J# 0505715 19CT3703 PH#1901

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile | N

ADMINISTRATIVE

OBTS Number

Agency ORI Number | Agency Name: Palm Beach Police Department | Agency Report Number (N.T.A.'s only): 19-000283

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: UK

Location of Arrest (Including Name of Business): 2000 BLOCK OF S. OCEAN BLVD, PALM BEACH, FL 33480 | Location of Offense (Business Name, Address): 2000 BLOCK OF S. OCEAN BLVD, PALM BEACH, FL 33480

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/25/2019	0130					Kauffs Towing

DEFENDANT

Name (Last, First, Middle): ESCOBAR, MONIQUE | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	~~02/19/1995~~ 9/27/95	504	140	BRO	BLK	MED	MED

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): SCRATCH LEFT ARM and chin | Marital Status: UK | Religion: NONE | Indication of: Alcohol Influence Y ☑ N ☐ Unk. ☐ / Drug Influence ☐ ☐ ☑

Local Address (Street, Apt. Number) (City) (State) (Zip): 2360 SIMONSON DRIVE, WELLINGTON, FL 33414 | Phone: (561) 335-4432 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip) | Phone: ( ) | Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip) | Phone: ( ) | Occupation

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
E216540958470	[redacted]		Miami, Fl	113

CO-DEF

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

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 ☐ defendant and / or ☐ 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. ☐ Yes, by (Name) ☐ No. (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
D.U.I.	1	☐ Y ☑ N	316.193 (1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		19-000283		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
~~CROSSING ON MIDDLE MARKED DIVIDER~~	1	☐ Y ☑ N	~~316.090(2)~~ SB	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		19-000283		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): 3228 Gun Club Rd., West Palm Beach, FL CRIMINAL JUSTICE COMPLEX

Court Date and Time: Month MARCH Day 11 Year 2019 Time 0830 AM ✓ 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

X _____ Signature of Defendant or Juvenile and Parent /Custodian | Date Signed

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer X | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other | Name of Arresting Officer (Print) BUSCEMI I.D. # 0066 | Witness here if subject signed with an "X"

Intake Deputy I.D. # Pouch # | Transporting Officer BUSCEMI ID # 0066 Agency PBPD

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY | GREEN - STATE ATTORNEY | YELLOW - AGENCY | PINK - AGENCY | GOLD - DEFENDANT (NOT A CONTRACT)

PBSO 9148 REV. 8/97

FEB 25 2019 FEB 25 AM 4:22

SCANNED FEB 26 2019

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

PBSO CASE # _____ PBSO ZONE _____

AGENCY CASE # 19-000283 CRASH CASE # _____

TIME OF STOP/CRASH 0130 DATE 02/25/2019 DAY Wednesday

SUBJECT'S NAME ESCOBAR, MONIQUE RACE W SEX F

HGT 504 WGT 140 DOB 08/12/1995

LOCATION 2000 BLOCK OF S. OCEAN BLVD, PALM BEACH, FL 33480

ARRESTING OFFICER'S NAME & ID BUSCEMI / 0066 AGENCY Palm Beach Police Department

DIVISION: Patrol

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0145

BREATH RESULTS:

ARREST TIME 0130

1. Blood Refusal
2. _____
3. _____
4. _____

TESTING OFFICER'S ID _____ PBSO VIDEOTAPE # _____

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SCANNED
FEB 26 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25 DAY OF FEBRUARY 20 19, AT 0130 ✓ AM PM

SUBJECT: ESCOBAR, MONIQUE CASE NUMBER: 19-000283

AGENCY: Palm Beach Police Department ARRESTING OFFICER: BUSCEMI / 0066

PERSONAL CONTACT

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

When I arrived on scene the driver of vehicle two stated that Escobar, Monique had crossed over the double yellow lines and into her vehicle.

OBSERVATION OF DRIVER:

Driver's speech was slurred, eyes were bloodshot and the driver was swaying and failed to maintain balance when she exited the vehicle.

DRIVER'S STATEMENTS:

Escobar stated that she previously drank three glasses of champaign at around 2100 hours on 02/24/2019 before she got into her vehicle.

ODORS:

Strong odor of alcohol emanating from driver's breathe.

GENERAL OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **Upset**

CLOTHING: **Black Leggings, Black Tank Top, Blue sandals**

MEDICAL/OTHER: **Cut to chin and left arm**

STATE OF FLORIDA
COUNTY OF PALM BEACH

BUSCEMI / 0066
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of February 20 19 by

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced ID

Notary Public, Clerk of Court, Officer (F.S S 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn

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SCANNED
FEB 26 2019

SUBJECT: ESCOBAR, MONIQUE CASE NUMBER 19-000283

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:

WALK & TURN

ONE LEG STAND:

FINGER TO NOSE:

ROMBERG ALPHABET:

BREATH TEST RESULTS: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

BUSCEMI / 0066
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of February 2019 by _____

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced FLD

Notary Public, Clerk of Court, Officer (F.S.S 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2020
Bonded through National Notary Ass

NOT A CERTIFIED COPY

SCANNED
FEB 26 2019

WITNESS LIST

CASE NUMBER: 19-000283

ARRESTING OFFICER: BUSCEMI / 0066

ADDRESS: 345 S. County Rd Palm Beach FL, 33480

PHONE NUMBERS (HOME): (561)838-5454 (WORK) _____

CAN TESTIFY TO: Arrest/ Accident

NAME: Barber

ADDRESS: 345 S. County Rd. Palm Beach FL, 33480

PHONE NUMBERS (HOME) (561)838-5454 (WORK) _____

CAN TESTIFY TO: Arrest/ Accident

NAME: LT. Wilkinson

ADDRESS 345 S COUNTY ROAD

PHONE NUMBERS (HOME) 561-838-5454 (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: _____

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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: _____

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SCANNED
FEB 26 2019

Escobar, Monique 17-285

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.

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.

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of determining 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 Buscemi of the PBPD

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 can not 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 anytime 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.

(x) Subject's Signature: X

WHITE•STATE ATTY YELLOW•DHSMV PINK•CENTRAL RECORDS GOLD•JAIL

NOT A CERTIFIED COPY

SCANNED FEB 26 2019

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO

BLOOD TEST

I, Buscemi (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer, am a member of Palm Beach Police (Name of law enforcement agency), and I do swear or affirm that on or about the 25 day of Feb., 20 19, at 0100 ☐ P.M ☒ A.M.

DRIVER Monique (FIRST NAME) Escobar (LAST NAME), (Type or Print) MIDDLE OR MAIDEN NAME

DL# E216540958470, state of FL, appeared for treatment at a hospital, clinic, or other medical facility pursuant to s. 316.1932(1)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the 25 day of Feb., 20 19, at 01:00 ☐ P.M ☒ A.M.

in Palm Beach County,

I requested that the driver submit to a **blood test** to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood test 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 if he or she holds a CDL, or was operating a CMV, refusal would 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 had been previously disqualified as a result of a refusal to submit to a breath, urine or blood test. The driver nonetheless refused to submit to a blood test.

Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn
SEAL

The foregoing instrument was sworn and subscribed before me this 25 day of February, 20 19, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public S. O'Neal

The foregoing instrument was sworn and subscribed before me:

_____
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.

HSMV-BAR1002 (REV. 10/16)

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SCANNED
FEB 26 2019

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	539.001 FS	Other: All records relating to pawnbroker transactions.	
	☐	119.0712(2)	Other: Personal information contained within a motor vehicle record	

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REVIEW COMPLETED BY

Booking Number: 2019006588	**Date:** 02/25/2019
	Specialist Name/ID: howardt/7185

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FEB 26 2019