0511638 2019CT 18894SB 1965

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400
Agency Name: Delray Beach Police Department
Agency Report Number (N.T.A.'s only): 40 19-016012

Charge Type: Check as many as apply — ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other
If Weapon Seized — Enter Type: None/not Applicable
Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 725 W ATLANTIC AVE DELRAY BEACH FL 33444
Location of Offense (Business Name, Address): 725 W ATLANTIC AVE, DELRAY BEACH, FL 33444

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/10/2019	01:15	10/10/2019	01:25			

DEFENDANT

Name (Last, First, Middle): LA POINTE, ROBIN NICHOEL
Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	06/19/1972	5'06	160	BLUE	BLOND OR	FAIR	THIN

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):
Marital Status: M
Religion: NOT INDICA
Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk; Drug Influence ☐
Residence Type: 1. City 3. Florida 2. County 4. Out of State: 2

Local Address (Street, Apt. Number) (City) (State) (Zip): 65 18TH AVE S, LAKE WORTH, FL 33460
Phone: (860) 944-2555

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 65 18TH AVE S, LAKE WORTH, FL 33460
Phone: (860) 944-2555
Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip):
Phone:
Occupation: Healthcare

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
L153734727190 / FL	[redacted]		MANCHESTER, CT,	US

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 ☐ Other ☐ Legal Custodian — 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 Department and Released 2. TOT JAC 3. Incarcerated
Released To: (Name) — Relationship — Date — Time

The above address was provided by ☐ defendant and/or ☐ 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.
☐ Yes, by: ☐ No:

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. Disperses/ 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

Charge Description	Statute Violation Number	Violation of ORD #
DRIVING WHILE UNDER INFLUENCE	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health
PROPERTY - Received By | Released By | Released To
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): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 11/04/2019 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 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

No Photo Available

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Notate Deputy — ID # — Pouch #

Signature of Arresting Officer
Name of Arresting Officer (Print): BONET, LUIS C — I.D. #: 1148
Transporting Officer: BONET — I.D. #: 1148 — Agency: DELRA

Name Verification (Printed by Arrestee) (PRINT)
Witness here if subject signed with an "X".

PAGE 1 OF 1

☒ COURT ☒ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ FBI ☐ CRIME ANALYSIS ☐ DMV ☒ DEFENDANT

OCT 10 AM 3:33

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10TH DAY OF October 20 19, AT 0101 ☑AM ☐PM

SUBJECT: ROBIN NICHOEL LA POINTE CASE NUMBER: 19016012

AGENCY: DELRAY BEACH ARRESTING OFFICER: BONET 1148

PERSONAL CONTACT

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

On October 10th, 2019, I conducted a traffic stop at 725 W Atlantic Ave on a black Ford Mustang (FL Tag DHQU37) for having its headlights and taillights off per F.S.S. 316.610(1). I made contact with the driver and sole occupant of the vehicle, Robin Nichoel La Pointe.

OBSERVATION OF DRIVER:

La Pointe appeared impaired, had slow comprehension, was unable to maintain her balance before roadside tasks, and slurred her speech. La Pointe also had glassy and bloodshot eyes.

DRIVER'S STATEMENTS:

La Pointe stated that she was coming from downtown Delray Beach and had been to Johnny Brown's and Salt Seven Bar. La Pointe stated that she had a glass of wine and a couple of shots of Baileys at Johnny Brown's.

ODORS:

La Pointe had the smell of an unknown alcoholic beverage emanating from her person.

GENERAL OBSERVATIONS

SPEECH: Low

ATTITUDE: POLITE AND NOT TALKATIVE

CLOTHING: RED BLOUSE, WHITE SKIRT, AND BLACK SANDALS

MEDICAL/OTHER: HARD CONTACTS, cholesterol, and thyroid medication

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 10th day of OCTOBER 20 19 by LUIS BONET 1148

(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)

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

SUBJECT: ROBIN NICHOEL LA POINTE **CASE NUMBER** 19016012

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:

SWAYED DURING THE EXERCISE

WALK & TURN:

La Pointe missed all of her steps the first time around and stopped at eight instead of nine. The second time around La Pointe missed step 5 and 6 and stopped at eight again even though she was instructed to go till 9. She also used her arms for balance and stepped off the line one time completely.

ONE LEG STAND:

La Pointe used her arms for balance, swayed, and put her foot down three times.

FINGER TO NOSE:

La Pointe missed her nose on the one, four, and five. La Pointe also raised her left hand instead of her right hand when instructed.

ROMBERG ALPHABET:

La Pointe was asked to count from 20 to 46 which she did but she was swaying during the exercise.

BREATH TEST RESULTS: 1) .080 | 2) .079 | 3) | 4)

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 10th day of October 20 19 by Luis Bonet 1148

(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)

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

TESTING FACILITY TASK REPORT

AGENCY: DBPD/BONET

SUBJECT: LA POINTE, ROBIN

CASE NUMBER: 19-124568

DATE: Sep 1, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 206

ENDING TIME: 217

BREATH TESTS RESULTS: 1) .080 TIME 210 A.M. ☒ P.M. ☐ 2) .079 TIME 213 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: LOW

ATTITUDE: CALM,QUIET,COOPERATIVE

CLOTHING: PINK BLOUSE, WHITE SKIRT, BLACK SANDALS

MEDICAL CONDITIONS: THYROID REMOVED, AND ALLERGIES

MEDICATIONS: XYZALL, CRESTOR

OTHER:

EYES:GLASSY AND BLOODSHOT,

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0145
SUBJECT AGREED TO TAKE BREATH TEST
AND PROVIDED TWO ADEQUATE SAMPLES SUCCESSFULLY
TECH READ TEST RESULTS
SUBJECT STATED SHE UNDERSTOOD RESULTS
A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD RIGHTS
AND REFUSED QUESTIONING

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: 80-006477 Software: 8100.27
Date of Test: 10/10/2019

Date of Last Agency Inspection: 09/13/2019
Observation Period Began: 01:45
Subject's Name: ROBIN N LA POINTE DOB: 06/19/1972 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	02:08
Air Blank	0.000	02:08
Control Test	0.081	02:09
Air Blank	0.000	02:09
Subject Sample #1	0.080	02:10
Air Blank	0.000	02:10
Air Blank	0.000	02:12
Subject Sample #2	0.079	02:13
Air Blank	0.000	02:13
Control Test	0.081	02:14
Air Blank	0.000	02:14
Diagnostics Check	OK	02:14

Cylinder Lot: 17919080A1
Exp: 08/05/2021

State of Florida, County of Palm Beach.

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: 10/10/19
Signature

Sworn to (or affirmed) before me this 10 day of October 2019

_____ OFC. Bonet # 1148
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

PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 19-124568 PBSO ZONE 4-51

AGENCY CASE # 19-016012 CRASH CASE # N/A

TIME OF STOP/CRASH 01:01 DATE 10/10/19 DAY Thursday

SUBJECT'S NAME Robin LaPointe RACE W SEX F

HGT 506 WGT 160 DOB 6/19/72

LOCATION 725 W Atlantic Ave Delray Beach

ARRESTING OFFICER'S NAME & ID Bonet 1149 AGENCY Delray Beach

DIVISION: Road Patrol

NOTIFIED BY COMMO No

ARRIVAL AT FACILITY 0145

Arrest Time 01:15

BREATH RESULTS:

1. .080
2. .079
3. N/A
4. N/A

TESTING OFFICER'S ID 24520 PBSO VIDEOTAPE # N/A

WITNESS LIST

CASE NUMBER: 19016012

ARRESTING OFFICER: Ofc. Bonet 1148
ADDRESS: 300 W Atlantic Ave Delray Beach FL 33444
PHONE NUMBERS (HOME): (WORK) 561-243-7800
CAN TESTIFY TO: Traffic Stop and Roadsides

NAME:
ADDRESS: \
PHONE NUMBERS (HOME) \ (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

SUBJECT: La Fontaine, Robin CASE NUMBER: 19016012

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 no Answer

SUBJECT: Labonte, Robert CASE NUMBER: 19 01602

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: Ofc. Rinehart #1148

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	☐	415.107 (1)	Other: Elderly Abuse	
	☐	33119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019033021	**Date:** 10/10/2019
	Specialist Name/ID: M. Tooks #8557

BONET
(1148)

19016012

FLORIDA DUI UNIFORM TRAFFIC CITATION A1UR34E

COUNTY OF: PALM BEACH
CITY (IF APPLICABLE): DELRAY BEACH
☐ (1) F.H.P. ☒ (2) P.D. ☐ (3) S.O. ☐ (4) OTHER
AGENCY NAME: DELRAY BEACH POLICE
AGENCY #: 40

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	
THURSDAY	10	10	2019	02:23 ☒ A.M. ☐ P.M.

NAME (PRINT) FIRST: ROBIN MIDDLE: NICHOEL LAST: LA POINTE
STREET: 65 18TH AVE S — IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ▶
CITY: LAKE WORTH STATE: FL ZIP CODE: 33460
TELEPHONE NUMBER: (860)944-2555 DATE OF BIRTH: MO 06 DAY 19 YR 1972 RACE W SEX F HGT 506
DRIVER LICENSE NUMBER: L153734727190 STATE: FL CLASS: E CDL LICENSE: ☐ Y ☒ N YR LICENSE EXP: 2024 COMMERCIAL VEHICLE: ☐ YES ☒ NO
YR. VEHICLE: 2012 MAKE: FORD STYLE: CV COLOR: BLK PLACARDED HAZARDOUS MATERIAL: ☐ YES ☒ NO
VEHICLE LICENSE NO.: DHQU37 TRAILER TAG NO.: STATE: FL YEAR TAG EXPIRES: 2020 ≥ 16 PASSENGERS: ☐ YES ☒ NO
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: 725 W ATLANTIC AVE, DELRAY BEACH 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 .080

COMMENTS PERTAINING TO OFFENSE (Only use reference words allowed): DRIVING WHILE UNDER INFLUENCE — RE-EXAM: ☐ YES ☒ NO

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

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.

COURT DATE: 11/04/2019 TIME: 08:30 AM A1UR34E
COURT LOCATION: 200 W ATLANTIC AVE
200 W ATLANTIC AVE, DELRAY BEACH, FL 33444

ARREST DELIVERED TO: PBCJ DATE: 10/10/2019

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.

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 LANTANA 33462-1516 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.

Ofc Bonet 1149
RANK - SIGNATURE OF OFFICER BADGE NO. ID NO. TROOP UNIT

HSMV 75904 (Rev. 10/14)

COMPLAINT

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT $ _____ OR CASH DEPOSIT OF $ _____ _____ SIGNATURE OF PERSON GIVING BAIL _____ SIGNATURE OF PERSON TAKING BAIL
	FINE IN THE AMOUNT OF $ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE. _____ SIGNATURE OF CLERK
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE) PLEA: _____ FINDING: _____ ADJUDICATION: _____ SENTENCE: FINE _____ COST _____ JAILED _____ DAYS DRIVER IMPROVEMENT SCHOOL _____ OTHER _____ DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS RECOMMEND RE-TEST _____ _____ SIGNATURE OF JUDGE
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF $ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE ⟶

BONET
(1148)

19016012

$ 116.00

FLORIDA UNIFORM TRAFFIC CITATION **AC5Z2ME**

COUNTY OF: PALM BEACH
CITY (IF APPLICABLE): DELRAY BEACH

☐ (1) F.H.P. ☒ (2) P.D. ☐ (3) S.O. ☐ (4) OTHER
AGENCY NAME: DELRAY BEACH POLICE
AGENCY #: 40

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	
THURSDAY	10	10	2019	02:26 ☒ A.M. ☐ P.M.

NAME (PRINT) FIRST: ROBIN MIDDLE: NICHOEL LAST: LA POINTE
STREET: 65 18TH AVE S
IF DIFFERENT THAN ONE ON DRIVER LICENSE "E" HERE
CITY: LAKE WORTH STATE: FL ZIP CODE: 33460

TELEPHONE NUMBER	DATE OF BIRTH MO	DAY	YR	RACE	SEX	HGT
(860)944-2555	06	19	1972	W	F	506

DRIVER LICENSE NUMBER: L153734727190
STATE: FL CLASS: E COL LICENSE: ☐ YES ☒ NO YR LICENSE EXP.: 2024 COMMERCIAL VEHICLE: ☐ YES ☒ NO

YR. VEHICLE	MAKE	STYLE	COLOR	PLACARDED HAZARDOUS MATERIAL
2012	FORD	CV	BLK	☐ YES ☒ NO

VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG EXPIRES	> 15 PASSENGERS
DHQU37		FL	2020	☐ YES ☒ NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: 725 W ATLANTIC AVE, DELRAY BEACH
MOTORCYCLE: ☐ YES ☒ NO
COMPANION CITATION NUMBER(S): ☒ YES ☐ NO

FT. ____ INS. ____ ☐ H ☐ S ☐ E ☐ W OF MODE ____

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.

☐ UNLAWFUL SPEED ____ MPH SPEED APPLICABLE ____ MPH
(☐ INTERSTATE ☐ SCHOOL ZONE ☐ CONSTRUCTION WORKERS PRESENT)
SPEED MEASUREMENT DEVICE ____

☐ CARELESS DRIVING
☐ VIOLATION OF TRAFFIC CONTROL DEVICE
☐ FAILURE TO STOP AT A TRAFFIC SIGNAL
☐ IMPROPER LANE CHANGE OR COURSE
☐ NO PROOF OF INSURANCE
☐ VIOLATION OF RIGHT-OF-WAY
☐ IMPROPER PASSING
☐ CHILD RESTRAINT
☐ SAFETY BELT VIOLATION
☒ IMPROPER OR UNSAFE EQUIPMENT
☐ EXPIRED TAG SIX (6) MONTHS OR LESS
☐ EXPIRED TAG MORE THAN SIX (6) MONTHS
☐ DRIVING WHILE LICENSE SUSPENDED OR REVOKED
☐ EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS
☐ EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS
☐ NO VALID DRIVER LICENSE
☐ DRIVING UNDER THE INFLUENCE
☐ Passenger Under 18 Yrs BAL ____

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:
DRIVING VEHICLE IN UNSAFE CONDITION | Headlights And Taillights Off
RE-EXAM: ☐ YES ☒ NO
DL SEIZED: ☒ YES ☐ NO

☐ AGGRESSIVE DRIVING | IN VIOLATION OF STATE STATUTE | SECTION: 316.610 | SUB-SECTION: (1)

CRASH	PROPERTY DAMAGE	INJURY TO ANOTHER	SERIOUS BODILY INJURY TO ANOTHER	FATAL
☐ YES ☒ NO	☐ YES $ ____ ☒ NO	☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☒ NO

☐ CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
☒ INFRACTION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
☐ INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

AC5Z2ME

CIVIL PENALTY IS $ 116.00
COURT INFORMATION DATE: 11/04/2019 TIME: 08:30 AM
COURT: 200 W ATLANTIC AVE
LOCATION: 200 W ATLANTIC AVE
DELRAY BEACH, FL 33444

ARREST DELIVERED TO: PBCJ DATE: 10/10/2019

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 COURT.

X SIGNATURE OF VIOLATOR (SIGNATURE REQUIRED IF INFRACTION REQUIRES APPEARANCE IN COURT)

PRINT - NAME OF OFFICER | BADGE NO. 1169 | ID. NO. | TROOP UNIT

☒ I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE AND CERTIFY THE CHARGE ABOVE.

HSMV 75901 (Rev. 07/12)

COMPLAINT

WHEN PRESENTED TO VIOLATOR, THE FOLLOWING AMOUNT WAS ENTERED.
PAY A CIVIL PENALTY IN THE AMOUNT OF $ ____.

CASE NO. ____ DOCKET NO. ____ PAGE NO. ____

DATE	COURT ACTION AND OTHER ORDERS
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	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF $ ____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE →