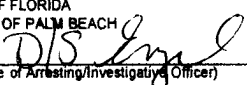
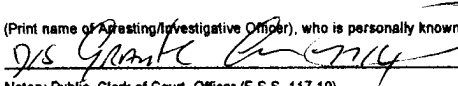


0491445

W 17CT/6891 1355

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N	
Agency ORI 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: <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		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	
Name (Last, First, Middle) Armstrong, Melissa, Dawn		Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 01/13/1980		Height 5'04		Weight 115		Eye Color GREEN	
Hair Color BROWN		Complexion MED		Build MED		Marital Status Married		Religion BAPTIST		Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) 3 BACK OF NECK CHINESE LETTERS				Residence Type: 1. City 2. County 3. Florida 4. Out of State		1					
Local Address (Street, Apt. Number) 1816 Se 1st Street, Deerfield Beach, FL 33441				Phone (561) 246-1435		Address Source					
Permanent Address (Street, Apt. Number)				Phone		Occupation TREASURER					
Business Address (Name, Street)				Phone							
D/L 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		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residence 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 N. N/A S. Sell B. Buy P. Possess R. Smuggle D. Deliver T. Traffic K. Dispense/ 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/Deriv. P. Paraphernalia U. Unknown Equipment S. Synthetics Z. Other		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1)		Violation of ORD #	
Charge Description DRIVING UNDER THE INFLUENCE		Drug Activity		Drug Type		Amount / Unit		Offense # 17127474		Warrant / Capias Number	
Charge Description		Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Location (Court Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996		Court Date and Time Month 10 Day 16 Year 2017 Time 8:30 AM X 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 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 09/15/2017							
Signature of Defendant (or Juvenile and Parent /Custodian)		Signature of Arresting Officer D/S Grant		Name of Arresting Officer (Print) D/S C. ENGEL		I.D. # 9576		Name Verification (Printed by Arrestee) SEP 18 2017		PAGE 1 OF 1	
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Intake Deputy JD		I.D. # 7714		Agency PBSO		Witness here if subject signed with an "X"			

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	N
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 17127474				
	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:		
CHARGES	Name (Last, First, Middle) Armstrong, Melissa, Dawn				Alias		Race W	Sex F	Date of Birth 01/13/1980
	Charge Description DRIVING UNDER THE INFLUENCE				316.193(1)		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) (City) (State) (zip) 23279 BARWOOD LANE N # 109, BOCA RATON, FLORIDA 33428				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 <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p style="text-align: right;"><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 <u>15</u> day of <u>SEPTEMBER</u> 20<u>17</u> at <u>12:02</u> <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 DEFENDENT TO DO SFST TO SEE IF SHE WAS OK TO DRIVE A VEHICLE. DEFENDENT AGREED. I CONDUCTED HGN, AND DEFENDENT MOVES HER HEAD AND CANNOT FOLLOW DIRECTIONS, I EXPLAIN AGAIN AND BOTH HER LEFT AND RIGHT EYE HAVE LACK OF SMOOTH PURSUIT, DEFENDENT 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. DEFENDENT SWAYS SIDE TO SIDE DURING HGN TEST, AND HAS A HARD TIME BALANCING.</p> <p>I EXPLAIN TO DEFENDENT THE WALK AND TURN EXERCISE, DEFENDENT CANNOT FOLLOW DIRECTIONS, INTERRUPTS AND I HAVE TO START AGAIN. I EXPLAIN AND DEMONSTRATE THE WALK AND TURN DEFENDENT STARTS BEFORE I TELL HER TO. I ASK HER TO STAND ON LINE AGAIN AND WAIT TIL I TELL HER TO START. DEFENDENT 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 DEFENDENT IF SHE UNDERSTANDS AND SHE SAID SHE DOES. SHE BEGINS THE WALK AND TURN AND MISSES HEAL 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 DEFENDENT 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. DEFENDENTS HUSBAND SHOWS UP ON SCENE AND DEFENDENT 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 DEFENDENT 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 DEFENDENT 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. DEFENDENT 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 VICTIMS CAR FLORIDA TAG BEARING M445TR GREY MITSUBISHI HAD SEVERE DAMAGE TO THE PASSENGER SIDE, I LOOKED AT DAMAGE TO DEFENDENTS 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 DEFENDENT 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 DEFENDENTS CUFFS AND RE APPLIED FOR COMFORT. DURING THIS TIME DEFENDENT ASKS TO USE RESTROOM, I REMOVED HER HANDCUFFS AND ESCORTED HER TO FEMALE HOLDING CELL IN THE BAT FACILITY, DEFENDENT REFUSED TO USE RESTROOM, STATED SHE WOULD HOLD IT. I RE-CUFFED AND HAD DEFENDENT SIT UNTIL BREATH TECH. J. BIGGS# 7607 WAS READY TO CONDUCT BREATH TEST. BREATH TEST WAS CONDUCTED AND ON VIDEO, DEFENDENT AGREES TO BREATH TEST AT APPROXIMATELY 1:40PM. DEFENDENT PROVIDED TWO SAMPLES THE FIRST WAS .350 AND THE SECOND WAS .358. BIGG'S ADVISED DEFENDENT THAT SHE WAS MORE THAN 4 TIMES THE LEGAL LIMIT. I READ THE DEFENDENT HER CONSTITUTIONAL WARNING, DEFENDENT STATES SHE UNDERSTOOD THEM. I ASKED DEFENDENT ON CAMERA IF BASIC QUESTIONS, AND SHE ANSWERED ALL OF THEM. DEFENDENT SAID SHE DID NOT HAVE ANYTHING TO DRINK. D/S GRANT AND MYSELF TRANSPORTED DEFENDENT 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. DEFENDENT WAS MEDICALLY CLEARED AND I RETURNED TO THE PALM BEACH COUNTY JAIL.</p>									
<div style="display: flex; justify-content: space-between;"> <div> STATE OF FLORIDA COUNTY OF PALM BEACH  (Signature of Arresting/Investigative Officer) </div> <div style="text-align: center;"> D/S C. ENGEL </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> SCANNED SEP 18 2017 </div> </div> </div> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>15</u> day of <u>SEPTEMBER</u> 20<u>17</u> 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> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> PAGE 1 OF 1 </div>									