

0407495

2017CT2140. 3762

OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report					1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N							
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06-17-096649																
Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor			5. Ordinance 6. Other		Weapon Seized / Type 2 1. Yes 2. No		N		Multiple Clearance Indicator 1										
Location of Arrest (Including Name of Business) Okeechobee Blvd & Baywinds Blvd						Location of Offense (Business Name, Address) Okeechobee Blvd & Baywinds Blvd															
Date of Arrest 06-30-17		Time of Arrest 0526		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle													
Name (Last, First, Middle) Murphy, Julia													Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W	Date of Birth 07-10-85	Height 5'02"	Weight 138	Eye Color Green	Hair Color Blond	Complexion Fair	Build Small												
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) Tattoo on middle back						Marital Status Married		Religion NONE		Indication of Alcohol Influence Drug Influence		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Y	N	Unk.					
Local Address (Street, Apt. Number) 13705 48th Court N						(City) Royal Palm Beach	(State) FL	(Zip) 33411	Phone (561) 346-6436	Residence Type: 1. City 2. County		3. Florida 4. Out of State		2							
Permanent Address (Street, Apt. Number)						(City)	(State)	(Zip)	Phone ()	Address Source FL DL											
Business Address (Name, Street)						(City)	(State)	(Zip)	Phone ()	Occupation Refused to answer											
D/L Number, State M-610-420-85-750-0 / FL			Soc. Sec. Number			INS Number			Place of Birth (City, State) St. Louis, Missouri			Citizenship U.S.A.									
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										
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										
<input type="checkbox"/> 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		1									
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 B. Buy P. Possess		S. Sell 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/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description Driving Under the Influence						Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193 (1)						Violation of ORD #						
Drug Activity N	Drug Type N	Amount / Unit N/A		Offense # 17-096649		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number						Bond		Per Schedule				
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 #		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		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 #		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		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 #		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number						Bond						
Location (Court, Room Number, Address) Criminal Justice Complex 3228 Gun Club Road, West Palm Beach, FL 33406																					
Court Date and Time Month July Day 27 Year 2017 Time 08:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>																					
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 <i>S. V. Ramdat</i>					Name Verification (Printed by Arrestee) SCAN JUL 05												
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) V. Ramdat					I.D. # 6633		(PRINT)										
Intake Deputy <i>Janice Zor</i>		I.D. #	Pouch #	Transporting Officer V. Ramdat #6633		ID #	Agency PBSO					PAGE									
Witness here if subject signed with an -X"													1 OF 1								

Signature of Defendant (or Juvenile and Parent /Custodian)

Date Signed

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

SCANNED
11/15/2017

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DISTR

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'S ONLY)

TESTING FACILITY TASK REPORT

SUBJECT: Murphy, Julia
DATE: 6/30/17

BEGINNING TIME: 0613

BREATH TESTS RESULTS

REFUSED

TIME 0615 A.M./P.M.

3) TIME A.M./P.M.

2) TIME A.M./P.M.

4) TIME A.M./P.M.

BREATH OPERATOR: S. Owen # 3184

MAINTENANCE TECHNICIAN: J. Karlecke # 10467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: upset, arrogant

CLOTHING: pink heels, black dress

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: 31yoA

COMMENTS: Algo arrived at 0551 hrs

Algo observed 20 minutes

Algo requested breath test, Al refused

Algo read I/C, Al understood, still refused

Algo read C/W, Al understood rights

Refused Q & A

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JUL 05 2017

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 D/S Ramdat of the PBSO

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) Read on Camera

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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SUSPECT'S SIGNATURE: (X) Read on Camera

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? Keen to Answer

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? REVIEWED 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? REVIEWED

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? _____

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JUL 05 2017

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: _____