

0489893

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

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

1 Juvenile

2030

170T 13534

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17-105079	
	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 <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No N/A		Multiple Clearance Indicator 01			
	Location of Arrest (Including Name of Business) 6700 INDIANTOWN RD, JUPITER, FL, 33458				Location of Offense (Business Name, Address) 6700 INDIANTOWN RD, JUPITER, FL, 33458			
	Date of Arrest 7/21/17	Time of Arrest 02:35	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
DEFENDANT	Name (Last, First, Middle) FOTI, JACQUELINE, NICOLE							
	Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 12/28/87	Height 5'3	Weight 185	Eye Color BRN	Hair Color BRN	Complexion MED
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO LEFT WRIST, AND RIGHT HIP				Marital Status SINGLE	Religion NONE	Indication of: Alcohol Influence <input checked="" 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) 431 JUPITER LAKE BLVD #2110D JUPITER, FL, 33458				Phone (203) 448-8131		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
	Permanent Address (Street, Apt. Number)				Phone		Address Source DEFENDENT	
	Business Address (Name, Street)				Phone		Occupation	
	D/L Number, State F300-434-87-968-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) WHITEPLAINS, NY	
	Citizenship							
	CO-DEF	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth
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	
JUVENILE	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			
	Released To: (Name) Relationship Date Time							
CHARGE	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)							
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property			
	Value of Property				School Attended Grade			
	Drug Activity S. Sell N. N/A P. Possess T. Traffic				R. Smuggle D. Deliver E. Use K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other			
	Charge Description DUI				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Drug Activity N				Drug Type N		Amount / Unit	
	Offense # 17-105079				Statute Violation Number 316.193(1)		Violation of ORD #	
	Warrant / Capias Number				Bond O.R.			
	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Drug Activity N				Drug Type N		Amount / Unit	
NOTICE TO APPEAR	Location (Court, Room Number, Address) 3228 GUN CLUB RD, WEST PALM, FL, 33406							
	Court Date and Time Month 8 Day 17 Year 2017 Time 8:30 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)				Date Signed			
	HOLD for other Agency Name:				Signature of Arresting Officer X			
	Name Verification (Printed by Arrestee) SCANNED				JUL 21 2017 8:33 AM			
	Name of Arresting Officer (Print) D/S G. LYNCH				I.D. # 8568			
	Transporting Officer D/S G. LYNCH				ID # Agency PBSO			
	Intake Deputy Loftis, B. 8741				Pouch #			
	DISTRIBUTION: WHITE - COURT COPY				GREEN - STATE ATTORNEY			
YELLOW - AGENCY				PINK - AGENCY				
GOLD - DEFENDANT (N.T.A.'s ONLY)				PAGE 1 OF 1				

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1		Juvenile	
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06 - 17-105079			
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.						Special Notes:			
Defendant's Name (Last, First, Middle) Foti, Jacqueline, Nicole						Race W		Sex F	
Date of Birth 12/28/1987									
Charge Description DUI						Charge Description			
Charge Description						Charge Description			
Victim's Name (Last, First, Middle) STATE OF FLORIDA						Race		Sex	
Date of Birth									
Victim's Local Address (Street, Apt. Number) (City) (State) (Zip)						Phone		Address Source	
Victim's 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 checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
On the 21 day of July, 2017 at 02:14 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).									

NARRATIVE:

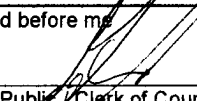
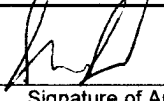
on 7/21/2017 at approximately 0214hrs, while on proactive patrol I was traveling through the parking lot of the "KFC" restaurant located at 6700 Indiantown Road in the city of Jupiter Florida. As I approached the north west exit and entrance of the parking lot I observed a white Nissan Altima bearing Florida license plate CCSU55 stopped with the headlights on and engine on, facing north west as if it were going to exit the parking lot. I stopped behind the vehicle and waited for approximately a minute or two, expecting the vehicle to move forward and exit the parking lot. However, the vehicle continued to idle and did not move. I also noticed that the vehicle was occupied one time. I exited my marked PBSO patrol vehicle and approached the vehicle from the driver side, making contact with a white female in the driver seat of the vehicle. The white female was slumped over to the right side and appeared to be sleeping or passed out. I also noticed that the keys were in the ignition and the engine was indeed on. I flashed my flash light into the vehicle and was able to wake up the driver, who acknowledged my presence and rolled down the window. I immediately smelled the odor of an alcoholic beverage resonating from inside the vehicle. I also observed that the female's eyes were glossy and her speech was slurred, after I asked her for her drivers license and registration paperwork. The female identified herself to me as Jacqueline Foti by way of Florida driver's license. As I conducted a computer check on Jacqueline's license, D/S Lynch #8568 arrived on scene and took over the investigation.

SCANNED

JUL 24 2017

18350

NARRATIVE CONTINUATION

Sworn and Subscribed before me	
	 18350
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10) D/S G. LYNCH 8568	Signature of Arresting / Investigating Officer D/S J. JONES #18350
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10) 7/21/17	Name of Officer (Please Print) 7/21/17
Date	Date

NOT A CERTIFIED COPY

SCANNED

JUL 24 2017

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21 DAY OF JULY 20 17, AT 02:14 ✓ AM PM

SUBJECT: FOTI, JACQUELINE, NICOLE CASE NUMBER: 17-105079

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S G. LYNCH 8568

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
JACQUELINE WAS FOUND PASSED OUT, IN THE DRIVER SEAT, OF HER VEHICLE, A WHITE NISSIAN ALTIMA, BEARING FL TAG CCSU55, IN THE PARKING LOT OF THE KFC, LOCATED AT 6700 INDIANTOWN RD, JUPITER. THE VEHICLE WAS STOPPED IN THE EXIT TO THE PARKING LOT. THE VEHICLE WAS RUNNING AND IN PARK. D/S JONES WHO LOCATED THE VEHICLE ADVISED THAT JACQUELINE WAS SLUMPED OVER TO THE RIGHT SIDE.

OBSERVATION OF DRIVER:

EYES WERE GLASSY, WAS UNSTEADY WHILE STANDING AND HAD AN ORBITAL SWAY. HAD AN ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HER BREATH

DRIVER'S STATEMENTS:

HAD BEEN DRINKING WINE APPROXIMATELY 1 HR PRIOR TO DRIVING.

ODORS:

UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: CALM/ COOPERATIVE

CLOTHING:

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

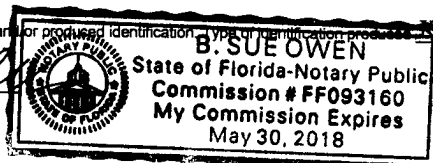
D/S G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of JULY 20 17 by D/S G. LYNCH 8568

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

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



SCANNED
JUL 24 2017

SUBJECT: FOTI, JACQUELINE, NICOLE

CASE NUMBER 17-105079

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:

SWAYED THROUGHOUT THE TASK

WALK & TURN:

WAS UNABLE TO STAND HEEL-TO-TOE DURING INSTRUCTIONS. ON THE FIRST SET OF NINE STEPS DID NOT WALK HEEL-TO-TOE. STEPPED OFF THE LINE ON SEVERAL STEPS. JACQUELINE TOOK A TOTAL OF 11 STEPS. JACQUELINE THEN ADVISED THAT SHE DIDN'T UNDERSTAND THE TASK. INSTRUCTIONS WERE EXPLAINED AGAIN AND SHE ADVISED SHE UNDERSTOOD. JACQUELINE BEGAN AGAIN AND AGAIN DID NOT WALK HEEL-TO-TOE AND STEPPED OFF THE LINE SEVERAL TIMES. JACQUELINE TOOK A TOTAL OF 12 STEPS. JACQUELINE DID NOT TURN AS INSTRUCTED. ON THE SECOND SET OF 9 STEPS JACQUELINE STEPPED OFF THE LINE SEVERAL TIMES AND DID NOT WALK HEEL-TO-TOE. TOOK A TOTAL OF 12 STEPS. THROUGH THE TASK JACQUELINE PAUSED SEVERAL TIMES TO STEADY HERSELF

ONE LEG STAND:

ATTEMPTED TO BEGIN THE TASK PRIOR TO BEING INSTRUCTED. JACQUELINE PUT HER FOOT DOWN AFTER APPROX 9 SECONDS. JACQUELINE CONTINUED AND PUT HER FOOT DOWN AFTER APPROX ANOTHER 4 SECOND. JACQUELINE CONTINUED AND AGAIN PUT HER FOOT DOWN AFTER APPROX ANOTHER 17 SECONDS.

FINGER TO NOSE:

JACQUELINE DID NOT KEEP HER HEAD TILTED BACK. IMMEDIATELY AFTER THE FIRST RIGHT COMMAND JACQUELINE OPENED HER EYES. ON THE THIRD RIGHT COMMAND JACQUELINE BEGAN TO USE HER LEFT HAND FIRST.

ROMBERG ALPHABET:

JACQUELINE RECITED THE ALPHABET TO LETTER "E" AND STOPPED. JACQUELINE BEGAN AGAIN AND AGAIN STOPPED AFTER LETTER "E". JACQUELINE THEN ADVISED SHE WAS UNABLE TO PERFORM THE TASK

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

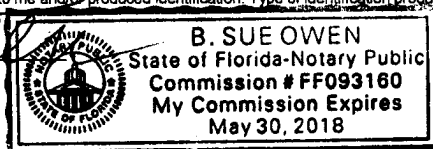
D/S G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of JULY, 2017, by D/S G. LYNCH 8568

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

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



SCANNED
JUL 24 2017

WITNESS LIST

CASE NUMBER: **17-105079**

ARRESTING OFFICER: **D/S G. LYNCH 8568**

ADDRESS: **3228 GUN CLUB RD, WEST PALM, FL, 33406**

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

CAN TESTIFY TO: **FACTS OF CASE**

NAME: **D/S J. JONES 18350**

ADDRESS: **3228 GUN CLUB RD, WEST PALM, FL, 33406**

PHONE NUMBERS (HOME) _____ (WORK) **561-688-3000**

CAN TESTIFY TO: **LOCATING THE VEHICLE**

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 _____

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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: _____

SCANNED

JUL 24 2017

TESTING FACILITY TASK REPORT

AGENCY: PBSO
SUBJECT: Foti, Jacqueline Nicole CASE NUMBER: 17-105079
DATE: 7/21/17 VIDEO TAPE NUMBER: DVD # 63026
BEGINNING TIME: 0400 ENDING TIME: 0410
BREATH TESTS RESULTS: 1) .175 TIME 0404 A.M./P.M. 2) .173 TIME 0408 A.M./P.M.
3) TIME A.M./P.M. 4) TIME A.M./P.M.
BREATH OPERATOR: S. Owen #3184
MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: low & soft
ATTITUDE: Crying, upset, quiet, co-operative, sweet
CLOTHING: Flip Flops, flowend dress with black top
MEDICAL CONDITIONS: None, anxiety, sleep disorder, migraines, Thyroid
MEDICATIONS: ePherer, Xrizodone, Tramadol, tropalax, meds for Thyroid
OTHER: all taken in am Thursday

29 yoa odor of unknown Alcoholic beverage
detected during test
COMMENTS: A/O & I arrived at 0339 hrs
No observed 20 minutes
A/O requested breath test, A agreed
No problem with test, tech explained results
A/O read & w, A understood rights
Refused Q & A

SCANNED
JUL 24 2017

SUBJECT: Foti, Jacqueline Nicole CASE NUMBER: 17-105079

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) _____

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) Read on Camera **SCANNED** **JUL 24 2017**

SUBJECT: Foti, Jacqueline Nicole CASE NUMBER: 17-105079

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? _____ 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 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: _____

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