

0481205

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ADMINISTRATIVE		ARREST / NOTICE TO APPEAR		Juvenile Referral Report		1. Arrest		3. Request for Warrant		1		Juvenile									
OBTS Number		Agency ORI Number		Agency Name		1. Arrest		3. Request for Warrant		1		Juvenile									
FLO- 500000		PALM BEACH COUNTY SHERIFF'S OFFICE				2. N.T.A.		4. Request for Capias													
ChargeType: 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 04													
Location of Arrest (Including Name of Business) 22528 ORANGE BLOSSOM LN, BOCA RATON, FL 33428						Location of Offense (Business Name, Address) 22528 ORANGE BLOSSOM LN, BOCA RATON, FL 33428															
Date of Arrest 9-18-16		Time of Arrest 7:58 AM		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) MAISONET MORALES, SHIRLEY MARI,																					
Alias (Name, DOB, Soc. Sec. #, Etc.)																					
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W		Date of Birth 7-19-1992		Height 5-1		Weight 110		Eye Color BROWN		Hair Color BROWN									
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO'S										Marital Status NONE		Complexion MED									
Indication of: Alcohol Influence Drug Influence		Y N Unk.																			
Local Address (Street, Apt. Number) 5351 W HILLSBORO BLVD # 101,		(City) COCONUT CREEK, FL		(State) 33073		Phone (754) 707-6573		Residence Type: 1. City 2. County		3. Florida 4. Out of State		3									
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone ()		Address Source DEFENDANT											
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone ()		Occupation SELF EMPLOYED											
D/L Number, State M253780927590, FL		Soc. Sec. Number				INS Number		Place of Birth (City, State) PUERTO RICO		Citizenship USA											
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									
Co-Defendant Name (Last, First, Middle)								<input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile		<input type="checkbox"/> 4. Misdemeanor									
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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		1									
								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)																					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property													
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/Drugs		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description DUI W/ PROPERTY DAMAGE						Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Statute Violation Number 316.193(3abc1)				Violation of ORD #					
Drug Activity N		Drug Type N		Amount / Unit 0.214 & 0.196		Offense # 16-128498						Warrant / Capias Number				Bond					
Charge Description POSSESSION OF DRUG PARAPHERNALIA				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N						Statute Violation Number 893.147 (1)				Violation of ORD #					
Drug Activity P		Drug Type P		Amount / Unit MULTI COLORED GRINDER		Offense # 16-128498						Warrant / Capias Number				Bond					
Charge Description POSSESSION OF MARIJUANA < 20 GRAMS				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N						Statute Violation Number 893.13 (6b)				Violation of ORD #					
Drug Activity P		Drug Type M		Amount / Unit 1.5 GRAMS		Offense # 16-128498						Warrant / Capias Number				Bond					
Charge Description driving without a drivers license				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N						Statute Violation Number 322.03(1)				Violation of ORD #					
Drug Activity N		Drug Type N		Amount / Unit		Offense # 16-128498						Warrant / Capias Number				Bond					
Location (Court, Room Number, Address) SOUTH COUNTY COURTHOUSE, 200 WEST ATLANTIC AVE, COURTROOM # 1, DELRAY BEACH, FL 33444																					
Court Date and Time Month OCTOBER Day 17 Year 2016 Time 8:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>																					
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																					
HOLD for other Agency Name:		Signature of Arresting Officer X								Name Verification (Printed by Arrestee)											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S D. GILLINGS # 8293		I.D. #				(PRINT)											
Intake Deputy		I.D. #		Pouch #		Transporting Officer D/S D. GILLINGS		ID # 8293		Agency PBSO		PAGE									
Witness here if subject signed with an -X" <input type="checkbox"/>																					
DISTRIBUTION		WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY		GOLD - DEFENDANT (N.T.A.'S ONLY)											
PBSO #148 REV. 8/07 SEP 18 PM 12:14																					

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT			1. Arrest	3. Request for Warrant	
	Agency ORI Number FLO 5 00000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-	2. N.T.A.	4. Request for Capias	1	Juvenile
DEF	Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony	3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	5. Ordinance 6. Other	Special Notes:			
CHARGES	Name (Last, First, Middle) MAISONET MORALES, SHIERLEYMARI,		Alias	Race W	Sex F	Date of Birth 7-19-1992	
	Charge Description DUI W/ PROPERTY DAMAGE 316.193(3abc1)		Charge Description POSSESSION OF DRUG PARAPHERNALIA 893.147 (1)				
	Charge Description POSSESSION OF MARIJUANA < 20 GRAMS 893.13 (6b)		Charge Description driving without a drivers license 322.03(1)				
VICTIM	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 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 18 day of SEPTEMBER 20 16 at 7:14 am <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>							
<p>I concluded a DUI investigation in which the defendant was arrest for DUI. While conducting a search of her property in the vehicle, a round metal grinder was found in her purse, which she had said was there, that had green residue resembling that of marijuana. D/S Udell field tested the powdered grinder residue with a duquinois marijuana test kit which turned purple indicating a positive test for marijuana. Based on the defendant having knowingly been in possession of a grinder which is being utilized with marijuana, she is being charged with possession of drug paraphernalia, a violation of fss 893.147(1).</p> <p>Subsequent to being placed under arrest, the defendant was searched by female deputy Ruiz # 14262, at which time a small plastic baggie containing a green leafy substance was obtained from her right front shirt pocket. The substance was field tested again by D/S Udell utilizing a duquinois marijuana test kit which turned purple indicating a positive test for marijuana. The marijuana was placed into evidence and found to have a total package weight of 1.5 grams. Based on the defendant being in actual physical possession of the marijuana, which was less than 20 grams, she is being charged with possession of marijuana < 20 grams, a violation of fss 893.13(6b).</p>							
PROBABLE CAUSE STATEMENT	<p>NOT A CER</p>						
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH D/S D. GILLINGS # 8293 (Signature of Arresting/Investigative Officer)</p> <p>18 SEPTEMBER 2016 D/S D. GILLINGS # 8293</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ by _____ (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>						
	<p>PAMELA F. DORSEY Notary Public - State of Florida My Comm. Expires Apr 11, 2017 Commission # FF-7211</p>						
	<p>PAGE 1 OF 1</p>						

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF SEPTEMBER 20 16, AT 7:14 am AM PM

SUBJECT: MAISONET MORALES, SHIERLEYMARI, CASE NUMBER: 16-128498

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S D. GILLINGS # 8293
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
ARRIVED AT CRASH SCENE, CASE # 16128497, IN WHICH THE DEFENDANT WAS SEATED IN THE DRIVERS SEAT OF
A RED NISSAN BEARING NM TAG # 601TLC, WHICH HAD STRUCK A PALM TREE DAMAGING THE FRONT BUMPER
OF THE CAR KNOCKING THE TREE OVER AND THE VEHICLE WAS RESTING ON TOP OF THE REMAINING TREE
STUMP. THE VEHICLE WAS STILL RUNNING AND THE DEFENDANT WAS THE SOLE OCCUPANT OF THE VEHICLE.

OBSERVATION OF DRIVER:

UPON MAKING CONTACT WITH THE DRIVER, I NOTICED THAT HER SPEECH WAS SLURRED AND HER EYES
WERE GLOSSY.

DRIVER'S STATEMENTS:

SHE SAID THAT SHE HAD DROPPED HER FRIENDS OFF AND WAS TRYING TO GET HOME AND GOT LOST IN THE
NEIGHBORHOOD WHEN SHE HT THE TREE AND GOT THE VEHICLE STUCK.

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HER BREATH

GENERAL OBSERVATIONS

SPEECH: SLURRED, VERY TALKATIVE

ATTITUDE: TALKATIVE,

CLOTHING: BLACK SHIRT / JEAN PANTS BLACK HEELS

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

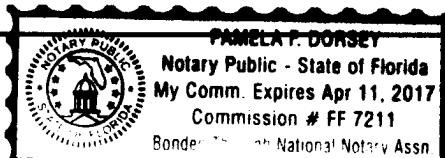
D/S D. GILLINGS # 8293

(Signature of Arresting/Investigative Officer)

VS Hdg 8293

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of SEPTEMBER 20 16 by D/S D. GILLINGS # 8293

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



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

<input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT	<input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT
<input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION	<input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
<input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES	<input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

FAILED TO START INTITIALLY AND THEN STOPPED EXERCISE BEFORE THE END OF EXERCISE.

WALK & TURN:

SEE VIDEO

FAILED TO STAY IN STARTING POSITION, TOOK 11 STEPS MISSING ALL HEEL TO TOE TOUCHES AND HAD IMPROPER TURN RETURNING WITH 11 STEPS ALL MISSING HEEL TO TOE TOUCHES.

ONE LEG STAND:

SEE VIDEO

USED ARMS FOR BALANCE, SWAYING FORWARD AND BACKWARDS PUT FOOT DOWN AT 7 SECONDS THEN STARTED OVER ADN STOPPED AT 2. UNABLE TO COMPLETE EXERCISE.

FINGER TO NOSE:

SEE VIDEO

UNABLE TO KEEP EYES CLOSED AND WHEN I SAID LEFT RAISED HER FOOT OFF GROUND NEVER TOUCHED NOSE.

ROMBERG ALPHABET:

SEE VIDEO

TOWARD END OF ALPHABET BEGAN RAMBLING LETTERS AND CONTINUED WELL BEYOND TRADITIONAL ALPHABET.

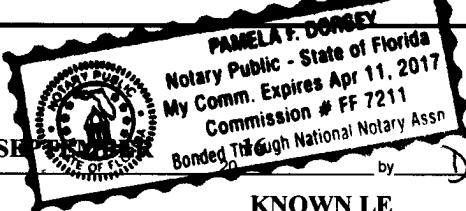
BREATH TEST RESULTS: 1) 0.214 2) 0.196 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S D. GILLINGS # 8293

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of



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

KNOWN LE

WITNESS LIST

16-128498

CASE NUMBER: _____

ARRESTING OFFICER: **D/S D. GILLINGS # 8293**

ADDRESS: 17901 SOUTH STATE ROAD SEVEN, BOCA RATON, FL 33498

PHONE NUMBERS (HOME): _____ (WORK) 561-687-710

CAN TESTIFY TO: SEE REPORT

NAME: D/S K. UDELL # 6559

ADDRESS: 17901 SOUTH STATE ROAD SEVEN, BOCA RATON, FL 33498

PHONE NUMBERS (HOME) _____ (WORK) 561-687-7150

CAN TESTIFY TO: (SEE REPORT)

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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ADDRESS _____

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NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SUBJECT: Magnet. Model 000, CASE NUMBER: 100-1000

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 _____.

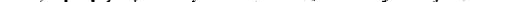
If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your 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) 

SUBJECT: Milone - Morris, Sherry mari CASE NUMBER: 10-1-100

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? NO

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? 10th Street

DIRECTION OF TRAVEL? W WHERE DID YOU START? 10th Street

WHAT TIME DID YOU START? 7:30 AM WHAT TIME IS IT NOW? 7:30 AM

WHAT IS TODAY'S DATE? 10/10/01 WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? Franklin County, Columbus

WHEN DID YOU LAST EAT? 7:30 AM WHAT DID YOU EAT? Breakfast

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Driving to work

HOW MUCH DO YOU WEIGH? 160 HAVE YOU BEEN DRINKING? NO WHAT? Beer

HOW MUCH? 1/2 WHERE? Home WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:30 AM AND YOUR LAST DRINK? 7:30 AM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Alone

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? 0

WHAT? 0 WHERE? Home WHEN? 7:30 AM

WHAT LINE OF WORK ARE YOU IN? Office Work WHEN DID YOU LAST WORK? 7:30 AM

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT?

ARE YOU SICK OR INJURED? NO WHAT'S WRONG?

DO YOU LIMP? NO 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? NO WHEN? Never

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? None WHY?

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? None WHEN?

DO YOU HAVE: NO EPILEPSY? NO GLASS EYE? NO FALSE TEETH? NO

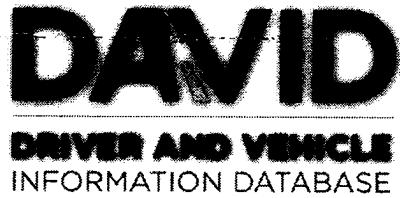
EAR INFECTION? NO INNER EAR TROUBLE? NO DIABETES? NO

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: Det. S. Morris



STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Time printed: 9/18/2016 9:25:59 AM

Record Detail

Customer Name: SHIERLEYMARI MAISONET MORALES	Driver License Status: Valid
DL/ID: [REDACTED]	SSN: [REDACTED] Class: ID Card
Previous DUI: 0 <i>This count reflects total DUI convictions on record.</i>	Previous DWLS: 0 <i>This count reflects total DWLS convictions on record.</i>

 <i>Shirley M. M.</i> SAFE DRIVER REAL ID COMPLIANT	Address: 6590 ROOSEVELT ST HOLLYWOOD, FL 33024	Date of Birth: 07/19/1992	Gender: FEMALE	Height: 5' 1"
	Original License Issue Date: 12/28/2015	Issued: 12/28/2015	Expires: 07/19/2024	
	CDL Status:			
	Form Number: Q011605020021			EIN: 0100294260015152
	Citizen Status: US CITIZEN	Country of Birth: US OF AMERICA	State of Birth: PUERTO RICO	
	Race: HISPANIC/LATINO			

Restrictions:	Endorsements:	Conditional Messages:
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