

0518709

50-2020-CT-611900-ASB

1124

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

Agency ORI Number <b>0500400</b>	Agency Name <b>Delray Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>410   20-012619</b>
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized None/not Applicable	Multiple Clearance Indicator 1
Location of Arrest (Including Name of Business) <b>555 NE 5TH AVE, DELRAY BEACH</b>		Location of Offense (Business Name, Address) <b>555 NE 5TH AVE, DELRAY BEACH, FL 33483</b>
Date of Arrest <b>09/24/2020</b>	Time of Arrest <b>03:30</b>	Booking Date <b>09/24/2020</b>
Booking Time <b>03:40</b>	Jail Date <b>11</b>	Jail Time <b>11</b>
Name (Last, First, Middle) <b>DAVIS, JILL CATHERINE</b>		
Alias (Name, DOB, Sec. Sec. #, Etc.)		
Race W - White B - Black O - Oriental/Asian S - Spanish	Sex M - Male F - Female	Date of Birth <b>12/28/1981</b>
Height <b>5'06</b>	Weight <b>140</b>	Eye Color <b>HAZEL</b>
Hair Color <b>BLOND OR</b>	Complexion <b>FAIR</b>	Build <b>Medium</b>
Local Address (Street, Apt. Number) <b>6300 NW 2ND AVE 304, BOCA RATON, FL 34741</b>		Phone
Permanent Address (Street, Apt. Number) <b>6300 NW 2ND AVE 304, BOCA RATON, FL 34741</b>		Phone
Business Address (Name, Street) <b>6300 NW 2ND AVE 304, BOCA RATON, FL 34741</b>		Phone
DL Number, State <b>D120423819680 / FL</b>	SS Number	Place of Birth (City, State) <b>Cambridge, MA</b>
Co-Defendant Name (Last, First, Middle)		Race
Co-Defendant Name (Last, First, Middle)		Race
Parent / Other		Residence Phone
Address (Street, Apt. Number)		Business Phone
Notified by: (Name)		Date
Released To: (Name)		Relationship
The above address was 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's Office (Phone 355-2526) informed of any change of address.		School Attended
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property
Drug Activity		Drug Type
Charge Description <b>DUI ALCOHOL OR DRUGS 2ND OFF</b>		Statute Violation Number <b>316.193(B)(A)</b>
Charge Description		Statute Violation Number
Charge Description		Statute Violation Number
Health / Apparent Physical Condition of Defendant		Any knowledge of the following:
Check which applies:		Released By
Transported By		Date Transported
INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room)
INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Court Date and Time
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.		No Photo Available
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed
HOLD for Other Agency		Name Verification (Printed by Arrestee)
Name of Arresting Officer (Print) <b>VICKERY, MEGAN N</b>		ID.# <b>1114</b>
Transporting Officer <b>DBPD Vickery</b>		ID.# <b>1114</b>
Agency <b>DBPD</b>		Agency <b>DBPD</b>
Witness here if subject signed with an "X".		PAGE 1 OF 1

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24 DAY OF September 2020 AT 1:16  AM  PM

SUBJECT: Jill Davis

CASE NUMBER: 20-012619

AGENCY: DBPD

ARRESTING OFFICER: Vickery

## PERSONAL CONTACT

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

The following incident occurred in the City of Delray Beach, Palm Beach County, Florida. On 9/24/2020 at 0042hrs, Acting Sgt. Saraceni observed a white Nissan Sentra bearing FL tag IP13CF driving northbound in the southbound lanes in the 100 block NE 5th Ave. A/Sgt. Saraceni observed the vehicle travel 4 blocks and he then conducted a traffic stop. The vehicle came to a final rest in the 500 block NE 5th Ave. A/Sgt. Saraceni identified the driver by her FL DL as Jill Davis. I arrived on scene at 0043hrs as a backup officers and observed Jill Davis as the driver of the vehicle.

## OBSERVATION OF DRIVER:

Davis had red and glassy eyes. Davis had a strong odor of an unknown alcoholic beverage coming from her person. Davis was having mood swings from being angry and defensive to then laughing and then being mad again. Davis avoided my question of where she just came from when I asked her several times and stated, "I was just going the wrong way". Davis had slurred speech and was adamant about calling her mother and having her mother on the phone.

## DRIVER'S STATEMENTS:

Davis would not tell me where she was coming from and kept saying she was just driving the wrong way because she does not know the area well however, she has a address that is in close proximity to where she was pulled over. Davis refused roadsides at first and stated she knew how this work and was not going to do them. Davis told me I could go to her house and when I asked her if she was going to do the roadsides she said she was not doing that and I could follow her to her house if I wanted. Once out of the vehicle, I gave Davis a second opportunity to do roadsides to dispel my belief about her being under the influence to which she agreed this time and said she knows she was not under the influence.

## ODORS:

Davis had a strong smell of an unknown alcoholic beverage emanating from her person

## GENERAL OBSERVATIONS

SPEECH: Slurred, loud

ATTITUDE: Angry, laughing, mood swings

CLOTHING: Black t-shirt, gray pants, blue flip flops

## MEDICAL/OTHER:

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 24 day of Sept. 2020 by Vickery

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

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



SUBJECT: Jill Davis

CASE NUMBER 20-012619

**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:**

At one point during the Horizontal Gaze Nystagmus, Davis moved her head to look at my stimulus and I had to tell her to not move her head only her eyes.

**WALK & TURN:**

Davis swayed while standing still. Davis had to be instructed several times to keep her hands by her side. Davis did not remain in the instructional phase position as instructed. I had to demonstrate several times the position she needed to be in. Davis had her arms two inches apart of her body using them for balance.

**ONE LEG STAND:**

Davis's arms were not pinned to her sides the entire time and I had to tell her multiple times to keep her head back and her eyes closed. At one point, Davis stopped counting and looked at me and was unsure if she needed to keep counting when I told her before the test began not to stop until I told her to stop. Davis would not stand on my straight line I provided her and stated she wanted to do it off the line and stood about 4 inches to the right of my line provided. I had to instruct Davis several times to keep her eyes closed.

**FINGER TO NOSE:**

Davis swayed while standing still. Davis had to be instructed several times to keep her hands by her side. Davis did not remain in the instructional phase position as instructed. Davis stated she understood my instructions however I had to demonstrate the task several times before she could begin. Davis kept stating throughout the roadsides "this is cute". I had to instruct Davis several times to keep her eyes closed.

**ROMBERG ALPHABET:**

Davis swayed while standing still. Davis had to be instructed to keep her hands by her side. Davis stated she knew the English alphabet. Davis had to be instructed to keep her head back and to keep her eyes closed. While reciting the alphabet, Davis recited the wrong letter several times during this roadside and she recited the word "Jelly" instead of reciting the letter "J".

**BREATH TEST RESULTS:** 1) .235    2) .230    3)    4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

*M. G. 1114*  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of Sept 2020 by Vickery

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

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



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: 09/24/2020

Date of Last Agency Inspection: 09/18/2020  
Observation Period Began: 01:50  
Subject's Name: JILL C DAVIS

DOB: 12/28/1981 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	02:14
	Air Blank	0.000	02:15
	Control Test	0.080	02:15
	Air Blank	0.000	02:16
	Subject Sample #1	0.235	02:16
	Air Blank	0.000	02:17
	Air Blank	0.000	02:18
	Subject Sample #2	0.230	02:20
	Air Blank	0.000	02:20
	Control Test	0.080	02:21
	Air Blank	0.000	02:21
	Diagnostics Check	OK	02:21

Cylinder Lot: 14020080A1  
Exp: 07/05/2022

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 RENEE M RAGIN, 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: \_\_\_\_\_ Signature \_\_\_\_\_ Date: 09/24/20

Sworn to (or affirmed) before me this 24 day of Sept., 2020

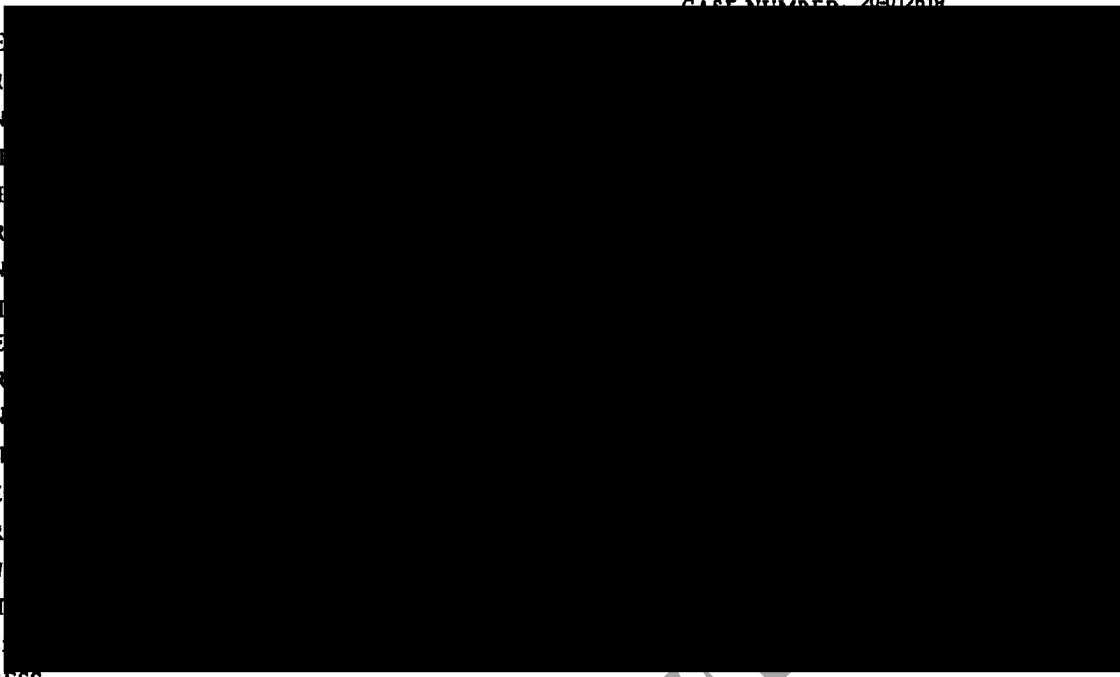
Signature of Notary Public-State of Florida \_\_\_\_\_ Printed Name of Notary Public-State of Florida Ofc. M. Vickery #1114

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.

# WITNESS LIST

CASE NUMBER 20-012819

ARRE  
ADDR  
PHON  
CAN T  
NAME  
ADDR  
PHON  
CAN T  
NAME  
ADDR  
PHON  
CAN T  
NAME  
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PHON  
CAN T  
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: \_\_\_\_\_

NAME: \_\_\_\_\_

NOT A CERTIFICATE

# TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Davis, Jill C.

CASE NUMBER: 20-110070

DATE: Sep 24, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:11

ENDING TIME: 02:23

BREATH TESTS RESULTS: 1) .235 TIME 2:16 A.M.  P.M.  2) .230 TIME 02:20 A.M.  P.M.   
3) N/A TIME ----- A.M.  P.M.  4) N/A TIME ----- A.M.  P.M.

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Upset, talkative, argumentative

CLOTHING: Gray pants, black t-shirt, black flip-flops

MEDICAL CONDITIONS: None

MEDICATIONS: None

## OTHER:

Eyes bloodshot  
Odor of unknown alcoholic beverage on breath.

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 01:50 hrs.

Subject agreed to take breath test.

A/O read rights.  
Subject stated she understood rights.

Tech read breath test results.  
Subject stated she understood test results.

A/O attempted Q&A.  
Subject invoke right to counsel.

SUBJECT: DUI, III 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) \_\_\_\_\_

**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) Real name

WHITE - STATE ATTY.    YELLOW - DHSMV    PINK - CENTRAL RECORDS    GOLD - JAIL

SUBJECT: Dave, Jill C. 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? \_\_\_\_\_

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: \_\_\_\_\_





**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential Informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2020022558	Date: 9/24/2020
	Specialist Name/ID: B Evans / 23649