

21CT1987AMB  
ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBT Number		Agency ORI Number <b>0500800</b>		Agency Name <b>West Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>9 4 2021-0016964</b>		O On-View S Susmons T Taken into Custody		Request for Warrant JUVENILE			
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type <b>UNARMED</b>		Multiple Clearance Indicator									
D E F E N D A N T	Location of Arrest (Including Name of Business) <b>940 BELVEDERE RD, WPB, FL</b>						Location of Offense (Business Name, Address) <b>940 BELVEDERE RD, WEST PALM BEACH, FL 33401</b>							
	Date of Arrest <b>12/01/2021</b>		Time of Arrest <b>01:03</b>		Booking Date <b>12/01/2021</b>		Booking Time <b>01:13</b>		Jail Date		Jail Time			
J U V E N I L E	Name (Last, First, Middle) <b>GREY, ADELAIDE PARKER</b>													
	Alias: <b>GREY, TORRIE</b>													
	Race W - White B - Black A - Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>01/12/1954</b>		Height <b>5'08</b>		Weight <b>120</b>		Eye Color <b>BROWN</b>		Hair Color <b>BLOND OR</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status		Religion		Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Build <b>Small</b>	
	Local Address (Street, Apt. Number) <b>3800 WASHINGTON RD, WEST PALM BEACH, FL 33405</b>						(City)		(State)		(Zip)		Home Phone <b>(631) 560-1767</b>	
	Permanent Address (Street, Apt. Number) <b>3800 WASHINGTON RD, WEST PALM BEACH, FL 33405</b>						(City)		(State)		(Zip)		Mobile Phone	
	Business Address (Name, Street)						(City)		(State)		(Zip)		Work Phone	
	D/L Number, State <b>G600015545120 / FL</b>						Sec. Sec. Number		INS Number		Place of Birth (City, State) <b>TRENTON, NJ, United</b>		Citizenship <b>US</b>	
	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. Misdemeanor <input type="checkbox"/> 4. Juvenile	
	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. Misdemeanor <input type="checkbox"/> 4. Juvenile	
C H A R G E	Name (Last, First, Middle)													
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____													
	<input type="checkbox"/> Legal Custodian													
	Address (Street, Apt. Number) (City) (State) (Zip)													
	Notified by: (Name) Date Time													
	Relationship Date Time													
	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.													
	Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>VEHICLE</b> Value of Property <b>\$2,000</b>													
	Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, D. Deliver, E. Use, R. Seize/Distribute, 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													
I N T A K E	Charge Description <b>DUI-DAMAGE TO PERSON/PROPERTY</b>													
	Statute Violation Number <b>316.193(3C1)</b>													
	Violation of ORD #													
	Bond													
	Charge Description													
	Statute Violation Number													
	Violation of ORD #													
	Bond													
	Charge Description													
	Statute Violation Number													
Violation of ORD #														
N O T I C E T O A P P E A R	Health / Apparent Physical Condition of Defendant													
	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries													
	Explain:													
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health													
	PROPERTY - Received By <b>OFC E HOWARD</b> Released By <b>OFC E HOWARD</b> Released To <b>PBC JAIL</b>													
	Transported By <b>OFC E HOWARD</b> Date Transported Time Transported Other													
	Location (Court, Room) <b>Criminal Justice CRIMINAL JUSTICE COMPLEX</b> <b>3228 GUN CLUB ROAD</b> Court Date and Time <b>12/30/2021 08:30:00</b>													
	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)													
	I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE (631) 560-1767 INITIAL													
A D M I N	HOLD for Other Agency													
	Signature of Arresting Officer <b>HOWARD, EDWARD</b> I.D. # <b>02201</b>													
Name Verification (Printed by Arrestee)														
(PRINT)														
Page 1 OF 1														

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# DUI PROBABLE CAUSE AFFIDAVIT

On the 1st Day of December at 0103 A.M. P.M.  
Subject: Adelaide Grey Case Number: 20210016964  
Agency: West Palm Beach Police Department Arresting Officer: Ofc. E Howard #2201

## Personal Contact

<b>Driving Pattern</b>	Actual physical control (physical evidence putting the driver behind the wheel)
<p>Witness Eddy Calderon stated the Lexus SUV was heading eastbound on Belvedere Rd from the 1500 block. It was then swerving, crossing over the painted lines several times, and almost struck his vehicle. Calderon then attempted to pass the SUV in order to prevent any further issues. This is when the SUV came into his lane and sideswiped his vehicle. The driver immediately exited the vehicle and began to argue with him. Calderon said at first she did not appear to make any sense by saying random words and phrases. This is when the police arrived to speak with all parties.</p> <p>Calderon advised the driver of the Lexus SUV was the sole occupant of the vehicle.</p>	

<b>Observation of Driver</b>
<p>Reddened and glassy eyes. The driver also has reddened cheeks and had been sweating profusely in the cooler weather.</p>

<b>Drivers Statements:</b>
<p>The driver would constantly repeat her statements and remarks to officers on scene. She needed to be asked questions several times before any answer could be obtained. The driver kept repeating that she bought milk from the store and was heading home. I then advised the driver that the crash investigation had been completed and was now performing a criminal investigation. I read her constitutional rights from a pre-printed card and asked her after each line if she understood. She stated she did. She then invoked her right to counsel. The driver continued to repeat her statements and questions and had a hard time focusing on me talking to her. She was then asked if she would participate in Standardized Field Sobriety Tasks (SFST's), which she stated no.</p>

<b>Odors:</b>
<p>A strong odor of an unknown alcoholic beverage could be smelled emanating from the driver, which grew stronger the more she spoke to me.</p>

## General Observations

<b>Speech:</b> Slurred
<b>Attitude:</b> Uncooperative
<b>Clothing:</b> White shirt and pants, white sandals. Pants appeared to be soiled.
<b>Medical Problems/Medications:</b> Heart and Thyroid issues. No medications stated on scene.
<b>Other:</b> The driver was advised that a refusal to participate in SFTS's can be used against them in court. The driver still refused. The driver agreed to provide a urine sample, which will be submitted to the PBSO Lab for analysis. The driver refused to be evaluated by a Drug Recognition Expert (D.R.E.). After being searched incident to arrest, a metal box was located in the driver's pant pocket. It contained several times of pills (Valium, Ibuprofen, and Zolpidem Tartrate).

# DUI PROBABLE CAUSE AFFIDAVIT

Subject: Adelaide Grey Case Number: 20210016964

## Roadside Tasks

### Horizontal Gaze Nystagmus

- ☐ Left Eye Does Not Follow Smoothly  
☐ Left Eye Jerks at 45 Degree Angle or Less  
☐ Distinct Jerking Left Eye at Maximum Deviation

- ☐ Right Eye Does Not Follow Smoothly  
☐ Right Eye Jerks at 45 Degree Angle or Less  
☐ Distinct Jerking Right Eye at Maximum Deviation

The driver refused to participate in SFST's.

### Walk and Turn Task

The driver refused to participate in SFST's.

### One Leg Stand

The driver refused to participate in SFST's.

### Finger To Nose

The driver refused to participate in SFST's.

### Romberg Balance

The driver refused to participate in SFST's.

## Breath Results from Instrument

1st Result

0.035

2nd Result

0.036

3rd Result

If Applicable

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this



Personally Known



Produced Identification



Notary Public

*[Signature]*  
Notary / Clerk of Courts



12/01/21

(DATE)

CH #2201

Signature of Arresting Officer



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

PBSO CASE # 21-133251 PBSO ZONE 3-23  
AGENCY CASE # 2021-11414 CRASH CASE # \_\_\_\_\_  
TIME OF STOP/CRASH 2350 DATE 11/30/2021 DAY Tuesday  
SUBJECT'S NAME Adelaide Grey RACE W SEX F  
HGT 5'7 WGT 150 DOB 11/12/54  
LOCATION 9410 Belvedere Rd, WPB  
ARRESTING OFFICER'S NAME & ID Edward Howard #12201 AGENCY WPB  
DIVISION: PAT NOTIFIED BY COMMO Y  
ARRIVAL AT FACILITY 0120  
Breath Results: Arrest Time 0103  
1. .036  
2. .036  
3. Urine  
4. \_\_\_\_\_  
TESTING OFFICER'S ID 16877

# TESTING FACILITY TASK REPORT

AGENCY: WPB

SUBJECT: Grey, Adelaide P.

CASE NUMBER: 21-133251

DATE: Dec 1, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:44

ENDING TIME: 02:01

BREATH TESTS RESULTS: 1) .036 TIME 01:51 A.M. ☒ P.M. ☐ 2) .036 TIME 01:56 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: Talkative, repetitive, crying, mood-swing

CLOTHING: White jeans, white jacket, white shirt, gold shoes

MEDICAL CONDITIONS: Thyroid, heart murmur, heart condition

MEDICATIONS: Yes a lot

## OTHER:

Eyes glassy & red

## COMMENTS:

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

Subject refused to answer if she would perform breath test.  
A/O read I/C and subject agreed to take test.

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

A/O requested to provide urine at 01:59 hrs..  
Subject agreed to provide urine.

Urine provide @ 00:02

SUBJECT: Gray, Adelaide P. 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) \_\_\_\_\_

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: 700 y, H.H. 101 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: \_\_\_\_\_

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

**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: 80-006239 Software: 8100.27  
Date of Test: 12/01/2021

Date of Last Agency Inspection: 11/05/2021

Observation Period Began: 01:20

Subject's Name: ADELAIDE P GREY

DOB: 01/12/1954 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	01:49
	Air Blank	0.000	01:49
	Control Test	0.080	01:49
	Air Blank	0.000	01:50
	Subject Sample #1	0.036	01:51
	Air Blank	0.000	01:51
	Air Blank	0.000	01:53
	Subject Sample #2	0.036	01:56
	Air Blank	0.000	01:56
	Control Test	0.080	01:56
	Air Blank	0.000	01:57
	Diagnostics Check	OK	01:57

Cylinder Lot: 19021080A2  
Exp: 09/05/2023

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 RENÉE 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: 12/01/21

Sworn to (or affirmed) before me this 01 day of Dec, 2021

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.





**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	<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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021030121	Date: 12/1/2021
	Specialist Name/ID: M. Tooks #8557