0508920 1961 1145 998

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: 0502000

Agency Name: Lantana Police Department

Agency Report Number (N.T.A.'s only): 6 4 19-001565

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): W. OCEAN AVE/S. DIXIE HWY, LANTANA, FL 2

Location of Offense (Business Name, Address): 100 W OCEAN AVE/S DIXIE HWY, LANTANA, FL 33462

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/24/2019	01:51	06/24/2019	02:01	06/24/2019	03:33	410 NE 5TH AVE BOYNTON

DEFENDANT

Name (Last, First, Middle): GINDES, SHAINA ANNA

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	10/07/1988	5'04	190	GREEN	BROWN	LIGHT	Large

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

Marital Status: S

Religion: JEWISH

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 2565 S OCEAN BLVD 118, PALM BEACH, FL 33480

Phone: (781) 718-8134

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 2565 S OCEAN BLVD 118, PALM BEACH, FL 33480

Phone: (781) 718-8134

Address Source:

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation:

D/L Number, State: G532781888670 / FL [redacted]

INS Number:

Place of Birth (City, State): BOSTON, MA, United

Citizenship: 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. 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. Synthetic U. Unknown Z. Other

CHARGE

Charge Description: DUI-DRIVING UNDER THE INFLUENCE — Statute Violation Number: 316.193(1) — Violation of ORD #

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

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: FAIR

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: A.HARVEY — Released By — Released To

Transported By: A.HARVEY — Date Transported: 06/24/2019 — Time Transported: 03:33 — 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): 200 W Atlantic Ave, DELRAY BEACH

Court Date and Time: 07/15/2019 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: 6/24/19

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: C. Harvey 890

Name of Arresting Officer (Print): HARVEY, ANTHONY STEVEN — I.D. #: 890

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

Intake Deputy — I.D. # — Pouch #

Transporting Officer: A.HARVEY — I.D. #: 890 — Agency: LPD

PAGE 1 OF 1

JUN 24 AM

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24 DAY OF june 20 19, AT 0132 AM / PM

SUBJECT: Shina S, Gindes CASE NUMBER: 19-001565

AGENCY: Lantana PD ARRESTING OFFICER: A. Harvey 890

PERSONAL CONTACT

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

On 06/24/2019 at 0132 hours, I came to the intersection of W. Ocean Ave, and S. Dixie Hwy, Lantana, FL 33462. During this, I observed a red Toyota Corolla (FL TAG HXIN68) stop in the intersection. I was not able to pass due to the vehicle stop in the intersection. I then conducted a traffic stop and made contact with the driver Shaina A, Gindes (DOB 10/07/1988) who was sitting in the driver seat with the car running. Gindes stated the car broke down. It should be noted the engine was running working as normal.

OBSERVATION OF DRIVER:

Gindes eyes were bloodshot and glossy.

DRIVER'S STATEMENTS:

Gindes stated that she had one martini in Delray Beach, Florida. At the BAT she stated that she had Two martinis.

ODORS:

None

GENERAL OBSERVATIONS

SPEECH: Talkitive

ATTITUDE: compliant

CLOTHING: White/ Pink dress

MEDICAL / OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Harvey 890
(Signature of Arresting / Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of june 20 19 by A. Harvey (890)

(Print name of Arresting / Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced A. Harvey (890)

Notary Public, Clerk of Court, Officer (F.S.S 1 17(9))

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

PBSO CASE # 19-085747 PBSO ZONE _____

AGENCY CASE # 19-001565 CRASH CASE # N/A

TIME OF STOP/CRASH 0132 DATE 06/24/2019 DAY Sunday

SUBJECT'S NAME Shaina Gindes RACE W SEX F

HGT 504 WGT 190 DOB 10/07/1988

LOCATION W. Ocean Ave/S. Dixie Hwy, Lantana, FL 33462

ARRESTING OFFICER'S NAME & ID A. Harvey 890 AGENCY Lantana PD

DIVISION: Road Patrol

NOTIFIED BY COMMO 0206

ARRIVAL AT FACILITY 0219

ARREST TIME 0151

BREATH RESULTS

1. _____
2. _____
3. REFUSED
4. _____

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A

SUBJECT: Shina S, Gindes CASE NUMBER: 19-001565

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS :

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

Other Observations:

Left eye had a lack of smooth pursuit. Both eyes were bloodshot and glossy.

WALK & TURN:

Gindes was provided with the directions for the task and then I demonstrated the task. Gindes failed to follow directions by missing heel-to-toe, used her arms for balance.

ONE LEG STAND:

Gindes was provided with the directions for the task and then I demonstrated the task. Gindes failed to follow directions by swaying while balancing, used her arms to balance, puts her foot down before the 30 seconds elapsed.

FINGER TO NOSE :

Gindes was provided with the directions for the task and then I demonstrated the task. Gindes at one point lifted the wrong arm but then corrected to the proper arm that was instructed to use.

ROMBERG / ALPHABET :

Gindes completed the task without an mistakes.

BREATH TEST RESULTS : Refuse

STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Harvey 890
(Signature of Arresting / Investigative Officer)

The foregoing instrument was notarized or sworn before me this 24 day of june 20 19 by A. Harvey (890)

who is personally known to me and/or produced identification. Type of identification produced A. Harvey (890)

Notary Public, Clerk of Court, Officer F.S.S. 117-10)

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, A. Harvey 890 (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer, am a member of Lantana PD (Name of law enforcement agency), and I do swear or affirm that on or about the 24 day of June, 20 19, at 0310 ☐ P.M ☒ A.M.

DRIVER Shaina (FIRST NAME) Anna (MIDDLE OR MAIDEN NAME) Grindes (LAST NAME),

DL# G532-781-88-867-0, state of Florida, was placed under lawful arrest for the offense of DUI by A. Harvey 890 (Name of Arresting Officer) and issued Citation # 6649-76T.

That on or about the 24 day of June, 20 19, at 0240 ☐ P.M ☒ A.M.

in Palm Beach County,

I requested that the driver submit to a ☐ **breath and/or** ☐ **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

A. Harvey 890
Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

A. Harvey 890
Signature of Attesting Officer

Title _____

Date _____

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20_____, by _____, who is personally known to me or who has produced _____ as identification

Notary Public _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

TESTING FACILITY TASK REPORT

AGENCY: LPD

SUBJECT: GINDES, SHAINA A

CASE NUMBER: 19-0857747

DATE: 06/24/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 02:41

ENDING TIME: 02:54

BREATH TESTS RESULTS: 1) R TIME 02:45 A.M./P.M. 2) N/A TIME — A.M./P.M.

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: P. POUND # 24639

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: PINK/WHITE/GRAY DRESS, BROWN ~~HEELS~~ HEELS

MEDICAL CONDITIONS: PINK EYE

MEDICATIONS: —

OTHER: EYES GLASSY AND BLOODSHOT.

COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 02:19 HRS.

A. REFUSED TO TAKE TEST.

A/O. READ I/C

A. UNDERSTOOD I/C AND WOULD REFUSED TEST AGAIN

A/O. READ RIGHTS

A. STATED SHE UNDERSTOOD RIGHTS

A/O. CONDUCTED Q+A

A. ANSWERS QUESTIONS.

SUBJECT: GINOES, SHAINA A 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) READ ON CAMERA

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

SUBJECT: GINDES, SHAINA A CASE NUMBER: _____

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? Ocean Ave, Dixie Hwy

DIRECTION OF TRAVEL? E WHERE DID YOU START? Gil W Drew St

WHAT TIME DID YOU START? 5 min WHAT TIME IS IT NOW? 0230

WHAT IS TODAY'S DATE? 06/22/11 WHAT DAY OF THE WEEK IS IT? Sund.

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach Cnty, FL

WHEN DID YOU LAST EAT? ~~Been~~ Even WHAT DID YOU EAT? Steak, Salad

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Mother in law out Pizza had dinner

HOW MUCH DO YOU WEIGH? 205 HAVE YOU BEEN DRINKING? Y WHAT? Martini

HOW MUCH? 2 WHERE? Out for JZ WITH WHOM? Mother in-law

WHEN DID YOU HAVE YOUR FIRST DRINK? 0900-930 AND YOUR LAST DRINK? 0930

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? oral

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? N HOW MUCH? N/A

WHAT? N/A WHERE? N/A WHEN? N/A

WHAT LINE OF WORK ARE YOU IN? RN WHEN DID YOU LAST WORK? week ago

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? yes WHAT? pink-eye

ARE YOU SICK OR INJURED? Y WHAT'S WRONG? pink eye

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

WERE YOU IN AN ACCIDENT TODAY? N

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? N WHEN? N/A

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? N WHO? N/A WHY? N/A

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Y WHAT? Meltracdine WHEN? today 0330

DO YOU HAVE:
- EPILEPSY? N
- GLASS EYE? N
- FALSE TEETH? N
- EAR INFECTION? N
- INNER EAR TROUBLE? N
- DIABETES? N

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

DO YOU TAKE INSULIN? N IF SO, WHEN WAS YOUR LAST INJECTION? N/A

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? MA WHERE? MA

INTERVIEWER: _____

WITNESS LIST

CASE NUMBER: 19-001565

ARRESTING OFFICER: A. Harvey (890)
ADDRESS: 901 N 8th St. Lantana Fl, 33462
PHONE NUMBERS (HOME) ______ (WORK) (561)540-5701
CAN TESTIFY TO: Testing of Standardized Sobriety Test

NAME: Sergeant T. Schaaf (661)
ADDRESS: 901 N 8th St. Lantana Fl, 33462
PHONE NUMBERS (HOME) ______ (WORK) (561)540-5701
CAN TESTIFY TO: Observing the Standardized Sobriety Test

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

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

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

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

PBSO #0128C REV. 09/93 WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

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	☐	539.001 FS	Other: All records relating to pawnbroker transactions.	
	☐	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019020634	**Date:** 06/24/2019
	Specialist Name/ID: howardt/7185