

0487054

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

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

OBTS Number		ARREST / NOTICE TO APPEAR		Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		06-		17-064345			
FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE									
Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) LUCERNE AVE/ N A ST LAKE WORTH FL 33460		Location of Offense (Business Name, Address) LUCERNE AVE/ N A ST LAKE WORTH FL 33460									
Date of Arrest 04/14/2017		Time of Arrest 0100		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle)		ANGULO, MELINDA, E									
Race W - White 1 - American Indian B - Black 0- Oriental/Asian		Sex W		Date of Birth 03/10/1995		Height 5'0"		Weight 90		Eye Color Brn	
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) NONE										Hair Color Brn	
Local Address (Street, Apt. Number) 12361 EQUINE LN WELLINGTON FL 33414		(City)		(State)		(Zip)		Phone (561) 685-3568		Complexion FAT	
Permanent Address (Street, Apt. Number) SAME AS ABOVE		(City)		(State)		(Zip)		Phone ()		Build Small	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone ()		Occupation STUDENT	
D/L Number, State A-524-545-95-590-0		Soc. Sec. Number				INS Number				Place of Birth (City, State) MARGATE, FL	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		Citizenship US	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		Indication of: 1. Arrested 2. At Large	
Parent Legal Custodian Other:		Name (Last) (First) (Middle)								3. Felony 4. Misdemeanor 5. Juvenile	
Address (Street, Apt. Number)		(City)		(State)		(Zip)				Residence Phone ()	
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		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property			
Drug Activity S. Sell N. N/A B. Buy P. Possess R. Smuggle T. Traffic K. Dispense/ D. Deliver E. Use M. Manufacture/ Produce/ Cultivate Z. Other				Drug Type N. N/A B. Cocaine A. Amphetamine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description DUI				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)		Violation of ORD #	
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 17-064345		Warrant / Capias Number		Bond	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address)		CRIMINAL JUSTICE COMPLEX 3228 GUN CLUB RD WPB FL 33406									
Court Date and Time		Month MAY		Day 11TH		Year 2017		Time 8:30		AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
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 Name:		Signature of Arresting Officer X 9221				Name Verified (Printed by Arrestee)					
<input type="checkbox"/> Dangerous Suicidal		Name of Arresting Officer (Print) D/S M. GRUBER				I.D. # 9721		(PRINT)			
Intake Deputy SARAH S. I.D. #		Pouch #		Transporting Officer SAME		ID #		Agency			
Witness here if signed with an -X"											

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14TH DAY OF APRIL 20 17, AT 0039 AM PM
SUBJECT: ANGULO,MELINDA,E CASE NUMBER: 17-064345
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Michael Gruber 9721
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
On April 14th 2017 I was called to a crash scene at Lucerne Ave and N A St in the City of Lake Worth in reference to a possible impaired driver. Upon my arrival I made contact with D/S Dail who was first on scene. D/S Dail stated that he was traveling east on Lake Worth Rd when he observed a silver jeep that was in a crash. He observed the driver a female later identified through Florida Driver's license as Melinda Angulo trying to back up away from the crash. D/S Dail stated that the female was the sole occupant and she was still in the driver seat when I arrived with seat belt on. I conducted a crash investigation where I concluded that the silver jeep was traveling west on Lucerne Ave approaching the roundabout at N A ST. The jeep came out of its lane hopping onto the curb where the vehicles first point of impact was a speed limit side. The final rest was into a palm tree. Photos were taken of the scene and placed into evidence. The crash was documented under PBSO case# 17-064342.

OBSERVATION OF DRIVER:

Upon contact with Melinda and began speaking with her I noticed a strong odor of an unknown alcoholic substance coming from her breath. She had blood shot glassy eyes and speaking was slurred and at some points I was not able to understand her. I requested her License registration and proof of insurance. Melinda went through her purse where she asked if she could just give her credit card instead of her license because she couldn't find it. It was able found that she had already given it to D/S Dail but she could not remember giving it to him. When she was looking for insurance after I had to request it for a second time Melinda passed over it multiple times before handing me her voter registration. After completing my crash investigation I had Melinda step out of the vehicle.

DRIVER'S STATEMENTS:

D/S Dail also advised when I first arrived on scene that when he questioned Melinda on where she was coming from she said that she had come from Rum Shack in downtown lake worth. Melinda had some drinks and was celebrating for a good grade she got in school. Melinda tried to act like she did not speak English when I first began to speak with her and was asking for someone who spoke Spanish. D/S Dail said that she had been speaking Spanish the entire time he spoke with her and D/S Monroy who was also on scene speaks Spanish and never requested her.

ODORS:

Strong unknown alcoholic substance from breath.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: calm

CLOTHING: gray shirt, black jeans, black and white shoes

MEDICAL/OTHER: None

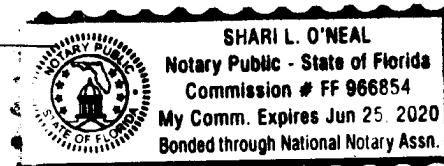
STATE OF FLORIDA
COUNTY OF PALM BEACH

Michael Gruber 9721
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14TH day of APRIL 20 17 by D/S GRUBER 9721

(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)



SUBJECT: ANGULO, MELINDA, E

CASE NUMBER 17-064345

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations

WALK & TURN

When I had Melinda step out of her vehicle and walk over to mine Melinda was uneasy on her feet and had to use the driver door to balance and keep from falling down. While in front of my patrol vehicle I explained to Melinda that I was done with my crash investigation and was going into a DUI investigation. She was read her Miranda warnings off a preprinted card issued by the department. Melinda stated that she understood her rights. When I requested for her to submit to roadside task she refused. I then explained to her Taylor warnings for refusing and she stated she understood and was still refusing. Based on my investigation up to this point I placed Melinda under arrest for DUI. Handcuffs were double locked and checked for proper fit.

ONE LEG STAND

FINGER TO NOSE

ROMBERG AI PHARET

BREATH TEST RESULTS: 1

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

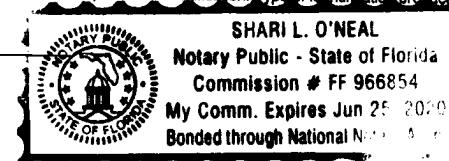
Michael Gruber 972
(Signature of Arresting/Investigative

The foregoing instrument was sworn to or affirmed and subscribed before me this 14TH day of APRIL, 2017 by D/S GRUBER 9721

(Print name of Arresting/Investigative Officer), who is presently known to me, and is a _____.

■ PERSONALLY KNOWN

Notary Public, Clerk of Court, Officer (E.S.S. 117-1)



STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, D/S MICHAEL GRUBER #9721, a duly certified Law Enforcement Officer or Correctional Officer,
 (Name of Officer reading Implied Consent Warning)

am a member of PALM BEACH COUNTY SHERIFF'S OFFICE, and I do swear
 (Name of law enforcement agency)

or affirm that on or about the 14TH day of APRIL, 20 17, at 0100 P.M. A.M.

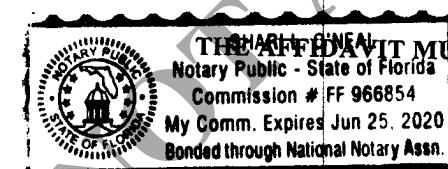
DRIVER MELINDA ELENA ANGULO
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# A-524-545-95-590-0, state of FLORIDA, was placed under lawful arrest for
 the offense of DUI by D/S MICHAEL GRUBER #9721 and
 issued Citation # A1005LP (Name of Arresting Officer)

That on or about the 14TH day of APRIL, 20 17, at 0150 P.M. A.M.
 in PALM BEACH County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.


 9721
 Signature of Law Enforcement Officer or
 Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
 me this 14 day of April, 20 17,
 by _____,

who is personally known to me or who has produced
 _____ as identification

Notary Public S. Orlieff

Signature of Attesting Officer

Title _____

Date _____

Note: Mail or hand deliver to the designated
 Bureau of Administrative Reviews office,
 Department of Highway Safety and Motor
 Vehicles, with the driver's license, the
 appropriate copy of the UTC, and the
 probable cause affidavit.

PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 17-064345 PBSO ZONE 14-52

AGENCY CASE # _____ CRASH CASE # 17-064342

TIME OF STOP/CRASH 0039 DATE 4/14/17 DAY FRI

SUBJECT'S NAME ANGULO, MELINDA, E RACE W SEX F

HGT 5'0" WGT 90 DOB 03/10/1995

LOCATION LUCERNE AVE/ N A ST LAKE WORTH FL 33460

ARRESTING OFFICER'S NAME & ID Michael Gruber 9721 AGENCY PBSO

DIVISION: 14/ Lake Worth

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0126

ARREST TIME 0100

BREATH RESULTS:

1)	REFUSED
2)	
3)	
4)	

TESTING OFFICER'S ID 7064 PBSO VIDEOTAPE # 62433

WITNESS LIST

17-064345

ARRESTING OFFICER: **Michael Gruber 9721**

CASE NUMBER:

ADDRESS: 120 N G ST LAKE WORTH FL 33460

PHONE NUMBERS (HOME): _____ (WORK) 561-586-1611

CAN TESTIFY TO: PC AFFIDAVIT

NAME: D/S Dail #9129

ADDRESS: 120 N G ST LAKE WORTHFL 33460

PHONE NUMBERS (HOME) _____ (WORK) 586-1611

CAN TESTIFY TO: see report

NAME: D/S Monroy

ADDRESS 120 N G ST LAKE WORTH FL 33460

PHONE NUMBERS (HOME) _____ (WORK) 586-1611

CAN TESTIFY TO: See 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: _____

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ADDRESS _____

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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: _____

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

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 Angela Mendoza of the 1000 1/2

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) Angela Mendoza

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) Angela Mendoza

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: _____

NOT A CERTIFICATE

ANGULO
12361 EQUUS LANE
WELLINGTON, FL 33414

DATE ISSUED: 03-10-2016



Angel

SAFE DRIVER MOTORCYCLE ALSO
Operation of a motor vehicle constitutes
consent to any sobriety test required by law