

0514767

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

OBTS Number		Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-20000992	
Charge Type: Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business) N MILITARY TR/LILAC ST, PBG, FL		Location of Offense (Business Name, Address) N MILITARY TR/LILAC ST, PBG, FL		Date of Arrest 02/13/2020		Time of Arrest 19:12	
Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) HILLEBRAND, LAURI, BETH		Aliases (Name, DOB, Soc. Sec. #, Etc.)		Location of Vehicle KAUFF'S TOWING & RECOVERY		Address 4301 East Avenue, West Palm Beach, FL 33405	
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 07/21/1956		Height 5'7	
Weight 137		Eye Color HAZ		Hair Color BLO		Complexion LIGHT	
Build SMALL		Marital Status SINGLE		Religion AGNOSTIC		Indication of Alcohol Influence Drug Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		Address Source VERBAL		Occupation SOFTWARE ENGINEER	
Local Address (Street, Apt. Number) 262 CHARTER WAY, WEST PALM BEACH, FL 33407		Phone (561) 512-3763		Permanent Address (Street, Apt. Number) 262 CHARTER WAY, WEST PALM BEACH, FL 33407		Phone ()	
Business Address (Name, Street) ()		Phone ()		D/L Number, State H416522567610 FL		Social Security Number ()	
INS Number		Place of Birth (City, State) CHICAGO, IL		Citizenship US		Co-Defendant Name (Last, First, Middle) ()	
Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/>	
3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		Co-Defendant Name (Last, First, Middle) ()		Race		Sex	
Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/>		3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other <input type="checkbox"/>	
Name (Last)		(First)		(Middle)		Residence Phone ()	
Address (Street, Apt. Number) ()		(City)		(State)		(Zip)	
Business Phone ()		Notified by: (Name)		Date		Time	
Juv. Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		Relationship		Date		Time	
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Description DRIVING UNDER THE INFLUENCE OVER .08		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Statute Violation Number 316.193(1)(B)		Warrant / Capias Number		Bond		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description DUI PROPERTY DAMAGE		Counts 3		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(3)(C)(1)	
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Bond							

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13TH DAY OF FEBRUARY 20 20, AT 1836 AM PM

SUBJECT: HILLEBRAND, LAURI, BETH CASE NUMBER: 20000992

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514

PERSONAL CONTACT

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

This Officer was dispatched to a vehicle collision involving three vehicles. Lauri Hillebrand was identified to this Officer, by Ofc Joy 484 as the driver of the at fault vehicle. Hillebrand's vehicle, a BMW sedan (119WYQ/FL), was traveling at a high rate of speed, when it rear ended another vehicle and caused that vehicle to collide with a third vehicle (see crash report). This Officer identified Hillebrand via Florida Driver License photo and also as the registered owner of the at fault vehicle.

OBSERVATION OF DRIVER:

While speaking with Hillebrand about the collision, this Officer noticed obvious signs of impairment. Hillebrand had slurred speech, watery eyes, flushed red face, and the obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. When asked to relocate to a different part of the sidewalk, this Officer noticed Hillebrand walked with an unsteady gait. Hillebrand would also sway back and forth noticeably while speaking with this Officer. Some of Hillebrand's replies would have a delayed reaction. This Officer advised Hillebrand the investigation was no longer a crash investigation, that it was now a criminal Driving Under the Influence investigation.

DRIVER'S STATEMENTS:

Hillebrand said she was coming from the area of PGA and RCA. Hillebrand admitted to consuming multiple "Prosecco" drinks. Upon further investigation, it was determined these beverages contained alcohol.

ODORS:

Unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slow, slurred

ATTITUDE: Compliant

CLOTHING: Blue blouse, black pants, black high heels.

MEDICAL/OTHER: Back, unable to do physical performance exercises.

STATE OF FLORIDA
COUNTY OF PALM BEACH

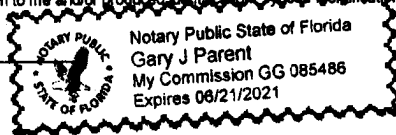
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of February 2020 by Ofc. ANDREW FLINK

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

Personally Known

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



FEB 16 2020

SUBJECT: HILLEBRAND, LAURI, BETH

CASE NUMBER 20000992

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

During the exercise, Hillebrand was swaying back and forth. At one point, Hillebrand lost her balance and had to step back. Hillebrand also had to be told to keep her head still. Vertical Gaze Nystagmus was also observed in both eyes.

FINGER TO NOSE:

During the exercise, I gave the command of "left" and Hillebrand did not move. I gave left command again, Hillebrand raised her right hand then used her left and missed the tip of her nose, then had to be told to lower her hand. On all subsequent commands, Hillebrand touched the tip of her nose with the lower part of the pad of her finger. Hillebrand was swaying back and forth during the exercise.

ROMBERG BALANCE:

During the exercise, Hillebrand was swaying back and forth. Hillebrand estimated 30 seconds in approximately 22 seconds.

ROMBERG ALPHABET:

During the exercise, Hillebrand lost her balance and fell to the left at the letter "B", then continued reciting the alphabet while regaining balance. Hillebrand was again swaying back and forth. Hillebrand concluded the alphabet at "V".

WALK & TURN:

Not conducted.

BREATH TEST RESULTS: 1) 2) 3) 4)

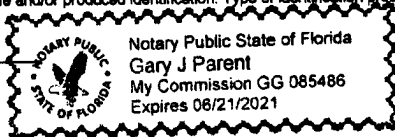
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of February 2020 by Ofc. ANDREW FLINK

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

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





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

PBSO CASE # 20-037795 PBSO ZONE 3-13

AGENCY CASE # 20000992 CRASH CASE # _____

TIME OF STOP/CRASH 1836 DATE 02/13/2020 DAY THURSDAY

SUBJECT'S NAME HILLEBRAND LAURI BETH RACE W SEX F
LAST FIRST MID

HGT 5'7 WGT 137 DOB 07/21/1956

LOCATION N MILITARY TRL/LILAC ST, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO YES

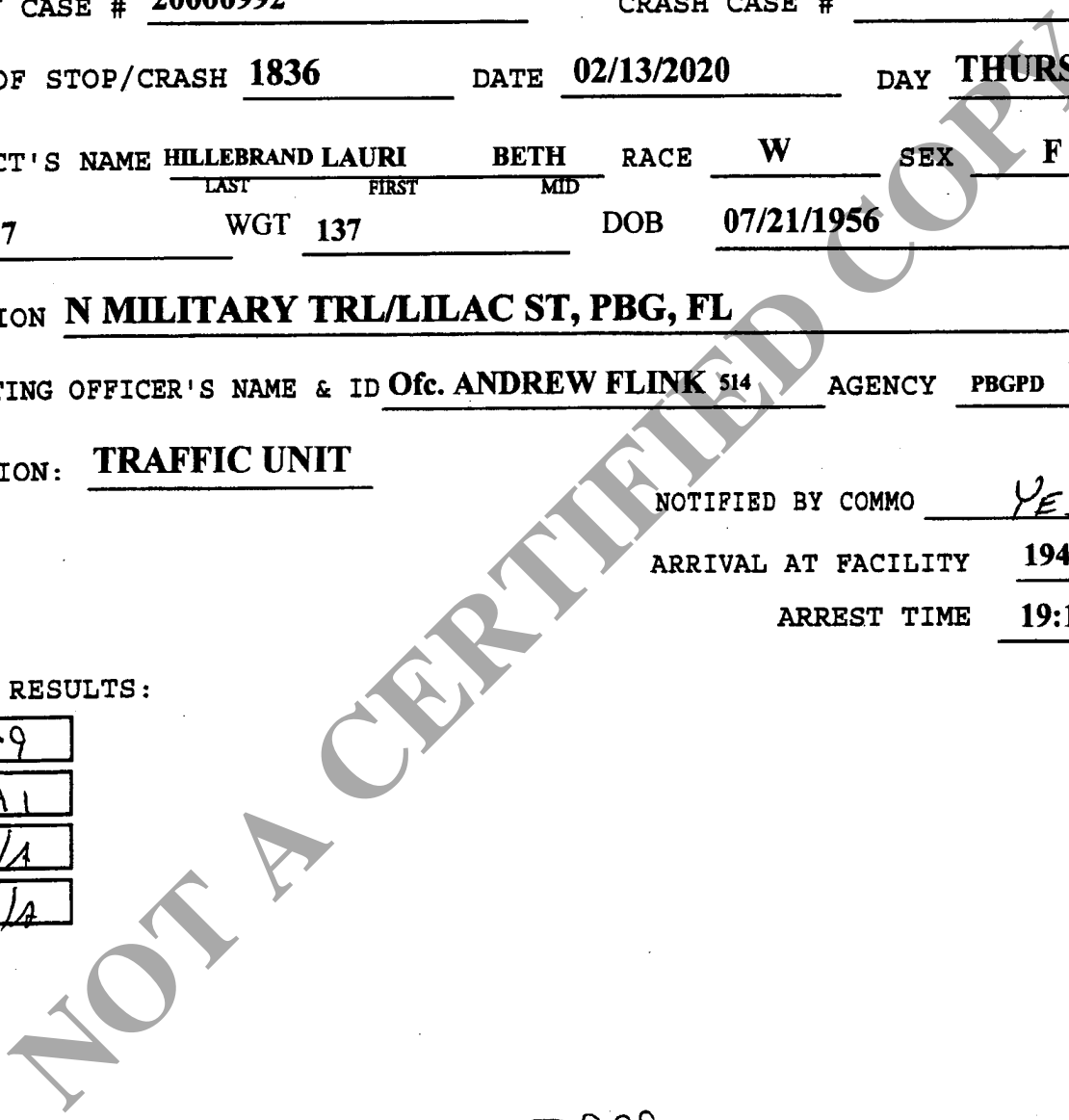
ARRIVAL AT FACILITY 1943

ARREST TIME 19:12

BREATH RESULTS:

- 1) .089
- 2) .091
- 3) n/a
- 4) n/a

BREATH TEST OPERATOR: 7909



REC 10 2020

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: 02/13/2020

Date of Last Agency Inspection: 01/17/2020

Observation Period Began: 19:43

Subject's Name: LAURI B HILLEBRAND

DOB: 07/21/1956 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	20:12
	Air Blank	0.000	20:13
	Control Test	0.081	20:13
	Air Blank	0.000	20:13
	Subject Sample #1	0.089	20:14
	Air Blank	0.000	20:15
	Air Blank	0.000	20:17
	Subject Sample #2	0.091	20:18
	Air Blank	0.000	20:18
	Control Test	0.081	20:19
	Air Blank	0.000	20:19
	Diagnostics Check	OK	20:19

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 GARY J PARENT, 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: _____

Date: 02/13/20

Signature

Sworn to (or affirmed) before me this 13 day of FEBRUARY, 2020

Signature of Notary Public-State of Florida

OF A. FLINK
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.

TESTING FACILITY TASK REPORT

AGENCY: PCG

SUBJECT: Huffman, Louis CASE NUMBER: 20100355

DATE: 12/13/20 VIDEO TAPE NUMBER: 216

BEGINNING TIME: 2010 ENDING TIME: 2024

BREATH TESTS RESULTS: 1) 10.9 TIME 2014 A.M./P.M. (P.M.) 2) .091 TIME 2018 A.M./P.M. (P.M.)
3) NA TIME — A.M./P.M. 4) NA TIME — A.M./P.M.

BREATH OPERATOR: [Signature]

MAINTENANCE TECHNICIAN: [Signature]

TESTING OFFICER'S OBSERVATIONS

SPEECH: None

ATTITUDE: COOPERATIVE

CLOTHING: [Handwritten]

MEDICAL CONDITIONS: [Handwritten]

MEDICATIONS: [Handwritten]

OTHER: 0205 (P.A.)

UNIFORM ALCOHOL BEVERAGE OF BREATH

COMMENTS: [Handwritten]

[Handwritten]

[Handwritten]

[Handwritten]

[Handwritten]

[Handwritten]

[Handwritten]

[Handwritten]

[Handwritten]

[Handwritten]

[Handwritten]

[Handwritten]

[Handwritten]

[Handwritten]

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) _____

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? Yes

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? Highway 101

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? LA

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? Yes 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? Yes ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Yes 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? None

ARE YOU SICK OR INJURED? Yes WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? Yes

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? Yes

DO YOU HAVE:

- EPILEPSY? No
- GLASS EYE? No
- FALSE TEETH? No
- EAR INFECTION? No
- INNER EAR TROUBLE? No
- DIABETES? No

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? _____ WHERE? _____

INTERVIEWER: [Signature]

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



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: 2020005054	Date: 2/14/2020
	Specialist Name/ID: B Evans / 23649