

0517600

20CT8870 NB 1832
ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0501700	Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 5 4 20-002504	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	2	JUVENILE	N
	Charge Type: Check as many as apply	Location of Arrest (including Name of Business) 104 WING FOOT DR, JUPITER FL 33458			Location of Offense (Business Name, Address) 6230 W INDLANTOWN RD, JUPITER, FL 33458				
	1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	If Weapon Seized	Enter Type NONE			Multiple Clearance Indicator	
	Date of Arrest 07/21/2020	Time of Arrest 18:42	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		

D E F E N D A N T	Name (Last, First, Middle) BOLSCH, JASON R		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)				
	Race W - White B - Black O - Oriental/Asian	Sex W	Date of Birth 04/08/1973	Height 5'09	Weight 165	Eye Color BROWN	Hair Color BROWN	Complexion MEDIUM	Build Medium
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT LOL ARM / NUMEROUS				Marital Status S	Religion PROTESTANT	Indicators of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) 104 WHITE WING LN, JUPITER, FL 33458				(City)	(State)	(Zip)	Phone (561) 906-9109	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1
	Permanent Address (Street, Apt. Number) 104 WHITE WING LN, JUPITER, FL 33458				(City)	(State)	(Zip)	Phone (561) 906-9109	Address Source DL
Business Address (Name, Street) GREEN EARTH, WPB				(City)	(State)	(Zip)	Phone	Occupation Bus Owner	
D/I. Number, State B420436731280 / FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) RIDGEWOOD, NJ		Citizenship US			

C O D E F	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. Felony <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. 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. Felony <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile

J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian	Name (Last, First, Middle)	Residence Phone
	Address (Street, Apt. Number)	(City) (State) (Zip)	Business Phone
	Notified by: (Name)	Date	Time
	Released To: (Name)	Relationship	Date
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	Grade
<input type="checkbox"/> Yes by: <input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property
		Value of Property	

C O D E	Drug Activity	S. Sell N. N/A P. Possess	R. Salvage 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. Synthetic	U. Unknown Z. Other
------------------	---------------	---------------------------------	------------------------------------	----------------------------	--	----------	-----------	--------------------------	---	--	--	------------------------

C H A R G E	Charge Description DUI - DAMAGE TO PERSON/PROPERTY	Statute Violation Number 316.193(3)(C)(1)	Violation of ORD #
	Drug Activity	Drug Type	Amount / Unit
		Offense #	Counts
		Domestic Violence	Warrant / Capias Number

C H A R G E	Charge Description CRASH - HIT & RUN W/ PROPERTY DAMAGE	Statute Violation Number 316.061(1)	Violation of ORD #
	Drug Activity	Drug Type	Amount / Unit
		Offense #	Counts
		Domestic Violence	Warrant / Capias Number


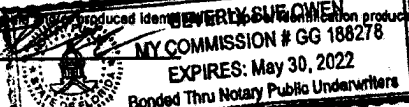
C H A R G E	Charge Description	Statute Violation Number	Violation of ORD #
	Drug Activity	Drug Type	Amount / Unit
		Offense #	Counts
		Domestic Violence	Warrant / Capias Number

I N T A K E	Health / Apparent Physical Condition of Defendant	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Excuse Not <input type="checkbox"/> Information <input type="checkbox"/> Injuries	
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health	PROPERTY - Received By
	Transported By	Date Transported	Time Transported

N O T I C E	<input checked="" 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 Page 2.	Location (Court, Room) North County PALM BEACH GARD
		Court Date and Time 08/26/2020 08:30:00

T O A P P E A R	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 7/21/20

A D M I N	HOLD for Other Agency	Signature of Arresting Officer [Signature]	Name Verification (Printed by Arrestee) [Signature]
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Sex Offender	Name of Arresting Officer (Print) GELINA, PHILIP	ID.# 0961
	Intake Date [Signature]	Pouch #	Agency [Signature]

OBS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	2	Juvenile	N
ADMIN	Agency ORI Number FL0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 54- 20002504					
	Charge Type: Check as many as apply. <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		Special Notes:					
DEF	Name (Last, First, Middle) Bolsch, Jason Robert		Alias	Race W	Sex M	Date of Birth 04/08-1973		
	Charge Description DUI		Charge Description Leaving scene of an accident					
CHARGES	Charge Description		Charge Description					
	Victim's Name (Last, First, Middle) State of Florida		Race	Sex	Date of Birth			
VICTIM	Local Address (Street, Apt. Number) 210 Military Trail, Jupiter Fl, 33458		(City)	(State)	(zip)	Phone	Address Source	
	Business Address (Name, Street) ()		(City)	(State)	(zip)	Phone (561) 7466201	Occupation LEO	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>21st</u> day of <u>July</u> 20<u>20</u> at <u>1542</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On July 21st 2020, I was dispatched to a reported hit-n-run crash which occurred in the parking lot of 6230 W Indiantown Road (Chasewood Plaza), Jupiter Florida, Palm Beach County. It was reported by the victim, Christine E. Fontaine, wf 5/2/03 and her passenger Maya R Cane, wf 10/10/02. They were in her fathers Jeep stopped at a stop sign, (facing north) at the north eastern exit of Chasewood Plaza. A black Audi made a right turn into the plaza at the same area that the Jeep was stopped at. The Audi made the right turn too wide and his front left corner of his car crashed into the left front of the Jeep. The black Audi did not stop and continued driving down the parking lot. Passenger Cane, jumped out of her seat and chased down the driver/Audi. She could not get him to stop but got the tag of JYHK14. They called the police. A check of the tag in FCIC/NCIC showed the Audi had a local address of 104 White Wing Lane, Jupiter Fl, 33458.</p> <p>Officer Kristi Coleman #319 checked the house and discovered the car in the driveway. The driver, Jason R. Bolsch, wm 4/8/73 was still sitting in the drivers seat with the ignition on. I arrived moments later and saw inside the open door, several (7) mini open bottles of alcohol. They were later described as Rumble Minze 50ml. I spoke driver about being in a crash. He said he was not. When I showed him the damage to his front left corner, he said there was no damage. Note: The damage is clearly evident. and estimated at \$1000. I requested his drivers license and he said I could just wait.</p> <p>The victims arrived and positively identified Bolsch as the man driving the car that just hit them. A check of their Jeep showed minor damage to the front left side of her front bumper. The damage is estimated at \$100 and is consistent the height and damage area of the Audi.</p> <p>There was a noticeable odor of an unknown alcoholic beverage on Bolsch that became stronger when he spoke. He had blood shot and watery eyes and I noticed his balance was unsteady and leaned against his vehicle several times. Based on all the findings, I suspected Bolsch was impaired. The crash report was completed and Bolsch was read his Miranda Warnings. He stated he understood his right. He stated he was with his girlfriend at a restaurant (Avacado Grill). He stated that he had two beers. On a scale of 1 to 10, he was a 2. He didn't know if he should be driving. Suspecting impairment still, I request Bolsch to perform roadside task. He refused. I read him his Talyor Warnings. He stated he understood what I said. Again, I asked him to preform roadside task. He again refused. Continued.....</p>								
ADMINISTRATIVE	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 <u>21st</u> day of <u>July</u> 20 <u>20</u> by <u>Philip Gelina #361/0961</u>		(Print name of Arresting/Investigative Officer who is personally known to me) <u>BEVERLY SWANSON</u> MY COMMISSION # GG 188278 EXPIRES: May 30, 2022 Bonded Thru Notary Public Underwriters					
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		 PAGE <u>1</u> OF <u>2</u>						

TESTING FACILITY TASK REPORT

AGENCY: JUPITER P.D.

SUBJECT: BOLSCH, JASON ROBERT

CASE NUMBER: 20089690

DATE: 07/21/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1720

ENDING TIME: 1730

BREATH TESTS RESULTS: 1) Refused TIME 1724 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:

ATTITUDE: QUIET, CO-OPERATIVE, SLEPT DURING OBSERVATION BUT WOKE UP TO ANSWER QUESTIONS

CLOTHING: GREY SHOES, BLACK SHORTS, TAN SHIRT

MEDICAL CONDITIONS: INSOMNIA

MEDICATIONS: SERAQUIL FOR 9 YEARS, 1 AT BEDTIME

OTHER:

COMMENTS:

A/O AND DEFENDANT ARRIVED AT 1700 HRS

A/O OBSERVED 20 MINUTES

A/O REQUESTED BREATH TEST, DEFENDANT WANTED LAWYER

A/O READ I/C, DEFENDANT UNDERSTOOD AND STILL REFUSED

A/O READ C/W, DEFENDANT UNDERSTOOD RIGHTS AND ANSWERED Q & A

DEFENDANT ADMITTED DRINKING (1 BEER AT AVOCADO GRILL AT LUNCH. COULDN'T FEEL

EFFECTS OF ALCOHOL.

SCANNED
JUL 22 2020

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) _____

READ W/ CAMERA

NOV 27 2020

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

SUBJECT: _____

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? NO

WHERE WERE YOU GOING? NO

WHAT STREET OR HIGHWAY WERE YOU ON? MILITARY

DIRECTION OF TRAVEL? NO DATA WHERE DID YOU START? ALACAN Circle

WHAT TIME DID YOU START? 6-7 WHAT TIME IS IT NOW? EST Look at watch

WHAT IS TODAY'S DATE? NO WHAT DAY OF THE WEEK IS IT? I don't know

WHAT COUNTY AND CITY ARE YOU IN NOW? MARTIN County - Spivey

WHEN DID YOU LAST EAT? This Morning WHAT DID YOU EAT? Bacon

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

HOW MUCH DO YOU WEIGH? 165 HAVE YOU BEEN DRINKING? Yes WHAT? A Beer

HOW MUCH? A Beer WHERE? ALACAN Circle WITH WHOM? Carri Lewis

WHEN DID YOU HAVE YOUR FIRST DRINK? This Accident AND YOUR LAST DRINK? Puller's Cove

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Beer under

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Right now NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Bus Company WHEN DID YOU LAST WORK? Yesterday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ 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? NO 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? NO

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? NJ

INTERVIEWER: Thp Gled 5/20/96

SEARCHED
INDEXED
SERIALIZED
MAY 22 2006

WITNESS LIST

CASE NUMBER: 20002504

ARRESTING OFFICER: Philip Gelina #361/0961

ADDRESS: 210 Military Trail, Jupiter Florida 33458

PHONE NUMBERS (HOME): _____ (WORK) 5617466201

CAN TESTIFY TO: facts in pc

NAME: Kristi Coleman #316

ADDRESS: 210 Military Trail, Jupiter Florida 33458

PHONE NUMBERS (HOME) _____ (WORK) 5617466201

CAN TESTIFY TO: Actual physical control of vehicle. Impairment, Miranda, refusal of roadside tasks

NAME: Ofc. Marciel Quiros

ADDRESS 210 Military Trail, Jupiter Florida 33458

PHONE NUMBERS (HOME) _____ (WORK) 5617466201

CAN TESTIFY TO: Back up Officer.

NAME: Christine E. Fontaine

ADDRESS 3303 Cove Road, Tequesta Fl, 33469

PHONE NUMBERS (HOME) 5617130019 (WORK) _____

CAN TESTIFY TO: Leaving the scene of an accident and id of the driver/vehicle

NAME: Maya Cane

ADDRESS 473 Tequesta Drive, tequesta Fl., 33469

PHONE NUMBERS (HOME) 5616011040 (WORK) _____

CAN TESTIFY TO: Leaving the scene of an accident and Id of the driver/vehicle

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: _____

SCANNED
JUL 22 2020



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: 2020017451	Date: 07/21/20
	Specialist Name/ID: J. Beck/9007

SCANNED
JUL 22 2020