

21CT-6545

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 / 1 2021-0005908		
Charge Type: Check as many <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	If Weapon Seized Enter Type NOT APPLICABLE		Multiple Clearance Indicator				
Location of Arrest (Including Name of Business) 2100 45TH ST			Location of Offense (Business Name, Address) 2100 45TH ST, WEST PALM BEACH, FL 33407				
Date of Arrest 04/21/2021	Time of Arrest 01:21	Booking Date 04/21/2021	Booking Time 01:31	Jail Date //	Jail Time //	Location of Vehicle	
Name (Last, First, Middle) VIZECKY SNELL, GINNY MARIE			Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White B - Black O - Asian W	Sex F	Date of Birth 09/01/1960	Height 5'04	Weight 150	Eye Color BROWN	Hair Color BROWN	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S		Religion CATHOLIC		
Local Address (Street, Apt. Number) 1050 LAKE SHORE DR UNIT 103, LAKE PARK, FL 33403			Home Phone (612) 408-4472		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		
Permanent Address (Street, Apt. Number) 1050 LAKE SHORE DR UNIT 103, LAKE PARK, FL 33403			Mobile Phone		Residence Type 1. City 3. Florida 2. County 4. Out of State 1		
Business Address (Name, Street) 1050 LAKE SHORE DR UNIT 103, LAKE PARK, FL 33403			Work Phone		Address Source VERBAL		
D/L Number, State V222293608210 / FL		Soc. Sec. Number	INS Number		Place of Birth (City, State) NEW YORK, NY		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	Citizenship US		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	Citizenship		
Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)		Residence Phone					
Legal Custodian <input type="checkbox"/> Address (Street, Apt. Number)		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 <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			
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				Grade			
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property			
Value of Property							
Drug Activity N N/A P Possess		S Sell B Buy T Traffic	R Seizure D Deliver E Use	K Disperse D Distribute	M Manufacture P Produce C 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 Description DRIVING WHILE UNDER INFLUENCE				Statute Violation Number 316.193(1) (A)		Violation of ORD #	
Drug Activity	Drug Type	Amount	Unit	Offense #	Courts	Domestic Violence	
	N				1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description				Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount	Unit	Offense #	Courts	Domestic Violence	
						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description				Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount	Unit	Offense #	Courts	Domestic Violence	
						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Health / Apparent Physical Condition of Defendant				Any knowledge of the following <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By			
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Released By			
Transported By				Date Transported	Time Transported	Other	
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) Criminal Justice CRIMINAL JUSTICE COMPLEX			
				Court Date and Time 05/27/2021 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) (612) 408-4472			
I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.				Date Signed (612) 408-4472			
HOLD for Other Agency				Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				(PRINT)			
Signature of Arresting Officer MARTINEZ, JACOB ANTONIO				ID # 02104			
Transporting Officer MARTINEZ				ID # 2104			
Agency WEST				Witness here if subject signed with an "X"			

J# 0522879

RECEIVED
APR 21 2021

DUI PROBABLE CAUSE AFFIDAVIT

On the 21st Day of May 2021 at 0006 A.M. P.M.
Subject: Snell, Ginny Case Number: 20210005908
Agency: West Palm Beach Police Department Arresting Officer: Martinez #2104

Personal Contact

Driving Pattern

Actual physical control (physical evidence putting the driver behind the wheel)

I responded to 2100 45Th St (7-11) in reference to a possible accident with a verbal argument. I spoke with Jasmine Anglero who was a caller reference this issue. Jasmine stated that a white Chevrolet Tahoe with Ginny Snell (who was identified by her FLID) as the driver. Jasmine stated that Ginny backed her vehicle into her parked car at the gas pumps. I spoke with Ginny and she stated that she was not sure if she backed into another vehicle or not. As Ginny spoke, I noticed she was uneasy as she stood, she swayed back and forth and seemed to lose balance.

Observation of Driver

Ginny had trouble standing and swayed back and forth as she stood. Ginny had slow speech and slurred some of her words as she spoke.

Drivers Statements:

Ginny sated that she was driving with her boss.

Odors:

Unknown alcoholic beverage that grew stronger as Ginny spoke

General Observations

Speech: Slow, sometimes slurred

Attitude:

Clothing: White shirt, floral pants, black shoes

Medical Problems/Medications: Fibromialgia, back surgery

Other:

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APR 21 2021

DUI PROBABLE CAUSE AFFIDAVIT

Subject:

Snell, Ginny

Case Number: 20210005908

Roadside Tasks

Horizontal Gaze Nystagmus

- | | |
|---|--|
| <input type="checkbox"/> Left Eye Does Not Follow Smoothly | <input type="checkbox"/> Right Eye Does Not Follow Smoothly |
| <input type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less | <input type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less |
| <input type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

The driver had equal pupil size and equal tracking. While conducting this exercise lack of smooth pursuit was present. Sustained and distinct nystagmus at maximum deviation was present. The onset of nystagmus was approximately 40 degrees. The driver had to be reminded several times not to move his head and to keep his eyes on the stimulus.

Walk and Turn Task

I instructed the driver to stand with her right foot in front of her left foot on line with her hands down to her sides and to remain in this position until told to begin. Driver stepped off the line several times and attempted to begin task before instructions were explained. I explained and demonstrated the exercise and the driver stated he understood the instructions. While demonstrating the exercise I observed the driver lose balance and step out of the instructional position. During driver's initial 9 heel to toe steps, step 1 and step 5 driver stepped off line. Driver then made a improper turn and missed all 9 heel to toe steps back.

One Leg Stand

I had the driver stand with her feet together and hands down at his side. I explained and demonstrated the exercise and the driver stated she understood the instructions. As I was giving the directions, driver attempted to begin task. The driver was observed swaying from side to side. The driver looked straight ahead instead of looking down at foot she had raised. The driver used her arms for balance several times so she would not fall over. Driver counted 1001 then put her foot down, 1002 then put her foot down, and continued this pattern until 30 seconds expired.

Finger To Nose

I had the driver stand with her feet together and index fingers pointed straight out. I explained and demonstrated the exercise to the driver and he stated she understood. I instructed the driver to tilt her head back and close her eyes. Driver never placed the tip of her finger on her nose as was instructed. During the exercise, on the 5th time I instructed driver to place her finger on her nose, driver began to place her left hand instead of right which was instructed.

Romberg Balance

The driver stated her highest level of education was high school diploma with some college credit. When asked if she knew the English alphabet the driver stated she knew it. The driver stated she could recite the alphabet from A to Z. I had the driver stand with his eyes closed and head tilted back. I instructed the driver to recite the alphabet from A to Z in a non-rhythmic manner. The driver recited the alphabet correctly from A to W then stated H, and finished with "now I know my ABC's next time won't you sing with me."

Breath Results from Instrument

1st Result

.090

2nd Result

.086

3rd Result

If Applicable

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

04-21-21

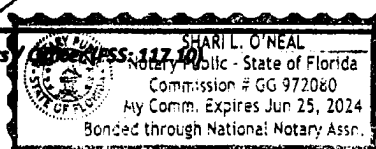
(DATE)

☒ Personally Known

☐ Produced Identification

☒ Notary Public

Notary / Clerk of Courts



Signature of Arresting Officer

2104
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Page 2 of 2
APR 21 2021

TESTING FACILITY TASK REPORT

AGENCY: WPPD OFC. MARTINEZ #2104

SUBJECT: VIZECKY SNELL, GINNY MARIE

CASE NUMBER: 21-057544

DATE: 04-21-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0103 HRS

ENDING TIME: 0116 HRS

BREATH TESTS RESULTS: 1) .090 TIME 0109 A.M. ☒ P.M. ☐ 2) .086 TIME 0112 A.M. ☒ P.M. ☐
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: CALM, COOPERATIVE

CLOTHING: SWEATER- BLACK SHIRT- WHITE & BLACK PANTS- BLACK/MULTI. PRINT

MEDICAL CONDITIONS: YES / NO ALLERGIES

MEDICATIONS: YES AND VITAMINS

OTHER:

EYES: RED, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O MARTINEZ #2104
A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE BREATH REQUEST.
D COMPLETED THE TEST CORRECTLY.
EXPLAINED THE BREATH RESULTS TO THE D.
C/W READ ONN CAMERA, NO Q&A D ASKED FOR AN ATTORNEY.

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APR 21 2021



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

PBSO CASE # 21-057544 PBSO ZONE 1-11

AGENCY CASE # 20210005908 CRASH CASE # _____

TIME OF STOP/CRASH 2335 DATE 4/20/2021 DAY Tuesday

SUBJECT'S NAME Snell, Ginny RACE W SEX F

HGT 5'04" WGT 150lbs DOB 9/1/1966

LOCATION 2100 45th St

ARRESTING OFFICER'S NAME & ID Martinez 2104 AGENCY W.P.B.

DIVISION: Patrol, Sector 16 NOTIFIED BY COMMO _____

ARRIVAL AT FACILITY 0040hrs

BREATH RESULTS:

Arrest Time 0006 (4/21/2021)

1. .090
2. .086
3. _____
4. _____

TESTING OFFICER'S ID 6212

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APR 21 2021

**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: 80-006027 Software: 8100.27
Date of Test: 04/21/2021

Date of Last Agency Inspection: 04/09/2021

Observation Period Began: 00:40

Subject's Name: GINNY M VIZECKY SNELL

DOB: 09/01/1960 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	01:07
	Air Blank	0.000	01:08
	Control Test	0.079	01:08
	Air Blank	0.000	01:08
	Subject Sample #1	0.090	01:09
	Air Blank	0.000	01:10
	Air Blank	0.000	01:12
	Subject Sample #2	0.086	01:12
	Air Blank	0.000	01:13
	Control Test	0.079	01:13
	Air Blank	0.000	01:13
	Diagnostics Check	OK	01:13

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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 SHARI L O'NEAL, 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: 04-21-21

Sworn to (or affirmed) before me this 21 day of April, 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.

SUBJECT: Vizcay, Snell, 6 my

CASE NUMBER: 2021005908

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) Read on Copy

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APR 21 2021

SUBJECT: V. Zecy, Sr., 6-ny CASE NUMBER: 2021005908

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: _____

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APR 21 2001



**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: 2021009604

Date: 4/21/2021

Specialist Name/ID: J. Beck/9007

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APR 21 2021