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ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile N				
OBTS Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 17127474							
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) VIA ANCHO/ BOCA RIO RD				Location of Offense (Business Name, Address) Via Ancho/Boca Rio Rd, Boca Raton, Florida 33433							
Date of Arrest 09/15/2017		Time of Arrest 12:10PM		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) Armstrong, Melissa, Dawn											
Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian W F Date of Birth 01/13/1980 Height 5'04 Weight 115 Eye Color GREEN Hair Color BROWN Complexion MED Build MED											
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) 3 BACK OF NECK CHINESE LETTERS											
Local Address (Street, Apt. Number) 1816 Se 1st Street, Deerfield Beach, FL 33441			(City)	(State)	(Zip)	Phone (561) 246-1435	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1				
Permanent Address (Street, Apt. Number) ,			(City)	(State)	(Zip)	Phone ()	Address Source				
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone ()	Occupation TREASURER				
DL Number, State A652544805130, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) LIBRARY / PA	Citizenship USA				
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"/> Legal Custodian <input type="checkbox"/> Other:							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 SED 15						
CODE	Drug Activity N. NA 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. NA A. Amphetamine	B. Barbiturates C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia S. Synthetics	U. Unknown Z. Other
CHARGE	Charge Description DRIVING UNDER THE INFLUENCE				Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense # 17127474	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		
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) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996									SCANNED Date Scanned 09/15/2017	
NOTICE TO APPEAR	Court Date and Time Month 10 Day 16 Year 2017 Time 8:30 AM X PM									7:00 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 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											
09/15/2017											
Signature of Defendant (or Juvenile and Parent /Custodian)											
HOLD for other Agency Name: DS ENGEL				Signature of Arresting Officer DS ENGEL			Name Verification (Printed by Arrestee) SEP 18 2017				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer (Print) D/S C. ENGEL			(PRINT)				
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				I.D. # 9576							
Intake Deputy DS GRANT				Transporting Officer D/S GRANT	ID # 7714	Agency MSO	PAGE 1				
Witness here if subject signed with an -X" MSO											

DISTRIBUTION: WHITE - COURT COPY

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PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 6/27

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile N	
ADMIN	Agency ORI Number FLO 50000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 17127474				Special Notes:			
	Charge Type: Check as many as apply. 1. Felony 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							
DEF	Name (Last, First, Middle) Armstrong, Melissa, Dawn				Alias		Race W	Sex F	Date of Birth 01/13/1980	
CHARGES	Charge Description DRIVING UNDER THE INFLUENCE		316.193(1)		Charge Description					
	Charge Description				Charge Description					
VICTIM	Victim's Name (Last, First, Middle) MORGAN, EDMUND, E				Race W	Sex M	Date of Birth 10/18/1955			
	Local Address (Street, Apt. Number) 23279 BARWOOD LANE N # 109, BOCA RATON, FLORIDA 33428		(City)	(State)	(zip)	Phone (561) 376-6913	Address Source FLORIDA DL			
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone ()	Occupation TREASURER			
<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 15 day of SEPTEMBER 2017 at 12:02 <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>										
<p>I RESPONDED TO BOCA RIO ROAD AND VIA ANCHO IN REFERENCE TO A MOTOR VEHICLE CRASH. I WAS ASKED TO CONDUCT SFST TASKS TO A MELISSA D. ARMSTRONG W/F D.O.B. 1/13/1980 WHO WAS IDENTIFIED BY FLORIDA DRIVERS LICENSE. I ASKED DEFENDANT TO DO SFST TO SEE IF SHE WAS OK TO DRIVE A VEHICLE. DEFENDANT AGREED. I CONDUCTED HGN, AND DEFENDANT MOVES HER HEAD AND CANNOT FOLLOW DIRECTIONS, I EXPLAIN AGAIN AND BOTH HER LEFT AND RIGHT EYE HAVE LACK OF SMOOTH PURSUIT. DEFENDANT HAS TO BE TOLD NOT TO MOVE HER HEAD AND TO FOLLOW THE TIP OF MY PEN. I START AGAIN AND LEFT AND RIGHT EYE SHOW ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES. I COULD SMELL AN UNKNOWN ODOR OF AN ALCOHOL BEVERAGE COMING FROM HER MOUTH AS I WAS VERY CLOSE TO HER FACE. DEFENDANT SWAYS SIDE TO SIDE DURING HGN TEST, AND HAS A HARD TIME BALANCING.</p> <p>I EXPLAIN TO DEFENDANT THE WALK AND TURN EXERCISE, DEFENDANT CANNOT FOLLOW DIRECTIONS, INTERRUPTS AND I HAVE TO START AGAIN. I EXPLAIN AND DEMONSTRATE THE WALK AND TURN DEFENDANT STARTS BEFORE I TELL HER TO. I ASK HER TO STAND ON LINE AGAIN AND WAIT TIL I TELL HER TO START. DEFENDANT CANNOT FOLLOW DIRECTIONS FALLING OFF THE YELLOW LINE, STAGGERS TO REGAIN BALANCE AND WE START AGAIN WITH INSTRUCTIONS. I DEMONSTRATE THE WALK AND TURN AND ASK DEFENDANT IF SHE UNDERSTANDS AND SHE SAID SHE DOES. SHE BEGINS THE WALK AND TURN AND MISSES HEEL TO TOE, PICKS UP HER ARMS FROM HER SIDE AND STOPS AND FALLS OF LINE AT COUNT FIVE. SHE DOES NOT COMPLETE TASK. I TOLD DEFENDANT SEVERAL TIMES TO STAND ON YELLOW LINE WITH HER FEET TOGETHER AND HANDS DOWN, I DEMONSTRATED FOR HER, SHE CANNOT FOLLOW DIRECTIONS AGAIN CANNOT MAINTAIN BALANCE. DEFENDANT'S HUSBAND SHOWS UP ON SCENE AND DEFENDANT TRIES TO WALK AWAY AND DISREGARD BOTH MYSELF AND D/S UDELL. I EXPLAINED THAT SHE IS NOT FREE TO WALK AWAY AT THIS TIME. I TRIED TO EXPLAIN ONE LEG STAND, I DEMONSTRATE AND DEFENDANT DOES NOT WANT TO DO THE EXERCISE. BASED ON MY INVESTIGATION AND THE EVIDENCE PRESENT TO ME I FIND PROBABLE CAUSE TO ARREST AND CHARGE MELISSA DAWN ARMSTRONG PER F.S.S 316.193(1) DRIVING UNDER THE INFLUENCE.</p> <p>I PLACED DEFENDANT TO THE REAR OF MY MARKED PATROL CAR AND REMOVED ALL PERSONAL ITEMS MISC. JEWELRY AND PLACED INTO A BACK WITH D/S UDELL. THESE ITEMS WERE TURNED OVER TO HER HUSBAND ON SCENE AND ON CAMERA. DEFENDANT WAS PLACED IN THE BACK OF MY PATROL CAR WITH IN CAR VIDEO ON. I ASKED CSA SILVERMAN FOR VICTIM INFORMATION FROM THE CRASH, HE STATED THAT VICTIM WAS TRANSPORTED TO THE HOSPITAL AND THAT HE WOULD GATHER FOR ME. CSA STATED DID I NEED ANYTHING FROM THE CAR I ASK TO SEE BOTH VEHICLES, THE VICTIM'S CAR FLORIDA TAG BEARING M445TR GREY MITSUBISHI HAD SEVERE DAMAGE TO THE PASSENGER SIDE, I LOOKED AT DAMAGE TO DEFENDANT'S VEHICLE FLORIDA TAG BEARING AFWH31, SILVER MERCEDES WITH DAMAGE TO HER FRONT END DRIVERS SIDE, CAR WINDOWS WERE DOWN AND I NOTICED A RED SOLO CUP IN CENTER CONSOLE WITH APPROXIMATELY 1 SIP LEFT OF AN UNKNOWN ALCOHOLIC BEVERAGE INSIDE, WHEN I SMELLED IT, IT SMELLED LIKE AN UNKNOWN ALCOHOLIC BEVERAGE. WHILE IN THE BACK OF MY PATROL CAR DEFENDANT REMOVES HER HANDCUFFS. I THEN RE-HAND CUFFED STACKED AND DOUBLE LOCK AND CHECK FOR FITNESS PER POLICY AND PLACED HER BACK INTO THE BACK SEAT OF MY PATROL CAR. IN CAR VIDEO WAS ON, BUT WAS HAVING ISSUE WITH VIEWING, I CONTACTED SGT. PHILLIPS AND HAD ANOTHER D/S TRANSPORT , D/S GRANT # 7714.</p> <p>I ARRIVED AT THE PALM BEACH COUNTY BAT FACILITY AT APPROXIMATELY 1:15PM AND STARTED THE 20 MINUTE OBSERVATION. DURING THAT TIME D/S GRANT REMOVED DEFENDANT'S CUFFS AND RE-APPLIED FOR COMFORT. DURING THIS TIME DEFENDANT ASKS TO USE RESTROOM, I REMOVED HER HANDCUFFS AND ESCORTED HER TO FEMALE HOLDING CELL IN THE BAT FACILITY, DEFENDANT REFUSED TO USE RESTROOM, STATED SHE WOULD HOLD IT. I RE-CUFFED AND HAD DEFENDANT SIT UNTIL BREATH TECH. J. BIGGS# 7607 WAS READY TO CONDUCT BREATH TEST. BREATH TEST WAS CONDUCTED AND ON VIDEO , DEFENDANT AGREES TO BREATH TEST AT APPROXIMATELY 1:40PM. DEFENDANT PROVIDED TWO SAMPLES THE FIRST WAS .350 AND THE SECOND WAS .358. BIGG'S ADVISED DEFENDANT THAT SHE WAS MORE THAN 4 TIMES THE LEGAL LIMIT. I READ THE DEFENDANT HER CONSTITUTIONAL WARNING, DEFENDANT STATES SHE UNDERSTOOD THEM. I ASKED DEFENDANT ON CAMERA IF BASIC QUESTIONS , AND SHE ANSWERED ALL OF THEM. DEFENDANT SAID SHE DID NOT HAVE ANYTHING TO DRINK. D/S GRANT AND MYSELF TRANSPORTED DEFENDANT TO JFK MEDICAL CENTER WHERE SHE STATED POST MIRANDA SHE HAS FALLEN OFF THE WAGON SINCE THE HURRICANE SHE ALSO SAYS SHE HAS CIRRHOsis OF THE LIVER FROM DRINKING. DEFENDANT WAS MEDICALLY CLEARED AND I RETURNED TO THE PALM BEACH COUNTY JAIL.</p>										
PROBABLE CAUSE STATEMENT	<p>STATE OF FLORIDA COUNTY OF PALM BEACH <i>D/S Engel</i> (Signature of Arresting/Investigative Officer)</p> <p>D/S C. ENGEL</p> <p>15 SEPTEMBER 2017</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of SEPTEMBER 2017 by _____</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p> <p><i>D/S C. Engel</i> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>									
ADMINISTRATIVE	<p>PAGE 1 OF 1</p>									