

0496843

18CT5344 SB 338

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

1 Juvenile N

OBTS Number		Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 18-053821	
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No	
Location of Arrest (Including Name of Business) Palmetto Park Rd / St Andrews Blvd, Boca Raton, FL 33433		Location of Offense (Business Name, Address) Palmetto Park Rd / St Andrews Blvd, Boca Raton, FL 33433					
Date of Arrest 03/23/2018	Time of Arrest 23:12	Booking Date 03/24/2018	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) Whaley, Heather, Francis				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 2/23/1978	Height 5'02	Weight 120	Eye Color brown	Hair Color black	Complexion light
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Martial Status Married	Religion NONE	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.	
Local Address (Street, Apt. Number) 22537 Sw 66th Ave Apt 109, Boca Raton, FL 33428				Phone (561) 374 2387		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number)				Phone		Address Source DL	
Business Address (Name, Street)				Phone		Occupation Licensed Massage Therapist	
D/L Number, State W400326785630, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Syracuse, NY	
Citizenship US		Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<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		
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone		Business Phone	
Address (Street, Apt. Number)		(City) (State) (Zip)		() () ()		() () ()	
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated			
Released To: (Name)		Relationship		Date	Time		
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/Derv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description Driving Under the Influence w/ property damage & Injuries		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(3)(c)1		Violation of ORD #	
Drug Activity N		Drug Type N	Amount / Unit	Offense # 18-053821	Warrant / Capias Number		Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond
Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996							
Court Date and Time Month 23rd Day April Year 2018 Time 08:30 AM <input checked="" type="checkbox"/> 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>Heather Whaley</i>				Date Signed 03/23/2018			
HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arresting Officer) <i>Heather T. Whaley</i>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S POINTU P.		I.D. # 16032	
Intake Pouch # <i>Thomas [Signature]</i>		Transporting Officer D/S POINTU P.		ID # 16032		Agency PBSO	
Witness here if subject signed with an "X"						PAGE 1 OF 1	

2018 MAR 24 7:52 AM
SHERIFF'S OFFICE
PALM BEACH COUNTY
GUN CLUB

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23rd DAY OF March 20 18, AT 21:52 AM PM
SUBJECT: Whaley, Heather, Francis CASE NUMBER: 18-053821
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

PERSONAL CONTACT

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

Was observed by both other drivers as the driver and only occupant of the Audi A3 bearing Florida tag EBDL76. Was found at fault in the crash.

OBSERVATION OF DRIVER:

Mood swings, crying, unsteady on her feet.

DRIVER'S STATEMENTS:

Admitted post Miranda that she had been drinking a glass of wine earlier.

ODORS:

Slight odor of unknown alcohol that become stronger when she talked.

GENERAL OBSERVATIONS

SPEECH: slightly slurred.

ATTITUDE: Cooperative, mood swings

CLOTHING: black pants, white shirt

MEDICAL/OTHER: pancreatitis. No medication taken.

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

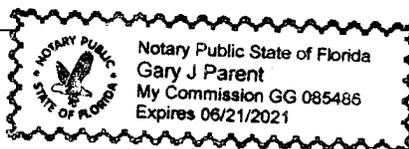
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of March 20 18 by D/S POINTU P.

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

Gary Parent (#7909)

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



SUBJECT: Whaley, Heather, Francis

CASE NUMBER 18-053821

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

No VGN, no resting nystagmus. Slight LOC Right eye going right and up. Swayed.

WALK & TURN:

Started before being told. Used her hands to balance. Did not count out loud. Did not walk heel to toe.

ONE LEG STAND:

Used her arms to balance. Lowered her leg.

FINGER TO NOSE:

Touched her upper lip with her right hand every time. Swayed.

ROMBERG ALPHABET:

Swayed. Recited properly the first 2/3 of the alphabet, then looped back.

BREATH TEST RESULTS: refusal

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

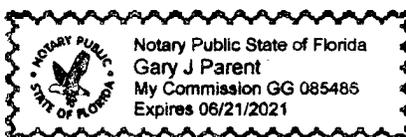
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Gary Parent (#7909)

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



WITNESS LIST

CASE NUMBER: 18-053821

ARRESTING OFFICER: D/S POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688 3000

CAN TESTIFY TO: see report

NAME: Pinto, Bruna, Lopes

ADDRESS: 22709 Sw 65th Ave, Boca Raton, FL 33428

PHONE NUMBERS (HOME) (561) 562 3371 (WORK) 0

CAN TESTIFY TO: wheel witness, driving pattern

NAME: Mantovani Da Cunha, Bruno,

ADDRESS 22709 Sw 65th Ave, Boca Raton, FL 33428

PHONE NUMBERS (HOME)(561) 562 3371 (WORK) 0

CAN TESTIFY TO: wheel witness, driving pattern

NAME: Paschen, Emma, Leigh

ADDRESS 17308 Boca Club Blvd Apt 1104, Boca Raton, FL 33487

PHONE NUMBERS (HOME)(561) 562 3371 (WORK) 0

CAN TESTIFY TO: wheel witness, driving pattern

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: _____

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO
 SUBJECT: WHALEY, HEATHER F. CASE NUMBER: 18-053821
 DATE: 03/24/18 VIDEO TAPE NUMBER: N/A
 BEGINNING TIME: 0013 ENDING TIME: 0029
 BREATH TESTS RESULTS: 1) R TIME 0021 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: G. PARENT # 7909
 MAINTENANCE TECHNICIAN: KARLECKE # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: CLEAR
 ATTITUDE: UPSET, COOPERATIVE, IMPASSIVE
 CLOTHING: BLACK JUMP SUIT WITH ZIP PANTS, SMALL SANDALS
 MEDICAL CONDITIONS: NO PREVIOUS
 MEDICATIONS: NO

REFUSED

OTHER: EYES WATERY AND REDDED, SMALL LACERATION ON LEFT WRIST

Δ ADMITTED TO PREPARING ONE GLASS OF URINE (Q+A)
 COMMENTS: ARRIVED AT CENTRAL AND BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 2351 HRS.

Δ STATED I GUESSED TO TAKING TEST
 A/C READ I/C
 Δ STATED SHE UNDERSTOOD I/C AND REFUSED TEST AFTER SEVERAL MINUTES

REFUSED

A/C REMEMBERED Δ TIA- RESULTS WERE READ AT SCENE AND RE-READ THEM

Δ STATED SHE RECALLED RESULTS P=16 READ AND UNDERSTOOD

A/C CONDUCTED Q+A

Δ ANSWERED QUESTIONS

SUBJECT: WHALEY, HEATHER F. CASE NUMBER: 18-053821

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 _____ of the _____.

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) Heather F. Whaley

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) Heather F. Whaley

SUBJECT: Whaley, Hea-acc. F. CASE NUMBER: 18-053821

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? W WHERE DID YOU START? _____

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

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: _____



Sunshine State

FLORIDA DRIVER LICENSE CLASS E

1W400-326-78-563-0

WEATHER FRANCIS

WIMLEY

1000 W. 10TH AVE APT 100

MIAMI BEACH, FL 33139

SEX: F



Wm J. [Signature]

ORGAN DONOR

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY

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

18-053821

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

am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 23 day of March, 20 18, at 23:12 P.M. A.M.

DRIVER Heather Francis Whaley,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# W400326785630, state of Florida, was placed under lawful arrest for
the offense of Driving Under the Influence w/ property damage & Injuries by D/S POINTU P. and
issued Citation # A2FUDTP
(Name of Arresting Officer)

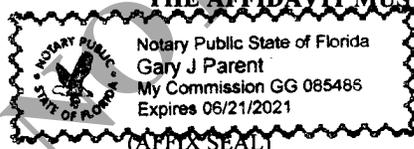
That on or about the 24th day of March, 20 18, at 00:21 P.M. A.M.

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 of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

The foregoing instrument was sworn and subscribed before
me this 24th day of March, 20 18,
by D/S POINTU P.,

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

Notary Public Gary Parent (#7909)

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.