

JCT 048 3472

ARREST / NOTICE TO APPEAR

16CT 23067

PCH 35 29

AD MIN IS TR A TION	OBTS Number	Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 614 16-002735		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias 1		JUVENILE																
D E F E N D A N T	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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Enter Type None/not Applicable		Multiple Clearance Indicator 1																			
	Location of Arrest (Including Name of Business) MINER RD/GRISWOLD ST LANTANA FL 33462					Location of Offense (Business Name, Address) 800 S DIXIE HWY, LANTANA, FL 33462																				
	Date of Arrest 12/11/2016		Time of Arrest 01:49		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle													
C O D E F	Name (Last, First, Middle) MANDY, MARYLYNN ELAINE												Alias (Name, DOB, Soc. Sec. #, Etc.)													
	Race W - White A - Black I - American Indian O - Oriental/Asian W		Sex F		Date of Birth 06/08/1989		Height 5'05		Weight 135		Eye Color BLUE		Hair Color BROWN		Complexion LIGHT		Build Medium									
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Mental Status S		Religion CHRISTIAN		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 checked="" type="checkbox"/> Unk <input type="checkbox"/>							
	Local Address (Street, Apt. Number) 7936 GRISWOLD ST, LANTANA, FL 33462				(City)		(State)		(Zip)		Phone (561) 542-5147		Residence Type 1. City 2. County 3. Florida 4. Out of State 1		Address Source		Occupation DEFENDANT									
	Permanent Address (Street, Apt. Number) 7936 GRISWOLD ST, LANTANA, FL 33462				(City)		(State)		(Zip)		Phone (561) 542-5147		Residence Type		Address Source		Occupation Server									
	Business Address (Name, Street) BRONX TALE PIZZA,				(City)		(State)		(Zip)		Phone		Residence Type		Address Source		Occupation									
	D/L Number, State M530545897080 / FL				Soc. Sec. Number		INS Number		Place of Birth (City, State) BOYNTON BEACH, FL		Citizenship US															
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile															
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile															
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian Name (Last, First, Middle)												Residence Phone												
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		Value of Property														
Drug Activity S. Sell N. N/A P. Possess				R. Smuggle D. Deliver E. Use		K. Disposes/ 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/Drug		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 #												
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond												
Charge Description												Statute Violation Number		Violation of ORD #												
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond												
Charge Description												Statute Violation Number		Violation of ORD #												
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond												
I N T A K E	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 type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Bonded <input type="checkbox"/> South County Mental Health												PROPERTY - Received By		Released By		Released To									
	Transported By												Date Transported		Time Transported		Other									
	INSTRUCTION NO. 1 - Mandatory appearance in court 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 01/09/2017 08:30:00		No Photo Available									
N O T I C E T O A P P E A R	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) Marylynn Elaine		Date Signed 12/11/16											
	HOLD for Other Agency												Signature of Arresting Officer Cummings		Name of Arresting Officer (Print) CUMMINGS, PETER J.		ID # 848		Agency CPD							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Restrain Arrest <input type="checkbox"/> Other												Transporting Officer Cummings		ID # 848		Agency CPD		Witness here if subject signed with an "X"							
	Pouch #												ID #		Agency											
A D M I N I S T R A TION	HOLD for Other Agency												Signature of Arresting Officer Cummings		Name of Arresting Officer (Print) CUMMINGS, PETER J.		ID # 848		Agency CPD							
	Pouch #												ID #		Agency											

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ 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.

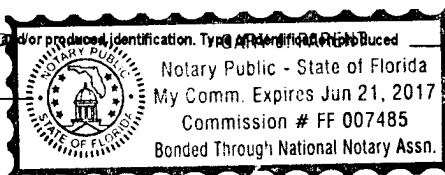
MEDICAL / OTHER:

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 and Affirmation Required



SCANNED

DEC 12 2016

SUBJECT: Marylynn E Mandy CASE NUMBER: 16-002735

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS :

- | | |
|--|--|
| ✓ LT EYE-LACK OF SMOOTH PURSUIT | ✓ RT EYE-LACK OF SMOOTH PURSUIT |
| ✓ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION | ✓ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION |
| ✓ LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | ✓ 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 :

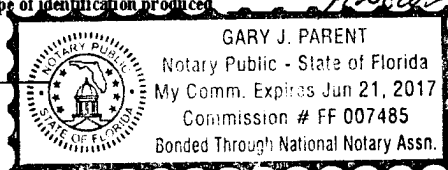
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)

The foregoing instrument was notarized or sworn before me this 11th day of December 20 16 by _____

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

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



SCANNED
DEC 12 2016

WITNESS LIST

CASE NUMBER: 16002735

ARRESTING OFFICER P. Cummings 848

ADDRESS 500 Greynolds Circle 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)

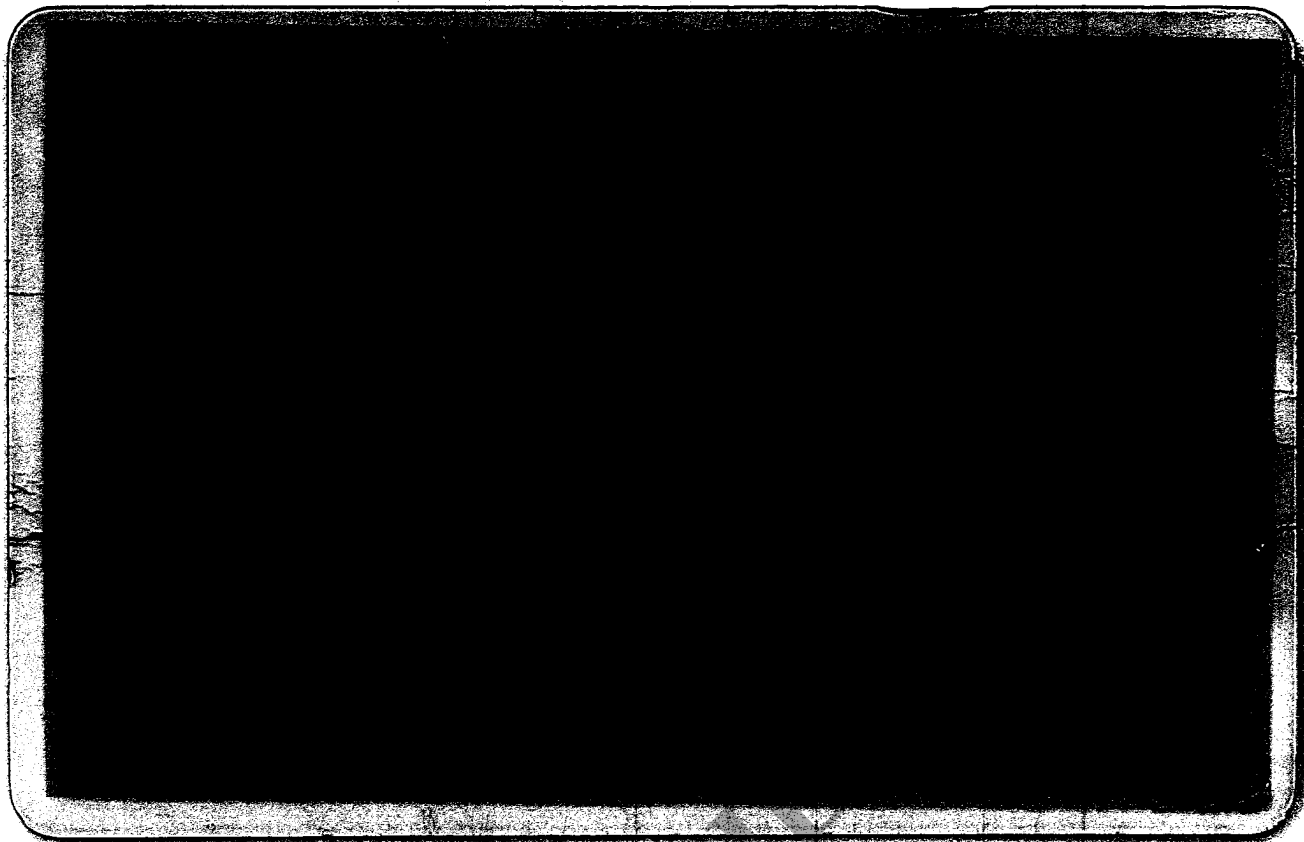
CAN TESTIFY TO:

NAME:

ADDRESS

SCANNED

DEC 12 2016



NOT A CERTIFIED

SCANNED

DEC 12 2016

TESTING FACILITY TASK REPORT

AGENCY: LPD
SUBJECT: MANNY MARLYNN 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. PARET # 7804
MAINTENANCE TECHNICIAN: KARL LUK # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUSH MOUTHED
ATTITUDE: UPSET, CRYING, RAMBLING, REPETITIVE, FROGATY
CLOTHING: MULTI-COLOR LEGGINGS, MAROON SLIM-FIT, BLACK SANDALS
MEDICAL CONDITIONS: ALLERGIES
MEDICATIONS: NONE
OTHER: EYES WATERY AND BLOODSHOT, SWAYING, MOVING ABOUT AT THE X, ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON BREATH
COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 0230 HRS.

Δ AGREED TO TAKE TEST, THEN ASKED ABOUT WHAT IF SHE DOESN'T TAKE TEST
A/O READ I/C
Δ STATED SHE UNDERSTOOD I/C AND AGREED TO TEST
A/O READ RIGHTS
Δ STATED SHE UNDERSTOOD RIGHTS
A/O ATTEMPTED Q+A
Δ DECLINED TO ANSWER ANY QUESTIONS

SCANNED

TECH. READ BREATH TEST RESULTS Δ STATED DEC 12 2016

DIDN'T UNDERSTAND AND ASKED WHAT THEY MEANT

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: MARY MACKEY E. 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: Mary Mary, 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 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? _____

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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED

DEC 12 2016