0501700

3928

# 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- 18-125067 |

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

Weapon Seized / Type: 2 (1. Yes 2. No)

Multiple Clearance Indicator:

| Location of Arrest (Including Name of Business) | Location of Offense (Business Name, Address) |
|---|---|
| 12000 BLK LAKE WORTH ROAD | 12000 BLK LAKE WORTH RD, WELLINGTON FL 33414 |

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 09/23/2018 | 0356 | | | | | 12000 BLK LAKE WORTH ROAD |

## DEFENDANT

Name (Last, First, Middle): **Plata, Paula, Melissa**

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

| Race (W - White I - American Indian B - Black 0- Oriental/Asian) | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|
| W | F | 9/18/1996 | 5'01 | 110 | BRO | BRO | FAIR | SLIM |

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: SINGLE | Religion: CHRISTIAN | Indication of: Alcohol Influence Y ☐ N ☐ Unk. ☐; Drug Influence Y ☐ N ☐ Unk. ☒

| Local Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Residence Type: 1. City 2. County 3. Florida 4. Out of State |
|---|---|---|
| 8863 Indian Riv Run, Boynton Beach, FL 33472 | (561) 523-5866 | 2 |
| Permenent Address (Street, Apt. Number) (City) (State) (Zip) | ( ) | Address Source: FL DL |
| , | | |
| Business Address (Name, Street) (City) (State) (Zip) | ( ) | Occupation: STUDENT |

| D/L Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| P430673968380, FL | [redacted] | | MIAMI, FL | USA |

## CO-DEF

| Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | 1. Arrested 2. At Large | 3. Felony 4. Misdemeanor 5. Juvenile |
|---|---|---|---|---|---|
| | | | | ☐ ☐ | ☐ ☐ ☐ |
| Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | 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 | | 18-125067 | | OR |

| 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 Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| | | ☐Y ☐N | | |
| **Drug Activity** | **Drug Type** | **Amount / Unit** | **Offense #** | **Warrant / Capias Number** | **Bond** |
| | | | | | |

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| | | ☐Y ☐N | | |
| **Drug Activity** | **Drug Type** | **Amount / Unit** | **Offense #** | **Warrant / Capias Number** | **Bond** |
| | | | | | |

FILED
SEP 24 2018
SHARON R. BOCK
Clerk & Comptroller

## 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 10 Day 18 Year 2018 Time 0830 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) — Date Signed: 09/23/2018

## ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer

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

Transporting Officer: SCHNEIDER ID #: 8723 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

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

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2018CT17337

Received WB
SEP 24 2018

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23 DAY OF SEPTEMBER 20 18 AT 0332 AM PM

SUBJECT: Plata, Paula, Melissa CASE NUMBER: 18-125067

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)

**DEF WAS DRIVING EAST ON LAKE WORTH ROAD. I OBSERVED THE VEHICLE APPROACHING AT A HIGH RATE OF SPEED AND VISUALLY ESTIMATED THE SPEED AT 55 MPH IN A POSTED 40 MPH SPEED ZONE. I ACTIVATED MY DEPARTMENT ISSUED RADAR AND RECEIVED A LOUD DOPPLER TONE AND A DIGITAL READ OUT OF 57 MPH.**

OBSERVATION OF DRIVER:

**DRIVER WAS NEATLY DRESSED AND EXTREMELY TALKATIVE. DRIVER HAD GLASSY EYES AND A THERE WAS A STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM THE DRIVER.**

DRIVER'S STATEMENTS:

**DRIVER STATED SHE WAS COMING FROM A FRIENDS HOUSE AND HAD ONE DRINK ONCE OUTSIDE OF THE VEHICLE SHE STATED SHE HAD TWO DRINKS**

ODORS:

**ONCE OUTSIDE OF THE VEHICLE IN THE FRESH AIR DRIVER HAD A STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM HER WHILE SHE SPOKE WITH ME**

## GENERAL OBSERVATIONS

SPEECH: CLEAR AND EXTREMELY TALKATIVE

ATTITUDE: POSITIVE

CLOTHING: NEATLY DRESSED IN A SKIRT WITH FLIP FLOPS ON HER FEET

MEDICAL/OTHER: NONE

NOT A CERTIFIED COPY

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 23 day of OCTOBER 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 ID

J. BIGGS 7607
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

JAMES G. BIGGS
Commission # GG 165618
Expires December 5, 2021
Bonded Thru Troy Fain Insurance 800-385-7019

SUBJECT: Plata, Paula, Melissa CASE NUMBER 18-125067

## ROADSIDE TASKS

**HORIZONTAL GAZE NYSTAGMUS:**

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

**DEF HAD A NOTICABLE SWAY WHILE AND HAD TO BE REMINDED TO USE HER EYES AND ONLY HER EYES. DEF HAD TO BE TOLD NOT TO ANTICIPATE WHERE THE PEN LIGHT WAS GOING**

WALK & TURN:

**DEF LOST BALANCE DURING THE INSTRUCTIONAL PHASE AND WAS UNABLE TO STAND HEEL TO TOE DURING INSTRUCTIONS. DEF WALKED MISSED HEEL TO TOE ON EVERY STEP. DEF COMPLETED THE TURN AND THEN MISSED HEEL TO TOE ON EVERY STEP IN THE SECOND SET OF STEPS AS WELL.**

ONE LEG STAND:

**DEF PUT HER FOOT DOWN 3 TIMES AND STARTED COUNTING FROM 1 EACH TIME SHE LIFTED HER FOOT BACK UP.**

ROMBERG ALPHABET:

**DEF HAD TO PAUSE NUMEROUS TIMES TO THINK OF THE ORDER OF THE ALPHABETWAS UNABLE TO RECITE ALPHABET PAST O. THEN THE DEF HAD TO TRY TO SING THE ALPHABET AND STILL COULD NOT COMPLETE THE ALPHABET IN ORDER. THE DEF THEN STATED THAT SHE WAS TRYING TO RECITE THE ALPHABET BACKWARDS**

FINGER TO NOSE:

**DEF MISSED TIP OF HER NOSE ON ALL THREE LEFTS AND AND ON ONE RIGHT**

**BREATH TEST RESULTS:** **.139** **.143**

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 23 day of OCTOBER 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 ID

J. BIGGS 7607
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

JAMES G. BIGGS
Commission # GG 165618
Expires December 5, 2021
Bonded Thru Troy Fain Insurance 800-385-7019

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# TESTING FACILITY TASK REPORT

AGENCY: PBSO-SCHNEIDER 8723

SUBJECT: PLATA, PAULA M

CASE NUMBER: 18-125067

DATE: Sep 23, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0440

ENDING TIME: 0459

BREATH TESTS RESULTS: 1) .139 TIME 0445 A.M. ☒ P.M. ☐ 2) .143 TIME 0448 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 TECHNICAN: D/S J Karklecke #6467

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: REPETITIVE AT TIMES

ATTITUDE: COOPERATIVE

CLOTHING: GOLD DRESS

MEDICAL CONDITIONS: NONE

MEDICATIONS: BIRTH CONTROL

**OTHER:**

EYES BLOODSHOT, GLASSY
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

---

**COMMENTS:**

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0420
SUBJECT AGREED TO SUBMIT TO THE BREATH TEST
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY
RESULTS WERE GIVEN TO THE SUBJECT
MIRANDA WAS READ TO SUBJECT
SUBJECT SUBMITTED TO THE QUESTIONS

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SUBJECT: Plata, Paula M CASE NUMBER: 18-125067

# 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 Camera

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SUBJECT: Plata, Paula M CASE NUMBER: 18-125067

# 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? to my house

WHAT STREET OR HIGHWAY WERE YOU ON? I Dont remember

DIRECTION OF TRAVEL? East WHERE DID YOU START? in Aero Club

WHAT TIME DID YOU START? didnt check WHAT TIME IS IT NOW? No concept

WHAT IS TODAY'S DATE? 9/23 WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach

WHEN DID YOU LAST EAT? 7pm WHAT DID YOU EAT? Sush

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS?

HOW MUCH DO YOU WEIGH? 110 HAVE YOU BEEN DRINKING? Yes WHAT? Vodka

HOW MUCH? 2 drinks WHERE? last Weekend WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 11:30pm AND YOUR LAST DRINK? Not Sure

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? as fast as I could

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? ARE YOU UNDER THE INFLUENCE? I guess I would Say so

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? — HOW MUCH? —

WHAT? — WHERE? — WHEN? —

WHAT LINE OF WORK ARE YOU IN? Program Director WHEN DID YOU LAST WORK? Thursday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? — WHAT? —

ARE YOU SICK OR INJURED? — WHAT'S WRONG? —

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? I dont believe So

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? —

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? — WHY? —

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? B. pMcontrol WHEN? Daily

DO YOU HAVE:

| | |
|---|---|
| EPILEPSY? | No |
| GLASS EYE? | No |
| FALSE TEETH? | No |
| EAR INFECTION? | No |
| 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?

INTERVIEWER: 8723

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# WITNESS LIST

CASE NUMBER: 18-125067

ARRESTING OFFICER: SCHNEIDER 8723

ADDRESS: 14000 GREENBRIAR BLVD

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

CAN TESTIFY TO: DRIVING PATTERN, ROAD SIDES

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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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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**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 | ☐ | | Other: | |
| | ☐ | | Other: | |

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**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2018031899 | **Date:** 09/24/2018 |
| | **Specialist Name/ID:** AM/31562 |