22CT 6066 MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: J. S. 22-461 | Agency Name: Palm Beach Police Dept | Agency Report Number (N.T.A.'s only): 22-461

Charge Type — Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☑ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 1. Yes (2.) No — 2 | Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 2500 Blk S. Ocean Blvd

Location of Offense (Business Name, Address): 2500 S. Ocean Blvd, Palm Beach

Date of Arrest: 4/15/2022 | Time of Arrest: 0004 | Booking Date: | Booking Time: | Jail Date: | Jail Time: | Location of Vehicle: 2560 S. Ocean Blvd

DEFENDANT

Name (Last, First, Middle): Neary, Helen | Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian): W | Sex: F | Date of Birth: 9 9 1960 | Height: 5'4 | Weight: 140 | Eye Color: Blue | Hair Color: Blonde | Complexion: Light | Build: Med. Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): None | Marital Status: Single | Religion: NONE | Indication of: Alcohol Influence ☑ Y / Drug Influence ☑ N

Local Address (Street, Apt. Number) (City) (State) (Zip): | Phone: ( ) | Residence Type: 1. City 2. County (3. Florida) 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 2020 Lake Osbourne Dr Apt 103, Lake Worth, FL 33461 | Phone: (561) 810 7066 | Address Source: PL DL

Business Address (Name, Street) (City) (State) (Zip): | Phone: ( ) | Occupation: Realitor

D/L Number, State: N600 380608290 | Soc. Sec. Number: | INS Number: | Place of Birth (City, State): Ireland | Citizenship: US Ireland

CO-DEF

Co-Defendant Name (Last, First, Middle): | Race: | Sex: | Date of Birth: | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle): | Race: | Sex: | Date of Birth: | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ 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 3. Incarcerated

Released To: (Name) | Relationship | Date | Time

The above address provided by ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

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/Deriv., P. Paraphernalia/ Equipment, S. Synthetics, U. Unknown, Z. Other

CHARGE

Charge Description: 2.5 BUI DUI | Counts: 1 | Domestic Violence: ☐Y ☑N | Statute Violation Number: 316.193 (4) | Violation of ORD #:

Drug Activity: N | Drug Type: N | Amount / Unit: N | Offense #: | Warrant / Capias Number: | Bond:

CHARGE

Charge Description: | Counts: | Domestic Violence: ☐Y ☐N | Statute Violation Number: | Violation of ORD #:

Drug Activity: | Drug Type: | Amount / Unit: | Offense #: | Warrant / Capias Number: | Bond:

CHARGE

Charge Description: | Counts: | Domestic Violence: ☐Y ☐N | Statute Violation Number: | Violation of ORD #:

Drug Activity: | Drug Type: | Amount / Unit: | Offense #: | Warrant / Capias Number: | Bond:

CHARGE

Charge Description: | Counts: | Domestic Violence: ☐Y ☐N | Statute Violation Number: | Violation of ORD #:

Drug Activity: | Drug Type: | Amount / Unit: | Offense #: | Warrant / Capias Number: | Bond:

NOTICE TO APPEAR

Location (Court, Room Number, Address): Criminal Justice Complex

Court Date and Time: Month 5 Day 12 Year 2022 Time 830 (AM) PM

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

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: x [signature] | Name Verification (Printed by Arrestee)

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other: | Name of Arresting Officer (Print): Spangler | I.D. #: 0215 | (PRINT)

Intake Deputy: Dumbleg | I.D. # | Pouch # | Transporting Officer: Spangler | ID #: 0215 | Agency: PBPD | PAGE 1 OF 1

Witness here if subject signed with an "X"

SCANNED APR 16 2022

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

053091 2 Spangler # 0215 245

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15 DAY OF April 20 22, AT ~~0004~~ 1204 hrs. (AM) PM

SUBJECT: Helen Neary CASE NUMBER: 22-461

AGENCY: PBPD ARRESTING OFFICER: Spangler

PERSONAL CONTACT

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

Swerving vehicle. Did drive on the right, off lane passed the white fog line. Did also put left blinker on and drove off on the opposite side of the road in front of two vehicles that were passing S/B. Driver was constantly swerving in and out of the single lane.

OBSERVATION OF DRIVER:

Slurred speech, glassy eyes, when outside of vehicle did stumble. Subject stated she came from an event and only had one beer.

DRIVER'S STATEMENTS: I only had one drink. I am driving my friend home. and I was lost trying to find ~~her~~ her place.

ODORS: No odor

GENERAL OBSERVATIONS

SPEECH: Slurred.

ATTITUDE: Calm.

CLOTHING: Dress

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 15 day of April 20 22 by Ofc J Spangler

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

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

SCANNED
APR 16 2022

SUBJECT: Neary, Helen **CASE NUMBER** 22-461

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations: Moved head during test

WALK & TURN

Stumbled during task. Walked 12 steps on first half, then turned and walked 18 steps back before making to the hood of her car and leaning her hand on it.

ONE LEG STAND:

Did it for under 6 seconds before saying "Ok, I'm not good with this". Did not

FINGER TO NOSE:

Did not determine

ROMBERG ALPHABET:

Did not determine

BREATH TEST RESULTS: 1st test - .186, 2nd test .193

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 15 day of April 20 22 by ofc. J Spangler

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

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347109
Expires 06/20/2023

SUBJECT: Neary, Helen CASE NUMBER: 22-461

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 camera

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

SUBJECT: Neary, Helen CASE NUMBER: 22-461

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: _____

TESTING FACILITY TASK REPORT

AGENCY: PBPD

SUBJECT: Neary, Helen

CASE NUMBER: 22-057133

DATE: Apr 15, 2022

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0102

ENDING TIME: 0114

BREATH TESTS RESULTS: 1) .186 TIME 0107 A.M. ☒ P.M. ☐ 2) .193 TIME 0110 A.M. ☒ P.M. ☐

3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: talkative, cooperative

CLOTHING: yellow floral dress, no shoes

MEDICAL CONDITIONS: Thyroid, Chloesterol

MEDICATIONS: Levothyrozine, 1 pill name unknonw

OTHER:

eyes were glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 observation period at 0036 hrs

subject agreed to perform breath test

subject completed the breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O attempted Q&A

subject declined to answer questions

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

PBSO CASE # 22-057133 PBSO ZONE 1-11

AGENCY CASE # 22-000461 CRASH CASE # —

TIME OF STOP/CRASH 2339 DATE 4/14/22 DAY Thurs

SUBJECT'S NAME Helen Neary RACE W SEX F

HGT 5'4 WGT 140 DOB 09/09/1960

LOCATION 2500 Blk S. Ocean Blvd, Palm Beach 33480 FL

ARRESTING OFFICER'S NAME & ID Spangler 10215 AGENCY Palm Beach PD

DIVISION: T4

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0036

Arrest Time 0004

BREATH RESULTS:

1. .186
2. .193
3. N/A
4. N/A

TESTING OFFICER'S ID 19183

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: 80-006029 Software: 8100.27
Date of Test: 04/15/2022

Date of Last Agency Inspection: 03/25/2022
Observation Period Began: 00:36
Subject's Name: HELEN NEARY DOB: 09/09/1960 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	01:05
Air Blank	0.000	01:06
Control Test	0.082	01:06
Air Blank	0.000	01:07
Subject Sample #1	0.186	01:07
Air Blank	0.000	01:08
Air Blank	0.000	01:10
Subject Sample #2	0.193	01:10
Air Blank	0.000	01:11
Control Test	0.080	01:12
Air Blank	0.000	01:12
Diagnostics Check	OK	01:12

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 THOMAS H LEAHEY, 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: T Leahey Date: 04/15/22
Signature

Sworn to (or ~~affirmed~~) before me this 15 day of April, 2022

Signature of Notary Public-State of Florida

Dtr J Spangler #0215
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

WITNESS LIST

CASE NUMBER: 22-461

ARRESTING OFFICER: Spangler
ADDRESS: 345 S. County
PHONE NUMBERS (HOME): (WORK) 561 838 5454
CAN TESTIFY TO: Traffic Stop, SFST, Arrest transport
NAME: Ofc. March
ADDRESS: 345 S. County
PHONE NUMBERS (HOME) (WORK) 561 838 5454
CAN TESTIFY TO: SFST
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:
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: