

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 1 0 17-019726	
Charge Type: Check as many as apply.	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 <input type="checkbox"/>	
Location of Arrest (Including Name of Business) 1-95/W LINTON BLVD				Location of Offense (Business Name, Address) 1-95/W LINTON BLVD, DELRAY BEACH, FL 33444		
Date of Arrest 12/19/2017	Time of Arrest 01:28	Booking Date 12/19/2017	Booking Time 01:38	Jail Date 12/19/2017	Jail Time 02:50	Location of Vehicle
Name (Last, First, Middle) SNYDER, MARGARET PAM			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex W	Date of Birth 02/07/1997	Height 5'05	Weight 125	Eye Color BLUE
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S	Religion	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Complexion FAIR
Local Address (Street, Apt. Number) (City) (State) (Zip) 4788 N CITATION DR 106, DELRAY BEACH, FL 33445		Phone (940) 367-0247		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1		
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 4788 N CITATION DR 106, DELRAY BEACH, FL 33445		Phone (940) 367-0247		Address Source VERBAL		
Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation		
D/L Number, State S536575975470 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) AKRON, OH, United		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"/> Other: 1 or		Name (Last, First, Middle)		Residence Phone		
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone		
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
<input type="checkbox"/> Yes, by:		<input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Seizure 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	P. Paraphernalia/ Equipment	O. Opium/deriv.	S. Synthetic
U. Unknown Z. Other						
Charge Description DRIVING WHILE UNDER INFLUENCE				Statute Violation Number 316.193(1)		Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit /	Offense # 17-019726	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description DUI-DAMAGE TO PERSON/PROPERTY				Statute Violation Number 316.193(3)(C)(1)		Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit /	Offense # 17-019726	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description CRASH- LEAVING THE SCENE WITHOUT GIVING INFORMATION				Statute Violation Number 316.061(1)		Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit /	Offense # 17-019726	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
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		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Released By		Released To
Transported By PHILIPPE, BENDJY				Date Transported 12/19/2017	Time Transported 02:50	Other DEC 19 AM 5:27
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Court Date and Time 01/08/2018 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				No Photo Available		
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed		
HOLD for Other Agency				Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest				Name of Arresting Officer (Print) PHILIPPE, BENDJY		
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other				I.D. # 1138		
Intake Deputy PHW 8101				Transporting Officer PHILIPPE, BENDJY		
I.D. #				I.D. # 1138		
Pouch #				Agency DBPD		
				Witness here if subject signed with an "X".		

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS DEFENDANT

0494241

1437

DEC 20 2017

SCANNED

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 17-019726
Charge Type: Check as many as apply.				Special Notes:	
<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance			
<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other			

Name (Last, First, Middle) SNYDER, MARGARET PAM	Alias	Race W	Sex F	Date of Birth 02/07/1997
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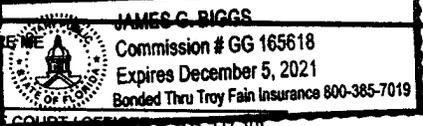
Charge Description 316.193(1) DRIVING WHILE UNDER INFLUENCE	Charge Description 316.061(1) CRASH- LEAVING THE SCENE WITHOUT GIVING
Charge Description 316.193(3)(C)(1) DUI-DAMAGE TO PERSON/PROPERTY	Charge Description

Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

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 19 day of December, 2017 at 01:28 (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, County of Palm Beach, Florida.

OFFICER'S NARRATIVE:
 On December 19, 2017 I responded to I-95/W Linton Blvd in reference to a subject leaving the scene of an accident. Upon arrival, officers was with a black Audi A6 bearing FL 882QUR. Behind the wheel of the vehicle was Margaret Snyder with the keys in the ignition of the vehicle. The vehicle was shut off prior to my arrival. Snyder stated she was coming from her parent's residence and was drinking, but doesn't believe she was impaired. Snyder further stated that she thought the driver of the vehicle she struck told her it was okay to leave. While speaking, Snyder had slurred speech and glossy eyes. I believed Snyder was under the influence and she consented to roadside tasks. When Snyder stepped out the vehicle, she was swaying and her breath had an odor of an unknown alcoholic beverage.
 It should be noted that a witness, Jonathan Ray Macdonald, observed Snyder crash into another vehicle and flee, then followed her while contacting police and maintained visual until police arrived.
 At the BAT post Miranda, Snyder stated that she was coming from a Christmas party at Blue Anchor pub located at 804 E Atlantic Ave. Snyder further stated that she drank four beers and a couple of shots.
DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEFENDANT BEHIND THE WHEEL OF THE VEHICLE):
 I observed Snyder behind the wheel of the vehicle.

OBSERVATION OF DRIVER: SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT (FLORIDA STATUTE § 117.10) <u>12/19/17</u> DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER PHILIPPE BENDJY (1138) NAME OF OFFICER (PLEASE PRINT) <u>12/19/2017</u> DATE
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PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

OSTS Number		
Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-019726
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	Special Notes:

Name (Last, First, Middle) SNYDER, MARGARET PAM	Alias	Race W	Sex F	Date of Birth 02/07/1997
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Snyder appeared impaired, had dilated pupils and her speech was slurred. Snyder had an odor of an unknown alcoholic beverage on her breath. Snyder appeared unstable while walking to an area for roadside tasks.

DRIVER'S STATEMENTS:

Snyder stated that she was coming from her parent's residence and had a couple drinks but did not think she was impaired.

ODORS:

Snyder had the odor of an unknown alcoholic beverage on her breath.

SPEECH:

Slow, slurred, mumbled

ATTITUDE:

Polite, calm, crying

CLOTHING:

Her clothing appeared to be good condition.

MEDICAL PROBLEMS:

None

MEDICATIONS:

None

BREATH TESTING REQUEST IS VIDEO RECORDED:

Yes

** ROAD SIDE TASKS **

HORIZONTAL GAZE NYSTAGMUS:

John had severe HGN and noticeable VGN during all tracking.

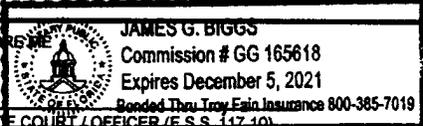
WALK AND TURN:

Snyder failed to maintain balance while the instructions were given, started before told, took 11 steps and 10 steps back and none of the steps were heel to toe and hands were not at her side the entire time, did not count out loud.

ONE LEG STAND:

Snyder barely lifted her leg from the floor, she was not looking at her foot.

FINGER TO NOSE:

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	 <p>JAMES G. BIGGS Commission # GG 165618 Expires December 5, 2021 Bonded thru Troy Fair Insurance 800-385-7019</p>	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (E.S.S. 117.10) 12/19/17 DATE	PHILIPPE, BENDJY (1138) NAME OF OFFICER (PLEASE PRINT) 12/19/2017 DATE	PAGE 2 of 3

PROBABLE CAUSE AFFIDAVIT
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JUVENILE

A D M I N I S T R A T I V E	OSTS Number		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 17-019726		
	Charge Type: Check as many as apply.		Special Notes:		Race		Sex		
	<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				W		F		
Name (Last, First, Middle) SNYDER, MARGARET PAM		Aliases		Date of Birth 02/07/1997					
<p>Snyder did not put her hands down on any time, 2nd and 3rd time the middle of her finger touched her nose, the 4th time her finger touched her upper lip.</p> <p>ROMBERG ALPHABET: Snyder was swaying while counting.</p> <p>BREATHE ALCOHOL TEST RESULTS: 1st .195, 2nd .193</p> <p>CHARGES: Based on the above stated facts probable cause exists to charge the defendant, white female, Margaret P Snyder, with one count of driving under the influence in violation of FSS 316.193(1), leaving the scene of an accident without giving information in violation of FSS 316.061(1), and DUI-damage to property in violation of FSS 316.193(3) (C) (1).</p>									
SWORN AND SUBSCRIBED BEFORE ME		 JAMES G. BIGGS Commission # GG 165618 Expires December 31, 2021 Bonded Thru Troy Fain Insurance 800-385-7019		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		PHILIPPE, BENDJY (1138) NAME OF OFFICER (PLEASE PRINT)		12/19/2017 DATE	
DATE 12/19/17						PAGE 3 OF 3			

NOT A CERTIFIED COPY