

J# 0407374 50-20W-CT-011818-AMB

PH 2927

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		Juvenile <input type="checkbox"/> <input checked="" type="checkbox"/>	
OBTS Number		Agency ORI Number FL0500600		Agency Name PALM BEACH POLICE DEPARTMENT		Agency Report Number 76-20-01022	
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized/Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location of Arrest (Including Name of Business) 400 BIK N. County Rd		Location of Offense (Business Name, Address) 400 BIK N. County Rd		Type:		Multiple Clearance Indicator U.K.	
Date of Arrest 09/22/2020		Time of Arrest 2:55		Booking Date		Booking Time	
Name (Last, First, Middle) Stewart, Catherine Reid		Alias (Name, DOB, Soc. Sec. #, Etc.)		Date of Birth 10/02/1962		Race W	
Sex F		Height 5-04		Weight 116		Eye Color Grn	
Hair Color Blonde		Complexion Fair		Build Small		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	
Local Address (Street, Apt. Number) 210 Merrain Rd		(City) Palm Beach		(State) Florida		(Zip) 33480	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)	
PL Number, State S363-136-62-862-O/FL		INS Number		Place of Birth (City/State) West Palm Beach, FL		Citizenship US	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)	
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated	
Released To: (Name)		Relationship		FCIC/NCIC		Date	
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 informed of any change of address: <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade		Value of Property	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Recovery Information 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other		Drug Activity S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other		Drug Type N. N/A A. Amphetamine E. Heroin		B. Barbituate C. Cocaine H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other	
Charge Description Driving Under the Influence		Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 316.193(1)(A)	
Drug Activity N/A		Drug Type N/A		Amount/Unit		Offense # 20-01022	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number	
Drug Activity N/A		Drug Type N/A		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number	
Drug Activity N/A		Drug Type N/A		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number	
Drug Activity N/A		Drug Type N/A		Amount/Unit		Offense #	
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side.		Location (Court, Room Number, Address) 3228 Gm Club Rd		Court Date and Time Month 10 Day 15 Year 2020 Time 8:30 am		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		Name Verification (Printed by Arrestee) (PRINT)		PAGE 1 OF 1	
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer X F. Guardascione 0118		Name of Arresting Officer (Print) F. Guardascione 0118		ID # 0118	
Intake/Deputy A. Mung 651		I.D. #		Pouch #		Transporting Officer F. Guardascione 0118	
I.D. #		Agency PSPD		Witness here if subject signed with "X"			

Guardascione 0118

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22 DAY OF September 20 20, AT 8:55 AM PM
SUBJECT: Catherine Reid Stewart CASE NUMBER: 20-01022
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Guardascione 0118

PERSONAL CONTACT

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

~~Vehicle~~ Vehicle was operating without lights. As I activated my emergency lights, the vehicle took an ample amount of time to stop while drifting left to right. As I approached the vehicle, the driver continued to move forward before coming to a complete stop.

OBSERVATION OF DRIVER:

while making contact with the driver, I observed her having a blank stare, and glassy bloodshot eyes. When asked for ~~driver's~~ Stewart's Drivers license, insurance, and vehicle registration, Stewart fumbled her documents and passed her Drivers license numerous times. I constantly requested that Stewart hand me her documents, but ~~she~~ She continued to pass her Drivers license.

DRIVER'S STATEMENTS:

while performing ~~some~~ SFST's, Stewart made a few spontaneous statements stating "I'm a little drunk"

ODORS:

upon my approach to the vehicle, I could immediately smell the odor of an ~~unknown~~ alcoholic beverage emanating from Stewarts person. While being transported, I continued to smell the odor of alcohol emanating from the back seat where Stewart was seated

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Very agitated and emotional (crying)

CLOTHING: -

MEDICAL/OTHER: None

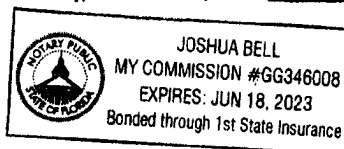
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of September 20 20 by Ofc. Guardascione

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

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



SUBJECT: Catherine Reid Stewart CASE NUMBER: 20-01022

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:

WALK & TURN:

Stewart ~~continued~~ continued to start the task before I instructed her to do so. She was having trouble maintaining balance while standing on the line. Stewart ~~did not~~ was not able to place her right heel to her left toe. I had to give instructions numerous times because she kept starting on her own. Stewart was swaying while I was reading her instructions.

ONE LEG STAND:

Stewart could not maintain her balance and lifted her foot higher than six inches. Stewart also repeated numbers while counting. Stewart was swaying as I was ~~reading~~ reading her instructions.

FINGER TO NOSE:

Not completed

ROMBERG/ALPHABET:

Not completed

BREATH TEST RESULTS: Refused

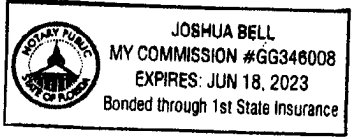
STATE OF FLORIDA
COUNTY OF PALM BEACH



(Signature of Arresting/Investigative Officer)
The foregoing instrument was notarized or sworn before me this 22 day of September, 2020 by Off. Guardascione
who is personally known to me and/or produced identification. Type of identification produced Police ID



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



SUBJECT: _____ 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: STEWART, Thomas D CASE NUMBER: 0001032

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? Going home

DIRECTION OF TRAVEL? N WHERE DID YOU START? My office to my home

WHAT TIME DID YOU START? 2:30 PM WHAT TIME IS IT NOW? 6:10 PM

WHAT IS TODAY'S DATE? April 21 2000 WHAT DAY OF THE WEEK IS IT? Wednesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Rocky Hill, Conn

WHEN DID YOU LAST EAT? The morning WHAT DID YOU EAT? Crossaint

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? working something

HOW MUCH DO YOU WEIGH? 125 HAVE YOU BEEN DRINKING? No 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? Decorator WHEN DID YOU LAST WORK? Today

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? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>No</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>No</u>
DIABETES?	<u>No</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? Connecticut, New York

INTERVIEWER: [Signature] 0118

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

WITNESS LIST

CASE NUMBER: 20-01022

ARRESTING OFFICER Francisco Guadalupe

ADDRESS 345 S. County, KY.

PHONE NUMBERS (HOME) _____ (WORK) 561-838-5454

CAN TESTIFY TO: Arrest, DUI

NAME: Andrzej H. J. Stille

ADDRESS 345 S. County, RI

PHONE NUMBERS (HOME) _____ (WORK) 561-838-5454

CAN TESTIFY TO: Arrest, DUI

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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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: _____



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

PBSO CASE # 20109709 PBSO ZONE 3-22

AGENCY CASE # 10-01022 CRASH CASE # _____

TIME OF STOP/CRASH 2055 DATE 9/22/2020 DAY Tuesday

SUBJECT'S NAME Catherine Reid Stewart RACE W SEX F

HGT 5-04 WGT 116 DOB 10-02-1962

LOCATION 400 BIK N. County Rd

ARRESTING OFFICER'S NAME & ID Francesco Guardascione 0118 AGENCY PBPD

DIVISION: _____

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 2130

Arrest Time 2055

BREATH RESULTS:

1. _____

2. _____

3. _____

4. _____

REFUSED

TESTING OFFICER'S ID 3184

NOT A CERTIFIED COPY

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

I, Francesco Guardascione, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 22 day of September, 20 20, at _____ P.M. A.M.

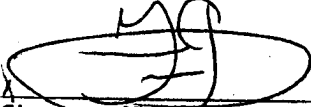
DRIVER Catherine Reid Stewart
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S 363-136-62-862-0, state of Florida, was placed under lawful arrest for

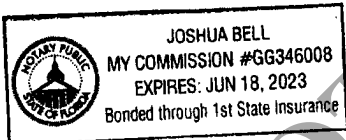
the offense of Driving under the Influence by Francesco Guardascione and
(Name of Arresting Officer)
issued Citation # 3373-XDV.

That on or about the 22 day of September, 20 20, at 21:57 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.



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:

Signature of Attesting Officer

Title _____

Date _____

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this 22 day of September, 20 20,
by ofc Guardascione,
who is personally known to me or who has produced

badge as identification
Notary Public Bell

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.

TESTING FACILITY TASK REPORT

AGENCY: PALM BEACH P.D.

SUBJECT: STEWART, CATHARINE REID

CASE NUMBER: 20109709

DATE: 09/22/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2151

ENDING TIME: 2202

BREATH TESTS RESULTS: 1) Refused TIME 2154 A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: whiny, wanted cuffs off, wanted to be let go, crying

CLOTHING: straw shoes, grey skirt, white top

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

COMMENTS:

A/O AND DEFENDANT ARRIVED AT 2130 HRS.
A/O OBSERVED 20 MINUTES.
A/O REQUESTED BREATH TEST, DEFENDANT REFUSED, A/O READ I/C, DEFENDANT UNDERSTOOD, STILL REFUSED. A/O READ C/W, DEFENDANT UNDERSTOOD RIGHTS. DEFTENDANT ANSWERED Q & A. DEFENDANT SAID SHE HAD NOT BEEN DRINKING.



**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)	
I/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"/>			
Other	<input type="checkbox"/>	539.001(B)1, 539.003	Other: PAWM BROKER INFORMATION	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020022436	Date: 9/23/2020
	Specialist Name/ID: M. Tooks #8557