ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	0501700	Jupiter Police Department	5 4 18-004905

Charge Type. Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3 Misdemeanor ☒ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other

If Weapon Seized, Enter Type

Multiple Charges Indicator

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
S CENTRAL BLVD/INDIAN CREEK PKWY	2399 S CENTRAL BLVD/INDIAN CREEK PKWY, JUPITER, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Licenses of Vehicle
10/05/2018	01:43					

DEFENDANT

Name (Last, First, Middle): FIGUEROA, MORGAN LEIGH

Alias (Name, DOB, Soc Sec. #, Etc.): Alias:

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	01/03/1985	5'01	120	GREEN	BROWN	MEDIUM	THIN

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status

Religion: CHRISTIAN

Indication of Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence ☐ Yes ☐ No ☒ Unk.

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1 City 3 Florida 2 County 4 Out of State
3414 W MALLORY BLVD, JUPITER, FL 33458					1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
3414 W MALLORY BLVD, JUPITER, FL 33458					

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

D.L. Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
F260552855030 / FL	[redacted]		HACKENSACK, NJ,	US

CO-DEFENDANT

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 ☐ Other _____ ☐ Legal Custodian

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 Department and Released 2 TOT JAC 3 Incarcerated

Released To (Name) | Relationship | Date | Time

The above address was provided by ☐ defendant and/or ☐ defendant's parents.
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.
☐ Yes, by: ☐ No

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. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI - DRIVING WHILE UNDER INFLUENCE	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain.

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T O T County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By	Released By	Released To

Transported By	Date Transported	Time Transported	Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): North County PALM BEACH GARD

Court Date and Time: 11/07/2018 08:30:00

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

No Photo Available

ADMIN

HOLD for Other Agency: ☐ Dangerous ☐ Suicidal ☐ Request Arrest ☐ Other

Issuing Agency | ORI | Pouch #

Signature of Issuing Officer

Name of Issuing Officer (Print): FANDREY, CHRISTOPHER | ID # 1182

Transporting Officer: Fandrey | ID # 340 | Agency JPD

Name Verification (Printed by Arrestee): Morgan Figueroa

Witness here if subpoena signed with an "X"

PAGE 1 OF 1

NOT A CERTIFIED COPY

0502002 340 OCT 5 PM 4:28 2099

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5 DAY OF October 20 18, AT 0112 ✓ AM PM

SUBJECT: Figueroa Morgan L CASE NUMBER: 18-004905

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: C Fandrey #340

PERSONAL CONTACT

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

At approximately 0110hrs Ofc. Dampier advised via his police radio that he observed a vehicle traveling north bound in the south bound lanes of S Central Blvd approaching Dakota Drive. While responding to the area I observed a vehicle turning onto Indian Creek Parkway from S Central Blvd driving directly towards me transitioning from going north in the south bound lanes of S Central to going west bound in the east bound lanes of Indian Creek parkway from the roundabout. I immediately activated my red and blue emergency lights and siren to notify the driver to stop. PFC Kimbark was also behind the vehicle with his red and blue emergency lights and siren activated.

OBSERVATION OF DRIVER:

Upon making contact with Figueroa I immediately noticed the strong odor of an unknown alcoholic beverage. Figueroa appeared confused as to why she was stopped. Figueroa had red bloodshot glassy eyes.

DRIVER'S STATEMENTS:

Figueroa stated she was coming from Das Beer Garden (a bar in Jupiter Florida). Figueroa stated she had 3 12 oz beers. Figueroa initially stated she was at a 2 on a scale of 1-10 with 1 being completely sober and 10 being the most drunk shes ever been in her life. Figueroa later stated she was at a 3 out of 10.

ODORS:

Odor of an unknown alcoholic beverage coming from her person.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: Cooperative upset

CLOTHING: black shirt, blue jean shorts, black shoes

MEDICAL/OTHER: None Stated

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

C Fandrey #340
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of October 20 18 by C Fandrey #340

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

Biggs #7607
Notary Public, Clerk of Court, Officer (F.S. 117.10)

JAMES G. BIGGS
Commission # GG 165618
Expires December 5, 2021
Bonded Thru Troy Fain Insurance 800-385-7019

SUBJECT Figueroa Morgan CASE NUMBER 18-004905

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Figueroa was swaying while standing still.

WALK & TURN:

Figueroa stated she understood the instructions. Figueroa failed to maintain the starting position and had to be instructed to get into the starting position several times. Figueroa continually tried to start the task early several times. Figueroa failed to touch heel to toe several times and was utilizing her arms for balance. Figueroa stepped off line several times to maintain her balance. Figueroa took approximately 18 steps out and never turned around.

ONE LEG STAND:

Figueroa failed to maintain the starting position and attempted to start early several times. Figueroa stated she understood the instructions. Figueroa placed her foot down several times and failed to count out loud as instructed. Figueroa utilized her arms for balance and was hopping to maintain balance.

FINGER TO NOSE:

Figueroa stated she understood the instructions. Figueroa touched the side of her nose with the pad of her finger on L1. Touched the side of her nose with the pad of her finger on R1. Touched the bottom of her nose with the pad of her finger on L2. Touched the top of her nose with the pad of her finger on R2. Touched the tip of her nose with the pad of her finger on R3. Touched the bottom of her nose on L3. Figueroa failed to bring her hand back down each time and had to be reminded to put her arm down.

ROMBERG ALPHABET:

Figueroa stated her highest level of education was some type of medical school. Figueroa stated she knew the English Alphabet. Figueroa stated A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, N, Z.

BREATH TEST RESULTS: 1) 0.205 | 2) 0.223 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

C Fandrey #340
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of October 2018 by C Fandrey #340

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

Biggs #7607
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

JAMES G. BIGGS
Commission # GG 165618
Expires December 5, 2021
Bonded Thru Troy Fain Insurance 800-385-7019

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 18-004905

ARRESTING OFFICER: C Fandrey #340

ADDRESS: 210 MILITARY TRAIL JUPITER FL 33458

PHONE NUMBERS (HOME): _____ (WORK) 561-746-6201

CAN TESTIFY TO: SEE PC

NAME: Ofc. Dampier

ADDRESS: 210 MILITARY TRAIL JUPITER FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: Witnessing vehicle driving wrong way

NAME: Ofc. Kimbark

ADDRESS 210 MILITARY TRAIL Jupiter FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: Attempting Traffic Stop

NAME: Ofc. Quiros

ADDRESS 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: Assisting on Scene for officer safety

NAME: Ofc. Pantaloukas #333

ADDRESS 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: Assisting on Scene for Officer Safety

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: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: JPD-FANDREY

SUBJECT: FIGUEROA, MORGAN L

CASE NUMBER: 18-129607

DATE: Oct 5, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0235

ENDING TIME: 0246

BREATH TESTS RESULTS: 1) .205 TIME 0240 A.M. ☒ P.M. ☐ 2) .223 TIME 0243 A.M. ☒ P.M. ☐

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: BLACK SHIRT, BLUE JEAN SHORTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES RED, BLOODSHOT, GLASSY
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0215
SUBJECT ADVISED HE WOULD SUBMIT TO THE BREATH TEST
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULL
RESULTS WERE GIVEN TO THE SUBJECT
MIRANDA WAS READ
SUBJECT DECLINED QUESTIONS

NOT A CERTIFIED COPY



ORGAN DONOR

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

NOT A CERTIFIED COPY

SUBJECT: Moses L. Fagan CASE NUMBER: F10475

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) [signature]

NOT A CERTIFIED COPY

SUBJECT: Mario L. Fi... CASE NUMBER: K...

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 CERTIFIED COPY

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	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2018033372	**Date:** 10/5/2018
	Specialist Name/ID: M. Tooks #8557