

20CT10529AMB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-101488		Weapon Seized / Type 2 1. Yes 2. No NONE		Multiple Clearance Indicator 02			
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Location of Arrest (Including Name of Business) LAKE WORTH RD / S JOG RD GREENACRES, FL 33467		Location of Offense (Business Name, Address) LAKE WORTH RD / S JOG RD GREENACRES, FL 33467		Date of Arrest 08/27/2020			
	Time of Arrest 21:55		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle PRIORITY TOWING			
	Name (Last, First, Middle) Everett, Louisa, Ann		Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 04/02/1966		Height 5'6"		Weight 140	
DEFENDANT	Eye Color GREEN		Hair Color RED		Complexion FAIR		Build MED		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Marital Status Divorced		Religion CHRISTIAN	
	Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Local Address (Street, Apt. Number) 3959 Via Poinciana #301		(City) (State) (Zip) Lake Worth, FL 33467		Phone (561) 523-9865		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		Permanent Address (Street, Apt. Number)		Address Source FLORIDA DRIVER LICENSE	
	Business Address (Name, Street)		(City) (State) (Zip)		Phone		Occupation INSURANCE SALES		DL Number, State E163-521-66-622-0, FL		Soc. Sec. Number		INS Number	
	Place of Birth (City, State) MORRISTOWN, NJ		Citizenship US		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"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		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 <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		Drug Activity S. Sell N. N/A P. Possess		S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other		Drug Type N. N/A A. Amphetamines		B. Barbiturate C. Cocaine E. Heroin	
	H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/Equipment S. Synthetics		U. Unknown Z. Other		Charge Description DUI w/PROPERTY DAMAGE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(3)(c)(1)	
	Violation of ORD #		Drug Activity Drug Type Amount / Unit N N REFUSAL		Offense # 20-101488		Warrant / Capias Number		Bond OR		Charge Description LEAVING SCENE w/PROPERTY DAMAGE		Counts 1	
	Violation of ORD #		Drug Activity Drug Type Amount / Unit N N \$3000.00		Offense # 20-101488		Warrant / Capias Number		Bond OR		Charge Description		Counts	
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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27th DAY OF AUGUST 20 20, AT 21:11 PM AM
SUBJECT: Everett, Louisa, Ann CASE NUMBER: 20-101488
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER

PERSONAL CONTACT

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

On 08/27/2020 at approximately 21:26hrs, I was dispatched to the scene of a motor vehicle crash without injuries which occurred at the intersection of 10th Avenue North & South Jog Road, which is located in the City of Greenacres, Palm Beach County, Florida.

I arrived at the scene at approximately 21:35hrs which was now at the corner of Lake Worth Road and South Jog Road, still in Greenacres. After my independent crash investigation, based on physical evidence, and witness statements, I determined that, at approximately 21:05hrs, the defendant did indeed collide with the rear end V2. (See PBSO crash case #20-101481)

Witness Paul R.A. Howard, identified the defendant, to me, as the driver and sole occupant, of the 2000 black Mercedes Benz E320 bearing Florida tag ETS-B07 at the time of the crash. Howard completed a written sworn statement as to the events which transpired surrounding the crash.

D/S N. Gomez #24984 relayed to me that the defendant had articulable indicators of impairment, so he called for a DUI Unit to conduct a possible DUI investigation.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by her Florida driver license as "LOUISA ANN EVERETT", I immediately detected a very obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area prior to donning my PPE. This odor intensified as I spoke to Everett, even through my PPE. Everett had glassy, glazed, and blood shot eyes. Everett's speech was slurred, slow, thick, and at times difficult to understand. Everett additionally made incoherent statements; Everett's movements were slow, deliberate, and lethargic with poor coordination. Everett used the car door to assist her in exiting her vehicle. Everett had an unsteady gate while walking to my patrol vehicle and had difficulty following directions given to her. Everett was wearing a black sundress and black shoes. All the clothing appeared neat.

DRIVER'S STATEMENTS:

Pre-Miranda: Everett stated she was Lake Worth Road when the crash actually happened on 10th Avenue North. Everett additionally made comments that she was not an alcoholic nor drunk.

Everett refused to provide a breath sample after Implied Consent, which she stated she understood. Everett refused to participate in the Q&A portion of the interview. While in the holding cell, Everett begged to now provide the sample.

ODORS:

A very strong and obvious odor of an unknown alcoholic beverage was emitting from Everett's person and face area which intensified as I spoke to her.

GENERAL OBSERVATIONS

SPEECH: Everett's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: flirtatious, emotional, pleading, overly friendly, boisterous

CLOTHING: black sundress and black shoes

MEDICAL/OTHER: SEE BAT REPORT

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER *Inv. J. Schaefer #8777*
Signature of Arresting/Investigative Officer

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of AUGUST 20 20 by INV. J. SCHAEFER

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

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



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Everett would sway roughly in a side to side front to back pattern while I conducted an interview with her. Everett staggered while walking towards my vehicle and when being placed into the rear compartment.

WALK & TURN:

Everett refused to participate in the requested SFST's and I then explained her Taylor Warnings to her and was then asked again to perform the tasks and again refused.

ONE LEG STAND:

FINGER TO NOSE:

ROMBERG ALPHABET:

BREATH TEST RESULTS: REFUSED REFUSED

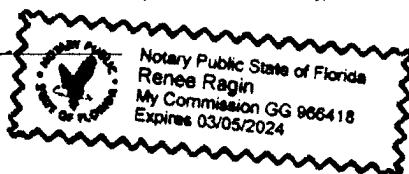
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER *Inv. J. Schaefer #8777*
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of AUGUST 2020 by INV. J. SCHAEFER

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

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



NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 20-101488

ARRESTING OFFICER: INV. J. SCHAEFER

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO

NAME: D/S N. GOMEZ #24984 (DISTRICT 16)

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) (561) 688-3000

CAN TESTIFY TO: SIGNS OF POSSIBLE IMPAIRMENT

NAME: PAUL R.A. HOWARD (PaulRAHoward@gmail.com)

ADDRESS 797 NANTUCKET CIRCLE #B LAKE WORTH, FL 33467

PHONE NUMBERS (HOME) _____ (WORK) (240) 381-4757

CAN TESTIFY TO: SEE WRITTEN SWORN WITNESS STATEMENT

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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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: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

Eyes bloodshot
Odor of unknown alcoholic beverage on breath.

REFUSED

COMMENTS:

Arrived at center A/O started 20 minute observation period at 22:28 hrs.

Subject refused to take breath test.

A/O read I/C and subject stated she understood I/C.

Subject refused to take test.

A/O read rights.
Subject stated she understood rights.

A/O attempted Q&A.
Subject refuse to answer questions.

REFUSED

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

I, INV. J. SCHAEFER, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 27th day of AUGUST, 20 20, at 9:55 P.M. A.M.

DRIVER Louisa, Ann Everett,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# E163-521-66-622-0, FL, state of FLORIDA, was placed under lawful arrest for

the offense of DUI w/PROPERTY DAMAGE by INV. J. SCHAEFER and
(Name of Arresting Officer)

issued Citation # A2GCT3P

That on or about the 27th day of AUGUST, 20 20, at 10:53 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.

Inv. J. Schaefer #8777

Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 27th day of AUGUST, 20 20,

by INV. J. SCHAEFER,

who is personally known to me or who has produced
PERSONALLY KNOWN LEO as identification

Notary Public [Signature]

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

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: Everett, Louisa A. CASE NUMBER: 20-1014-1

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) Head of Louisa

SUBJECT: Everett, Louisa H. CASE NUMBER: 20-101478

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: _____



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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020020403	Date: 08/28/2020
	Specialist Name/ID: T Howard/7185