ARREST / NOTICE TO APPEAR

19CTMC# 3415

JUVENILE

J#0504640

NP

ADMINISTRATION

Agency ORI Number: 0501700

Agency Name: Jupiter Police Department

Agency Report Number (N.T.A.'s only): 5 4 19-000275

Offense Type: 4. Traffic Misdemeanor

If Weapon Seized: Enter Type NONE

Location of Arrest (Including Name of Business): 1 E INDIANTOWN RD/N ALT A1A JUPITER FL

Location of Offense (Business Name, Address): 1 E INDIANTOWN RD/N ALT A1A, JUPITER, FL 33477

Date of Arrest: 01/17/2019 | Time of Arrest: 17:48 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle

DEFENDANT

Name (Last, First, Middle): KNAPP, NANCY J

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

Race: W | Sex: F | Date of Birth: 05/23/1962 | Height: 5'10 | Weight: 159 | Eye Color: GREEN | Hair Color: BROWN | Complexion: FAIR | Build: Thin

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

Marital Status: D | Religion: OTHER | Indication of: Alcohol Influence Yes | Drug Influence | Residence Type: 4

Residence Address (Street, Apt. Number): 481 ROXBURY RD, SOUTHBURY, CT 06488 | (City) | (State) | (Zip) | Phone: (203) 910-9105

Permanent Address (Street, Apt. Number): 481 ROXBURY RD, SOUTHBURY, CT 06488 | (City) | (State) | (Zip) | Phone: (203) 910-9105 | Address Source: CT DL

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

Driver License Number, State: 174660507 / CT | Soc. Sec. Number: [redacted] | INS Number | Place of Birth (City, State): LAWRENCE, KS, | Citizenship: US

CODEFENDANT

Codefendant Name (Last, First, Middle) | Race | Sex | Date of Birth | 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Codefendant 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) OR | 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 ☐ No

School Attended | Grade

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

CODE

Type Activity: S. Sell B. Buy T. Both P. Poss. | S. Sell B. Buy T. Both P. Poss. | P. Possess/Deliver | 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

Statute Description: OUI - DRIVING WHILE UNDER INFLUENCE | Statute Violation Number: 316.193(1) | Violation of ORD #

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

CHARGE

Statute Description | Statute Violation Number | Violation of ORD #

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

CHARGE

Statute Description | Statute Violation Number | Violation of ORD #

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

INTAKE

Defendant Apparent Physical Condition at Detention | Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.C.T. County Jail ☐ Posted Bond ☐ South County Mental Health | PROPERTY - Received By | Released By | Released To

Processed 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: 02/20/2019 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 WILFULLY 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 1-17-19

No Photo Available

ARMED

Type Other Activity | Signature of Arresting Officer | Name Verification (Printed by Arrestee) (PRINT) Nancy Knapp

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Property Tag # | Pouch # | Name of Arresting Officer (Print) FANDREY, CHRISTOPHER | I.D. # 1182

Transporting Officer C Fandrey | I.D. # 340 | Agency JPD

Witness here if subject signed with an "X".

PAGE 1 OF 1

☐ COURT ☒ STATE ATTORNEY ☐ AGENCY ☐ [illegible] ☐ FAIL ☒ CRIME ANALYSIS

JAN 17 2019 08:08 AM

SCANNED JAN 22 2019

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: 19[illegible]

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? _____

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SCANNED
JAN 22 2019

INTERVIEWER: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: [redacted] CASE NUMBER: 19 000 75

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)_____

SCANNED
JAN 22 2019

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #0129B REV. 06/11

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TESTING FACILITY TASK REPORT

AGENCY: [illegible]

SUBJECT: [illegible] CASE NUMBER: [illegible]

DATE: [illegible] VIDEO TAPE NUMBER: [illegible]

BEGINNING TIME: 1557 ENDING TIME: 1905

BREATH TESTS RESULTS: 1) .007 TIME 1702 A.M./(P.M.) 2) .000 TIME [illegible] A.M./P.M.

3) N/A TIME [illegible] A.M./P.M. 4) N/A TIME [illegible] A.M./P.M.

BREATH OPERATOR: [illegible]

MAINTENANCE TECHNICIAN: [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [illegible]

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: [illegible]

MEDICATIONS: [illegible]

OTHER: [illegible]

COMMENTS: [illegible]

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SCANNED
JAN 22 2019

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

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

PBSO CASE # 19-026977 PBSO ZONE 3-14

AGENCY CASE # 19-000275 CRASH CASE #

TIME OF STOP/CRASH 1715 DATE 01/17/2019 DAY Thursday

SUBJECT'S NAME Knapp (LAST) Nancy (FIRST) J (MID) RACE White SEX Female

HGT 510 WGT 159 DOB 05/23/1962

LOCATION E Indiantown Rd/Alt A1A

ARRESTING OFFICER'S NAME & ID C Fandrey #340 AGENCY Jupiter PD

DIVISION: Road Patrol/Traffic

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 1834

ARREST TIME 1748

BREATH RESULTS:

1) .007
2) .000
3) N/A
4) N/A

TESTING OFFICER'S ID 7909 PBSO VIDEOTAPE # N/A

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SCANNED
JAN 22 2019

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006238 Software: 8100.27
Date of Test: 01/17/2019

Date of Last Agency Inspection: 12/14/2018
Observation Period Began: 18:34
Subject's Name: NANCY J KNAPP DOB: 05/23/1962 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	18:59
Air Blank	0.000	19:00
Control Test	0.080	19:00
Air Blank	0.000	19:01
Subject Sample #1	0.007	19:02
Air Blank	0.000	19:02
Air Blank	0.000	19:04
Subject Sample #2	0.000	19:05
Air Blank	0.000	19:06
Control Test	0.080	19:06
Air Blank	0.000	19:06
Diagnostics Check	OK	19:07

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of PALM BEACH.

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I GARY J PARENT, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 01/17/19
Signature

Sworn to ~~(or affirmed)~~ before me this 17 day of JANUARY, 2019

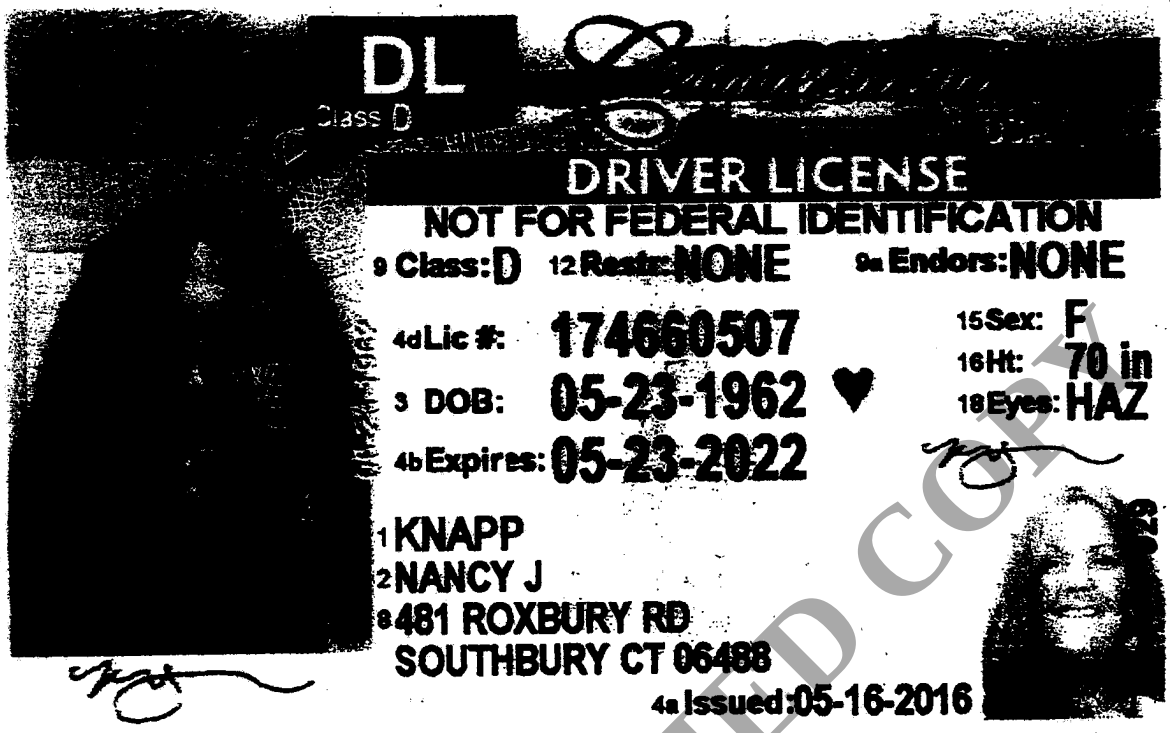
_____ OFC. C. FANDREY
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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SCANNED
JAN 22 2019


DL
Class D
DRIVER LICENSE
NOT FOR FEDERAL IDENTIFICATION
9 Class: D 12 Restr: NONE 9a Endors: NONE
4d Lic #: 174660507
3 DOB: 05-23-1962
4b Expires: 05-23-2022
15 Sex: F
16 Ht: 70 in
18 Eyes: HAZ
1 KNAPP
2 NANCY J
8 481 ROXBURY RD
SOUTHBURY CT 06488
4a Issued: 05-16-2016

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JAN 22 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: 2019002043	**Date:** 01/18/2019
	Specialist Name/ID: howardt/7185

SCANNED
JAN 22 2019