="checkbox"/> No: (Reason) () School Attended () Grade () Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> 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. 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 Description DUI-PROPERTY DAMAGE/INJURY				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(3C2)		Violation of ORD # 35						
CHARGE	Drug Activity N				Drug Type N		Amount / Unit ()		Offense # 16084929		Warrant / Capias Number ()		Bond ()				
	Charge Description ()				Counts ()		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number ()		Violation of ORD # ()						
	Drug Activity ()				Drug Type ()		Amount / Unit ()		Offense # ()		Warrant / Capias Number ()		Bond ()				
CHARGE	Charge Description ()				Counts ()		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number ()		Violation of ORD # ()						
	Drug Activity ()				Drug Type ()		Amount / Unit ()		Offense # ()		Warrant / Capias Number ()		Bond ()				
	Charge Description ()				Counts ()		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number ()		Violation of ORD # ()						
CHARGE	Drug Activity ()				Drug Type ()		Amount / Unit ()		Offense # ()		Warrant / Capias Number ()		Bond ()				
	Location (Court, Room Number, Address) TO BE SET																
	Court Date and Time Month Day Year Time 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 of Defendant (or Juvenile and Parent / Custodian) Date Signed																
ADMIN	HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other: Intake Deputy I.D. # Pouch #				Signature of Arresting Officer X Name of Arresting Officer (Print) I.D. # SERRAES 19471 Transporting Officer ID # Agency				Name Verification (Printed by Arrestee) (PRINT) PAGE 1 OF 1								

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3		Juvenile	
ADMIN	OBTS Number										
	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06- 16084929					
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:			
DEF	Name (Last, First, Middle) EMILY MORGENBESSER	Alias				Race W		Sex F		Date of Birth 11/02/1996	
CHARGES	Charge Description DUI-PROPERTY DAMAGE/INJURY 316.193(3C2)	Charge Description									
	Charge Description	Charge Description									
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA	Race				Sex		Date of Birth			
	Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone ()		Address Source				
	Business Address (Name, Street)	(City)	(State)	(zip)	Phone ()		Occupation				
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 2ND day of JUNE 20 16 at 2101 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 6/2/16 at 2101hrs I responded to a crash with injuries at Cain Blvd/Vista Grand, unincorporated Boca Raton, FL. Upon arrival I observed the defendant still trapped inside her vehicle. My independent crash investigation revealed that the defendants vehicle crossed over into oncoming traffic causing the crash and injuring the two occupants of the other vehicle involved. I met with the defendant at Delray Medical Center and observed signs of impairment including an odor of alochol, slurred speech, and confusion as to what had occurred. Due to the signs of impairment, I requested that the defendant submit to a blood test in order to detect the presence of chemical or controlled substances. The defendant consented to the test and signed the consent forms in my presence. I provided nurse Labeach with a sealed blood kit and watched as she drew blood from the defendant, starting with her left hand, then switching to the right hand to finish. I sealed the kit and immediately transported it to the secure PBSO evidence refrigerator.</p> <p>On 7/1/16, I received the results of the blood draw from Forensic Scientist Russell Miller and they are the following: Blood drug analysis- Delta 9 THC at 6.7 +/- 1.7 ng/ml, Delta 9 Carboxy THC at 48 +/- 12ng/ml, Delta 9 Hydroxy THC at 2.8 +/- 0.6ng/ml, Alprazolam at 31 +/- 6ng/ml.</p> <p>Due to the above presence of narcotics in the defendants blood I am requesting a warrant for her arrest for the charge of DUI- Property damage/injury.</p>											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH SERRAES 19471 (Signature of Arresting/Investigative Officer)										
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>11</u> day of <u>July</u> 20 <u>16</u> by SERRAES 19471 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of Identification produced _____										
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)										
PAGE 1 OF 1											

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2ND DAY OF JUNE 20 16, AT 2101 AM PM

SUBJECT: EMILY MORGENBESSER CASE NUMBER: 16084929

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: SERRAES 19471

PERSONAL CONTACT

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

On 6/2/16 at 2101hrs I responded to a crash with injuries at Cain Blvd/Vista Grand, unincorporated Boca Raton, FL. Upon arrival I observed the defendant still trapped inside her vehicle.

My independent crash investigation revealed that the defendants vehicle crossed over into oncoming traffic causing the crash and injuring the two occupants of the other vehicle involved.

OBSERVATION OF DRIVER:

I met with the defendant at Delray Medical Center and observed signs of impairment including an odor of alcohol, slurred speech, and confusion as to what had occurred.

DRIVER'S STATEMENTS:

Stated that she could not remember what had occurred. Stated that she did not consume any alcohol or drugs prior to the crash, other than "seroquil".

ODORS:

Odor of alcohol

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: cooperative

CLOTHING: normal

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

SERRAES 19471

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of July 20 16 by D/S SERRAES

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced

SUBJECT: EMILY MORGENBESSER

CASE NUMBER 16084929

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:

WALK & TURN:

n/a

ONE LEG STAND:

n/a

FINGER TO NOSE:

n/a

ROMBERG ALPHABET:

n/a

BREATH TEST RESULTS:

1) PENDING

2)

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

SERRAES 19471

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of July, 2016 by D/S SERRAES

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

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