J 0512978 2019GT022081ANB D524

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile | N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 502600	PALM BEACH GARDENS POLICE DEPARTMENT	78- 19007017

Charge Type: Check as many as apply: [ ] 1. Felony [ ] 2. Traffic Felony [ ] 3. Misdemeanor [X] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
7100 FAIRWAY DR, PBG, FL	7100 FAIRWAY DR, PBG, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/30/2019	20:27					KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405

DEFENDANT

Name (Last, First, Middle): CLEMENTS, KATHERINE, | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	07/19/1957	5'5	152	GRE	RED	Light	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): N/A | Marital Status: SINGLE | Religion: CATHOLIC | Indication of: Alcohol Influence [Y] [N] [Unk.] Drug Influence [Y] [N] [Unk.]

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
221 BRACKENWOOD TERR	PBG	FL	33418	(561) 345-3479	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
221 BRACKENWOOD TERR	PBG	FL	33418	( )	VERBAL

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
				( )	RETIRED

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C455500577590 FL	[redacted]		ROSLAND, NY	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				[ ] 1. Arrested [ ] 2. At Large [ ] 3. Felony [ ] 4. Misdemeanor [ ] 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				[ ] 1. Arrested [ ] 2. At Large [ ] 3. Felony [ ] 4. Misdemeanor [ ] 5. Juvenile

JUVENILE

[ ] Parent [ ] Legal Custodian [ ] 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
1-02			

Released To: (Name)	Relationship	Date	Time
1-02			

The above address provided by [ ] defendant and / or [ ] 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. [ ] Yes, by: (Name) [ ] No: (Reason) | School Attended | Grade

Property Crime? [ ] Yes [ ] No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy 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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DRIVING UNDER THE INFLEUNCE	1	[ ] Y [X] N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N				

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI ENHANCED OVER .15	1	[ ] Y [X] N	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N				

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		[ ] Y [ ] N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		[ ] Y [ ] N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court Room Number, Address)

NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time: Month JANUARY Day 8 Year 2020 Time 10:00 AM X 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

Refused
Signature of Defendant (or Juvenile and Parent /Custodian)

11/30/2019
Date Signed

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: X [signature] 514

[ ] Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other:

Name of Arresting Officer (Print): Ofc. ANDREW FLINK | I.D.#: 514

Name Verification (Printed by Arrestee) (PRINT)

NOV 30 PM 10:40

Intake Deputy I.D. # | Pouch #

Transporting Officer: ANDREW FLINK | ID #: 514 | Agency: PBGPD

Witness here if subject signed with an "X"

PAGE 1 OF 1

DFS Z. Tommie #8033

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30TH DAY OF NOVEMBER 20 19, AT 2002 AM ✓ PM

SUBJECT: CLEMENTS, KATHERINE, CASE NUMBER: 19007017

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514

PERSONAL CONTACT

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

Ofc Witt 492, stated he observed the vehicle, a red Ford Mustang (Y45THW/FL) execute an improper turn at the intersection of Central Blvd and PGA Blvd. The vehicle then stopped beyond the delineated stop bar at the intersection of PGA Blvd and Old Palm Dr. The vehicle also began to drift outside the travel lane, while west bound on PGA Blvd. I made contact with the driver later identified via Florida Driver License photo, Katherine Clements, while she was still in the driver seat of the vehicle.

OBSERVATION OF DRIVER:

Clements had bloodshot watery eyes, flushed red face, slurred speech and the odor of an unknown alcoholic beverage emanating from her breath.

DRIVER'S STATEMENTS:

Clements said she was coming from her mother's house. Clements said she had not had anything to drink on this night.

ODORS:

Unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **Compliant**

CLOTHING: **Grey shirt, white pants, black sandals**

MEDICAL/OTHER: **Arthritis**

NOT A CERTIFIED COPY

TATE OF FLORIDA
'OUNTY OF PALM BEACH

ignature of Arresting/Investigative Officer)

ne foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of NOVEMBER 20 19 by Ofc. ANDREW FLINK

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

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

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

SUBJECT: CLEMENTS, KATHERINE, CASE NUMBER 19007017

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] 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:

Exercise was unable to be completed, due to Clements not following instructions. All observations, were made while Clements was following instructions.

WALK & TURN:

Clements had difficulty getting into the starting position and additional difficulty maintaining the starting position. Clements repeatedly stepped off the line while in the starting position. Clements also started the exercise prior to being told to do so. During the first set, Clements took 10 steps rather than nine as instructed. Clements also missed heel-to-toe on each of the steps. Clements stepped off the line on multiple steps and raised her arms more than six inches from her sides. Clements conducted an improper turnaround, by stepped off the line and casually turning around. On the return set of steps, Clements casually walked back toward the starting point and was approximately one to two feet to the right of the line. None of Clements return steps were heel-to-toe nor on the line. I asked Clements if she fully understood the instructions I provided, to which she said she did.

ONE LEG STAND:

Clements raised her left foot and immediately lost balance and stepped back to her right, Clements also raised her arms more than six inches from her sides. Clements required additional instructions, then attempted the exercise again. During the exercise, Clements placed her foot down five times prior to being told to do so. Clements swayed during the exercise and raised her arms more than six inches from her sides. Two separate times, Clements lost her balance and stumbled.

ROMBERG ALPHABET:

Not performed

FINGER TO NOSE:

Not performed

BREATH TEST RESULTS: 1) .279 | 2) .272 | 3) | 4)

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 30th day of NOVEMBER 20 19 by Ofc. ANDREW FLINK

(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)

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

NOT A CERTIFIED COPY

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006238 Software: 8100.27
Date of Test: 11/30/2019

Date of Last Agency Inspection: 11/15/2019
Observation Period Began: 21:08
Subject's Name: KATHERINE CLEMENTS DOB: 07/19/1957 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	21:38
Air Blank	0.000	21:39
Control Test	0.080	21:39
Air Blank	0.000	21:40
Subject Sample #1	0.279	21:41
Air Blank	0.000	21:41
Air Blank	0.000	21:43
Subject Sample #2	0.272	21:44
Air Blank	0.000	21:44
Control Test	0.080	21:45
Air Blank	0.000	21:45
Diagnostics Check	OK	21:45

Cylinder Lot: 17919080A1
Exp: 08/05/2021

State of Florida, County of PALM BEACH,

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

I GARY J PARENT, 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: _____ Date: 11/30/19
Signature

Sworn to (or affirmed) before me this 30 day of NOVEMBER, 2019

_____ OFC. A. FLINK
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, 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. It is made in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

NOT A CERTIFIED COPY

PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 19-143182 PBSO ZONE 3-13

AGENCY CASE # 19007017 CRASH CASE #

TIME OF STOP/CRASH 2002 DATE 11/30/2019 DAY Saturday

SUBJECT'S NAME Clements, Katherine RACE W SEX F

HGT 5'5 WGT 152 DOB 7/19/1957

LOCATION 7100 Fairway Dr, PBG, FL

ARRESTING OFFICER'S NAME & ID Andrew Flink 514 AGENCY PBGPD

DIVISION: Patrol

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2103

Arrest Time 2027

BREATH RESULTS:

1. .229
2. .222
3. N/A
4. N/A

TESTING OFFICER'S ID 7909 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBC

SUBJECT: Clements, Katherine

CASE NUMBER: 19-143182

DATE: 11/20/19

VIDEO TAPE NUMBER: n/a

BEGINNING TIME: 2136

ENDING TIME: 2152

BREATH TESTS RESULTS: 1) .279 TIME 2141 A.M./**P.M.** 2) .272 TIME 2144 A.M./**P.M.**

3) n/a TIME — A.M./P.M. 4) n/a TIME — A.M./P.M.

BREATH OPERATOR: G. Pardo #[illegible]

MAINTENANCE TECHNICIAN: [illegible] #0663

TESTING OFFICER'S OBSERVATIONS

SPEECH: Thick, slurred at times

ATTITUDE: Calm, quiet, cooperative

CLOTHING: White jeans, grey tank top, [illegible] sandals

MEDICAL CONDITIONS: Diabetes

MEDICATIONS: [illegible] / [illegible]

OTHER: Eyes glassy and bloodshot, odor of an alcoholic beverage on breath

Δ admitted to drinking 2 glasses of wine (Q+A)

COMMENTS: Arrived at center A/O began 20 minute observation period at 2104 hrs

Δ stated she would take test

A/O read rights

Δ stated she understood rights

Tech read breath test results Δ stated I'm not understanding what does that mean tech stated more than 3 times the limit

A/O conducted Q+A

Δ answered questions

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

PBSO [illegible] REV.11/02

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

PBSO #0100 REV 9/88

SUBJECT: Cuevas, Karla A. DE 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) Karla A. Cuevas

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

FORM DHSMV-2000 REV. 06/11

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2019038428	**Date:** 12/01/2019
	Specialist Name/ID: AM/31562

FLINK
(514)

19007017

COMPLAINT

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

FLORIDA DUI UNIFORM TRAFFIC CITATION A56H5GE

COUNTY OF: PALM BEACH 06
CITY (IF APPLICABLE): PALM BEACH GARDENS
☐ (1) F.H.P. ☒ (2) P.D. ☐ (3) S.O. ☐ (4) OTHER
AGENCY NAME: PALM BEACH GARDENS
AGENCY #: 78

IN THE COUNT HEREINAFTER SET FORTH, THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT (RETAINED BY COURT)

DAY OF WEEK	MONTH	DAY	YEAR		
SATURDAY	11	30	2019	08:27	☐ A.M. ☒ P.M.

NAME (PRINT): FIRST: KATHERINE MIDDLE: LAST: CLEMENTS

STREET: 221 BRACKENWOOD TERRACE (IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ☐)

CITY: PALM BEACH GARDENS STATE: FL ZIP CODE: 33418

TELEPHONE NUMBER | DATE OF BIRTH: MO 07 DAY 19 YR 1957 | RACE: W | SEX: F | HGT: 505

OWNER LICENSE NUMBER: C455500577590

STATE: FL | CLASS: E | CDL LICENSE: ☐ Y ☒ N | YR LICENSE EXP.: 2024 | COMMERCIAL VEHICLE: ☐ YES ☒ NO

YR. VEHICLE: 2016 | MAKE: FORD | STYLE: CV | COLOR: RED | PLACARDED HAZARDOUS MATERIAL: ☐ YES ☒ NO

VEHICLE LICENSE NO.: Y45THW | TRAILER TAG NO. | STATE: FL | YEAR TAG EXPIRES: 2020 | ≥ 16 PASSENGERS: ☐ YES ☒ NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: 7100 FAIRWAY DR, PALM BEACH GARDENS | MOTORCYCLE: ☐ YES ☒ NO | COMPANION CITATION(S): ☐ YES ☒ NO

FT. _____ MILES _____ ☐ N ☐ S ☐ E ☐ W OF NOME _____

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF .279

CHARGED (PLEASE TYPE OR PRINT CLEARLY) | RE-EXAM: ☐ YES ☒ NO

DUI - DRIVING UNDER INFLUENCE | Driving Under

☐ AGGRESSIVE DRIVER | PASSENGER < 18 YEARS: ☐ YES ☒ NO | STATE STATUTE | SECTION: 316.193 | SUB-SECTION: (1)*

CRASH: ☐ YES ☒ NO | DAMAGE TO OTHER PROPERTY: ☐ YES $ _____ ☒ NO | INJURY TO ANOTHER: ☐ YES ☒ NO | SERIOUS BODILY INJURY TO ANOTHER: ☐ YES ☒ NO | FATAL: ☐ YES ☒ NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE: 01/08/2020 TIME: 10:00 AM

A56H5GE

COURT LOCATION: NORTH COUNTY GOVERNMENT CENTER
3188 PGA Boulevard PBG, FL 33410

ARREST INFORMATION TO: PBSO MAIN JAIL DATE: 11/30/2019

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATION TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

Refused
X SIGNATURE OF VIOLATOR

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

☒ DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

☐ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? ☒ YES ☐ NO REASON: OVER .08

ELIGIBLE FOR PERMIT? ☒ YES ☐ NO REASON: VALID DL

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE LAUDERDALE LAKES BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

PRINT - SIGNATURE OF OFFICER | BADGE NO. 514 | ID NO. | TROOP/UNIT

HSMV 75984 (Rev. 10/14)

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT $ _____ OR CASH DEPOSIT OF $ _____
	_____ SIGNATURE OF PERSON GIVING BAIL
	_____ SIGNATURE OF PERSON TAKING BAIL
	FINE IN THE AMOUNT OF $ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE.
	_____ SIGNATURE OF CLERK
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE)
	PLEA: _____
	FINDING: _____
	ADJUDICATION: _____
	SENTENCE: FINE _____ COST _____
	JAILED _____ DAYS
	DRIVER IMPROVEMENT SCHOOL _____
	OTHER _____
	DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS
	RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS
	RECOMMEND RE-TEST _____
	_____ SIGNATURE OF JUDGE
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF $ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE

NOT CERTIFIED COPY

FLINK
(514)

19007017

FLORIDA DUI UNIFORM TRAFFIC CITATION A56H5HE

COMPLAINT

COUNTY OF: PALM BEACH 06
CITY (IF APPLICABLE): PALM BEACH GARDENS
☐ (1) F.H.P. ☒ (2) P.D. ☐ (3) S.O. ☐ (4) OTHER
AGENCY NAME: PALM BEACH GARDENS
AGENCY #: 78

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT OR (RETAINED BY COURT)

COMPLAINT

DAY OF WEEK	MONTH	DAY	YEAR	
SATURDAY	11	30	2019	08:27 ☐ A.M. ☒ P.M.

NAME (FIRST) FROM: KATHERINE
MIDDLE:
LAST: CLEMENTS
STREET: 221 BRACKENWOOD TERRACE
IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ☒
CITY: PALM BEACH GARDENS
STATE: FL
ZIP CODE: 33418
TELEPHONE NUMBER:
DATE OF BIRTH: MO 07 DAY 19 YR 1957
RACE: W SEX: F HGT: 505
DRIVER LICENSE NUMBER: C455500577590
STATE: FL
CLASS: E
COL LICENSE: ☐ Y ☒ N
YR LICENSE EXP: 2024
COMMERCIAL VEHICLE: ☐ YES ☒ NO
YR VEHICLE: 2016
MAKE: FORD
STYLE: CV
COLOR: RED
PLACARDED HAZARDOUS MATERIAL: ☐ YES ☒ NO
VEHICLE LICENSE NO.: Y45THW
TRAILER TAG NO.:
STATE: FL
YEAR TAG EXPIRES: 2020
≥ 16 PASSENGERS: ☐ YES ☒ NO
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: 7100 FAIRWAY DR, PALM BEACH GARDENS
MOTORCYCLE: ☐ YES ☒ NO
COMPANION CITATION(S): ☐ YES ☒ NO
FT: IN/LBS: H B E W OF NODE:

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF .279

CHARGE PERTAINING TO OFFENSE (List one offense per citation)
DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE | 26-DUAL ☐ YES ☒ NO

☐ AGGRESSIVE DRIVER | PASSENGER < 18 YEARS ☐ YES ☒ NO | STATE STATUTE | SECTION 316.193 | SUB-SECTION (4)

CRASH ☐ YES ☒ NO | DAMAGE TO OTHER PROPERTY ☐ YES $ ☒ NO | INJURY TO ANOTHER ☐ YES ☒ NO | SERIOUS BODILY INJURY TO ANOTHER ☐ YES ☒ NO | FATAL ☐ YES ☒ NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE: 01/08/2020
TIME: 10:00 AM
A56H5HE
NORTH COUNTY GOVERNMENT CENTER
(Name of Court)
3188 PGA Boulevard PBG, FL 33410

ARREST DELIVERED TO: PBSO MAIN JAIL
DATE: 11/30/2019

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

Refused
X SIGNATURE OF VIOLATOR

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

☒ DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

☐ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? ☒ YES ☐ NO REASON: OVER .08
ELIGIBLE FOR PERMIT? ☒ YES ☐ NO REASON: VALID DL

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE LAUDERDALE LAKES BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

RANK - SIGNATURE OF OFFICER | BADGE NO. 514 | ID NO. | TROOP/UNIT
HSMV 75984 (Rev. 10/14)

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT $ _____ OR CASH DEPOSIT OF $ _____ SIGNATURE OF PERSON GIVING BAIL SIGNATURE OF PERSON TAKING BAIL
	FINE IN THE AMOUNT OF $ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE. SIGNATURE OF CLERK
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE) PLEA: _____ FINDING: _____ ADJUDICATION: _____ SENTENCE: FINE _____ COST _____ JAILED _____ DAYS DRIVER IMPROVEMENT SCHOOL _____ OTHER _____ DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS RECOMMEND RE-TEST _____ SIGNATURE OF JUDGE
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF $ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE

NOT CERTIFIED COPY