

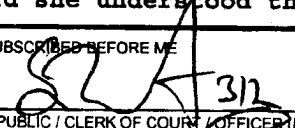
J# 0506157 2019 CTOD 4718 ANB PH# 433

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 19-001161							
Charge Type: Check as many as apply ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Location of Arrest (Including Name of Business) JUPITER MEDICAL CENTER, JUPITER, FL		Location of Offense (Business Name, Address) 669 W INDIANTOWN RD/DANIELS WAY, JUPITER, FL 33458		Enter Type NONE		Multiple Clearance Indicator			
Date of Arrest 03/12/2019		Time of Arrest 16:29		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) KELLY, GAYLE		Alias		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black O - Original/Asian W		Sex F		Date of Birth 03/24/1948		Height 5'01		Weight 145		Eye Color BROWN	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status O		Religion CHRISTIAN		Indication of Alcohol Influence Yes ☐ No ☒ Unk ☐		Complexion MEDIUM		Build Medium	
Local Address (Street, Apt. Number) 2905 N BISMARCK LN 104, JUPITER, FL 33458		(City) JUPITER, FL		(State) FL		(Zip) 33458		Phone (561) 603-6334		Residence Type 1. City 2. County 3. Out of State 1	
Permanent Address (Street, Apt. Number) 2905 N BISMARCK LN 104, JUPITER, FL 33458		(City) JUPITER, FL		(State) FL		(Zip) 33458		Phone (561) 603-6334		Address Source DEF	
Business Address (Name, Street) K400280486040 / FL		(City) JUPITER, FL		(State) FL		(Zip) 33458		Phone		Occupation Caretaker	
D/L Number, State K400280486040 / FL		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		☐ 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	
☐ Parent ☐ Other: _____		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)		(State)		(Zip)	
☐ Legal Custodian		Relationship		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
Notified by: (Name)		Relationship		Date		Time		School Attended		Grade	
Released To: (Name)		Relationship		Date		Time		Property Crime? ☐ Yes ☒ No		Description of Property	
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.		Property Value		Value of Property							
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperses/ 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. Opioid/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
Charge Description DUI-DAMAGE TO PERSON/PROPERTY (Pending blood results)		Statute Violation Number 316.193(3)(C)(I)		Violation of ORD #							
Drug Activity N		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence ☐ Y ☒ N	
Charge Description		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence ☐ Y ☒ N	
Charge Description		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence ☐ Y ☒ N	
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries		Explain:							
Check which applies: ☐ Released O.R. ☐ Posted Bond		☐ Released to Parent/Guardian ☐ South County Mental Health		☐ T.O.T. County Jail		PROPERTY - Received By		Released By		Released To	
Transported By		Date Transported		Time Transported		Other					
☒ 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) North County		Court Date and Time 04/10/2019 08:30:00							
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) Gayle Kelly		Date Signed 3/12/19						No Photo Available	
HOLD for Other Agency		Signature of Arresting Officer Brandt, Nickolas		Name Verification (Printed by Arrestee) (PRINT)							
☐ Dangerous ☐ Suicidal		☐ Resisted Arrest ☐ Other		Name of Arresting Officer (Print) BRANDT, NICKOLAS		I.D. # 1121				PAGE 1 OF 1	
Initials Wenny		I.D. # 686		Pouch #		Transferring Officer Zest		I.D. # 312		Agency JPD	

SCANNED

MAR 13 2019

MAR 13 AM 12:52

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 19-001161				
	Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony		☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Special Notes:				
D E F E N D A N T	Name (Last, First, Middle) KELLY, GAYLE				Race W		Sex F		Date of Birth 03/24/1948
	Charge Description 316.193(3)(A)(B)(C)(1) DUI - PERSONAL INJURY/PROPERTY				Charge Description				
C H A R G E S	Charge Description				Charge Description				
	Charge Description				Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) SCHNADERBECK, AUSTIN JOSEPH				Race W		Sex M		Date of Birth 05/13/1995
	Local Address (Street, Apt. Number) (City) (State) (Zip) 210 MILITARY TRL, JUPITER, FL 33458				Phone (561) 746-6201		Address Source		
B U S I N E S S	Business Address (Name, Street) (City) (State) (Zip) JUPITER POLICE				Phone		Occupation POLICE OFFICER		
<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>☐ committed the below acts in my presence. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p>☐ confessed to _____ admitting to the below facts. ☒ was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 12 day of March, 2019 at 16:29 (Specifically include facts constituting cause for arrest.)</p>									
<p>On 3/12/2019, at 1516 hours, Ofc. Schnaderbeck, ID 310, advised he was involved in a crash at the intersection of W Indiantown Rd and Daniels Way. Upon arrival, I found both vehicles stopped in the right lane. I made contact with the driver of a 2017 Hyundai Tuscon, W/F Gayle Kelly, 3/24/1948. Kelly told me she was distracted by her coffee and didn't see traffic was stopped. I then made contact with W/M Jack Sharpe, 2/15/2002. Sharpe said he was driving behind the Hyundai when it ran into the back of the stopped police car. Sharpe said the driver never tried to stop.</p> <p>While speaking with Kelly, I asked for her license, registration, and insurance. Kelly produced her license and registration. She then held her insurance card in her hand and stared at it for an extensive amount of time. Kelly was sluggish and slumped over while I was speaking with her. After Kelly was loaded in the ambulance, I was informed by Palm Beach County Fire Rescue that she was wearing two fentanyl patches and likely impaired.</p> <p>After completing my investigation on scene, I went to the Jupiter Medical Center to speak with Kelly. While at the hospital, I noticed that her pupils were pinpoint. I spoke with Dr. Chapin, who was treating Kelly. He told me she would be at the hospital for 2-3 hours. Based on the significant amount of time between the accident and the first possible attempt at obtaining a breath sample, I determined that breath would be impractical and a blood draw would be needed.</p> <p>I completed my crash investigation and informed Kelly that I was beginning a criminal DUI investigation. I then advised Kelly of her Miranda Rights, which she stated she understood. Kelly declined to answer any questions after the reading of Miranda. Kelly kept stating she did not understand what was taking place. I informed her that she was under arrest for DUI. She continued to say she did not understand how she was under arrest because she was on the same thing that was prescribed to her by her doctor for the last ten years. I asked Kelly to submit to a blood draw. Kelly was noncommittal and would not give a direct answer. I then read Kelly Implied Consent. Kelly said she understood the implied consent warnings but said she did not understand</p>									
S W O R N	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 03/12/2019 DATE				BRANDT, NICKOLAS (1121) NAME OF OFFICER (PLEASE PRINT) 03/12/2019 DATE				
				PAGE 1 OF 2					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 19-001161		
	Charge Type: Check as many as apply ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other		Special Notes:				
D E F	Name (Last, First, Middle) KELLY, GAYLE				Race W	Sex F	Date of Birth 03/24/1948
	<p>what was going on. I further explained the implied consent and again asked if she would provide a sample. Kelly eventually agreed to provide a sample. While speaking with Kelly, she said she did not understand the purpose of the blood draw, since it would show the fentanyl.</p> <p>Based on the above stated facts and circumstances, Kelly did operate a motor vehicle, while under the influence, causing or contributing to a crash involving property damage contrary to F.S.S. 316.193(3) (A) (B) (C) (1) .</p>						
<div style="position: relative;"> P R O B A B L E C A U S E S T A T E M E N T NOT A CERTIFIED COPY </div>							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 03/12/2019 DATE </div> <div style="width: 45%;"> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BRANDT, NICKOLAS (1121) NAME OF OFFICER (PLEASE PRINT) 03/12/2019 DATE </div> </div>						
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> COURT </div> <div style="width: 45%;"> STATE ATTORNEY </div> </div>						
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> CENTRAL RECORDS </div> <div style="width: 45%;"> JAIL </div> </div>						
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> CRIME ANALYSIS </div> <div style="width: 45%;"> P. I. O. </div> </div>						
PAGE 2 OF 2							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

WITNESS LIST

CASE NUMBER: 19-001161

ARRESTING OFFICER: Ofc. Nickolas Brandt 315/1121

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: Crash Investigation, DUI Investigation

NAME: Ofc. Austin Schnaderbeck 310

ADDRESS: 210 Military Trail, Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) (561)746-6201

CAN TESTIFY TO: Subject as driver

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: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



**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: 2019008567	Date: 13Mar19
	Specialist Name/ID: R Ehrenberg/6104

BRANDT
(1121)

19001161



FLORIDA DUI UNIFORM TRAFFIC CITATION

AATB7FE

COUNTY OF PALM BEACH		☐ (1) F.H.P. ☒ (2) P.D. ☐ (3) S.O. ☐ (4) OTHER	
CITY (IF APPLICABLE) JUPITER		AGENCY NAME JUPITER POLICE	
		AGENCY # 54	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLY GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
COMPLAINT (RETAINED BY COURT)			
DAY OF WEEK TUESDAY	MONTH 03	DAY 12	YEAR 2019
NAME (PRINT) FIRST GAYLE		MIDDLE KELLY	LAST KELLY
STREET 2905 N BISMARCK LN - 104			
CITY JUPITER		STATE FL	ZIP CODE 33458
TELEPHONE NUMBER	DATE OF BIRTH NO 03 DAY 24 YR 1948	RACE W	SEX F
DRIVER LICENSE NUMBER K 4 0 0 2 8 0 4 8 6 0 4 0	STATE FL	CLASS E	YR LICENSE EXP 2025
YR VEHICLE 2017	MAKE HYUN	STYLE UT	COLOR BLK
VEHICLE LICENSE NO. Y8WEV	TRAILER TAG NO.	STATE FL	YEAR TAG EXPIRES 2019
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY 669 W INDIANTOWN RD/DANIELS WAY, JUPITER			
FT. _____ MILES _____ OF NODE _____			

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF *Pending blood results*

COMMITTEES PERTAINING TO OFFENSE (Only one offense each citation)		REARER ☒ YES ☐ NO
DUI - PERSONAL INJURY/PROPERTY DAMAGE DUI		
☐ AGGRESSIVE DRIVER	PASSENGER IN VEHICLE ☒ YES ☐ NO	STATE STATUTE 316.193 (3)(A)(B)(C)(1)
CRASH ☒ YES ☐ NO	DAMAGE TO OTHER PROPERTY ☒ YES ☐ NO	INJURY TO ANOTHER ☒ YES ☐ NO
		SERIOUS BODILY INJURY TO ANOTHER ☒ YES ☐ NO
		FATAL ☒ YES ☐ NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE 04/10/2019	TIME 08:30 AM	COURT AATB7FE
NORTH COUNTY GOVERNMENT CENTER 3188 PGA Boulevard PBG, FL 33410		

ARREST DELIVERED TO PBCJ	DATE 03/12/2019
I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.	

X SIGNATURE OF VIOLATOR	
EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:	
☒ DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.	

☐ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.	
---	--

LICENSE SURRENDERED?	☒ YES ☐ NO	REASON
ELIGIBLE FOR PERMIT?	☒ YES ☐ NO	REASON

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.
AT THE **LANTANA 33462-1516** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

RANK - SIGNATURE OF OFFICER 284 22	BADGE NO. 316	ID NO. 1121	TROOP UNIT 785
--	-------------------------	-----------------------	--------------------------

HSMV 75804 (Rev. 10/14)

2019CT004718 ANB

COMPLAINT

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____
	SIGNATURE OF PERSON GIVING BAIL _____
	SIGNATURE OF PERSON TAKING BAIL _____
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE.
	SIGNATURE OF CLERK _____
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE)
	PLEA: _____
	FINDING: _____
	ADJUDICATION: _____
	SENTENCE: FINE _____ COST _____
	JAILED _____ DAYS
	DRIVER IMPROVEMENT SCHOOL _____
	OTHER _____
	DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS
	RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS
	RECOMMEND RE-TEST _____
	SIGNATURE OF JUDGE _____
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE _____

INVESTIGATED BY
COUNTY CLERK
2019 MAR 13 PM 12:31

SCANNED
MAR 13 2019