

JKT 0483472

16CT 23067

PCh 3629

ARREST / NOTICE TO APPEAR			
OBTS Number <b>0502000</b>		Agency Name <b>Lantana Police Department</b>	
Agency ORI Number <b>0502000</b>		Agency Report Number (N.T.A.'s only) <b>6 1 4 16-002735</b>	
Charge Type: <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		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias <b>1</b> JUVENILE	
Check as many as apply		If Weapon Seized Enter Type: <b>None/not Applicable</b>	
Location of Arrest (Including Name of Business) <b>MINER RD/GRISWOLD ST LANTANA FL 33462</b>		Location of Offense (Business Name, Address) <b>800 S DIXIE HWY, LANTANA, FL 33462</b>	
Date of Arrest <b>12/11/2016</b>		Time of Arrest <b>01:49</b>	
Booking Date		Booking Time	
Jail Date		Jail Time	
Location of Vehicle			
Name (Last, First, Middle) <b>MANDY, MARYLYNN ELAINE</b>			
Alias: <b>Alias:</b>			
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian W - F	
Date of Birth <b>06/08/1989</b>		Height <b>5'05</b>	
Weight <b>135</b>		Eye Color <b>BLUE</b>	
Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>	
Build <b>Medium</b>			
Scars, Marks, Tatoo's, Unique Physical Features (Location, Type, Description)			
Marital Status <b>S</b>		Religion <b>CHRISTIAN</b>	
Local Address (Street, Apt. Number) <b>7936 GRISWOLD ST, LANTANA, FL 33462</b>		(City) (State) (Zip)	
(City) (State) (Zip)		Phone <b>(561) 542-5147</b>	
Permanent Address (Street, Apt. Number) <b>7936 GRISWOLD ST, LANTANA, FL 33462</b>		Phone <b>(561) 542-5147</b>	
Business Address (Name, Street) <b>BRONX TALE PIZZA,</b>		Phone <b>DEFENDANT</b>	
DL Number, State <b>M530545897080 / FL</b>		Soc. Sec. Number INS Number	
Place of Birth (City, State) <b>BOYNTON BEACH, FL</b>		Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)		Race Sex Date of Birth	
		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)		Race Sex Date of Birth	
		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)	
<input type="checkbox"/> Legal Custodian		Residence Phone	
Address (Street, Apt. Number) (City)		(State) (Zip)	
		Business Phone	
Notified by: (Name) <i>Mandy</i>		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.			
<input type="checkbox"/> Yes, by <input type="checkbox"/> No:		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 B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A C. Cocaine M. Marijuana Equipment Z. Other A. Amphetamine E. Heroin O. Opium/Deriv. S. Synthetic			
Charge Description <b>DUI-DRIVING UNDER THE INFLUENCE</b>			
Statute Violation Number <b>316.193(1)</b>			
Violation of ORD #			
Drug Activity Drug Type Amount / Unit Offense #		Counts Domestic Violence Warrant / Capias Number	
<b>N</b> / <b>16-002735</b>		<b>1</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Bond			
Charge Description			
Statute Violation Number			
Violation of ORD #			
Drug Activity Drug Type Amount / Unit Offense #		Counts Domestic Violence Warrant / Capias Number	
/		<input type="checkbox"/> Y <input type="checkbox"/> N	
Bond			
Charge Description			
Statute Violation Number			
Violation of ORD #			
Drug Activity Drug Type Amount / Unit Offense #		Counts Domestic Violence Warrant / Capias Number	
/		<input type="checkbox"/> Y <input type="checkbox"/> N	
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			
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	
<input type="checkbox"/> Postponed Bond <input type="checkbox"/> South County Mental Health		Released By	
Transported By		Date Transported	Time Transported Other
INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			
Location (Court, Room) <b>200 W Atlantic Ave, DELRAY BEACH</b>			
Court Date and Time <b>01/09/2017 08:30:00</b>			
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			
<i>Mandy</i>			
Signature of Defendant (or Juvenile and Parent/Custodian) <i>Mandy</i>			
Date Signed <i>12/11/16</i>			
HOLD for Other Agency			
Signature of Arresting Officer <i>Peter J. Cummings</i>			
Name of Arresting Officer (Print) <b>PETER J. CUMMINGS</b>			
I.D. # <b>848</b>			
(PRINT) <b>DEC 12 2016</b>			
Pouch # <b>CUMMINGS</b>			
Transporting Officer <b>CPD</b>			
I.D. # <b>848</b> Agency <b>CPD</b>			
Witness here if subject signed with an "X"			
Photo Available			
COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.C. DEFENDANT			

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11th DAY OF December 20 16 AT 0149 AM / PM  
SUBJECT: Marylynn E Mandy CASE NUMBER: 16-002735  
AGENCY: Lantana ARRESTING OFFICER: P. Cummings

## PERSONAL CONTACT

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

Ofc. observed Ms. Mandy driving her white in color Kia bearing FL tag# J992IP southbound in the 800-Blk of S Dixie Hwy. I also observed her all the way down dixie until the final stop. She was in the drivers seat of the vehicle and inside of the vehicle alone.

### OBSERVATION OF DRIVER:

Slow reaction, blood shot glassy eyes, slurred speech. Ms. Mandy also appeared to be impaired to beyond her normal driving faculties.

### DRIVER'S STATEMENTS:

N/A

### ODORS:

Strong odor of alcohol.

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Sad

CLOTHING: red shirt, Multicolored pants.

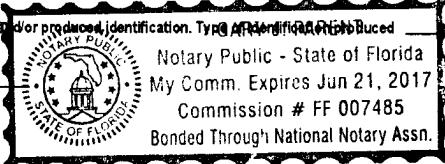
### MEDICAL / OTHER:

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 11th day of December 20 16 by \_\_\_\_\_

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



Handwritten: SCANNED

DEC 12 2016

## 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:

Could not hold head still while checking her eyes. Swaying back and forth while checking her eyes.

### WALK & TURN:

Ms. Mandy could not keep count while attempting to walk heel toe. She was walking pigeon toed on the designated line and was swaying back and forth and side to side while walking.

### ONE LEG STAND:

Ms. Mandy could not keep her foot off of the ground for more than 10 seconds. She was also holding her arms out to her sides for balance.

### FINGER TO NOSE :

Ms. Mandy could not follow directions after they were explained to her multiple times. She could not touch the tip of her finger to the tip of her nose when asked to do so.

### ROMBERG / ALPHABET:

a-z no issues

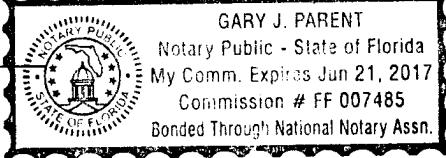
### BREATH TEST RESULTS :

STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)  
The foregoing instrument was notarized or sworn before me this 11th day of December 2016 by

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

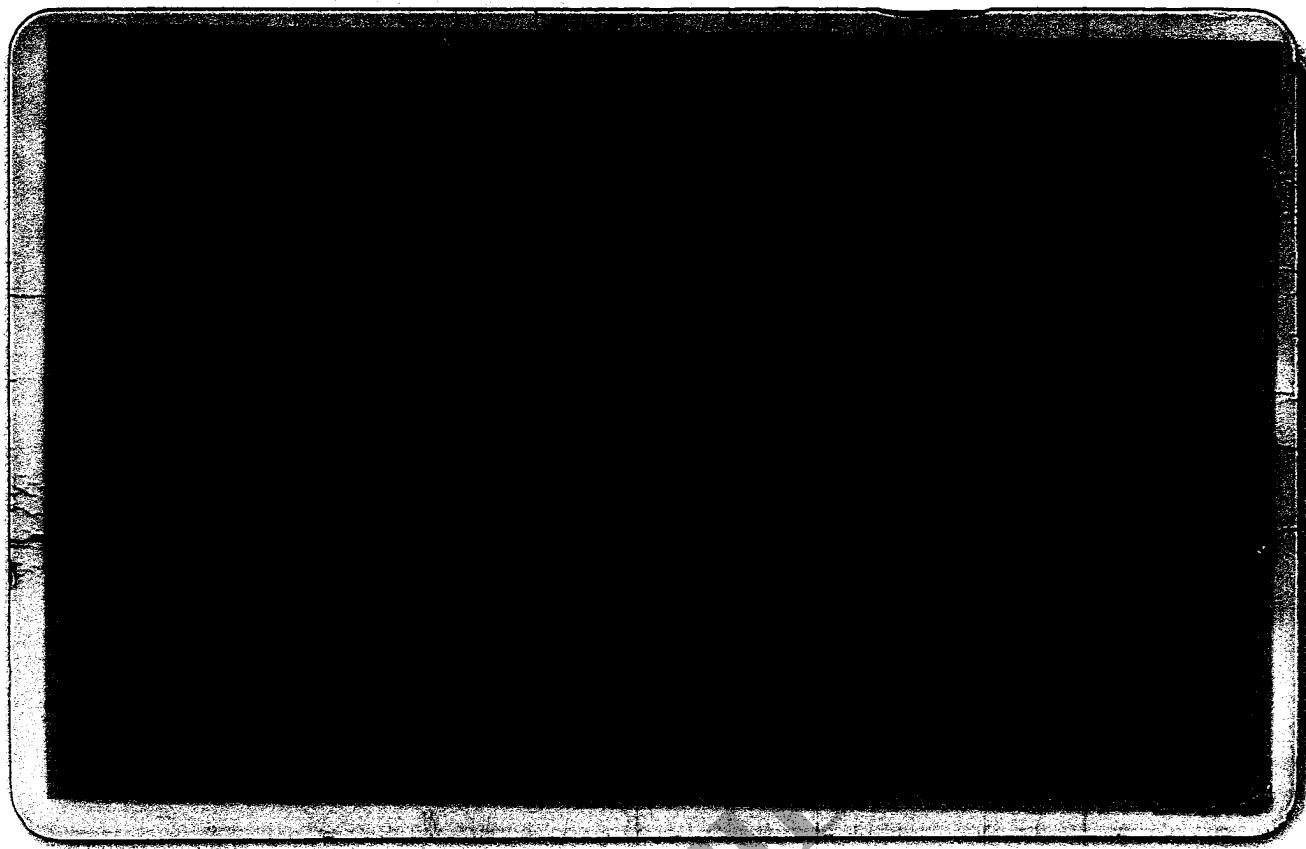
Notary Public, Clerk of Court, Officer F.S.S. 117-10



SCANNED  
DEC 12 2016

## WITNESS LIST

**CASE NUMBER:** 16002735



NOT A CERTIFICATE

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# TESTING FACILITY TASK REPORT

AGENCY: LPD

SUBJECT: Mary, Marilyn, E. CASE NUMBER: 16-163039

DATE: 12/11/16 VIDEO TAPE NUMBER: 61803

BEGINNING TIME: 0242 ENDING TIME: 0256

BREATH TESTS RESULTS: 1) .180 TIME 0250 A.M./P.M. 2) .176 TIME 0253 A.M./P.M.  
3) n/a TIME — A.M./P.M. 4) n/a TIME — A.M./P.M.

BREATH OPERATOR: G. Parker #7904

MAINTENANCE TECHNICIAN: K. L. L. #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUSICAL MOUNTED

ATTITUDE: UPSET, CRYING, RAMBLING, REPEATEDLY, FUGITIVE

CLOTHING: MULTI-COLOR LEGGINGS, MASCULINE SWEATER, OVER SIZE

MEDICAL CONDITIONS: ALLERGIES

MEDICATIONS: none

OTHER: EYES WATERING AND BLINKING, SWAYING, MOVING ABOUT  
AT THE X. ODOR OF ALCOHOLIC BEVERAGE  
ON BREATH

COMMENTS: ARRIVED AT CENTER A/L BEGAN THE 20 MINUTE  
OBSERVATION PERIOD AT 0220 HRS.

A AGREED TO TAKE TEST, THEN ASKED ABOUT WHAT  
IF SHE DOESN'T TAKE TEST

ALO READ I/C

A STATED SHE UNDERSTOOD I/C AND AGREED TO TEST

ALO READ RIGHTS

A STATED SHE UNDERSTOOD RIGHTS

ALO ASKED Q+A

A DECLINED TO ANSWER ANY QUESTIONS

**SCANNED**

TECH. RECD BREATH TEST RESULTS A STATED DEC 12 2016

DID NOT UNDERSTAND AND ASKED WHAT THEY MEANT

SUBJECT: Mary, Marcell F. CASE NUMBER: \_\_\_\_\_

## **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) Read on Camera

## **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**

DEC 12 2016

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: Mayberry, E. CASE NUMBER: \_\_\_\_\_

## 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 BUMPER 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? \_\_\_\_\_

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? \_\_\_\_\_

**SCANNED**

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

**DEC 12 2016**

INTERVIEWER: \_\_\_\_\_

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL