

160T 19058 A85

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 6 4 16-002273							
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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Location of Arrest (Including Name of Business) 7500-BLK S FEDERAL HWY HYPOLUXO FL		Location of Offense (Business Name, Address) 7500 S FEDERAL HWY BLK, HYPOLUXO, FL 33462		Enter Type None/not Applicable		Multiple Clearance Indicator 1			
Date of Arrest 10/14/2016		Time of Arrest 00:24		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) GODBE, KATHRYN ANNE		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White I - American Indian B - Black O - Oriental-Asian W		Sex F		Date of Birth 07/24/1970		Height 5'02	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion CHRISTIAN		Complexion LIGHT		Build Medium		Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 242 SW 11TH AVE, BOYNTON BEACH, FL 33435		(City)		(State)		(Zip)		Phone (954) 336-5643		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3	
Permanent Address (Street, Apt. Number) 242 SW 11TH AVE, BOYNTON BEACH, FL 33435		(City)		(State)		(Zip)		Phone (954) 336-5643		Address Source DEFENDANT	
Business Address (Name, Street) UNKNOWN,		(City)		(State)		(Zip)		Phone		Occupation Unknown	
D/L 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		<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		Name (Last, First, Middle)		Relationship		Residence Phone		Business Phone			
Address (Street, Apt. Number)		(City)		(State)		(Zip)					
Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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	
<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. Disperse/ 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 DUI-DRIVING UNDER THE INFLUENCE		Statute Violation Number 316.193(1)		Violation of ORD #		Bond					
Drug Activity N		Drug Type N		Amount / Unit /		Offense # 16-002273		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description		Statute Violation Number		Violation of ORD #		Bond					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Charge Description		Statute Violation Number		Violation of ORD #		Bond					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <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 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 <input type="checkbox"/> Pooled 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) 200 W Atlantic Ave. DELRAY BEACH		Court Date and Time 11/14/2016 08:30:00							
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) <i>Refused</i>		Date Signed						No Photo Available	
HOLD for Other Agency		Signature of Arresting Officer <i>Peter J. Cummings</i>		Name Verification (Printed by Arrestee) SCANNED							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Rearest Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) CUMMINGS, PETER J.		ID # 848							
Intake Deputy (Cummings)		Transporting Officer 848		Agency (P)							
										PAGE 1 OF 1	

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) _____

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



SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn.

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 :

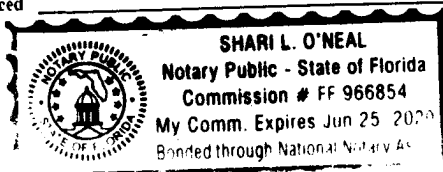
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)

The foregoing instrument was notarized or sworn before me this 14th day of October 20 16 by _____

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

Shari L. O'Neal
Notary Public, Clerk of Court, Officer F.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

BREATH RESULTS

ARREST TIME 0024

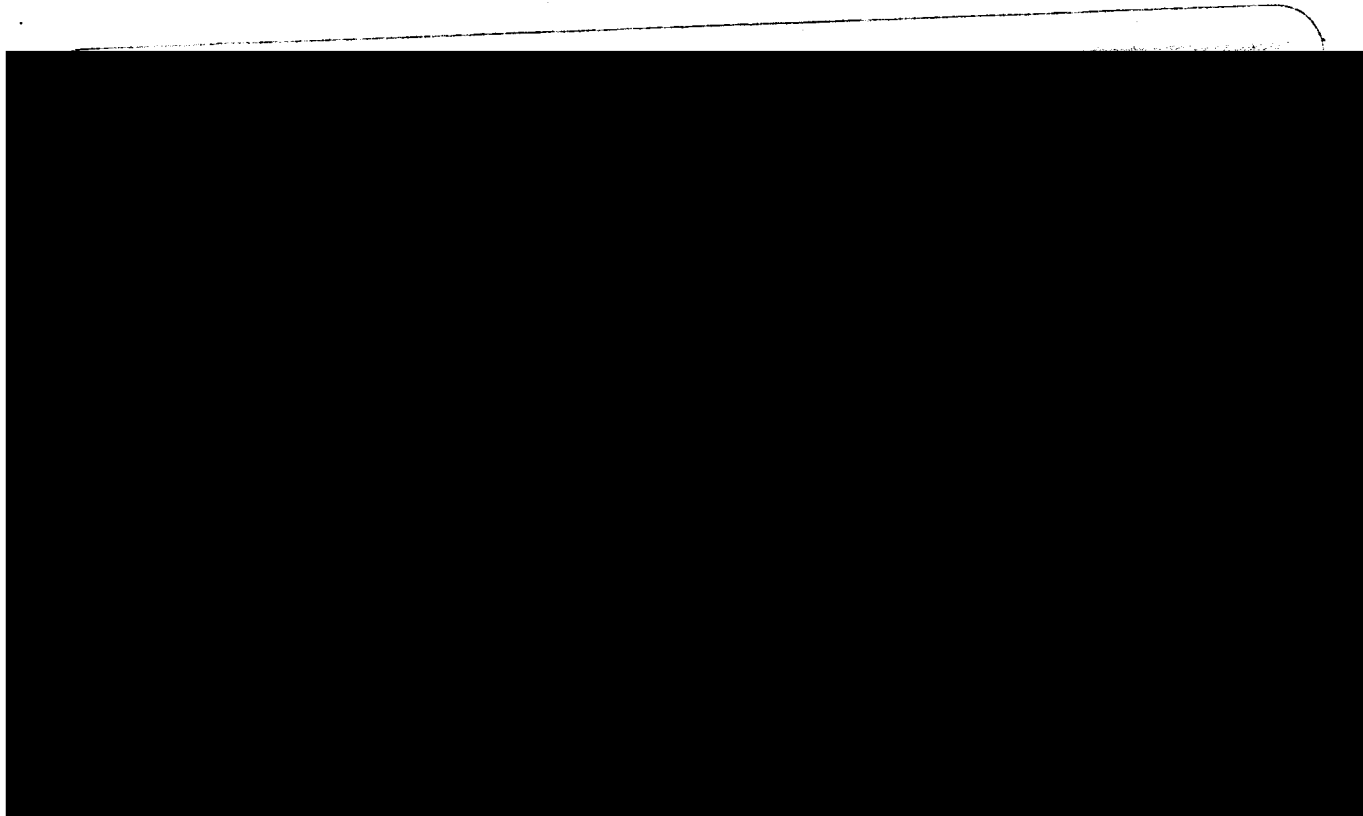
1. _____

2. _____

3. _____

4. _____

TESTING OFFICER'S ID _____ PBSO VIDEOTAPE # _____



NOT A CERTIFIED

WITNESS LIST

CASE NUMBER: _____

16-002273

ARRESTING OFFICER _____ Cummings 848
ADDRESS _____ 500 Greynolds Cir lce Lantana FL 33462

PHONE NUMBERS (HOME) _____ 561-540-5701 (WORK) _____

CAN TESTIFY TO: _____ pc

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____