

20CT12832 MB

ARREST / NOTICE TO APPEAR

1. Arrest 3. Request for Warrant
2. N.T.A 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 4 2020-0015436				
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	If Weapon Seized Enter Type NOT APPLICABLE		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 100 N ROSEMARY AVE			Location of Offense (Business Name, Address) 100 N ROSEMARY AVE, WEST PALM BEACH, FL 33401						
Date of Arrest 10/11/2020	Time of Arrest 20:20	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) KLARIDES, LISA ANN MARIE			Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:						
Race W - White B - Black O - Asian	I - American Indian	Sex W	Date of Birth 01/31/1995	Height 5'03	Weight 115	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Thin
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S	Religion	Indication of Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) (City) (State) (Zip) 8649 FALCON GREEN DR, WEST PALM BCH, FL 33412			Home Phone (203) 819-6186		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1				
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 8649 FALCON GREEN DR, WEST PALM BCH, FL 33412			Mobile Phone		Address Source FL DL				
Business Address (Name, Street) (City) (State) (Zip) ORANGE THEORY,			Work Phone		Occupation				
DL Number, State K463521955310 / FL		Spec. Sec. Number	INS Number		Place of Birth (City, State) DERBY, CT, United	Citizenship US			
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth				
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth				
Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)			Residence Phone						
Legal Custodian <input type="checkbox"/>			Business Phone						
Address (Street, Apt. Number) (City) (State) (Zip)			Business Phone						
Notified by: (Name)			Date	Time	JUVENILE DISPOSITION 1. Handed/Processed within Department and Released 2. TOT IAC 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		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			
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other			
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine R. 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)		Violation of ORD #				
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			
Charge Description			Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			
Charge Description			Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			
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 <input type="checkbox"/> Posted Bond <input checked="" type="checkbox"/> South County Mental Health			PROPERTY - Received By		Released By	Released To			
Transported By			Date Transported	Time Transported	Other				
<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) Criminal Justice CRIMINAL JUSTICE COMPLEX						
			Court Date and Time 11/12/2020 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.			No Photo Available						
Signature of Defendant (or Juvenile and Parent/Custodian)			Date Signed						
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.			(203) 819-6186						
HOLD for Other Agency			Signature of Arresting Officer TESTA, ANTHONY		Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Office (Print) TESTA, ANTHONY		ID.# 02095				
Inmate Deputy J White 8140			Fouch # 12507A 2020		Page 1 OF 1				

0519044

9916

DUI PROBABLE CAUSE AFFIDAVIT

On the 11th Day of October 2020 at 2020 A.M. P.M.

Subject: Klarides, Lisa Case Number: 2020-0015436

Agency: West Palm Beach Police Department Arresting Officer: A. Testa #2095

Personal Contact

Driving Pattern	Actual physical control (physical evidence putting the driver behind the wheel)
CSI Dalton observed defendant drive north on South Rosemary Avenue, striking a road construction sign and the vehicle come to rest in a sandy area near intersection of Banyan Blvd and south Rosemary avenue.	

Observation of Driver
Physically upset, crying and continued speaking over myself when attempting to explain ad conduct SFST's.

Drivers Statements:
Stated she hit the road consruction sign. Stated she had two alcoholic beverages after dinner.

Odors:
No odor detected.

General Observations

Speech: fast, upset, rambling
Attitude: angry, upset
Clothing: jean shorts, off-white tank top
Medical Problems/Medications: none noted
Other:

DUI PROBABLE CAUSE AFFIDAVIT

Subject:

Klarides, Lisa

Case Number:

2020-0015436

Roadside Tasks

Horizontal Gaze Nystagmus

- Left Eye Does Not Follow Smoothly
- Left Eye Jerks at 45 Degree Angle or Less
- Distinct Jerking Left Eye at Maximum Deviation

- Right Eye Does Not Follow Smoothly
- Right Eye Jerks at 45 Degree Angle or Less
- Distinct Jerking Right Eye at Maximum Deviation

Walk and Turn Task

Continued to start test after repeated commands to OBSERVE while I demonstrated. Defendant walked 13 steps on initial exercise and 10 steps on return exercise. Exercise called for 9 steps back and forth.

One Leg Stand

Could not balance one leg repeatedly.

Finger To Nose

N/A

Romberg Balance

N/A

Breath Results from Instrument

1st Result

2nd Result

3rd Result

If Applicable

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

Personally Known

Produced Identification

10/16/20

(DATE)

Notary Public

a. Huy 890

Notary / Clerk of Courts / Officer (FSS: 117.10)

[Signature]
Signature of Arresting Officer

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

I, A. Testa 2095, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of WPBPD, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 11 day of October, 2020, at 2159 P.M. A.M.

DRIVER Lisa Ann Marie Klarides,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# K4G3 SH 95 5310, state of FL, was placed under lawful arrest for

the offense of DUI 316.193 by A. Testa 2095 and
(Name of Arresting Officer)

issued Citation # AC60XXE

That on or about the 11 day of October, 2020, at 2159 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] 2095
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:

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this 11th day of October, 2020,
by A. Testa,
who is personally known to me or who has produced

Signature of Attesting Officer _____
Title _____
Date _____

Notary Public [Signature]
as identification
BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

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.

SUBJECT: Klarides, Lisa Ann Marie CASE NUMBER: 2020-0015436

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? 8699 Falcon green drive, wpb 33412 - Home

WHAT STREET OR HIGHWAY WERE YOU ON? LOS emery? Hibiscus?

DIRECTION OF TRAVEL? W WHERE DID YOU START? Clematis St, "few places"

WHAT TIME DID YOU START? 6pm WHAT TIME IS IT NOW? 10

WHAT IS TODAY'S DATE? 10/14/17 WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm beach, West palm

WHEN DID YOU LAST EAT? 6pm? WHAT DID YOU EAT? French fries, eggs, toast

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? w/ friends before police interview

HOW MUCH DO YOU WEIGH? 115lb HAVE YOU BEEN DRINKING? X WHAT? WINE

HOW MUCH? 1 8oz wine WHERE? CITY cellar WITH WHOM? two girlfriends

WHEN DID YOU HAVE YOUR FIRST DRINK? 1pm LASTEST AND YOUR LAST DRINK? 2pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? only had one beverage

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? None

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Sales WHEN DID YOU LAST WORK? 11/10

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? None See injury 10/10

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? N/A

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? N/A

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? N/A WHY? N/A

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? X WHAT? birth control WHEN? constant

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? N/A

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? X WHERE? VERMONT

INTERVIEWER: A. Testa 2025 wpbpd

SUBJECT: Klarides, Lisa ANN Marie CASE NUMBER: 2020-0015436

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 ofc Testa of the West Palm Beach PD.

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) Read on Camera

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



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: 2020024084	Date: 10/12/2020
	Specialist Name/ID: AM/31562