

#0486985

17 CT. 6528
NOTICE TO APPEAR

P#488

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|--|---|------------------------|--|--|
| 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 | | |
| Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | | Agency Report Number (N.T.A.'s only) 06-17-063464 | | | | | | | | |
| ChargeType: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony | | <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor | | <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | | Weapon Seized / Type 1. Yes 2. No | | Multiple Clearance Indicator 02 | | | | | |
| Location of Arrest (Including Name of Business) 3900 BLOCK SOUTHERN BLVD (SR 80) WEST PALM BEACH, FL 33406 | | | | Location of Offense (Business Name, Address) 3900 BLOCK SOUTHERN BLVD (SR 80) WEST PALM BEACH, FL 33406 | | | | | | | | | |
| Date of Arrest 04/11/17 | | Time of Arrest 23:37 | | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle GARDENS TOWING | | | | | |
| Name (Last, First, Middle) HAYNES, KRISTA | | | | | | | | | | | | | |
| Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | | | | | | | |
| Race W - White I - American Indian B - Black O - Oriental/Asian | | Sex W | Date of Birth 05/20/1972 | Height 5'5" | Weight 142 | Eye Color BRW | Hair Color BRW | Complexion AVG | Build MED | V | | | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE | | | | | | Marital Status SINGLE | Religion CHRISTIAN | Indication of: Alcohol Influence Drug Influence | | | | | |
| Local Address (Street, Apt. Number) 3279 PERIMETER DRIVE #23 GREENACRES, FL | | | | (City) GREENACRES | (State) FL | (Zip) 33467 | Phone (917) 586-5454 | Residence Type: 1. City 2. County 3. Florida 4. Out of State | | | | | |
| Permanent Address (Street, Apt. Number) | | | | (City) | (State) | (Zip) | Phone (561) 963-8238 | Address Source VERBAL | | | | | |
| Business Address (Name, Street) | | | | (City) | (State) | (Zip) | Phone () | Occupation RECEPTIONIST | | | | | |
| D/L Number, State 819-329-904 | | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) QUEENS, NY | | Citizenship US | | | | |
| Co-Defendant Name (Last, First, Middle) | | | | | | Race | Sex | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large | | | | |
| Co-Defendant Name (Last, First, Middle) D OR | | | | | | Race | Sex | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large | | | | |
| <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other | | | | | | Name (Last) D OR | | (First) D OR | (Middle) D OR | 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 | | | | | |
| 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 | | | | |
| Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Description of Property | | | | | | Value of Property | | | | | |
| CODE | Drug Activity 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/Derv. | P. Paraphernalia/ Equipment S. Synthetics | U. Unknown Z. Other | | |
| CHARGE | Charge Description DRIVING UNDER THE INFLUENCE | | | | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number 316.193(1) | | | Violation of ORD # | | | |
| CHARGE | Drug Activity N | Drug Type N | Amount / Unit NONE | Offense # 17-063464 | Warrant / Capias Number | | | Bond | | | | | |
| CHARGE | Charge Description FAILURE TO ACQUIRE FL DL | | | | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number 322.031(1) | | | Violation of ORD # | | | |
| CHARGE | Drug Activity N | Drug Type N | Amount / Unit NONE | Offense # 17-063464 | Warrant / Capias Number | | | Bond | | | | | |
| CHARGE | Charge Description | | | | Counts | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number | | | Violation of ORD # | | | |
| CHARGE | Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | | | Bond | | | | | |
| CHARGE | Charge Description | | | | Counts | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number | | | Violation of ORD # | | | |
| CHARGE | Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | | | Bond | | | | | |
| NOTICE TO APPEAR | Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406 | | | | | | | | | | | | |
| NOTICE TO APPEAR | Court Date and Time Month MAY Day 11th Year 2017 Time 08:30 | | | AM <input checked="" type="checkbox"/> 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 | | | | | | | | | | | | | |
| ADMIN | Signature of Defendant (or Juvenile and Parent / Custodian) Krista Haynes | | | | Date Signed 04/12/17 | | | | | | | | |
| ADMIN | HOLD for other Agency Name: Thomas Nadeau | | | Signature of Arresting Officer x Inv. Schaefer 8777 | | | Name Verification (Printed by Arrestee) Krista Haynes | | | | | | |
| ADMIN | <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other | | | Name of Arresting Officer (Print) INV. J. SCHAEFER | | I.D. # 8777 | | | | |
| ADMIN | Intake Doctor Thomas Nadeau | | Pouch # | Transporting Officer INV. J. SCHAEFER | | ID # 8777 | Agency PBSO | Witness here if subject signed with an "X" | | | | | |
| ADMIN | PAGE 1 | | | | | | | | | | | | |

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11th DAY OF APRIL 20 17, AT 23:20 AM PM

SUBJECT: HAYNES, KRISTA CASE NUMBER: 17-063464

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER #8777
PERSONAL CONTACT

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

On the above date & listed time while conducting selective traffic enforcement in the area of 3500 Southern Blvd (SR80) I observed a white Lexus traveling westbound at a speed faster than the posted 50mph. I activated my in-car radar unit which emitted a clear and high pitched Doppler tone which is indicative of a high speed. The unit displayed an actual speed of 71mph. I elected to initiate a traffic stop on the white Lexus bearing Florida tag DLS-D92. I activated the emergency lights on my marked PBSO patrol vehicle attempting to get the Lexus to yield. With the Lexus yielding to the right shoulder area it struck the curb. The defendant was the driver and sole occupant of the vehicle.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified as "KRISTA HAYNES" by her New York driver license, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area. This odor intensified as I spoke to Krista. She had glassy, glazed, and blood shot eyes. Krista's speech was slurred, slow, and thick, and at times difficult to understand. Her movements were slow and deliberate while retrieving her license and the requested vehicle documents. Krista was lethargic in her movements with poor coordination.

DRIVER'S STATEMENTS:

Pre-Miranda: Krista admitted to having a strawberry lemonade blondie which is a vodka blend beverage.

Post Miranda: Krista admitted to consuming 1 alcoholic beverage and did operate her vehicle and consented to breathe.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from her person and face area which intensified as I spoke to her.

GENERAL OBSERVATIONS

SPEECH: Krista's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: polite, friendly, cooperative, pleading, emotional

CLOTHING: black tank top / black yoga pants / sandals

MEDICAL/OTHER: Rx's in her possession: Lorazepam, Zolpidem Tartrate, Phentermine, Desipramine

STATE OF FLORIDA

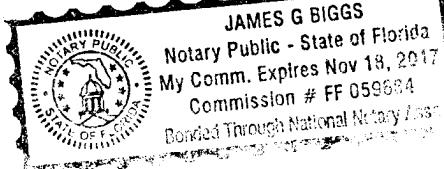
COUNTY OF PALM BEACH

INV. J. SCHAEFER #8777

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of APRIL 20 17 by INV. J SCHAEFER #8777

(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)

SCANNED

APR 13 2017

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

| | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Krista would sway roughly in a side to side front to back pattern throughout the task. She did touch the tip of the pen as directed to positively identify the point to be tracked. She was reminded numerous times to track the pen with her eyes only. Krista failed to keep her head still while tracking the stimulus and anticipated the pen's movement.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Krista who stated the she understood. She would sway roughly in a side to side, front to back pattern throughout the demonstration phase. Krista could not maintain her balance while listening to instructions and stepped out of the stance during the demonstration to catch her balance. Krista, on the first pass missed all heel-to-toe steps with more than 6 inches between her steps and stepped off the line, using her arms for balance by raising them more than six inches. At times her arms were out like "an airplane". Krista performed the turn other than the way it was demonstrated by lifting her pivot foot. On the return, Krista would miss heel-to-toe steps and stepped off the line. Again, she put her arms out like "an airplane".

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Krista who stated that she understood. She would sway roughly in a side to side, front to back pattern throughout the demonstration phase. Krista continued to sway while balancing on one leg. She used her arms to balance raising them more than 6 inches from her sides, again like "an airplane".

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Krista who stated that she understood. She would sway roughly in a side to side, front to back pattern throughout the demonstration phase. Krista did not keep her eyes closed and had to be reminded. Krista failed to return her arms down to her sides as instructed after touching her nose. Krista's index finger did not touch the nose on all six attempts. She hesitated/searched for the tip of her nose. Krista touched her left nostril, the underside of her nose three times, and her lip twice. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhomberg Alphabet" task to Krista who stated that she understood. She would sway roughly in a side to side, front to back pattern throughout the demonstration phase. She would sway more than 2 inches. Krista incorrectly recited the alphabet, stating "A, B, C, D, E, F, G, H, I, J, K, F, L, N, O, P, Q, R, S, T, U, V, Z, W, X, ,Y, Z".

BREATH TEST RESULTS: 1) .088 2) .088 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

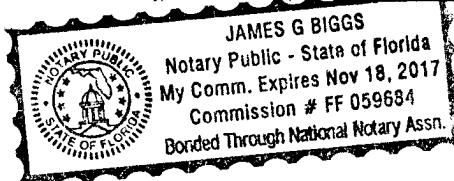
INV. J. SCHAEFER #8777

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of APRIL 2017 by INV. J SCHAEFER #8777

(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)



SCANNED
APR 13 2017

WITNESS LIST

17-063464

CASE NUMBER:

ARRESTING OFFICER: **INV. J. SCHAEFER #8777**

ADDRESS: 3228 GUN CLUB ROAD WPB, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561)681-4500

CAN TESTIFY TO: SEE OFFENSE REPORT

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) _____

CAN TESTIFY TO: _____

SCANNED

APR 13 2017

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: HAYNES, KRISTA

CASE NUMBER: 17-063464

DATE: 04/12/2017

VIDEO DVD NUMBER: 62422

BEGINNING TIME: 0030

ENDING TIME: 0048

BREATH TESTS RESULTS: 1) .088 TIME 0034 A.M. P.M. 2) .088 TIME 0037 A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: J. BIGGS #7607

MAINTENANCE TECHNICAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: THICK, ACCENT, REPETITIVE

ATTITUDE: UPSET, CRYING, COOPERATIVE,

CLOTHING: BLACK TANK TOP, BLACK PANTS, SILVER FLIP FLOPS

MEDICAL CONDITIONS: ANXIETY

MEDICATIONS: LORAZEPAM, AMBIEN, PHENTERMINE

OTHER:

EYES GLASSY AND BLOODSHOT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2349
SUBJECT AGREED TO TAKE BREATH TEST
TECH EXPLAINED INSTRUCTIONS FOR TEST,
SUBJECT UNDERSTOOD AND COMPLETED SUCCESSFULLY
TECH EXPLAINED RESULTS TO TEST, SUBJECT UNDERSTOOD RESULT
A/O READ RIGHTS,
SUBJECT STATED SHE UNDERSTOOD RIGHTS.
A/O CONDUCTED Q&A,
SUBJECT ANSWERED QUESTIONS

SCANNED
APR 13 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 _____ 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) _____

Read on Camera

SCANNED
APR 13 2017

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? YES

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? SOUTHERN BLVD

DIRECTION OF TRAVEL? W WHERE DID YOU START? AUSTRALIAN AVE.

WHAT TIME DID YOU START? 11:10 pm WHAT TIME IS IT NOW? DON'T KNOW

WHAT IS TODAY'S DATE? 04/11/17 WHAT DAY OF THE WEEK IS IT? TUESDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? PSLM BCH COUNTY WPB

WHEN DID YOU LAST EAT? 4:30 - 5 WHAT DID YOU EAT? CHICKEN

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? BOWLING, FRIEND'S HOUSE

HOW MUCH DO YOU WEIGH? 140 HAVE YOU BEEN DRINKING? YES WHAT? STRAWBERRY LEMONADE BLONDEY

HOW MUCH? 16 oz WHERE? BOWLING ALLEY WITH WHOM? FRIENDS

WHEN DID YOU HAVE YOUR FIRST DRINK? 8:30 - 8:45 AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? THE TEST SAYS I AM

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? OFFICE WHEN DID YOU LAST WORK? TODAY

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? _____

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? _____

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? YES WHAT? LOVAZAPAM WHEN? 4 pm

DO YOU HAVE: AMBIEN DIET PILLS

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? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? YES WHERE? NY SCANNED

INTERVIEWER: Inv. J Schaefer #8177 APR 13 2017

NEW YORK STATE

and
Krista
Commissioner of Motor Vehicles

DRIVER LICENSE

CLASS D



HAYNES

KRISTA

84-40 153 AV
HOWARD BEACH NY 11414

DOB: 05-20-72

SEX: F EYES: BR HT: 5-03

E: NONE

R: NONE

ISSUED: 05-18-09 EXPIRES: 05-20-17 WEMLVLC02

Krista Haynes

NOT A CERTIFIED COPY

SCANNED
APR 13 2017