

0489435

N/12

1920

## ARREST / NOTICE TO APPEAR

2017 CT 13009

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

1

JUVENILE

OBTS Number			Agency ORI Number			Agency Name			Agency Report Number (N.T.A.'s only)					
0502300			North Palm Beach Police Department			7 0 17-000625			If Weapon Seized Enter Type <b>NONE</b>					
Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other									Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) <b>LIGHHOUSE DR/SR 5</b>			Location of Offense (Business Name, Address) <b>LIGHHOUSE DR/SR 5, NORTH PALM BEACH, FL 33408</b>											
Date of Arrest <b>07/12/2017</b>			Time of Arrest <b>15:54</b>			Booking Date			Booking Time					
						Jail Date			Jail Time					
									Location of Vehicle					
Name (Last, First, Middle) <b>BRAENDEL, JESSICA DIANE</b>														
Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)														
Race W - White B - Black			Sex I - American Indian O - Oriental/Asian W - F			Date of Birth <b>06/05/1992</b>			Height <b>5'05</b>			Weight <b>125</b>		
Eye Color <b>BLUE</b>			Hair Color <b>BLONDE/</b>			Complexion <b>FAIR</b>			Build					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)														
Marital Status <b>S</b>			Religion						Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>					
Local Address (Street, Apt. Number) <b>509 LIGHHOUSE DR, NORTH PALM BEACH, FL 33408</b>			(City) <b></b>			(State) <b></b>			(Zip) <b></b>			Phone <b>(561) 324-4853</b>		
Permanent Address (Street, Apt. Number) <b>509 LIGHOUSE DR, NORTH PALM BEACH, FL 33408</b>			(City) <b></b>			(State) <b></b>			(Zip) <b></b>			Phone <b>(561) 324-4853</b>		
Business Address (Name, Street) <b>ENTRE NOUS BISTRO, 123 SR 5</b>			(City) <b></b>			(State) <b></b>			(Zip) <b></b>			Phone <b>(561) 863-5883</b>		
D/L Number, State <b>B653424927050 / FL</b>			Soc. Sec. Number			INS Number			Place of Birth (City, State) <b>EERIE, PA, United</b>			Citizenship <b>US</b>		
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		
Name (Last, First, Middle) <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____														
Residence Phone														
Legal Custodian														
Address (Street, Apt. Number) (City) (State) (Zip)														
Business Phone														
Notified by: (Name)														
Date			Time			JUVENILE DISPOSITION			2. TOT JAC					
1. Handled/Processed within Department and Released						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.														
School Attended Grade														
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property														
Yes, by: <input type="checkbox"/> No:														
Charge Description														
DUI - PERSONAL INJURY/PROPERTY DAMAGE														
Statute Violation Number <b>316.193(3)(4)(b)(c)(1)</b>														
Violation of ORD #														
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond														
N / 17-000625 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N														
Charge Description														
Statute Violation Number														
Violation of ORD #														
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond														
/ <input type="checkbox"/> Y <input type="checkbox"/> N														
Charge Description														
Statute Violation Number														
Violation of ORD #														
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond														
/ <input type="checkbox"/> Y <input type="checkbox"/> N														
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 checked="" type="checkbox"/> Deformities <input type="checkbox"/> Injuries														
Explain:														
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail PROPERTY - Received By Released By Released To														
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health														
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) <b>North County PALM BEACH GARD</b>														
Court Date and Time <b>08/09/2017 10:30:00</b>														
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 COMTEMPT 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 Signature of Arresting Officer Name Verification (Printed by Arrestee)														
Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Name of Arresting Officer (Print) ID. #														
Suicidal <input type="checkbox"/> Other <b>HACHIGIAN, GEORGE</b> <b>9748</b>														
Transporting Officer ID. # Agency														
D/S. C. GILYARD #7392 0.11/16/10 9748 N1802														
Witness here if subject signed with an "X".														

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JUL 17 2017

No  
Photo  
Available

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

Other Observations:

Task was stopped due to Braendel anticipation of the stimulus and numerous times having to start and stop the task to get her to follow instructions.

WALK & TURN

Instructions were given on the yellow solid turn lane of SR 5 to go west on Lighthouse Drive. Patrol vehicle lights were deactivated and weather was cloudy and started to rain. Due to weather conditions, an umbrella was held over top of Braendel. It was recommended Braendel take off her flip flops, which she did. Braendel was placed in the instructional phase. While instructions were given and understood. While Braendel was in the instructional phase, she started to early and lost her balance. Braendel understood instructions and while walking away, Braendel missed heel to toe 2,3,4,5,6,7,8,9, and then took incorrect number of steps 10, 11, 12 before she was stopped and reminded what to do. Braendel made a improper turn by not following instructions. On way back she missed heel to toe 2,3,4,6,7,8,9 and continued with incorrect number of steps missing heel to toe 10,11,12,13,14,15,16,17,18.

ONE LEG STAND:

I attempted to provide instructions, however Braendel was unsure if she could perform the task. After the instructions were given, Braendel started the task, however she put her foot down on one thousand ten (Which was at 20 seconds on stop watch). Braendel did not pick her foot back up and the task concluded at 30 seconds on my stop watch.

FINGER TO NOSE:

Instructions were given and understood. Braendel kept her eyes partially open , which was noticed by the eye non stop fluttering. On right nothing to note, left touched the bridge n underside of the nose inbetween the left and right nostril, left nothing to note, left touched tip of her nose with pad of finger, and right touched pad of finger with outside nostril flare.

ROMBERG ALPHABET:

Instructions were given and understood. Braendel stated, "A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,E,U,P,S it has been a while since I have done my ABC's A,B,C,D,E,F,G,H,I,N,K,L,M,N,O,P,Q,R,S,E,V,W,Q,R,S"

BREATH TEST RESULTS: .271.271

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D. Hachigian #9748

(Signature of Arresting/Investigative Officer)

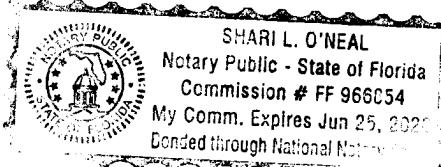
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The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of July 2017 by

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

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





# WITNESS LIST

70-17000 625

CASE NUMBER:

ARRESTING OFFICER: **D. Hachigian #9748**

ADDRESS: NPPD

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: Facts of the case

NAME: Frank S Grossinger

ADDRESS: 9165 Carma Dr

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: Facts of the case

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: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

SCA

JUL 17 2017

# TESTING FACILITY TASK REPORT

#473

SUBJECT: Drummond, Jessica L.AGENCY: Dept. of. Housing CASE NUMBER: 17-101678DATE: 07-12-17VIDEO TAPE NUMBER: G-475BEGINNING TIME: 1704 hrsENDING TIME: 1717 hrsBREATH TESTS RESULTS: 1) .271 TIME 1710 A.M./P.M. 2) .271 TIME 1711 A.M./P.M.  
3)        TIME        A.M./P.M. 4)        TIME        A.M./P.M.BREATH OPERATOR: S. O'Neil #6212MAINTENANCE TECHNICIAN: SDS J. Rodriguez #6167

## TESTING OFFICER'S OBSERVATIONS

SPEECH: NormalATTITUDE: Emotional, Crying, CooperativeCLOTHING: Shirt - Multi. ColorMEDICAL CONDITIONS: No. eMEDICATIONS: NoneOTHER: Eyes: R-J, Wavy, Faint, Dry

After of our new Glucose Test. #4746

COMMENTS: 20 min. observation done by NO technicianAO requested the breath test.D submitted to the breath request.D completed the test correctly.C/W on record.No Q/R.

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SUBJECT: Braendel, Jessica

CASE NUMBER: 70cc 625

## **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.

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*On Scene*

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

## 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? YES

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? \_\_\_\_\_

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

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

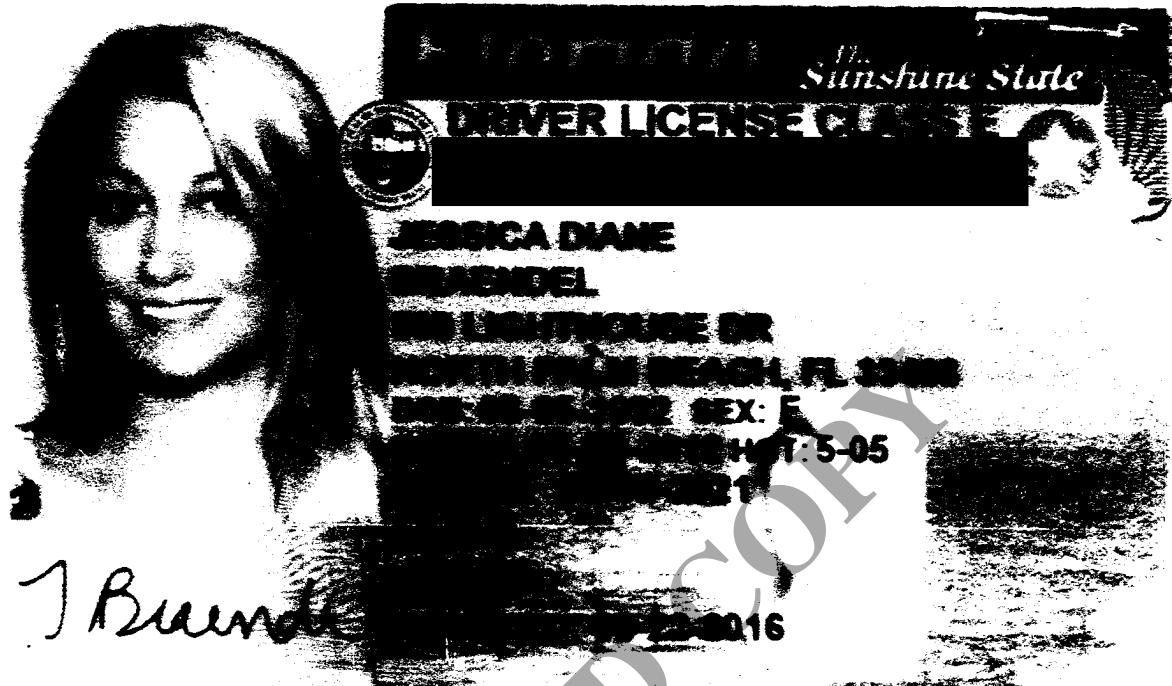
INTERVIEWER: \_\_\_\_\_

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



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

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