

16CF 9620

ARREST / NOTICE TO APPEAR				Juvenile Referral Report		1. Arrest	3. Request for Warrant	3	Juvenile	
ADMINISTRATIVE	OBTS Number		Agency Name		Agency Report Number (N.T.A.'s only)		2. N.T.A.		4. Request for Capias	
	Agency ORI Number		PALM BEACH COUNTY SHERIFF'S OFFICE		06-		1. Yes		2. No	
FLO 500000				16084929						
ChargeType: Check as many as apply:		<input type="checkbox"/> 1. Felony <input 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		Multiple Clearance Indicator		
				2		1. Yes 2. No		1		
Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address) CAIN BLVD/VISTA GRAND, BOCA RATON, FL 33498				
Date of Arrest		Time of Arrest		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
Name (Last, First, Middle) EMILY MORGENBESSER										
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W	Date of Birth 11/02/1996	Height 4-11	Weight 105	Eye Color GRN	Hair Color BRO	Complexion MED	Build THIN	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status SINGLE	Religion NONE	Indication of: Alcohol Influence Drug Influence		
Local Address (Street, Apt. Number) (City) (State) (Zip)						Phone (516) 5277937		Residence Type: 1. City 2. County 3. Florida 4. Out of State		
Permanent Address (Street, Apt. Number) 6671 NW 23 TERRACE, BOCA RATON, FL 33496						Phone ()		Address Source DEFENDANT		
Business Address (Name, Street) (City) (State) (Zip)						Phone ()		Occupation		
D/L Number, State 959159446, NY			Soc. Sec. Number [REDACTED]			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			
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)						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		Date	Time	
Released To: (Name)						Relationship				
<input type="checkbox"/> Yes <input type="checkbox"/> No 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. Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> 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 A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Heroin	P. Rerapharmalia/ Equipment S. Synthetic	U. Unknown Z. Other
CHARGE	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 #		
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # 16084929	Warrant / Capias Number		Bond			
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
NOTICE TO APPEAR	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:			Signature of Arresting Officer X			Name Verification (Printed by Arrestee)			
						(PRINT)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: Name of Arresting Officer (Print) SERRAES			I.D. # 19471				PAGE
Intake Deputy			I.D. #	Pouch #	Transporting Officer	ID #	Agency	Witness here if subject signed with an -X"		1 OF 1
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)										
PBSO #148 REV. 8/97										

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest	3. Request for Warrant	3	Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06-16084929		2. N.T.A.	4. Request for Capias		
ADMIN	ChargeType: 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:					
	Name (Last, First, Middle) EMILY MORGENBESSER				Alias		Race W	Sex F	Date of Birth 11/02/1996	
DEF	Charge Description DUI-PROPERTY DAMAGE/INJURY 316.193(3C2)		Charge Description							
CHARGES	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		
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. The Person taken into custody										
<input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.										
On the <u>2ND</u> day of <u>JUNE</u> 20 <u>16</u> at <u>2101</u> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)										
<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 alcohol, 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>										
PROBABLE CAUSE STATEMENT	<p>STATE OF FLORIDA COUNTY OF PALM BEACH SERRAES 19471</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>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 <u>SERRAES 19471</u></p> <p>(Print Name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>									
	<table border="1"> <tr> <td>PAGE <u>1</u> OF <u>1</u></td> </tr> </table>									
PAGE <u>1</u> OF <u>1</u>										

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 MORGEBESSER

CASE NUMBER 16084929

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

<input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT	<input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT
<input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION	<input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
<input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES	<input type="checkbox"/> 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 _____