

0450617

ARREST / NOTICE TO APPEAR

17617239 209

OBTS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 / 4 / 2017-0008071		1. Arrest 2. N.P.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE							
Charge Type: Check as many as apply.	1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) N SAPODILLA AVE/BANYAN BLVD					Location of Offense (Business Name, Address) 199 N SAPODILLA AVE/BANYAN BLVD, WEST PALM BEACH,											
Date of Arrest 04/27/2017	Time of Arrest 03:30	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle										
Name (Last, First, Middle) VON LANGEN, JENNA MARIE																
Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)																
Race W - White B - Black O - Oriental/Asian W	Sex M - Male F - Female F	Date of Birth 12/15/1997	Height 5'03	Weight 115	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Small								
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status S	Religion	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>									
Local Address (Street, Apt. Number) 325 BEACH RD 109, TEQUESTA, FL 33469					Phone (561) 797-3191		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1									
Permanent Address (Street, Apt. Number) 325 BEACH RD 109, TEQUESTA, FL 33469					Phone (561) 797-3191		Address Source FL DL									
Business Address (Name, Street) HOTESSE,					Phone		Occupation									
D/L Number, State VS45433979550 / FL		Soc. Sec. Number	INS Number		Place of Birth (City, State) FT LAUDERDALE, FL		Citizenship US									
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor							
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor							
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian					Residence Phone											
Address (Street, Apt. Number) (City) (State) (Zip)					Business Phone											
Notified by: (Name)					Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated									
Released To: (Name)					Date	Time										
Relationship																
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: <input type="checkbox"/> No:																
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. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
Charge Description DRIVING WHILE UNDER INFLUENCE					Statute Violation Number 316.193(1)		Violation of ORD #									
Drug Activity	Drug Type N	Amount / Unit	Offense # 2017-0008071	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond								
Charge Description					Statute Violation Number		Violation of ORD #									
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond								
Charge Description					Statute Violation Number		Violation of ORD #									
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond								
Health / Apparent Physical Condition of Defendant											Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health											PROPERTY - Received By		Released By		Released To	
Transported By					Date Transported	Time Transported	Other									
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.					Location (Court, Room) 3228 Garfield Rd Court Date and Time 5/25/17 830 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.											No Photo Available					
Signature of Defendant (or Juvenile and Parent/Custodian)											Date Signed					
HOLD for Other Agency					Signature of Arresting Officer Donde Jay		Name Verification (Printed by Arrestee)		PAGE 1 OF 1							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other					Name of Arresting Officer (Print) DONDE, JAY		(PRINT)									
Judge Deputy Shirey					Pouch #		I.D. # 01530		Agency							
Transporting Officer Shirey					I.D. #		Witness here if subject signed with an "X".									

☒ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

Shirey 2019

DUI PROBABLE CAUSE AFFIDAVIT

On the 27th Day of April at 0330 A.M. P.M.

Subject: Von Langen, Jenna Case Number: 17-8071

Agency: West Palm Beach Police Department Arresting Officer: Donde 1530

Personal Contact

Driving Pattern

Actual physical control (physical evidence putting the driver behind the wheel)

Officer Zangara saw a White Range Rover FI tag HBP-Q47East bound on 5th St from Tamarind Ave.

This vehicle failed to stop at the stop sign at 5th St and Division and 5th and Sapodilla. Officer Zangara stopped this vehicle and made contact with the drive / def and the front seat occupant Lance Mccauley.

Mccauley was removed from the front for safety and Zangara detected a strong distinct odor of an unknown alcoholic beverage coming from th drivers breath.

Observation of Driver

On my arrival the def was seated in the driver seat. She had glassy watery eye's thick slow speech and slow movements.

Drivers Statements:

Stated was at City Place then Clematis St when I asked where she is now. Mentioned she was out for a friends birthday party.

**During walk in turn instructions Def explained to me her Really bad ankles and her bad "imbalance"

Odors:

Strong clear distinct odor of an unknown alcoholic beverage from breath when def spoke

General Observations

Speech: slow

Attitude: cooperative

Clothing: shorts sneakers denim top white shirt bathing suit top.

Medical Problems/Medications: had taken medication for ADHD

Other: ankle issue from car crash in 2012

SCANNED
4 23 2017

DUI PROBABLE CAUSE AFFIDAVIT

Subject:

Von Langen, Jenna

Case Number:

17-8071

Roadside Tasks

Horizontal Gaze Nystagmus

- | | |
|--|---|
| <input checked="" type="checkbox"/> Left Eye Does Not Follow Smoothly | <input checked="" type="checkbox"/> Right Eye Does Not Follow Smoothly |
| <input checked="" type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less | <input checked="" type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less |
| <input checked="" type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input checked="" type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

Brown eyes

Upon starting this task, I showed her how I wanted her to follow the pen

Walk and Turn Task

I instructed the driver to stand with her left on the line with her right foot directly in front of the left touching heel to toe with her hands down by her sides. The line was a chalk line on the flat sidewalk. The driver was told to remain in that position until told to begin the task. I explained and demonstrated the exercise and she said she understood the instructions. Def told me at this point about her car crash in 2013. Re explained because she did not understand. stepped out of position during this instruction 4 times Walked forward no heel to toe, step 1 was from the start position, pivot turn and continued counting to 19 no start from step 1 on return. steps No steps forward or return were heel to toe.

One Leg Stand

I had the driver stand with her feet together and arms/hands down at her sides. I explained and demonstrated the exercise and she stated she understood the instructions. When told to begin, the driver lifted her right foot off the ground. She counted to 1022 in 30 sec. she swayed slightly side to side during task.

Finger To Nose

I had the driver stand with her feet together, arms/hands down at her sides and index fingers pointed out. I explained and demonstrated the exercise and she stated she understood the instructions. I asked the driver to tilt her head back and close her eyes. Def at first did not tilt head back had to request her to tilt head further back. Def gradually moved it forward 1st left was side of finger under nose 1st right was side of finger to side of left nostril. 2nd left was side of finger to tip of nose. 2nd right was side of finger to left side of nostril. 3rd right was side of finger to tip and 3 left was side of finger to tip.

Romberg Alphabet

Did not understand the "passage" of time of 30 secs. explained "elapse" was confused because she was not "good in math". Def spoke about mile per hour. mentioned 30 miles per hour. NEVER MENTIONED MILES Per HOUR.

Asked to say alphabet and said a-z fine then repeated w,x, y, and z, "I'm so confused"

Breath Results from Instrument

1st Result

.145

2nd Result

.158

3rd Result

na

If Applicable

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this



Personal known



Produced Identification



Notary Public

(DATE)

21st April 2017

Officer

Notary / Clerk of Courts / Officer (FSS:117.10)

Signature of Arresting Officer

SUBJECT: Von Langen, Jenna

CASE NUMBER: 17-8071

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 determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your ☐ **BLOOD** for the purpose of determining its alcohol content.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am Donde of the West Palm Beach Police Department. 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.

SUBJECTS SIGNATURE: _____

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 can not 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.

SUBJECTS SIGNATURE: _____

Read on camera

SCANNED
MAY 03 2017

DEFENDANT: Von Langen, Jenna

CASE NUMBER: 17-8071

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 OPERATION A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT: _____
WHERE WERE YOU GOING? _____ Requested Attorney / Lawyer _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START FROM? _____

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(3) HOURS? _____

HOW MUCH DO YOU WEIGHT? _____ 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 YOUR 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? _____ WHEN? _____

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 CORRECTABLE 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: [Signature]

**600 Banyan Blvd
West Palm Beach, Florida 33401
(561)822-1900**

Arresting Officer: Donde 1530 Case Number: 17-8071
 Address: (West Palm Beach Police Department) 600 Banyan Blvd, West Palm Beach, FL 33401
 Phone Number Home: _____ Cell: _____ Work: (561)822-1900
 Can Testify to: _____

Witness Name: Ofc Ryan Secord **Case Number:** 17-8071
Address: West Palm Beach Police Department - 600 Banyan Blvd, West Palm Beach, FL 33401
Phone Number **Home:** **Cell:** **Work:** 561-822-1869
Can Testify to: Agency Intox Inspector

Witness Name: Officer Zangara Case Number: 17-8071
Address: West Palm Beach Police Department - 600 Banyan Blvd, West Palm Beach, FL 33401
Phone Number Home: 822-1900 Cell: stop Work: stop
Can Testify to: stop

Witness Name: _____ **Case Number:** 17-8071

Address: _____

Phone Number **Home:** _____ **Cell:** _____ **Work:** _____

Can Testify to: _____

Witness Name: _____ **Case Number:** 17-8071

Address: _____

Phone Number **Home:** _____ **Cell:** _____ **Work:** _____

Can Testify to: _____

Witness Name: _____ Case Number: 17-8071
Address: _____
Phone Number Home: _____ Cell: _____ Work: _____
Can Testify to: _____

Item(s): _____
Date will be furnished: _____
Why not supplied at filing: _____

Note: It is the responsibility of the officer filing the case to insure that the foregoing list is complete and correct

Signature of the Filing Officer

4/27/17
Date

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: WEST PALM BEACH PD
Instrument Serial Number: 80-001235 Software: 8100.27
Date of Test: 04/27/2017

Date of Last Agency Inspection: 04/26/2017

Observation Period Began: 04:00

Subject's Name: JENNA VON LANGEN

DOB: 12/15/1997 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	04:28
	Air Blank	0.000	04:28
	Control Test	0.079	04:29
	Air Blank	0.000	04:29
	Subject Sample #1	0.145	04:32
	Air Blank	0.000	04:33
	Air Blank	0.000	04:35
	Subject Sample #2	0.158	04:37
	Air Blank	0.000	04:37
	Control Test	0.079	04:38
	Air Blank	0.000	04:38
	Diagnostics Check	OK	04:38

Cylinder Lot: 152169
Exp: 10/30/2018

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who ☒ is personally known to me or ☐ produced _____ as identification, and who after being placed under oath, states:

I, J. DONDE, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 4/27/17
Signature

Sworn to (or affirmed) before me this 27 day of April, 2017

[Signature] Signature of Notary Public-State of Florida
[Signature] Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.00, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



West Palm Beach Police Department
Breath Testing Facility Report



Defendant: Von Langen, Jenna Case #: 17-8071
Arresting Officer: Donde 1530 Date: 04/27/17

Breath Test Results: .145 g/210L Time .158 g/210L Time
na g/210L Time g/210L Time

Note: Times are in Military Time

Breath Operator: Donde
Maintenance Technician Ofc. R. Secord #1639

Testing Officer Observations:

Speech: clear
Attitude: cooperative
Clothing: shorts jean ripped jean shirt white t shirt bath suit top
Medical Conditions: no
Medications:
Other:

Arrival Time at Facility/ Time Twenty (20) Minute Observation Started: 0355 / 0400

Comments:

Explained Implied Consent understood though it had to be explained several times because she thought it was not a DUI arrest until she blew. Explained it is a DUI arrest once I placed her in handcuffs.

**Requested a lawyer during this time was explained she was not entitled to one yet.

SCANNED
MAY 13 2017