0420379 2019CT009663AMB 2010

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

Juvenile: **N**

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-075808

ChargeType: 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): 2

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): Forest Hill Blvd and South Shore Blvd, Wellington FL 33414

Location of Offense (Business Name, Address): Forest Hill Blvd and South Shore Blvd, Wellington FL 33414

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/27/2019	0154	05/27/2019				PRIORITY TOWING

DEFENDANT

Name (Last, First, Middle): Haley, Nicole, C

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

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	6/14/1992	5'2	140	Bro	Bro	FAIR	SLIM

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): Rose, (right side), butterfly (left thigh), bird (right chest), heart and wings (back)

Marital Status: Single — Religion: NONE

Indication of: Alcohol Influence: Y ☒ N ☐ Unk. ☐ — Drug Influence: Y ☐ N ☐ Unk. ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 2098 Polo Gardens Dr apt 105, Wellington Fl 33414

Phone: (561) 906-4087

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 01

Permanent Address (Street, Apt. Number) (City) (State) (Zip): ,

Phone: ( )

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( )

Occupation: Server

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
H400623927140, FL	[redacted]		West Palm Beach Fl	USA

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	Status	Charge
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 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 #
DUI	1	☐Y ☒N	316.193 (1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		19-075808		

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

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): Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

Court Date and Time: Month June Day 20 Year 2019 Time 08:30 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

Signature of Defendant (or Juvenile and Parent /Custodian): [signature] — Date Signed: 05/2?/2019

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: X [signature]

Name of Arresting Officer (Print): SCHNEIDER 8723 — I.D. #: 8723

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: [signature] — I.D. #: 8101 — Pouch #:

Transporting Officer: SCHNEIDER — ID #: 8723 — Agency: PBSO

Witness here if subject signed with an -X"

PAGE 1 OF 1

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

PBSO #148 REV. 8/97

OBTS Number	PROBABLE CAUSE AFFIDAVIT	1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias	1	Juvenile

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06

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

Special Notes:

Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth
Haley Nicole	W	F	6/14/1992

Charge	Charge
D.U.I	
Charge	Charge

Victim Name (Last, First, Middle)	Race	Sex	Date of Birth
State of Florida			

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source

Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation

The undersign 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...

☒ committed the below acts in my presence.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☐ confessed to admitting to the below facts.

☐ was found to have committed the below acts, resulting from (described) investigation.

On the 28th day of May 20 19 at 1:35 ☒ AM ☐ PM

Supplemental PC

On 5/28/2019 at approx 0135 I was traveling south on State Rd 7 in the Village of Wellington. I saw a gray Volkswagon with Florida tag ILJR28 traveling at a high rate of speed. I made an attempt to catch up the vehicle at 80 mph, but the vehicle was still pulling away. I made no attempt to pursue the vehicle until I saw it slow down and go west on Forest Hill Blvd. I then caught up to the vehicle and it was pulling away at 70 mph. I saw the vehicle hit the median multiple times. I conducted a traffic stop at which time the vehicle changed lanes and struck the side walk twice. Upon walking up to the vehicle I saw Nicole Haley (identified by Florida drivers license) in the driver's seat. Nicole had red, blood shot eyes and when she talked had slurred speech. Nicole also had an unknown odor of alcohol on her breathe. D/S Schneider came out to conduct the DUI investigation. I gave Nicole citation A9WXP2E for speeding on a state road.

The foregoing instrument was sworn to and affirmed before me this 28th day of May 20 19, by:

Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
d/S D. Schneider 8723	D/S F. Schofield 8842
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27 DAY OF MAY 20 19, AT 0135 ✓ AM PM

SUBJECT: Haley, Nicole, C CASE NUMBER: 19-075808

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: SCHNEIDER 8723

PERSONAL CONTACT

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

See PC Affidavit

OBSERVATION OF DRIVER:

DRIVER HAD GLOSSY, WATERY AND BLOOD SHOT EYES. DRIVER WAS CRYING HYSTERICALLY.

DRIVER'S STATEMENTS:

DRIVER STATED SHE WAS AT HER SISTERS HOUSE AND STATED SHE KNEW SHE SHOULD NOT BE DRIVING DUE TO DRINKING ALCOHOLIC BEVERAGES.

ODORS:

DRIVER HAD A STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HER PERSON

GENERAL OBSERVATIONS

SPEECH: **SLURRED AND ERRATIC**

ATTITUDE: **POLITE AND RESPECTFUL**

CLOTHING: **WHITE BLOUSE WITH FLOWERS, BLUE SHORTS AND SANDALS**

MEDICAL/OTHER: **NONE**

STATE OF FLORIDA
COUNTY OF PALM BEACH

SCHNEIDER 8723
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of ~~[illegible]~~ MAY 20 2019 by **SCHNEIDER 8723**

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

Samantha Palmer (#24520)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

Notary Public State of Florida
Samantha Palmer
My Commission GG 233762
Expires 10/28/2022

SUBJECT: Haley, Nicole, C CASE NUMBER 19-075808

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:

DRIVER HAD A STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM HER PERSON AND WAS UNABLE TO STAND WITH HER FEET TOGETHER.

WALK & TURN:
REFUSED

ONE LEG STAND:
REFUSED

ROMBERG ALPHABET:
REFUSED

FINGER TO NOSE:
REFUSED

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

SCHNEIDER 8723
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of MAY 20 2019 by SCHNEIDER 8723

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

Samantha Palmer (#24520)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

Notary Public State of Florida
Samantha Palmer
My Commission GG 233762
Expires 10/28/2022

WITNESS LIST

CASE NUMBER: 19-075808

ARRESTING OFFICER: SCHNEIDER 8723

ADDRESS: PBSO

PHONE NUMBERS (HOME): 561-688-5447 (WORK)

CAN TESTIFY TO: DRIVING PATTERN, SFST, ODOR

NAME: DS SCHOFIELD

ADDRESS: PBSO

PHONE NUMBERS (HOME) (WORK) 561-688-5447

CAN TESTIFY TO: WHO THE DRIVER WAS OF THE VEHICLE AND THE DRIVING PATTERN

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:

TESTING FACILITY TASK REPORT

AGENCY: PBSO/SCHNEIDER

SUBJECT: HALEY, NICOLE

CASE NUMBER: 19-075808

DATE: May 28, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 256

ENDING TIME: 309

BREATH TESTS RESULTS: 1) .208 TIME 301 A.M.☒ P.M.☐ 2) .216 TIME 304 A.M.☒ P.M.☐

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

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED,

ATTITUDE: CRYING, EMOTIONAL, MOODSWINGS, SARCASTIC, VULGAR, COCKY

CLOTHING: WHITE FLORAL BLOUSE, JEAN SHORTS, WHITE SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: EYES GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0235
SUBJECT REFUSED TO TAKE BREATH TEST
A/O READ I/C
SUBJECT STATED SHE UNDERSTOOD
AND AGREED TO TAKE BREATH TEST 2 0259
SUBJECT PROVIDED TWO ADEQUATE SAMPLES SUCCESSFULLY
A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD RIGHTS
A/O CONDUCTED Q&A
SUBJECT ANSWERED SOME QUESTIONS AND THEN REQUESTED AN ATTORNEY
TECH READ TEST RESULTS
SUBJECT STATED SHE UNDERSTOOD RESULTS

SUBJECT: Mary Nicole CASE NUMBER: 19-C75808

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 DI [illegible] of the [illegible].

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) Refused Consent

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) Refused Consent

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

SUBJECT: Haley, Nicole CASE NUMBER: 19 075ECE

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? Yes

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? Forest Hill

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? Can't answer that

WHAT TIME DID YOU START? I don't know WHAT TIME IS IT NOW? 2 or 3 in the morning

WHAT IS TODAY'S DATE? 23rd Aug WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? WPB FL PBC

WHEN DID YOU LAST EAT? 1pm WHAT DID YOU EAT? [illegible]

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Sitting in the back of cop car

HOW MUCH DO YOU WEIGH? 140 HAVE YOU BEEN DRINKING? Yes WHAT? liquor / beer

HOW MUCH? I don't know WHERE? Connely's WITH WHOM? friends

WHEN DID YOU HAVE YOUR FIRST DRINK? Midnight 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: D/S Schneider #6501

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: 80-006029 Software: 8100.27
Date of Test: 05/28/2019

Date of Last Agency Inspection: 05/03/2019
Observation Period Began: 02:35
Subject's Name: NICOLE C HALEY DOB: 06/14/1992 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	02:59
Air Blank	0.000	03:00
Control Test	0.080	03:00
Air Blank	0.000	03:01
Subject Sample #1	0.208	03:01
Air Blank	0.000	03:02
Air Blank	0.000	03:04
Subject Sample #2	0.216	03:04
Air Blank	0.000	03:05
Control Test	0.081	03:05
Air Blank	0.000	03:06
Diagnostics Check	OK	03:06

Cylinder Lot: 00919080A3
Exp: 03/05/2021

State of Florida, County of 5/28/19,

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 SAMANTHA M PALMER, 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: 5/28/19
Signature

Sworn to (or affirmed) before me this 28 day of May, 2019

_____ D/S Schneider #8923
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

FLORIDA DUI UNIFORM TRAFFIC CITATION A2G45KP

COUNTY OF Palm Beach
CITY (IF APPLICABLE)
☐ (1) F.H.P. ☐ (2) P.D. ☑ (3) S.O. ☐ (4) OTHER
AGENCY NAME Palm Beach
AGENCY # 06

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT (RETAINED BY COURT)

DAY OF WEEK	MONTH	DAY	YEAR	
Mon	May	28	2019	0154 ☑ A.M. ☐ P.M.

NAME (PRINT) FIRST: Nicole MIDDLE: C LAST: Hall
STREET: 2098 Polo Gardens Apt 40 — IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ☐
CITY: Wellington STATE: FL ZIP CODE: 33414
TELEPHONE NUMBER: DATE OF BIRTH MO 6 DAY 14 YR 82 RACE W SEX F HGT 5'1
DRIVER LICENSE NUMBER: H400 623 92 710 40 STATE CLASS CDL LICENSE ☐Y ☐N YR. LICENSE EXP. COMMERCIAL VEHICLE ☐YES ☐NO
YR. VEHICLE 15 MAKE Volk STYLE 4D COLOR GRY PLACARDED HAZARDOUS MATERIAL ☐YES ☐NO
VEHICLE LICENSE NO. TRAILER TAG NO. STATE YEAR TAG EXPIRES ≥ 16 PASSENGERS ☐YES ☐NO
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: Forest Hill Blvd & South Shore Blvd MOTORCYCLE ☐YES ☐NO
COMPANION CITATION(S) ☐YES ☐NO
FT. MILES ☐N ☐S ☐E ☐W OF NODE

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF

COMMENTS PERTAINING TO OFFENSE: (Only one offense each citation) RE-EXAM ☐YES ☐NO

☐ AGGRESSIVE DRIVER | PASSENGER < 18 YEARS ☐YES ☑NO | STATE STATUTE | SECTION 316.193(1) | SUB-SECTION

CRASH ☐YES ☑NO | DAMAGE TO OTHER PROPERTY ☐YES $ ☐NO | INJURY TO ANOTHER ☐YES ☑NO | SERIOUS BODILY INJURY TO ANOTHER ☐YES ☑NO | FATAL ☐YES ☑NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

6/20/19 0830 — COURT DATE
3228 Gun Club Rd — COURT AND LOCATION
WPB FL 33406
A2G45KP

ARREST DELIVERED TO PBC Jail DATE 5/28/19

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE ACCOMMODATION TO COMMUNICATE WITH THIS STATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

☑ DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

☐ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? ☑YES ☐NO REASON
ELIGIBLE FOR PERMIT? ☑YES ☐NO REASON

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE _____ BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

D/S Schmidt 8723
RANK - SIGNATURE OF OFFICER BADGE NO. ID NO. TROOP UNIT

HSMV 75904 (Rev. 7/13)

FLORIDA UNIFORM TRAFFIC CITATION

In the court designated below the undersigned certifies that he/she has just and reasonable grounds to believe and does believe that on:

Citation #: **A9WXP2E**

County: PALM BEACH | County Code: 06
City: WELLINGTON | City Code: 89
Date/Time: Tue 05/28/2019 01:58 AM | Agency Type: SO

VIOLATOR

First Name: NICOLE | Middle: CATHERINE
Last: HALEY | DOB: 06/14/1992
Address: 2098 POLO GARDENS DR #105
City: WELLINGTON | State: FL | Zip: 33414
Telephone: | Race: W | Sex: F | Hgt: 502
DL #: H400623927140 | DL State: FL | Lic. Expires: 2026
CDL: N | Ethnicity: | Class: E | Diff. Addr. on DL:

REGISTRATION

Yr. Veh: 2013 | Veh. Tag: ILJR28
Color: GRY | Trailer Tag:
Make: VOLK | Yr. Tag Expires: 19 | State: FL
Style: 4D
Comm. Mtr. Veh.: N | Plac. Haz. Mat: N
>= 16 Passengers: N | Motorcycle: N

LOCATION

Upon a Public Street or Highway or Other Location Namely:
STATE RD 7/ OLD HAMMOCK WAY

Located | Ft. | Miles | Of Node

VIOLATION

Did unlawfully commit the following Offense, In violation of State Statute,
SPEEDING - UNLAWFUL SPEED ON A STATE ROAD 316.187(1)
ASSET 78168 VIN 1FM5K8AR9JGA84321

Speed - Enhanced Penalty Zone: N
Unlawful Speed: 80 | Posted Speed: 50
Crash: N | Prop. Dam.: N | Prop. Dam. Amt.: | Aggressive Driv:
Injury: N | Ser. Injury: N | Fatal: N | Red Light/Stop Sign:
Companion Citation Number(s): A9G45KP
Driving Under the Influence of Alcoholic Beverages, Chemical, or Controlled Substances, Driving/Actual Physical Control While Impaired, or Driving/Actual Physical Control with Unlawful Blood/Urine Alcohol Level Bal.: 208

COURT INFORMATION

Infraction, Court Required
PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX
3228 GUN CLUB ROAD
WEST PALM BEACH, FL 33406
Court Date: ~~06/10/2019~~
Court Time: 8:30AM
Civil Penalty:

Arrest Delivered To:
On:

SIGNATURE

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

Signature of Defendant: X

Signature of Officer: D/S F Schofield

☒ I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE
Officer name: D/S. F. SCHOFIELD | Officer ID: 8842
Case number: 19-075808 | Troop/Unit: DIST 8 | Misc:
Agency Name: PALM BEACH SHERIFF'S OFFICE
Agency #:

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	☐	119.071 (2)(j)1	Other: Address,telephone numbers and personal assets of domestc violence and other specified crime victims	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019017632	**Date:** 5/28/2019
	Specialist Name/ID: Tiara Jones/34072