

0487242

3307

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 502600		Agency Name Palm Beach Gardens Police Department				Agency Report Number (N.T.A.'s only) 78- 17-002366							
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 2 1. Yes 2. No		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 4530 PGA Blvd PBG FL 33410						Location of Offense (Business Name, Address) 4530 PGA Blvd PBG FL 33410							
Date of Arrest 04/20/2017		Time of Arrest 2137		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle 4701 East Ave, WPB FL 33407	
Name (Last, First, Middle) Kaufman, Michele G						Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White 1 - American Indian		Sex F		Date of Birth 07/30/1962		Height 5'07"		Weight 130		Eye Color Blue		Hair Color Red	
Complexion Light		Build Slim		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A		Marital Status Single		Religion Cath		Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 322 Commons Way		(City) Palm Beach Gardens		(State) FL		(Zip) 33410		Phone (914) 924-0092		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1			
Permanent Address (Street, Apt. Number) Same as Local Address		(City)		(State)		(Zip)		Phone ()		Address Source FL DL			
Business Address (Name, Street) ()		(City)		(State)		(Zip)		Phone ()		Occupation Retired			
D/L Number, State K155-547-62-770-0		Soc. Sec. Number ()		INS Number		Place of Birth (City, State) new york, NY		Citizenship Yes					
Co-Defendant Name (Last, First, Middle) None		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			
Parent Legal Custodian Other:		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 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 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. N/A A. Amphetamine	
B. Barbiturate C. Cocaine 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		Violation of ORD #					
Drug Activity N/A		Drug Type N/A		Amount / Unit N/A		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input 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 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 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) North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410													
Court Date and Time Month May Day 24 Year 2017 Time 10:00 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) _____ Date Signed _____													
HOLD for other Agency Name:		Signature of Arresting Officer X 424				Name Verification (Printed by Arrestee) SCANNED							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) C.Baez 424				I.D. # 424				PAGE	
Intake Deputy Cp. Henderson 4216		I.D. #		Pouch #		Transporting Officer C.Baez 424				ID # 424			
Agency PBG		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)													

APR 21 AM 12:56

PALM BEACH GARDENS POLICE DEPARTMENT
CASE FILE TRANSMITTAL REPORT

Adult ☒
Juvenile ☐

Case #: 17-002366

Defendant: Kaufman, Michele G

Officer/Detective: C.Baez 424

Courier ☒

Direct File ☐

Date Due: 04/20/17

Date Transmitted: 04/20/17

Received by SA Office Representative: _____

Evidence Included with Transmittal: Yes ☒ No ☐

Video Evidence: Yes ☒ No ☐

Description of attached evidence:

Body Worn Camera during investigation

B.A.T. Video

Remarks:

Filing Officer: _____

 424

(Signature and ID#)

C:Baez 424

(Printed Name of Officer and ID#)

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20th DAY OF April 20 17, AT 2116 AM PM
SUBJECT: Kaufman, Michele G CASE NUMBER: 17-002366

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: C.Baez 424

PERSONAL CONTACT

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

While driving southbound on Military Trail, I observed a vehicle traveling Northbound without any headlights on. As the vehicle got closer, I noticed both driver side tires were flat and the driver was riding on the rim causing it to spark down the roadway. I was able to identify the vehicle as a dark gray Nissan Altima. After turning around to catch up to the vehicle, I observed that same vehicle bearing FL tag: 329YAR strike another curb. After initiating a traffic stop the vehicle struck two more curbs and a parked vehicle before stopping in the parking lot.

OBSERVATION OF DRIVER:

Bloodshot and glassy eyes
Slurred speech
Ripped clothing
An unknown alcoholic beverage from her breath

DRIVER'S STATEMENTS:

Post Miranda, Kaufman stated that she did consume alcoholic beverages earlier in the evening as well as prescription medication that she was prescribed.

ODORS:

Unknown alcoholic beverage from her breath

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm

CLOTHING: Wrinkled shirt, torn jeans and sandals

MEDICAL/OTHER:

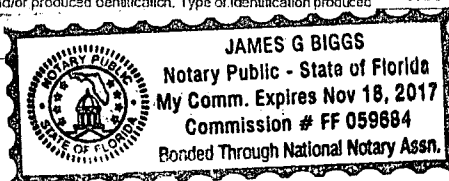
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] 424
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____, 20____, by _____

(Print name of Arresting/Investigative Officer), 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)



SUBJECT: Kaufman, Michele G

CASE NUMBER: 17-002366

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:

HGN: While explaining the task, Kaufman was unable to stay in the starting position during instructions. I attempted to observe her eyes. Kaufman repeatedly kept moving her head to follow my pen. After explaining the task again, Kaufman was unable to balance on her own free will. Thus ending the attempt at this task.

Walk & Turn: While explaining the task, Kaufman was unable to stay in the starting position during instructions. The task was not performed for her safety due to her inability to balance on her own free will.

ONE LEG STAND:

While explaining the task, Kaufman was unable to stay in the starting position during instructions. The task was not performed for her safety due to her inability to balance on her own free will.

FINGER TO NOSE:

Due to her inability to stand on her own without falling, this task was not completed for her safety.

ROMBERG/ALPHABET:

While explaining the task, Kaufman was unable to stay in the starting position during instructions. Kaufman was unable to complete the task as explained. Kaufman sang the alphabet, while reciting her speech was slurred.

BREATH TEST RESULTS: .195 & .189

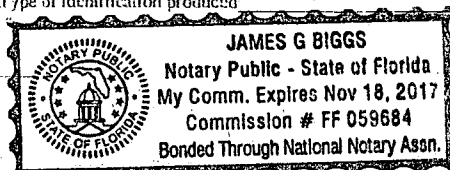
STATE OF FLORIDA
COUNTY OF CALHOUN

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this _____ day of _____, 20____ 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)



WITNESS LIST

CASE NUMBER: 17-002366

ARRESTING OFFICER: C.Baez 424

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): _____ (WORK) (561) 799-4445

CAN TESTIFY TO: All the facts of this case

NAME: Ofc Arnold

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) _____ (WORK) (561) 799-4445

CAN TESTIFY TO: Reading Miranda Rights, backup on scene

NAME: Ofc Artola

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) _____ (WORK) (561) 799-4445

CAN TESTIFY TO: Backup on scene

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) _____

TESTING FACILITY TASK REPORT

AGENCY: FBI

SUBJECT: William A. White CASE NUMBER: 17 067181

DATE: 4/11/77 VIDEO TAPE NUMBER: 695

BEGINNING TIME: 0014 ENDING TIME: 0516

BREATH TESTS RESULTS: 1) 0.175 TIME 2201 A.M./P.M. 2) 0.151 TIME 2252 A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: T. D. G. 7/19

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: Co. 1st Inf. 1st Div.

CLOTHING: Blue jeans, white shirt, black shoes

MEDICAL CONDITIONS: None

MEDICATIONS: _____

OTHER: Don't Place 1st & 2nd D from 5th

It is a good idea to have a backup of your data.

COMMENTS: 1. Change to 100% of the original 2000

[illegible]

L. F. Brown

Given: ΔABC with $\angle A = 90^\circ$ and $\angle B = 60^\circ$. Find $\angle C$.

WHITE STATE ATTY YELLOW DHSMV PINK CENTRAL RECORDS GOLD IAH

PBSO #0129A REV.11/02

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: Kaufman, Michele CASE NUMBER: 17-002366

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) _____

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) Gid on video

SUBJECT: Kaufman Michele CASE NUMBER: 17-002366

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? _____

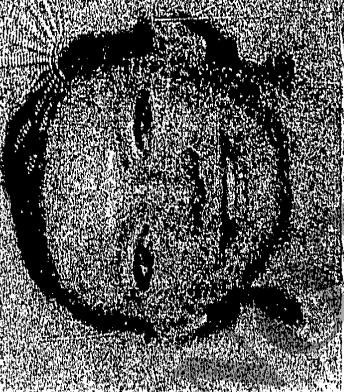
INTERVIEWER: _____

WHITE - STATE ATTY

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



MICHELE G
KAUFMAN
322 COMMONS WAY
PALM BCH GRDNS, FL 33418-3989
DOB 07-30-1962 SEX F
ISSUED 06-30-2011 HGT 5-07
EXPIRES 07-30-2019
REST A
ENDORSE

Michele Kaufman

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

CERTIFIED COPY