

0485317

NT NCT 2017

65 Check if Supplement is Attached

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report					1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile	
ADMINISTRATIVE	Agency ORI Number FLO 5 0 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 0 6-1117-00000253				
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			If Weapon Seized Enter Type		Multiple Clearance Indicator		
Location of Arrest (including Name of Business) 700 BLK S. OCEAN BLVD				Location of Offense (Business Name, Address) 700 BLK S. OCEAN BLVD						
Date of Arrest 02/13/17		Time of Arrest 2026		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING		
Name (Last, First, Middle) COMORA, JANELL ANN										
Alias (Name, DOB, Soc. Sec. #, Etc.)										
Race W-White B-Black		Sex W-F	Date of Birth 11/14/67	Height 504	Weight 140	Eye Color BRO	Hair Color BLU	Complexion MED	Build MED	
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) NA					Marital Status NA	Religion NA	Indication of: Y N Alcohol Influence Drug Influence			
Local Address (Street, Apt. Number) (City) (State) (Zip)					Phone ()	Residence Type: 1. City 2. County 3. Florida 4. Out of State				
Permanent Address (Street, Apt. Number) 8429 SAINT MARINO BLVD ORLANDO FL 32836					Phone ()	Address Source FL DL				
Business Address (Name, Street) MADRID VACATION CLUB 3200 N OCEAN DR SINGER ISL					Phone (561) 227-3700	Occupation SALES				
D/L Number, State CS00-421-67-914-0		Soc. Sec. Number		INS Number NA	Place of Birth (City, State) SALINA, KS		Citizenship US			
Co-Defendant (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		
Co-Defendant (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		
<input type="checkbox"/> Parent Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:					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		
The above address was 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's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> 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	S. Sell N. N/A B. Buy T. Possess	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other N. N/A A. Amphetamine	Drug Type B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. SV/other	U. Unknown Z. Other	
CHARGE	Charge Description DUI PROPERTY DAMAGE			Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 31161193	Violation of ORD # 13C1			
CHARGE	Drug Activity N N	Drug Type NA	Amount / Unit	Offense # 17-253	Warrant / Capias Number					
CHARGE	Charge Description LEAVING SCENE OF CRASH			Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 31161061	Violation of ORD # 1111 DR			
CHARGE	Drug Activity N N	Drug Type NA	Amount / Unit	Offense # 17-253	Warrant / Capias Number					
CHARGE	Charge Description			Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 1111	Violation of ORD # 1111			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number					
CHARGE	Charge Description			Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 1111	Violation of ORD # 1111			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number					
NOTICE TO APPEAR	Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD WPB									
NOTICE TO APPEAR	Court Date and Time Month MAR 14 Day 16 Year 2017 Time 8:30 P.M.									
NOTICE TO APPEAR	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									
ADMIN	Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed				
ADMIN	HOLD for other agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)					
ADMIN	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		(PRINT)					
ADMIN	Intake Deputy D/S J. BENNETT #837		Name of Arresting Officer (Print) of Scott Gordon P.D.		PAGE					
ADMIN	Intake Deputy D/S J. BENNETT #837		Transporting Officer Scott (837) 9257 PUPD		Witness here / subject signed with an "X" OF					

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF February, 2017, AT 2026 AM PM

SUBJECT: JANELL ANN COMORA

CASE NUMBER: 17-000253

AGENCY: Palm Beach Police Department ARRESTING OFFICER: SCOTT GORDON

PERSONAL CONTACT

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

COMORA Drove the wrong way down a one way street, Worth Ave in the town of Palm Beach and struck a parked vehicle. COMORA fled the scene of the accident and continued driving south on South Ocean Blvd until she was stopped in the 700 Blk of South Ocean Blvd.

OBSERVATION OF DRIVER: COMORA had difficulty finding her drivers license upon request. COMORA had difficulty getting out of her vehicle and staggered into the roadway. COMORA had difficulty maintaining her balance while standing on the side of the road awaiting field sobriety test.

DRIVER'S STATEMENTS: COMORA continual ask officers why they were arresting her. COMORA told officers if they would not arrest her she would get them hotel rooms.

ODORS: COMORA's breath smelled of odor of an unknown Alcoholic Beverage.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Combative, Insulting, Uncooperative

CLOTHING: Blue Multi-colored dress

MEDICAL/OTHER: Unknown.

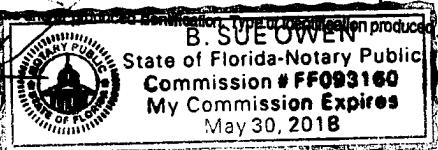
STATE OF FLORIDA

COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of February, 2017 by Ofc Gordon

(Print name of Arresting/Investigative Officer), who is personally known to me



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: stopped walking to steady self and would pause to regain balance.

missed heel-to-toe

stepped off the line multiple times

Used arms for balance, raises arms over six inches

ONE LEG STAND: swayed while balancing

used arms to balance, raised arms over six inches

put foot down before 30 seconds elapsed

Hopping

FINGER TO NOSE: failed to return arms to the side

finger did not touch nose

ROMBERG/ALPHABET: did not keep eyes closed

swayed more than 2 inches in any direction

BREATH TEST RESULTS: Refused

STATE OF FLORIDA

COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 13th day of February, 2017 by PC Gordon

who is personally known to me and/or produced identification. Type of identification produced

Miller



D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF February 2017 AT 2026 AM PM

SUBJECT: JANEL ANN COMORA

CASE NUMBER: 17-000253

AGENCY: Palm Beach Police Department ARRESTING OFFICER: SCOTT GORDON

PERSONAL CONTACT

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

COMORA Drove the wrong way down a one way street, Worth Ave in the town of Palm Beach and struck a parked vehicle. COMORA fled the scene of the accident and continued driving south on South Ocean Blvd until she was stopped in the 700 block of South Ocean Blvd.

OBSERVATION OF DRIVER: COMORA HAD difficulty finding her Drivers License upon request. COMORA HAD difficulty getting out of her vehicle and staggered into the roadway. COMORA HAD difficulty MAINTAINING her BLANCE while STANDING on the side of the road awaiting field sobriety test.

DRIVER'S STATEMENTS: COMORA continual ASK officers why they were Arresting her. COMORA told officers if they would not arrest her she would get them Hotel Rooms.

ODORS: COMORA's Breath smelled of odor of an unknown Alcoholic Beverage.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Combative, Insulting, Uncooperative

CLOTHING: Blue Multi-colored dress

MEDICAL/OTHER: UNKNOWN.

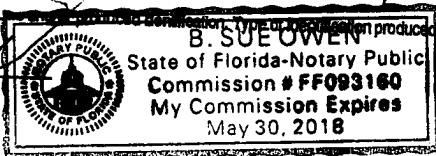
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

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(Print name of Arresting/Investigative Officer, who is personally known to me)

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



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
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WALK & TURN: Stopped walking to steady self and would pause to regain balance.

Missed Heel-to-toe

Stepped off the line multiple times

Used arms for balance, raises arms over six inches

ONE LEG STAND: swayed while balancing

Used arms to balance, raised arms over six inches
put foot down before 30 seconds elapsed.

Hopping

FINGER TO NOSE: failed to return arms to the side
Finger did not touch nose

ROMBERG/ALPHABET: did not keep eyes closed

swayed more than 2 inches in any direction

BREATH TEST RESULTS: Refused

STATE OF FLORIDA

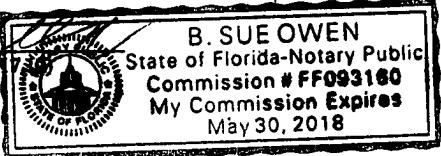
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

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who is personally known to me and/or produced identification. Type of identification produced

Notary Public, Clerk of Court, Officer (F.S.S. 177.05)



D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF February, 2017, AT 2026 AM PM

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CASE NUMBER: 17-000253

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DRIVER'S STATEMENTS: COMORA continual ASK officers why they were arresting her. COMORA told officers if they would not arrest her she would get them Hotel Rooms.

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ATTITUDE: Combative, Insulting, Uncooperative

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MEDICAL/OTHER: UNKNOWN.

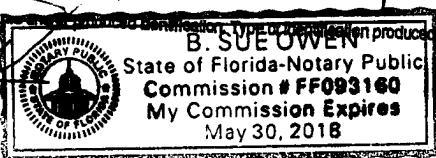
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COUNTY OF PALM BEACH

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FINGER TO NOSE: failed to return arms to the side
Finger did not touch nose

ROMBERG/ALPHABET: did not keep eyes closed
swayed more than 2 inches in any direction

BREATH TEST RESULTS: refused

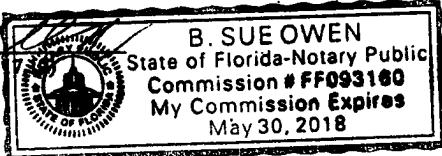
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COUNTY OF PALM BEACH

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



D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF February, 2017 AT 2026 AM PM

SUBJECT: JANELL ANN COMORA

CASE NUMBER: 17-000253

AGENCY: Palm Beach Police Department ARRESTING OFFICER: SCOTT GORDON

PERSONAL CONTACT

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CLOTHING: Blue Multi-colored dress

MEDICAL/OTHER: UNKNOWN.

STATE OF FLORIDA
COUNTY OF PALM BEACH

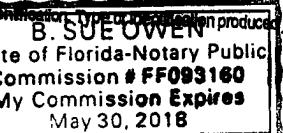
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13th day of February, 2017

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(Print name of Arresting/Investigative Officer), who is personally known to me



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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Other Observations:

WALK & TURN: Stopped walking to steady self and would pause to regain balance.
Missed Heel-to-toe.
Stepped off the line multiple times.
Used arms for balance, raises arms over six inches.

ONE LEG STAND: swayed while balancing.
Used arms to balance, raised arms over six inches, put foot down before 30 seconds elapsed.
Hopping.

FINGER TO NOSE: Failed to return arms to the side.
Finger did not touch nose.

ROMBERG/ALPHABET: did not keep eyes closed
swayed more than 2 inches in any direction

BREATH TEST RESULTS: Refused

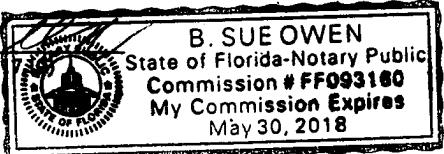
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 13th day of February, 2017 by Off. Gordon

who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer (P.S.S.)



SUBJECT: _____

CASE NUMBER: _____

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 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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____

CASE NUMBER: _____

DATE: _____

VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____

ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

SUBJECT: _____

CASE NUMBER: _____

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) _____

WITNESS LIST

CASE NUMBER: _____

ARRESTING OFFICER _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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