

17CT 2160

ARREST / NOTICE TO APPEAR				1. Arrest		3. Request for Warrant		4. Request for Capias		1 JUVENILE																			
Agency ORI Number 0501700		Agency Name Jupiter Police Department				Agency Report Number (N.T.A.'s only) 5 4 17-000548																							
Charge Type Check as many as apply: 1. Felony 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other								If Weapon Seized Enter Type NONE																			
Location of Arrest (Including Name of Business) 1001 E INDIANTOWN RD						Location of Offense (Business Name, Address) 1001 E INDIANTOWN RD, JUPITER, FL 33477						Multiple Clearance Indication																	
Date of Arrest 02/01/2017		Time of Arrest 18:43		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle																	
Name (Last, First, Middle) MORDAN, NINA RAE												Alias (Name, DOB, Soc. Sec. #, Etc.)																	
Race W - White B - Black		Sex: W F		Date of Birth 12/07/1990		Height 5'03		Weight 120		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		Build Medium													
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status S		Religion CHRISTIAN		Indication of: Alcohol Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown													
Local Address (Street, Apt. Number) 4222 N US HIGHWAY 1, FORT PIERCE, FL 34946												(City) 4222 N US HIGHWAY 1, FORT PIERCE, FL 34946		(State) 4222 N US HIGHWAY 1, FORT PIERCE, FL 34946		(Zip)		Phone (904) 609-4880		Residence Type: 1. City <input type="checkbox"/> 3. Florida 2. County <input type="checkbox"/> 4. Out of State		Address Source VERBAL							
Permanent Address (Street, Apt. Number)												(City)		(State)		(Zip)		Phone (904) 609-4880											
Business Address (Name, Street) COVE HARBOUR,												(City)		(State)		(Zip)		Phone		Occupation Bartender									
DL Number, State M635636909470 / FL		Soc. Sec. Number		INS Number				Place of Birth (City, State) ALLENTOWN, PA				Citizenship US																	
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							
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							
JUVENILE Name (Last, First, Middle) NR																						Residence Phone							
Address (Street, Apt. Number) NR												(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 <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's Office (Phone 355-2526) informed of any change of address.																School Attended						Grade							
<input type="checkbox"/> Yes, by <input type="checkbox"/> No:												Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property DAMAGE TO TWO VEHICLES		Value of Property \$8,000													
CODE Drug Activity S. Sell M. N/A B. Buy P. Possess												R. Smuggle D. Deliver E. Use		K. Dispenses/ Distribute		M. Manufacture/ Produce		Z. Other Cultivate		Drug Type N. M. A. A. Amphetamine		B. Barbiturates C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
CHARGE Charge Description DUI - PERSONAL INJURY/PROPERTY DAMAGE																		Status Violation Number 316.193(3)(A)(B)(C)(1)		Violation of ORD #									
Drug Activity N												Drug Type /		Amount / Unit Offense # 17-000548		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number				Bond					
CHARGE Charge Description																		Statute Violation Number		Violation of ORD #									
Drug Activity /												Drug Type /		Amount / Unit Offense # /		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number				Bond					
CHARGE Charge Description																		Statute Violation Number		Violation of ORD #									
Drug Activity /												Drug Type /		Amount / Unit Offense # /		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number				Bond					
INTAKE Check which applies: <input type="checkbox"/> Released G.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health																		Any knowledge of the following: Explain:		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries									
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 GARDEN										3:06 AM					
												Court Date and Time 03/08/2017 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 I SHOULD NOT FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																													
Signature of Defendant (or Juvenile and Parent/Custodian) NR NINA MORDAN																		Date Signed 2/1/17											
HOLD for Other Agency						Signature of Arresting Officer						Name Verification (Printed by Arrestee)																	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal						<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other						<input type="checkbox"/> (PRINT)																	
Name of Arresting Officer (Print) CONNOR, CHRISTOPHER						I.D. # 1173						SCANNED																	
Intake Deputy Col. Hardemon 4816						I.D. # 350						Agency JPD																	
Pouch #						Transporting Officer C. Connor						Witness here if subject signed with an "X" EEB 2 2017																	
												PAGE 1 OF 1																	

STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O. DEFENDANT

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE

1st

DAY OF February

2017

AT (843 hrs)

AM PM

SUBJECT: Nina R. Mordan

CASE NUMBER: 17-000548

AGENCY: Jupiter Police Department

ARRESTING OFFICER: C. Connor 350/1173

PERSONAL CONTACT

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

Nina R. Mordan was found in actual control of her 2006 Nissan 350Z bearing FL # GADH63, and was also found at fault in a three vehicle crash. Mordan was inattentive and failed to stop for stopped traffic in the area. Subsequently Mordan rear ended a vehicle at high speed pushing the middle vehicle into a third vehicle.

OBSERVATION OF DRIVER: Talkative, confused, and apologetic to involved others on scene.

DRIVER'S STATEMENTS: Stated she left Jacksonville to go to Fort Pierce but her GPS took her to Jupiter. Admitted to having "two drinks" then later stated three glasses of wine & two beers.

ODORS: unknown alcoholic beverage exuding from her person which became stronger as she spoke.

GENERAL OBSERVATIONS

SPEECH: Slurred speech

ATTITUDE: Talkative

CLOTHING: blue shirt, black pants, white flip flops

MEDICAL/OTHER: Foot swollen, stated it occurred from playing with her dog

STATE OF FLORIDA

COUNTY OF PALM BEACH

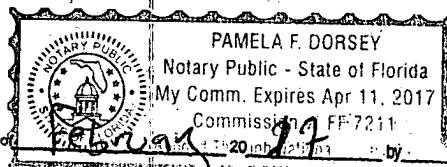
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this

day of

February 2017

by



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

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

<input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT	<input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT
<input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION	<input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
<input checked="" type="checkbox"/> LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES	<input checked="" type="checkbox"/> RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:WALK & TURN: Visibly swaying prior to task.

fell off of the line on second step

unable to perform heel to toe by touching her feet together. "misses heel to toe"
uses arms for balance.

Improper turn, turns wrong direction.

ONE LEG STAND:Sways while balancing
puts foot down prior to thirty secondsFINGER TO NOSE:Does not keep eyes closed
fails to return arms to her side for the first two, until re-instructed

Touches her upper lip, and fails to touch nose on several occasions

ROMBERG/ALPHABET:

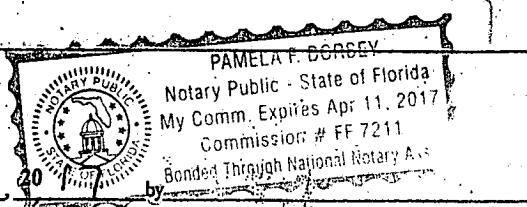
was swaying throughout tasks

BREATH TEST RESULTS:STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 1 day of February

who is personally known to me and/or produced identification. Type of identification produced



WITNESS LIST

CASE NUMBER: 17-000548

ARRESTING OFFICER	<u>C. Connor</u>
ADDRESS	<u>210 Military Trail Jupiter FL 33458</u>
PHONE NUMBERS (HOME)	<u>561-746-6261</u>
CAN TESTIFY TO:	<u>See DC</u>
NAME:	<u>R. K. Kainul</u>
ADDRESS	<u>210 Military Trail, Jupiter FL 33458</u>
PHONE NUMBERS (HOME)	<u>561-7416-6261</u>
CAN TESTIFY TO:	<u>Role in scene, PC</u>
NAME:	<u>Samuel Matthew Young</u>
ADDRESS	<u>121 Pine Creek Dr. Jupiter FL 33458</u>
PHONE NUMBERS (HOME)	<u>561-401-2151</u>
CAN TESTIFY TO:	<u>Role involved in crash, and being on scene. Statements subsequent to</u>
NAME:	<u>Elaine Rodriguez</u>
ADDRESS	<u>5571 Carter St. Jupiter FL 33458</u>
PHONE NUMBERS (HOME)	<u>561-301-8896</u>
CAN TESTIFY TO:	<u>Role involved in crash, how on scene. Statements subsequent to</u>
NAME:	<u>Mia Rodriguez</u>
ADDRESS	<u>5571 Carter St. Jupiter FL 33458</u>
PHONE NUMBERS (HOME)	
CAN TESTIFY TO:	<u>Role involved in crash. Statements subsequent to</u>
NAME:	
ADDRESS	
PHONE NUMBERS (HOME)	
CAN TESTIFY TO:	
NAME:	
ADDRESS	
PHONE NUMBERS (HOME)	
CAN TESTIFY TO:	
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PHONE NUMBERS (HOME)	
CAN TESTIFY TO:	
NAME:	

TESTING FACILITY TASK REPORT

SUBJECT: *Murdock, M.*

CASE NUMBER: _____

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) *Read on video*

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: St. C

WHITE STATE ATTY. YELLOW DHSMV PINK CENTRAL RECORDS GOLD JAIL

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THE LARGEST STEEL NEWSPAPER