

0427791

17CT 13784 698

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

1. Arrest

3. Request for Warrant

2. N.T.A.

4. Request for Capias

1

Juvenile

OBTS Number			ARREST / NOTICE TO APPEAR			Juvenile Referral Report			1. Arrest			3. Request for Warrant			2. N.T.A.			4. Request for Capias			1			Juvenile																																			
Agency ORI Number			Agency Name			PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only)			06-			17105887																																												
ADMINISTRATIVE	FLO 500000																																																										
	ChargeType: Check as many as apply.			<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony			<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor			<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			Weapon Seized / Type 2 1. Yes 2. No			Multiple Clearance Indicator																																											
Location of Arrest (Including Name of Business) 4900 Block of Gateway Blvd Boynton Beach, FL 33437						Location of Offense (Business Name, Address) 4900 Block of Gateway Blvd Boynton Beach, FL 33437																																																					
Date of Arrest 07/23/2017		Time of Arrest 0303		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle		Eastern Auto Body																																													
Name (Last, First, Middle) DePhillips, Noel Justine												Alias (Name, DOB, Soc. Sec. #, Etc.)																																															
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W		Date of Birth 01/29/1981		Height 5'02"		Weight 130		Eye Color Blue		Hair Color Brown		Complexion Light		Build Small																																											
Scars, Marks, Unique Physical Features (Location, Type, Description) Left foot (Aquarius sign)												Marital Status Single		Religion NONE		Indication of: Y N Alcohol Influence <input checked="" type="checkbox"/> Drug Influence <input type="checkbox"/>		Unk.																																									
DEFENDANT	Local Address (Street, Apt. Number) 1107 Mahogany Drive Delray Beach, Florida 33436						(City) 33436		(Zip) (407) 754-5896		Phone		Residence Type: 1. City 2. County		3. Florida 4. Out of State		2																																										
	Permanent Address (Street, Apt. Number) Same						(City) 33436		(Zip) ()		Phone		Address Source Verbal (defendant)																																														
Business Address (Name, Street)						(City) 33436		(Zip) ()		Phone		Occupation Restaurant Manager																																															
D/L Number, State D-141-630-81-529-0/FL			Soc. Sec. Number			INS Number			Place of Birth (City, State) Point Pleasant, N.J.			Citizenship U.S.																																															
CO-DEF	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	Parent Name (Last) (First) (Middle)														Residence Phone ()																																												
	Legal Custodian																Business Phone ()																																										
Other:																																																											
Address (Street, Apt. Number)						(City)		(State)		(Zip)		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 <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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)												School Attended						Grade																																									
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property										Value of Property																																															
CODE	Drug Activity S. Sell N. N/A P. Possess			R. Smuggle B. Buy T. Traffic			K. Dispense/ D. Deliver E. Use			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																															
	DUI															Counts 1			Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			Statute Violation Number 316.193 (1)			Violation of ORD #																																		
CHARGE	Drug Description															Counts 1			Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			Statute Violation Number			Violation of ORD #																																		
	Drug Activity			Drug Type			Amount / Unit			Offense #			17105887						Warrant / Capias Number			Bond																																					
CHARGE	Drug Description															Counts 1			Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			Statute Violation Number			Violation of ORD #																																		
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CHARGE	Drug Description															Counts 1			Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			Statute Violation Number			Violation of ORD #																																		
	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 WPB, FL																																																										
	Court Date and Time Month August Day 17th Year 2017 Time 8:30 AM ✓ 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)												Date Signed 6/1/2017																																															
HOLD for other Agency Name:						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)																																															
Intake Details I.D. # 698						Name of Arresting Officer (Print) Inv. CHIQUITO-RODRIGUEZ #18334 18334						I.D. #																																															
Transporting Officer Same						ID # PBO						Witness here if subject signed with an -X"																																															
DISTRIBUTION: WHITE - COURT COPY												GREEN - STATE ATTORNEY												YELLOW - AGENCY												PINK - AGENCY												GOLD - DEFENDANT (N.T.A.'s ONLY)											
PBSO #148 REV. 8/97												JUL 26 2017												JUL 23 AM 6:43																																			

SCANNED

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23rd DAY OF July 20 17, AT 0151 AM PM

SUBJECT: DePhillips, Noel Justine CASE NUMBER: 17105887

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Chiquito-Rodriguez

PERSONAL CONTACT

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

On 07/23/2017, at approximately 0223 hours, I responded to the 4900 block of Gateway Blvd in Boynton Beach, Florida in the county of Palm Beach to assist D/S R. Rodriguez #13919 with a traffic stop. Upon making contact with D/S Rodriguez he relayed to me, and completed a written signed sworn supplemental Probable Cause Affidavit, the following: On the above date and time, I responded as back up Deputy to a Hit and Run investigation, while in route from S. Jog Rd. and Boynton Beach FL. Comm/Dispatch notified us that the suspect vehicle a black in color SUV was being followed by a witness vehicle with its flashers on. I continued east bound on Boynton Beach Blvd and was informed that the vehicle was now traveling north bound on S. Military Trail. I waited for the vehicle at the intersection of S. Military Trail and Old Boynton Rd. and observed the Black in color SUV and the witness vehicle following with the flashers on. I took a position behind the black SUV bearing FL. Tag 760-QBI. I followed said vehicle traveling northbound at a high rate of speed of 68 in a 45 MPH zone (Paced vehicle PBSO Marked unit Asset # 69670). The black in color Ford Escape was traveling on the #3 lane northbound on S. Military Trl. As the vehicle continued traveling, I observed it fail to maintain a single lane as it swerved from side to side and travel twice on top of the broken white lines. I initiated a traffic stop by turning on my red/blue lights and siren as the vehicle proceeded to turn right onto Gateway Blvd. I made contact with the driver and identified W/F Ms. Noel DePhillips (Defendant) as the driver (verified through DAVID System and verbally from the defendant). Upon speaking with Ms. DePhillips, I could perceive a strong odor of an unknown alcoholic beverage coming from her breath. I also observed her to sweat profusely. Ms. DePhillips had slurred speech and red shot glassy eyes. I asked Ms. DePhillips for her driver's license and observed her to stumble through her purse and pick out different types of cards none being her driver's license. Ultimately, Ms. DePhillips stated that she did not have her driver's license with her. I requested the assistance of a DUI Unit and turned over the investigation to D/S L. Chiquito-Rodriguez # 18334.

OBSERVATION OF DRIVER:

When I arrived on scene NOEL JUSTINE DePHILLIPS (defendant) was seated in the driver's seat of the black Ford utility vehicle bearing Florida tag 760QBI. Through the investigation it was determined that neither vehicle had any visible damage and a crash report was not completed. The driver of the vehicle that the defendant bumped into gave a sworn written statement. A witness on scene, who saw the defendant's vehicle bump into the other vehicle, gave a sworn written statement. I approached the vehicle and made contact with the defendant as she was rummaging through a purse and holding a cigarette and lighter in her left hand. She looked over in my direction and stared blankly at me and she appeared disoriented. I asked the defendant if she found her driver's license and she looked around confused and said she did not have it in a slow, slurred and mumbled speech. I saw that her eyes were very red, blood shot and glassy. I could smell the strong odor of an unknown alcoholic beverage emanating from within the vehicle and the defendant's facial region. I asked the defendant to step out of the vehicle and she stumbled as she got out. I relocated her to the front of my PBSO marked patrol vehicle. I observed as she walked overlapping her feet and staggering. I explained to the defendant the reason she was stopped and that I was conducting a DUI investigation to determine if she was too impaired to operate a motor vehicle. She stated that she understood. She sighed and blew air in my face at which time I could smell the strong odor of an unknown beverage coming from her mouth. The defendant swayed in a circular motion and rocked from her heels to her toes as she stood in a resting position. She denied having any medical problems, physical disabilities, injuries or taking any medications.

DRIVER'S STATEMENTS:

She stated that she was upset because she and her boyfriend "broke up". She left work at Apeiro Restaurant in Delray at approximately 9:00pm and then went to Frank's, the restaurant next door, for approximately one to two hours where she did have "a drink or two". I asked the defendant if she would submit to voluntary SFST's and she consented. I used a line on the roadway that was away from through traffic and where the surface was dry.

SEE Probable Cause PAGE 2 for further.....

ODORS:

Strong odor of an unknown alcoholic beverage emanating from defendant's breath that became stronger as the defendant spoke to me

GENERAL OBSERVATIONS

SPEECH: Slow, slurred, mumbled,

ATTITUDE: Emotional, Mood swings, Cooperative

CLOTHING: Black shirt, Black pants, Black shoes

MEDICAL/OTHER: Defendant denied having any medical conditions, injuries or physical impairments. Defendant denied being on any medications or taking any medications.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Chiquito-Rodriguez
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23rd day of July 20 17 by Inv. Chiquito-Rodriguez #18334

(Print name of Arresting/Investigative Officer), who is personally known to me or produced identification or production of identification produced KNOWN

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

Notary Public - State of Florida
My Comm. Expires Nov 18, 2017
Commission # FF 059684
Bonded Through National Notary Assn.

SCANNED

JUL 26 2017

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA
3 Request for Warrant
4 Request for Capias

Juvenile

1

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT			Agency Report Number	17-105887
	Agency ORI Number	Agency Name	1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias		
DEF	FLO. 5.0.0.0.0.0	PALM BEACH COUNTY SHERIFF'S OFFICE			Special Notes	
CHARGES	Charge Type Check as many as apply	1 Felony 2 Traffic Felony	3 Misdemeanor 4 Traffic Misdemeanor	5 Ordinance 6 Other		
VICTIM	Name (Last, First, Middle) Dephiliips, Noel Justine	Alias		Race W	Sex F	Date of Birth 01/29/1981
	Charge Description DUI	Charge Description				
	Charge Description	Charge Description				
	Victim's Name (Last, First, Middle) State of Florida			Race	Sex	Date of Birth
	Local Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone ()	Address Source
	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone ()	Occupation
The undersigned certifies and 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						
<input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.						
_____ was observed by _____ who told _____ <input type="checkbox"/> that he/she saw the arrested person commit the below acts. _____ was found to have committed the below acts, resulting from my (described) investigation.						
On the 23rd day of July 20 17 at 01:59 <input checked="" type="checkbox"/> A.M <input type="checkbox"/> P.M (Specifically include facts constituting cause for arrest)						
<p>On the above date and time, I responded as back up Deputy to a Hit and Run investigation, while in route from S. Log Rd. and Boynton Beach FL. Commo/Dispatch notified us that the suspect vehicle a black in color SUV was being followed by a witness vehicle with its flashers on. I continued east bound on Boynton Beach Blvd and was informed that the vehicle was now traveling north bound on S. Military Trail. I waited for the vehicle at the intersection of S. Military Trail and Old Boynton Rd. and observed the Black in color SUV and the witness vehicle following with the flashers on. I took a position behind the black SUV bearing FL. Tag 760-QBI</p> <p>I followed said vehicle traveling northbound at a high rate of speed of 68 in a 45 MPH zone (Paced vehicle PBSO Marked unit Asset # 69670). The black in color Ford Escape was traveling on the #3 lane northbound on S. Military Trl. As the vehicle continued traveling, I observed it fail to maintain a single lane as it swerved from side to side and travel twice on top of the broken white lines. I initiated a traffic stop by turning on my red/blue lights and siren as the vehicle proceeded to turn right onto Gateway Blvd. I made contact with the driver and identified W/F Ms. Noel Dephiliips (Defendant) as the driver (verified through DAVID System and verbally from the defendant). Upon speaking with Ms. Dephiliips, I could perceive a strong odor of an unknown alcoholic beverage coming from her breath, I also observed her to sweat profusely. Ms. Dephiliips had slurred speech and red shot glassy eyes. I asked Ms. Dephiliips for her driver's license and observed her to stumble through her purse and pick out different types of cards none being her driver's license. Ultimately, Ms. Dephiliips stated that she did not have her driver's license with her. I requested the assistance of a DUI Unit and turned over the investigation to D/S L. Chiquito-Rodriguez # 18334.</p>						
<p>STATE OF FLORIDA COUNTY OF PALM BEACH <i>210-90713919</i></p> <p>(Signature of Arresting /Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 23rd day of July 20 17 by D/S R. Rodriguez #13919</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <i>JINN. L. Chiquito #18334</i></p> <p>Known LEO</p> <p>Notary Public, Clerk of Court, Officer (F.S.S.), 117.1.0</p>						
ADMINISTRATIVE	PAGE 1 OF 1					

ADMIN	OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest	3. Request for Warrant	4. Request for Capias	1	Juvenile
	Agency ORI Number	Agency Name				2. N.T.A.				
DEF	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number	06-	17105887			
CHARGES	ChargeType: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					Special Notes:				
VICTIM	Name (Last, First, Middle) DePhillips, Noel Justine					Alias		Race	Sex	Date of Birth
	Charge Description DUI		316.193 (1)			Charge Description				
	Charge Description					Charge Description				
	Victim's Name (Last, First, Middle) STATE OF FLORIDA					Race	Sex	Date of Birth		
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone	Address Source			
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone	Occupation			
<p>The undersigned certifies and 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</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>										
<p>On the <u>23rd</u> day of <u>July</u> 20 <u>17</u> at <u>0151</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>										
<p>Upon completing the roadsides I advised the defendant that I concluded my DUI investigation and, based on the observational clues on the SFST's and the defendant's admission of consuming alcohol, determined that she was too impaired to operate a motor vehicle and placed the defendant under arrest for DUI. The defendant verbally stated that she understood. I placed the defendant in handcuffs that were checked for proper fit and tightness and double locked and placed defendant in the rear of my PBSO marked patrol vehicle and transported the defendant to the B.A.T. (Breath Alcohol Testing) facility. Once at the B.A.T. the defendant was observed for a period of twenty minutes, during which time the defendant did not ingest anything, place anything in her mouth regurgitate or vomit. After the twenty minute observation period the defendant was placed on camera and asked if she would submit a breath sample for the purpose of determining its alcohol content and the defendant said, "Do I have a choice?" at which point I read the her Florida Implied Consent and she verbally stated that she understood implied consent. I then asked the defendant again if she would submit a breath sample after being informed of implied consent and the defendant consented. After the technician set up the instrument, and demonstrated how to provide an adequate breath sample, the defendant stated that she no longer wanted to provide a breath sample. The refusal was noted and documented on the instrument at 0412 hours. I read the defendant her Constitutional warnings on camera and the defendant verbally stated that she understood her rights. The defendant cooperated with Q&A.</p>										
<p>Based on the above set of facts and circumstances, probable cause exists to find NOEL JUSTINE DePHILLIPS did drive or was in actual physical control of a vehicle, while under the influence of alcoholic beverages or chemical substances as set forth in Florida Statute 877.111, or a controlled substance as set forth in Chapter 893 or any combination thereof, and was affected to the extent that his or her normal faculties were impaired; or while having a blood alcohol level of .08 or more grams of alcohol per 100 milliliters of blood or breath alcohol level of .08 or more grams of alcohol per 210 liters of breath, contrary to Florida Statute 316.193(1). (MISD)</p>										
<p>I issued the defendant a citation for DUI and transported the defendant to the main detention center, without incident, for booking and processing.</p>										
<p>This case is cleared by arrest.</p>										
SCANNED										
JUL 25 2017										
<p>STATE OF FLORIDA COUNTY OF PALM BEACH Inv. Chiquito-Rodriguez (Signature of Arresting/Investigative Officer)</p> <p><i>DCR #18334</i></p> <p>23rd July 2017</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____, 20 <u>17</u> by <u>Inv. Chiquito-Rodriguez</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification to me and/or identification produced</p> <p>KNOWN</p> <p>James G. Blieske Notary Public - State of Florida My Comm. Expires Nov 18, 2017 Commission # FF 059684</p>										
PAGE <u>1</u> OF <u>1</u>										

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:**

Bloodshot, glassy eyes. Very moody and emotional, would cry one moment and then become argumentative the next. Overlapped and staggered as she walked. Unable to stand without rocking from her heels to her toes to assist with balance.

WALK & TURN:

Instructed and demonstrated. Defendant verbally stated she understood the instructions. Had to be repositioned while explaining task. She tried multiple times to place one foot in front of the other to get into the instructional stance without my assistance and she almost fell over. She did not count her steps, maintained her arms raised more than six inches to assist with her balance. She overlapped her feet and did not walk heel to toe. She took 14 steps forward and I had to instruct her to stop and then she took 18 steps on the return.

ONE LEG STAND:

Instructed and demonstrated. Defendant verbally stated she understood the instructions. She started crying and stated, "I can't" and the task was not completed.

FINGER TO NOSE:

Instructed and demonstrated. Defendant verbally stated she understood the instructions. The defendant demonstrated proficiency with identifying her left from her right hand. Swayed and rocked from heels to balls of feet to assist with balance. She did not return her hand back to her side. Missed finger tip to nose more than once.

ROMBERG ALPHABET:

Instructed and demonstrated. Defendant verbally stated she understood the instructions. Swayed and rocked from heels to balls of feet to assist with balance. Recited the alphabet correctly.

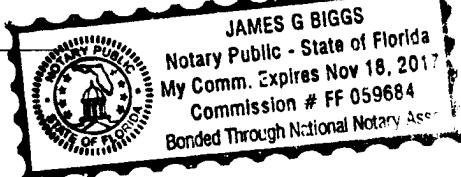
BREATH TEST RESULTS: 1) REFUSED 2) REFUSED 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Chiquito-Rodriguez
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23rd day of July, 2017 by Inv. Chiquito-Rodriguez #18334

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



WITNESS LIST

CASE NUMBER: 17105887

ARRESTING OFFICER: Inv. Chiquito-Rodriguez

ADDRESS: 3228 Gun Club Rd WPB, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: Facts of case

NAME: D/S Ronald Rodriguez #13919

ADDRESS: 3228 Gun Club Rd WPB, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: Facts of the case (Initiated traffic stop/Initial contact with the defendant)

NAME: D/S Robert Vespi #25485

ADDRESS: 3228 Gun Club Road WPB, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: Facts of the case

NAME: Odell Culver

ADDRESS: 608 N.E. 20th Lane Boynton Beach, FL 33435

PHONE NUMBERS (HOME): (561) 699-4562 (WORK) _____

CAN TESTIFY TO: Witness

NAME: Christopher Kerby

ADDRESS: 1023 Grandview Circle Royal Palm Beach, FL 33411

PHONE NUMBERS (HOME): (561) 638-5086 (WORK) (561) 633-5907

CAN TESTIFY TO: Witness

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: _____

SCANNED

JUL 25 2017

TESTING FACILITY TASK REPORT

AGENCY: PBSO-C. RODRIGUEZ

SUBJECT: DEPHILLIPS, NOEL J

CASE NUMBER: 17-105887

DATE: Jul 23, 2017

VIDEO DVD NUMBER: 63044

BEGINNING TIME: 0405

ENDING TIME: 0420

BREATH TESTS RESULTS: 1) REF TIME 0412 A.M. P.M. 2) XX TIME XX 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 TECHNICIAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, THICK TONGUED

ATTITUDE: UPSET, SARCASTIC, UPSET AT TIMES, JOVIAL AT OTHERS

CLOTHING: BLACK SHIRT, BLACK PANTS, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY, RED, BLOOD SHOT

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0340

SUBJECT ADVISED SHE WASN'T SURE IF SHE WOULD SUBMIT

IMPLIED CONSENT WAS READ TO THE SUBJECT, SHE ADVISED SHE WOULD SUBMIT TO THE TEST

SUBJECT WAS BEING GIVEN THE INSTRUCTIONS FOR THE TEST AND ASKED IF SHE HAD TO SUBMIT TO THE TEST

IMPLIED CONSENT WAS READ AND EXPLAINED TO THE SUBJECT ONCE AGAIN

SUBJECT REFUSED THE TEST

MIRANDA WAS READ TO SUBJECT

SUBJECT SUBMITTED TO THE QUESTIONS

SCANNED
JUL 26 2017

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.

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JUL 26 2017

SUSPECT'S SIGNATURE: (X) _____

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? Atlantic

DIRECTION OF TRAVEL? East WHERE DID YOU START? Delray Market Place.

WHAT TIME DID YOU START? 10:30 - 11pm WHAT TIME IS IT NOW? I have no idea I am?

WHAT IS TODAY'S DATE? 23rd 12th WHAT DAY OF THE WEEK IS IT? Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach

WHEN DID YOU LAST EAT? This afternoon WHAT DID YOU EAT? Turkey & cheese sandwich

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Wondering What happened with my life went to Franks to have

HOW MUCH DO YOU WEIGH? 130-40, 50 HAVE YOU BEEN DRINKING? WHAT? Wine drink

HOW MUCH? 2 glasses WHERE? *NO RESPONSE* WITH WHOM? obviously some friends

WHEN DID YOU HAVE YOUR FIRST DRINK? Maybe 10pm, 9:30pm AND YOUR LAST DRINK? When did you pick

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? I drank the glass of wine ^{me up?} 1/2 hour before

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? uh sure, uh yeah ARE YOU UNDER THE INFLUENCE? Sure

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? .

WHAT? . WHERE? . WHEN? .

WHAT LINE OF WORK ARE YOU IN? Manager WHEN DID YOU LAST WORK? This afternoon

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Nope WHAT? .

ARE YOU SICK OR INJURED? Nope WHAT'S WRONG? .

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

WERE YOU IN AN ACCIDENT TODAY? Yup

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Nope WHEN? .

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? Nope WHO? . WHY? .

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Nope WHAT? . WHEN? .

DO YOU HAVE: EPILEPSY? Nope

GLASS EYE? No

FALSE TEETH? Nope

EAR INFECTION? Nope

INNER EAR TROUBLE? No

DIABETES? No

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? —

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? — SCANNED

INTERVIEWER: DePhillips #18334

JUL 26 2017

 WITNESS VICTIM OTHER

CASE #:	17 105887	ZONE:	6552	SUSPECT:	Noel Justine DePhillips	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	7/23/17 0803
EVENT TYPE:	Drunk Driver			DEPUTY:	Chiquito	ID#:	18334

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	Culver	FIRST NAME:	odell	MIDDLE INITIAL:	B	RACE:	m	
DATE OF BIRTH:	(MM/DD/YYYY)	YOUR HEIGHT:	5'5 1/2	YOUR WEIGHT:	190	YOUR HAIR COLOR:	Black & gray	
YOUR HOME ADDRESS:	<input type="checkbox"/> CHECK IF HOMELESS		CITY:	Bognton Blk	STATE:	FL	ZIP:	33435
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:		STATE:		ZIP:	
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE	
()		(561) 699-4562	()					

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	Odell Culver B.	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>I was at the red light waiting for the green light, once the light turn green got hit by an on the back of my car by another car. got out and check my car and no damage. witness her has the driver who hit my car notice no damage on my car.</p>		

<p>the driver of the other car is white female brown hair 5'4 and she drive a mini SUV. Black.</p>
--

SCANNED

JUL 26 2017

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
 DATE: 7/23/2017 TIME: 2:41 am
 SIGNATURE: D/S R. Vespa ID: 25485

If you do not wish to prosecute, complete the above statement, read this disclaimer and initial below: I am of legal age and I am the reported victim of a crime under Florida law. I hereby state that I will not cooperate any further with the investigation of the alleged crime. I further release the Palm Beach County Sheriff's Office of any present or future responsibility as to my case. I acknowledge that I understand my rights as a crime victim, particularly regarding victim compensation eligibility, which includes such benefits as reimbursement for: disability; lost wages; loss of support; medical, dental, mental health counseling and funeral expenses. I am aware I may be giving up these rights for my family and myself by initialing below. I am taking this position of my own free will knowing that the case can only be further investigated and prosecuted with my cooperation.

 DO NOT WISH TO PROSECUTE (INITIAL)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY



Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

WITNESS VICTIM OTHER

CASE #:	17 105887	ZONE:	652	SUSPECT:	Noel Justine DePhillips	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	7/23/17 0303
EVENT TYPE:	Drunk Driver.		DEPUTY:	Uniquito	ID#:	18334	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: <u>Kerbue</u>		FIRST NAME: <u>Christopher</u>		MIDDLE INITIAL: <u>-</u>	RACE: <u>W</u>	SEX: <u>M</u>
DATE OF BIRTH: <u>07/20/1966</u> (MM/DD/YYYY)		YOUR HEIGHT: <u>5'11"</u>	YOUR WEIGHT: <u>185</u>	YOUR HAIR COLOR: <u>Grey</u>		YOUR EYE COLOR: <u>Hazel</u>
YOUR HOME ADDRESS: <u>1023 Grandview Circle</u>		<input type="checkbox"/> CHECK IF HOMELESS		CITY: <u>Royal Palm Beach</u>	STATE: <u>FL</u>	ZIP: <u>33411</u>
YOUR WORK NAME & ADDRESS: <u>Palm Beach County Sheriff's Forest Hill Bldg</u>		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY: <u>W. P. B.</u>	STATE: <u>FL</u>	ZIP: <u></u>
WORK PHONE: <input type="checkbox"/> CHECK IF NONE <u>(561) 638-5086</u>	CELL PHONE: <input type="checkbox"/> CHECK IF NONE <u>(561) 633-5967</u>	HOME PHONE: <input type="checkbox"/> CHECK IF NONE <u>()</u>		EMAIL: <u>C-Kerbue@BellSouth.net</u>	<input type="checkbox"/> CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

I YOUR NAME:		DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>AND PULLED HER OVER ON GATEWAY EAST OF MILITARY TRAIL</p> <p>NOT A CERTIFICATE</p> <p>SCANNED JUL 26 2017</p>		

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED
STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X

DEPUTY SHERIFF □ NOTARY PUBLIC FSS: 117.10
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
DATE: 7/23/17 TIME: 03:34 ID: 18334
SIGNATURE: 

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

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Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

 WITNESS VICTIM OTHER

CASE #:	17105887	ZONE:	652	SUSPECT:	Noel Justine DePhillips	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	7/23/2017 0303
EVENT TYPE:	Drunk Driver.			DEPUTY:	Chiquito.	ID#:	18334

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME:	Kerby	FIRST NAME:	Christopher	MIDDLE INITIAL:	-	RACE:	W	SEX:	M	
DATE OF BIRTH:	(MM/DD/YYYY) 07/20/1966	YOUR HEIGHT:	5'11"	YOUR WEIGHT:	185	YOUR HAIR COLOR:	GREY	YOUR EYE COLOR:	HAZEL	
YOUR HOME ADDRESS:	<input type="checkbox"/> CHECK IF HOMELESS			CITY:	Royal Palm Beach	STATE:	FL	ZIP:	33411	
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED			CITY:	W.I.P.B	STATE:	FL	ZIP:		
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE 1560 638-5686	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE 1561 633-5907	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE ()	EMAIL:	C-Kerby@BellSouth.NET			<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

YOUR NAME:	Christopher Kerby	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>I WAS HEADING EAST ON Boynton Beach Blvd JUST EAST OF TURN PAKE Right thru lane. The light had just turned green. There was a car in the right thru lane just starting to move forward. A car was approaching from its rear a lot faster than the car ahead was moving. The rear car crashed into the one ahead of it. Both cars stopped above its myself. 911 was called by the car that was crashed into. I got out of my car and informed the woman in the rear car to put her flashers on. I asked her 5 or 6 times and she said she would but never did. AFTER ABOUT 5 mins. she took off and I followed her to get the tag # and called 911. The sheriff found us</p>		PAGE <u>1</u> OF <u>2</u>

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X

 DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 7/23/17 TIME: 0334
SIGNATURE:

ID: 18334

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLYING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

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JUL 26 2017