

18CT1409-NB

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 18-000445		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE	
	Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type: NONE		Multiple Clearance Indicator					
D E F E N D A N T	Location of Arrest (Including Name of Business) 4299 W INDIANTOWN RD/CORTONA, JUPITER FL					Location of Offense (Business Name, Address) 4299 W INDIANTOWN RD/CORTONA BLVD, JUPITER, FL						
	Date of Arrest 01/21/2018	Time of Arrest 21:29	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
D E F E N D A N T	Name (Last, First, Middle) DENOWITZ, KINNA MICHELLE											
	Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.)											
	Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex F	Date of Birth 12/28/1971	Height 5'03	Weight 120	Eye Color BLUE	Hair Color BLONDE /	Complexion FAIR	Build Thin		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status M	Religion OTHER	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 110 N DELAWARE BLVD 15B, JUPITER, FL 33458					Phone (561) 778-4136			Residence Type: 1. City 3. Florida 2. County 4. Out of State 1			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 110 N DELAWARE BLVD 15B, JUPITER, FL 33458					Phone (561) 778-4136			Address Source VERBAL			
	Business Address (Name, Street) (City) (State) (Zip)					Phone			Occupation Director			
	D/L Number, State D532513719680 / FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL		Citizenship US			
	Co-Defendant Name (Last, First, Middle)											
	Co-Defendant Name (Last, First, Middle)											
Name (Last, First, Middle)												
Address (Street, Apt. Number) (City) (State) (Zip)												
Business Phone												
Notified by: (Name) Date Time												
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 _____												
Drug Activity S. Sell R. Smuggle K. Disperses/ M. Manufacture/ Z. Other N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate P. Possess T. Traffic E. Use												
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-DAMAGE TO PERSON/PROPERTY Statute Violation Number 316.193(3)(C)(1) Violation of ORD # _____												
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number N / 18-000445 1 [] Y [] N												
Charge Description Statute Violation Number Violation of ORD #												
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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"/> PROPERTY - Received By <input type="checkbox"/> Released By <input type="checkbox"/> 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 <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.												
Location (Court, Room) North County Court Date and Time 2/21/18 8:30am												
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) _____												
HOLD for Other Agency Signature of Arresting Officer Name Verification (Printed by Arrestee) JAN 23 2018 (PRINT)												
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest Name of Arresting Officer (Print) I.D. # FANDREY, CHRISTOPHER 1182												
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other Transporting Officer I.D. # Agency (Fandrey 340) JPD												
Intake Deputy I.D. # Pouch # Witness here if subject signed with an "X".												

SCANNED

2018 JAN 22 AM 8:35
SHARON B. BOOK, CLERK
PALM BEACH COUNTY, FL
GUN CLUB BRANCH

No Photo Available

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency Report Number	
	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	5	4

Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input checked="" type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) DENOWITZ, KINNA MICHELLE	Race W	Sex F	Date of Birth 12/28/1971
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Charge Description 316.193(3)(C)(1) DUI-DAMAGE TO PERSON/PROPERTY	Charge Description
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Victim's Name (Last, First, Middle) MATESE, ANNE M	Race W	Sex F	Date of Birth 03/31/1962
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Local Address (Street, Apt. Number) 167 SONATA DR, JUPITER, FL 33478	(City)	(State)	(Zip)	Phone (561) 743-4265	Address Source
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
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The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 The Person taken into custody . . .
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the **21** day of **January**, **2018** at **20:17** (Specifically include facts constituting cause for arrest.)

On 1/21/18 at approximately 2017hrs I was dispatched to W Indiantown Rd/Cortana Blvd in reference to a crash with injuries.

Upon arrival I made contact with a witness W/M Austin L. Powell (5/31/94) who stated the female driver, who was later positively identified as W/F Kinna M. Denowitz (12/28/1971), of the white Infiniti bearing FL tag 798TRF ran the red light going east bound on W Indiantown Rd/Cortana Blvd and crashed into vehicle 2.

I then made contact with Denowitz who had bloodshot watery eyes and the odor of an unknown alcoholic beverage coming from her person. Denowitz was still seated in the drivers seat of her vehicle. Denowitz was slurring her speech and was not being cooperative at first. Denowitz refused to tell me where she was coming from other than "turning in here" which she would not elaborate on. Denowitz provided me with her gray American Express card when I asked her for her drivers license. Denowitz eventually informed me that she was coming from a house party in Jupiter Farms and headed home. Denowitz provided me with her correct address and was offered to allow fire rescue check on her to which she refused several times. Denowitz was asked to walk over to the side of the road and standby until she was given her paperwork for the crash.

While standing with Denowitz the odor of an unknown alcoholic beverage grew stronger after asking Denowitz to spit out the gum that she was chewing. Denowitz was swaying while standing still and offered several times if she wanted to sit down to which she refused. Denowitz was upset and wanted to call for a ride to pick her up to which she was told to wait several times.

The driver of V2 was transported by Palm Beach County Fire Rescue (Run #18-008467) as a Trauma Alert for her injuries. Contact was later made with St Mary's Trauma Nurse Nikki Freeman who advised the victim W/F Anne Matese (3/31/62) was going to be admitted into

SWORN AND SUBSCRIBED BEFORE ME	 QUIROS, MARCIEL - 305 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 01/22/2018 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FANDREY, CHRISTOPHER (1182) NAME OF OFFICER (PLEASE PRINT) 01/22/2018 DATE	SCANNED JAN 23 2018
PAGE 1 OF 3			

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number		
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Name (Last, First, Middle) DENOWITZ, KINNA MICHELLE	Alias	Race W	Sex F	Date of Birth 12/28/1971
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St Mary's due to several broked ribs and to ensure that Matese did not have any internal bleeding.

Ofc. Raleigh investigated the crash scene and later informed Denowitz that she was at fault for the crash and would be issued a citation for running a red light. Denowitz was then informed that the crash investigation was complete and I informed Denowitz that I would be conducting a criminal investigation for suspicion of DUI. Denowitz was read Miranda Warnings from a preprinted card issued by Jupiter Police. Denowitz was asked again if she had any injuries to which she stated no. Denowitz was asked if she had any injuries that would stop her from walking in a straight line or standing on one foot to which she stated no. Denowitz was asked if she was under the care of a doctor or a dentist to which she stated no. Denowitz was asked where she was coming from to which she stated her bosses house. Denowitz was asked how much she had to drink to which she stated she hadent been drinking but then stated 2 beers. Denowitz was asked when she last drank to which she stated she had both beers earlier in the day. Denowitz denied drinking anything other than the two beers. Denowitz was asked if she would conduct Standardized Field Sobriety Tasks in order to ensure that she was ok to be driving. Denowitz immediately refused. Denowitz was told that her failure to submit to the tasks would be used against her in court and if she refused that she would be forcing me to make a decision on if I believed that she was too impaired to be driving. Denowitz again refused to submit to the tasks. Denowitz was told to place her hands behind her back and was placed into handcuffs which were double locked and checked for spacing. Denowitz was searched by Ofc. Raleigh with negative results and placed into the back seat of my patrol car and secured by the seat belt. Denowitz was transported to the Jupiter Medical Center where after a short time she was medically cleared for jail. Denowitz was then placed into the back seat of my patrol car and secured by the seatbelt. Denowitz was then transported to the Palm Beach County Jail BAT facility where after a 20 minute observation period Denowitz refused to provide a breath sample. Denowitz was read implied consent and again refused to provide a lawful sample of her breath. Denowitz was then placed into a holding cell while the proper paperwork was completed and then later turned over to the Palm Beach County Jail without incident.

Based upon the crash investigation, my investigation, my observations, and statements made by Denowitz and other witnesses on scene I developed probable cause to arrest and charge W/F Kinna M. Denowitz with DUI Crash Causing Property Damage or Injury to Another Person. This incident was captured on my Jupiter Police Department issued Body Cam and the changing of hats and criminal investigation was captured on my Jupiter Police Department issued vehicle Dash Cam and a copy of the Dash Cam was later entered into Jupiter Police Evidence.

Kinna M. Denowitz unlawfully did drive or be in actual physical control of a vehicle while under the influence of alcoholic beverages, or chemical substances as set forth in F.S. 877.111, or any substance

SWORN AND SUBSCRIBED BEFORE ME	
QUIROS, MARCEL NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	FANDREY, CHRISTOPHER (1182) SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
01/22/2018 DATE	01/22/2018 NAME OF OFFICER (PLEASE PRINT) DATE

SCANNED
JAN 23 2018

OBTs Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number	Agency Name	Agency Report Number					
FL 0501700	JUPITER POLICE DEPARTMENT	5 4 18-000445					
Charge Type: Check as many as apply.			Special Notes:				
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Name (Last, First, Middle)				Alias	Race	Sex	Date of Birth
DENOWITZ, KINNA MICHELLE					W	F	12/28/1971

controlled under Chapter 893 or any combination thereof, to the extent that his/her normal faculties were impaired, or while having a blood or breath alcohol level of .08 or higher, and during the course of driving a vehicle while under the influence of alcoholic beverages, or chemical substances as set forth in F.S. 877.111, or any substance controlled under Chapter 893 or any combination thereof, did cause or contribute to the cause of damage to the person or property of *(Anne Matese), contrary to Florida Statute 316.193(3) (a), (b) and (c) (1)

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	SCANNED	
	<u>QUIROS, MARCIEL</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	JAN 23 2018
	<u>01/22/2018</u> DATE	<u>FANDREY, CHRISTOPHER (1182)</u> NAME OF OFFICER (PLEASE PRINT)	
		<u>01/22/2018</u> DATE	PAGE 3 OF 3

TESTING FACILITY TASK REPORT

AGENCY: JPD/FANDREY

SUBJECT: DENOWITZ, KINNA

CASE NUMBER: 18-029239

DATE: Jan 21, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2310

ENDING TIME: 2312

BREATH TESTS RESULTS: 1) R TIME 2311 A.M. P.M. 2) XX TIME XX A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET, CRYING, UPSET, MOODSWINGS, SNOTTY

CLOTHING: BLACK BLOUSE, RIPPED BLUE JEANS, BLACK WEDGE HEELS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES WATERY AND BLOODSHOT,

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2245
SUBJECT REFUSED TO TAKE BREATH TEST
A/O READ I/C
SUBJECT STATED SHE UNDERSTOOD I/C
AND AGAIN REFUSED TO TAKE BREATH TEST @ 2311
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD RIGHTS
AND REFUSED ANY QUESTIONING

SCANNED
JAN 23 2018

SUBJECT: Denowitz, Kinga : CASE NUMBER: 18-00445

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 Off. Tawney of the Dy 117 11

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.

SCANNED
JAN 23 2018

SUSPECT'S SIGNATURE: (X) _____

SUBJECT: Denowitz, Kimra CASE NUMBER: 18-00044

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? _____

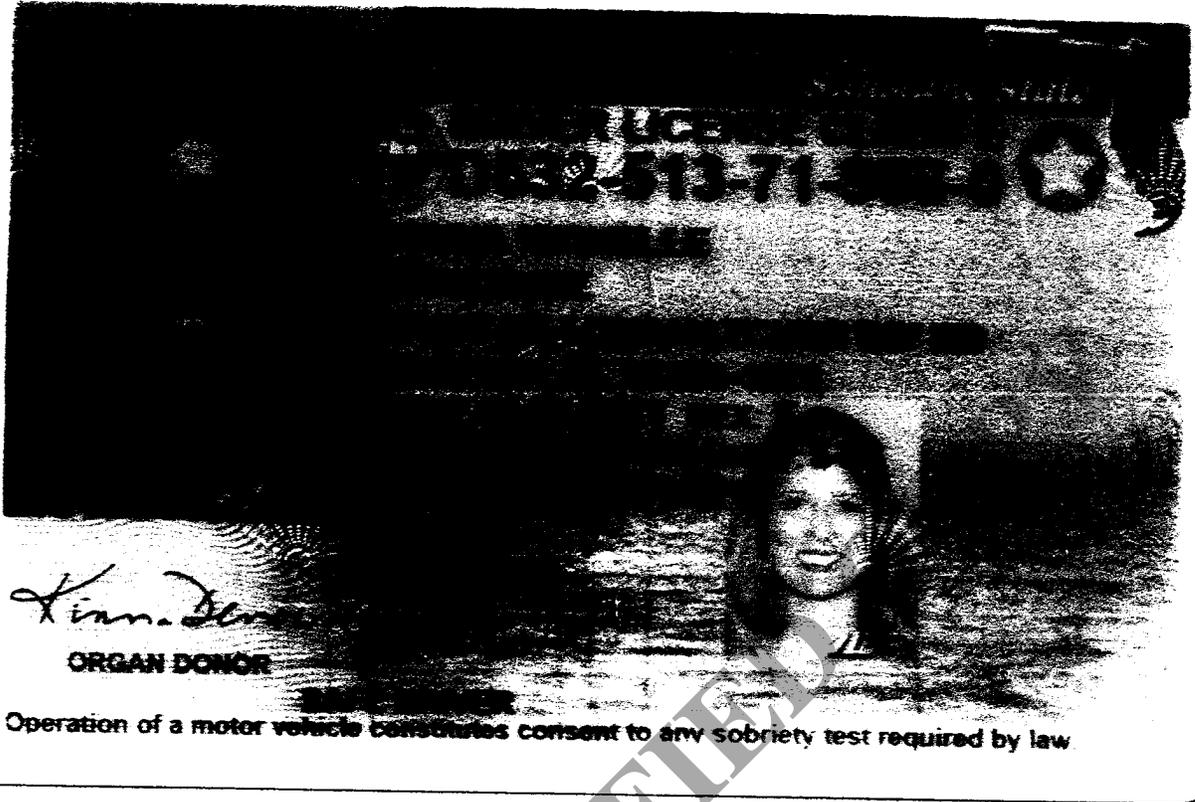
SCANNED
JAN 23 2018

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: [Signature]



Kinn... ..

ORGAN DONOR

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

NOT A CERTIFIED

SCANNED

JAN 23 2018