

17CT 2160

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 / 4 / 17-000548		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE N		
	Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 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		Multiple Clearance Indicator								
D E F E N D A N T	Location of Arrest (Including Name of Business) 1001 E INDIANTOWN RD						Location of Offense (Business Name, Address) 1001 E INDIANTOWN RD, JUPITER, FL 33477						
	Date of Arrest 02/01/2017		Time of Arrest 18:43		Booking Date		Booking Time		Jail Date		Jail Time		
J U V E N I L E	Name (Last, First, Middle) MORDAN, NINA RAE						Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White B - Black O - Oriental/Asian W		Sex F		Date of Birth 12/07/1990		Height 5'03		Weight 120		Eye Color BROWN		Hair Color BROWN
C O D E	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status S		Religion CHRISTIAN		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 4222 N US HIGHWAY 1, FORT PIERCE, FL 34946						Phone (904) 609-4880		Residence Type 1. City 2. County 3. Florida 4. Out of State 2		Address Source VERBAL		
C H A R G E	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 4222 N US HIGHWAY 1, FORT PIERCE, FL 34946						Phone (904) 609-4880		Business Address (Name, Street) (City) (State) (Zip) COVE HARBOUR,		Occupation Bartender		
	DL Number, State M635636909470 / FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) ALLENTOWN, PA		Citizenship US				
C H A R G E	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		
C H A R G E	Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian <input type="checkbox"/>						Name (Last, First, Middle)						
	Address (Street, Apt. Number) (City) (State) (Zip)						Residence Phone						
C H A R G E	Notified by: (Name)						Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incorporated		
	Released To: (Name)						Relationship		Date		Time		
C H A R G E	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				
	Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						Description of Property DAMAGE TO TWO VEHICLES		Value of Property \$8,000				
C H A R G E	Drug Activity S. Sell B. Buy P. Possess R. Smuggle D. Deliver E. Use K. Disperse/ 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 Description DUI - PERSONAL INJURY/PROPERTY DAMAGE						Statute Violation Number 316.193(2)(A)(B)(C)(H)		Violation of ORD #				
C H A R G E	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		
	N		/		17-000548		1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		
C H A R G E	Charge Description						Statute Violation Number		Violation of ORD #				
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		
C H A R G E	Charge Description						Statute Violation Number		Violation of ORD #				
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		
C H A R G E	Charge Description						Statute Violation Number		Violation of ORD #				
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		
I N T A K E	Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries						
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By						
N O T I C E	Transported By						Date Transported		Time Transported		Other		
	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 03/08/2017 08:30:00		Released To 3:06 AM		
A C T I V E	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) Nina Mordan		Date Signed 2/1/17		No Photo Available		
	HOLD For Other Agency						Signature of Arresting Officer CONNOR, CHRISTOPHER		Name Verification (Printed by Arrestee) CONNOR, CHRISTOPHER				
A C T I V E	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Intake Deputy Cpl. Hardeman 4416		Pouch #		Transporting Officer C. Connor 350		Agency JPD		
	Witness here if subject signed with an "X"						SCANNED		PAGE 1 OF 1				

FEB - 3 2017

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1st DAY OF February 20 17 AT 1843 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

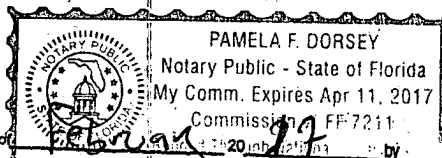
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of February 20 17 by Nina R. Mordan

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

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



SUBJECT: DUI

CASE NUMBER: 17-000548

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 seconds

FINGER TO NOSE:

Does not keep eyes closed
fails to return arms to her side for the first two, until restructured
Touches her upper lip, and fails to touch nose on several occasions

ROMBERG/ALPHABET:

was swaying throughout tasks

BREATH TEST RESULTS:

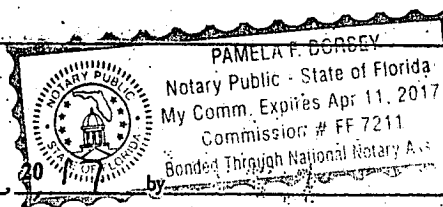
STATE OF FLORIDA
COUNTY OF PALM BEACH

(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 _____

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



WITNESS LIST

CASE NUMBER:

17-000548

ARRESTING OFFICER C. Comor

ADDRESS 216 Military Trail, Jupiter FL 33458

PHONE NUMBERS (HOME) 561-746-6261

(WORK)

CAN TESTIFY TO: See DC

NAME: R. Kalmach

ADDRESS 216 Military Trail, Jupiter FL 33458

PHONE NUMBERS (HOME) 561-746-6261

(WORK)

CAN TESTIFY TO: Room on scene, PC

NAME: Samuel Matthew Young

ADDRESS 121 Lakes Creek Dr, Jupiter FL 33458

PHONE NUMBERS (HOME) 561-461-2451

(WORK)

CAN TESTIFY TO: Person involved in crash and being on scene statements not observed

NAME: Phana Portazzelli

ADDRESS 5571 Carter St, Jupiter FL 33458

PHONE NUMBERS (HOME) 561-361-8896

(WORK)

CAN TESTIFY TO: Person involved in crash, home on scene, statements not observed

NAME: Min Portazzelli

ADDRESS 5571 Carter St, Jupiter FL 33458

PHONE NUMBERS (HOME)

(WORK)

CAN TESTIFY TO: Person involved in crash, statements not observed

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:

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO TAPE NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS:

1)

TIME

A.M./P.M.

-2-

TIME

A.M./P.M.

3)

TIME

A.M./P.M.

4

TIME

A.M./P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

COMMENTS:

SUBJECT: Mardon, Nina

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) Nina Mardon

SUBJECT: Mordant, [illegible]

CASE NUMBER: 17-000548

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? 1st St

DIRECTION OF TRAVEL? North WHERE DID YOU START? 5th St

WHAT TIME DID YOU START? 10:00 PM WHAT TIME IS IT NOW? 11:00 PM

WHAT IS TODAY'S DATE? 10/10/17 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? San Diego

WHEN DID YOU LAST EAT? 10:00 PM WHAT DID YOU EAT? Nothing

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Nothing

HOW MUCH DO YOU WEIGH? 180 lbs HAVE YOU BEEN DRINKING? Yes WHAT? Beer

HOW MUCH? 2 WHERE? Home WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 10:00 PM AND YOUR LAST DRINK? 11:00 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Beer

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Yes HOW MUCH? 2

WHAT? Beer WHERE? Home WHEN? 11:00 PM

WHAT LINE OF WORK ARE YOU IN? None WHEN DID YOU LAST WORK? None

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? None

ARE YOU SICK OR INJURED? Yes WHAT'S WRONG? None

DO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? Yes

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Yes WHEN? 10:00 PM

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? Yes WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? None WHEN? None

DO YOU HAVE: EPILEPSY? Yes

GLASS EYE? Yes

FALSE TEETH? Yes

EAR INFECTION? Yes

INNER EAR TROUBLE? Yes

DIABETES? Yes

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? Yes

DO YOU TAKE INSULIN? Yes IF SO, WHEN WAS YOUR LAST INJECTION? 10:00 PM

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? None

INTERVIEWER: Of [illegible]

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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

[illegible][illegible]

14-00000

REF ID: A68821

100-141334-171-804

7011: JENSEN, E. FL 34916-8447

1-800-551-7267

WYCON

EXPERIMENT

THE

THE
SOUTHERN
STATES