

WELT 19058 ASB

OBTS Number		ARREST / NOTICE TO APPEAR											
Agency ORI Number		Agency Name		1. Arrest 2. N.T.A.				3. Request for Warrant 4. Request for Capias		1 JUVENILE			
0502000		Lantana Police Department		6 1 16-002273				Agency Report Number (N.T.A.'s only)					
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				If Weapon Seized Enter Type None/not Applicable				Multiple Clearance Indicator 1			
Location of Arrest (Including Name of Business) 7500-BLK S FEDERAL HWY HYPOLOXO FL													
Date of Arrest 10/14/2016		Time of Arrest 00:24		Booking Date		Booking Time		Jail Date		Jail Time			
Location of Offense (Business Name, Address) 7500 S FEDERAL HWY BLK, HYPOLOXO, FL 33462													
Name (Last, First, Middle) GODEBE, KATHRYN ANNE													
Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:													
Race W - White B - Black O - Oriental Asian		Sex W F		Date of Birth 07/24/1970		Height 5'02		Weight 130		Eye Color BLUE		Hair Color BLONDE	
Marital Status S Religion CHRISTIAN													
Complexion LIGHT Build Medium													
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)													
Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>													
Local Address (Street, Apt. Number) 242 SW 11TH AVE, BOYNTON BEACH, FL 33435													
Phone (954) 336-5643													
Residence Type: 1. City 3. Florida 2. County 4. Out of State 3													
Permanent Address (Street, Apt. Number) 242 SW 11TH AVE, BOYNTON BEACH, FL 33435													
Phone (954) 336-5643													
Address Source DEFENDANT													
Business Address (Name, Street) UNKNOWN,													
Phone													
Occupation Unknown													
DL Number, State G310501707640 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) HONALULU, HI		Citizenship US					
Co-Defendant Name (Last, First, Middle)													
Race Sex Date of Birth													
Co-Defendant Name (Last, First, Middle)													
Race Sex Date of Birth													
Indication of: Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Juvenile <input type="checkbox"/> At Large <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Juvenile <input type="checkbox"/> 2. Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> At Large <input type="checkbox"/> Misdemeanor <input type="checkbox"/>													
Residence Phone													
JUVENILE Name (Last, First, Middle)													
Address (Street, Apt. Number) (City) (State) (Zip)													
Business Phone													
Notified by: (Name)													
Released To: (Name) Relationship Date Time JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated													
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													
Yes, by <input type="checkbox"/> No: Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property													
Drug Activity S. Sell R. Smuggle K. Dispenses/ Distribute M. Manufacture Z. Other													
N. N/A B. Buy D. Deliver E. Use													
Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ Equipment U. Unknown N. N/A C. Cocaine M. Marijuana O. Opium/ Deriv. Z. Other A. Amphetamine E. Heroin S. Synthetic													
Charge Description DUI-DRIVING UNDER THE INFLUENCE													
Statute Violation Number 316.193(1) Violation of ORD #													
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond													
N N / 16-002273													
Charge Description													
Statute Violation Number Violation of ORD #													
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond													
/													
Charge Description													
Statute Violation Number Violation of ORD #													
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence 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													
Explain: <i>Refused</i>													
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) 200 W Atlantic Ave, DELRAY BEACH													
Court Date and Time 11/14/2016 08:30:00													
Date Signed													
NOTICE TO APPEAL 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 of Arresting Officer (Print) CUMMINGS, PETER J. ID. # 848													
(PRINT)													
ADMINISTRATION													
Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other <input type="checkbox"/>													
Intake Deputy I.D. # Cummings Pouch # 848 (P) Transporting Officer Cummings ID. # 848 (P) Agency													
SCANNED													
OCT 14 2016													
PAGE 1 OF 1													
Witness here if subject signed with an "X".													

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14th DAY OF October 20 16 AT 0024 AM/PM
SUBJECT: Kathryn Anne Godbe CASE NUMBER: 16-002273
AGENCY: Lantana ARRESTING OFFICER: Cummings

PERSONAL CONTACT

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

Ofc. made contact with Ms. Godbe as she was sitting in the drivers seat of her vehicle with the engine running and keys in the ignition. Ms. Godbe was stopped for driving without headlights.

OBSERVATION OF DRIVER:

Impaired beyond her normal driving faculties. Blood shot glassy eyes, slurred speech, strong odor of an unknown alcohol beverage emanating from her mouth.

DRIVER'S STATEMENTS:

"I have had 2 beers tonight"

ODORS:

Strong odor of an unknown alcohol beverage emanating from her mouth.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: angry

CLOTHING: orange jersey blue jeans

MEDICAL / OTHER:

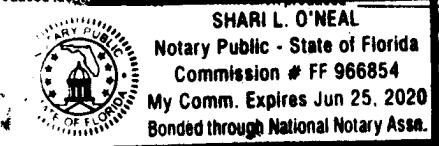
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of October 20 16 by _____

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

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



SUBJECT: Kathryn Anne Godbe CASE NUMBER: _____

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT EYE-LACK OF SMOOTH PURSUIT

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

refused

WALK & TURN:

refused

ONE LEG STAND:

refused

FINGER TO NOSE:

refused

ROMBERG / ALPHABET:

refused

BREATH TEST RESULTS:

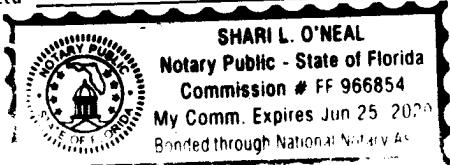
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)

The foregoing instrument was notarized or sworn before me this 14th day of October 2016 by _____

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

Notary Public, Clerk of Court, Officer #S.S. 117-10



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

PBSO CASE # _____ PBSO ZONE _____

AGENCY CASE # 16002273 CRASH CASE # _____

TIME OF STOP/CRASH 0006 DATE 10/14/2016 DAY Friday

SUBJECT'S NAME Kathryn Anne Godbe RACE W SEX F

HGT 5'02" WGT 130 DOB 07/24/1970

LOCATION 7500-Blk S Federal Hwy Hypoluxo, FL 33462

ARRESTING OFFICER'S NAME & ID Cummings 848 AGENCY Lantana

DIVISION: Patrol

NOTIFIED BY COMMO _____

ARRIVAL AT FACILITY 0050

ARREST TIME 0024

BREATH RESULTS

1. _____

2. _____

3. _____

4. _____

TESTING OFFICER'S ID _____ PBSO VIDEOTAPE # _____

NOT A CERTIFICATE

WITNESS LIST

CASE NUMBER: 16-002273