

0518335

20210862

118

NH

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest
2. N.T.A.

3. Request for Warrant
4. Request for Capias

NH Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FL0502100		Agency Name MANALAPAN POLICE DEPARTMENT		Agency Report Number 66-20-0068		
	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				Weapon Seized / Type 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/>		Multiple Clearance Indicator		
	Location of Arrest (including Name of Business) 200 South Ocean Blvd Manalapan, FL (Parking Lot)				Location of Offense (Business Name, Address) 200 South Ocean Blvd Manalapan, FL (Parking Lot)				
DEFENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Cardenas towing - 1108 3rd Ave N Lakeland		
	Name (Last, First, Middle) Fountain, Mary, Laurice		Alias (Name, DOB, Soc. Sec. #, Etc.) 1885						
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex F	Date of Birth 10/04/59	Height 5-6	Weight 140 lbs	Eye Color Bln	Hair Color Blnde	Complexion Med	Build Thin
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Married	Religion Baptist	Indication of Alcohol/Drug Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 5555 South Ocean Blvd Apt 315 Palm Beach FL 33480			Phone 912-237-1617	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1				
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 105 Oakridge Dr Glenville GA 30427			Phone	Address Source Fountain				
	Business Address (Name, Street) (City) (State) (Zip)			Phone	Occupation Retired				
	D/L Number, State 049962599 GA		Soc. Sec. Number	INS Number	Place of Birth CLAXTON, GA		Citizenship USA		
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
JU	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/CYF 3. Incarcerated						
	Released To: (Name) (Relationship) (Date) (Time)								
	The above address was provided by defendant and / or defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 820-2526) informed of any change of address.		School Attended (Grade)						
CHARGE	Property Crime? <input type="checkbox"/> Yes <input 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. Dispense / Distribute	M. Manufacture / Produce / Cultivate	Z. Other			
	Charge Description DUI crash - property damage		Counts 1	<input checked="" type="checkbox"/> F.S. Ord.	Statute Violation No. - Chap-Sec-Sub 316.193 (3)(a)		Violation of ORD#		
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant / Capias Number	Domestic Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Bond		
CHARGE	Charge Description		Counts	<input type="checkbox"/> F.S. Ord.	Statute Violation No. - Chap-Sec-Sub		Violation of ORD#		
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant / Capias Number	Domestic Related? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bond		
	Charge Description		Counts	<input type="checkbox"/> F.S. Ord.	Statute Violation No. - Chap-Sec-Sub		Violation of ORD#		
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant / Capias Number	Domestic Related? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bond		
NOTICE TO APPEAR	<input checked="" type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) South County Court Room #2 / 200 West Atlantic Avenue Delray Beach FL						
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time Month September Day 24 Year 2020 Time 08:30 AM <input type="checkbox"/> P.M. 3379						
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 for Juvenile and Parent/ Custodian				Date Signed					
ADMIN.	HOLD for other Agency Name:		Signature of Arresting Officer X [Signature]		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 Officer (Print) Stephen Jacknowitz		(PRINT) SCANNED				
	Inmate # 01610mmie8003	I.D. #	Pouch #	Transporting Officer I.D. # J379	Agency Manalapan PD	Page 1 of 1			

JACKNOWITZ J3479

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2nd DAY OF September 20 20, AT 5:18 AM PM

SUBJECT: Mary Larcee Fountain CASE NUMBER: 20-0068

AGENCY: Mandarin ARRESTING OFFICER: Jackowski

PERSONAL CONTACT

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

witnesses observed defendant operate vehicle & crash into another vehicle

OBSERVATION OF DRIVER: *Glassy eyes, slurred speech, balance issues*

DRIVER'S STATEMENTS: *Admitted operating vehicle and crashing into another vehicle*

ODORS: *odor of alcoholic beverage.*

GENERAL OBSERVATIONS

SPEECH: *Slurred*

ATTITUDE: *Agry, Groggy*

CLOTHING: *dress, sandals*

MEDICAL/OTHER: *none*

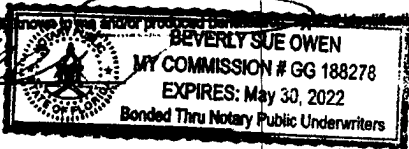
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2nd day of September 20 20 by Off Jackowski

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

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



SCANNED
SEP 03 2020

SUBJECT: Mary Lavree Funtsh

CASE NUMBER: 20-0068

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

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

Other Observations:

WALK & TURN:

Unable to complete due to not able to stand-up without assistance; ^{lack of} cooperation, & safety reasons

ONE LEG STAND:

FINGER TO NOSE:

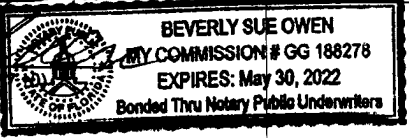
ROMBERG/ALPHABET:

BREATH TEST RESULTS: .274/.261

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
 (Signature of Arresting/Investigative Officer)
 The foregoing instrument was notarized or sworn before me this 2nd day of September 2020 by Off Jackson
 who is personally known to me and/or produced identification. Type of identification produced Known

[Signature]
Notary Public, Clerk of Court, Officer (F.S.S. 1)



SCANNED
SEP 03 2020

WITNESS LIST

CASE NUMBER: 20-0611

ARRESTING OFFICER: Off. Jorgensen

ADDRESS: 600 S. 1st St. #101, Ft. Lauderdale, FL 33301

PHONE NUMBERS (HOME) 954-535-1111 (WORK) _____

CAN TESTIFY TO: Yes, I can testify to the facts of the case.

NAME: Sgt. Michael (Off. Jorgensen)

ADDRESS: 600 S. 1st St. #101, Ft. Lauderdale, FL 33301

PHONE NUMBERS (HOME) 954-535-1111 (WORK) _____

CAN TESTIFY TO: Yes, I can testify to the facts of the case.

NAME: Emily Jorgensen

ADDRESS: 2500 N. Federal Highway, Ft. Lauderdale, FL 33301

PHONE NUMBERS (HOME) 954-535-7100 (WORK) _____

CAN TESTIFY TO: Yes, I can testify to the facts of the case.

NAME: John Jorgensen

ADDRESS: 800 S. Federal Highway, Ft. Lauderdale, FL 33301

PHONE NUMBERS (HOME) 954-235-1700 (WORK) _____

CAN TESTIFY TO: Yes, I can testify to the facts of the case.

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: _____

SCANNED

SEP 03 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.

SCANNED

SEP 03 2020

SUSPECT'S SIGNATURE: (X) _____

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? In car

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? 11/6/11 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? 175 HAVE YOU BEEN DRINKING? No 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? No

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? 11/4/11

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

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? Georgia

INTERVIEWER: Officer Stephen J. [unclear]

SCANNED
SEP 03 2020

TESTING FACILITY TASK REPORT

AGENCY: MANALAPAN P.D.

SUBJECT: FOUNTAIN, MARY LAUREE

CASE NUMBER: 20103310

DATE: 09/02/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1917

ENDING TIME: 1938

BREATH TESTS RESULTS: 1) .274 TIME 1925 A.M. P.M. 2) .261 TIME 1928 A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED SPEECH

ATTITUDE: VERY COMPLAINING, VERY UNSTEADY ON FEET

CLOTHING: FLIP FLOPS AND FLOWERED DRESS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

DEFENDANT IN FENDER PENDER. WENT TO BATHROOM DURING OBSERVATION. WANTED DAUGHTER BECAUSE SHE WAS AN ATTORNEY.
D/L #049962599 GA

COMMENTS:

A/O AND DEFENDANT ARRIVED AT 1855 HRS.

A/O OBSERVED 20 MINUTES. A/O REQUESTED BREATH TEST, DEFENDANT AGREED.

NO PROBLEM WITH TEST, DEFENDANT BLEW .274 AND .261 on instrument 6239

A/O READ C/W DEFENDANT ANSWERED Q & A. SAID SHE HAD NOT BEEN DRINKING

RETIRED 10 YEARS AGO

SCANNED
SEP 03 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: 09/02/2020

Date of Last Agency Inspection: 08/14/2020
Observation Period Began: 18:55
Subject's Name: MARY L FOUNTAIN

DOB: 10/04/1959 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	19:23
	Air Blank	0.000	19:23
	Control Test	0.079	19:23
	Air Blank	0.000	19:24
	Subject Sample #1	0.274	19:25
	Air Blank	0.000	19:26
	Air Blank	0.000	19:28
	Subject Sample #2	0.261	19:28
	Air Blank	0.000	19:29
	Control Test	0.078	19:29
	Air Blank	0.000	19:30
	Diagnostics Check	OK	19:30

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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 SUE OWEN, 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: 09/02/2020
Signature

Sworn to (or affirmed) before me this 2ND day of September, 2020

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida ofc. S. JACKNOWITZ

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.



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

PBSO CASE # 20-103310 PBSO ZONE 1-35

AGENCY CASE # 20-0088 CRASH CASE # _____

TIME OF STOP/CRASH 1718 DATE 09/07/20 DAY _____

SUBJECT'S NAME Mary Larree Funstein RACE W SEX F

HGT 5-6 WGT 140/lbs DOB 10/04/59

LOCATION 200 South Ocean Blvd (Place Del Mar Parking Lot) Mandeville, FL 33462

ARRESTING OFFICER'S NAME & ID Jackson / 13179 AGENCY Mandeville

DIVISION: _____

NOTIFIED BY COMMO yes

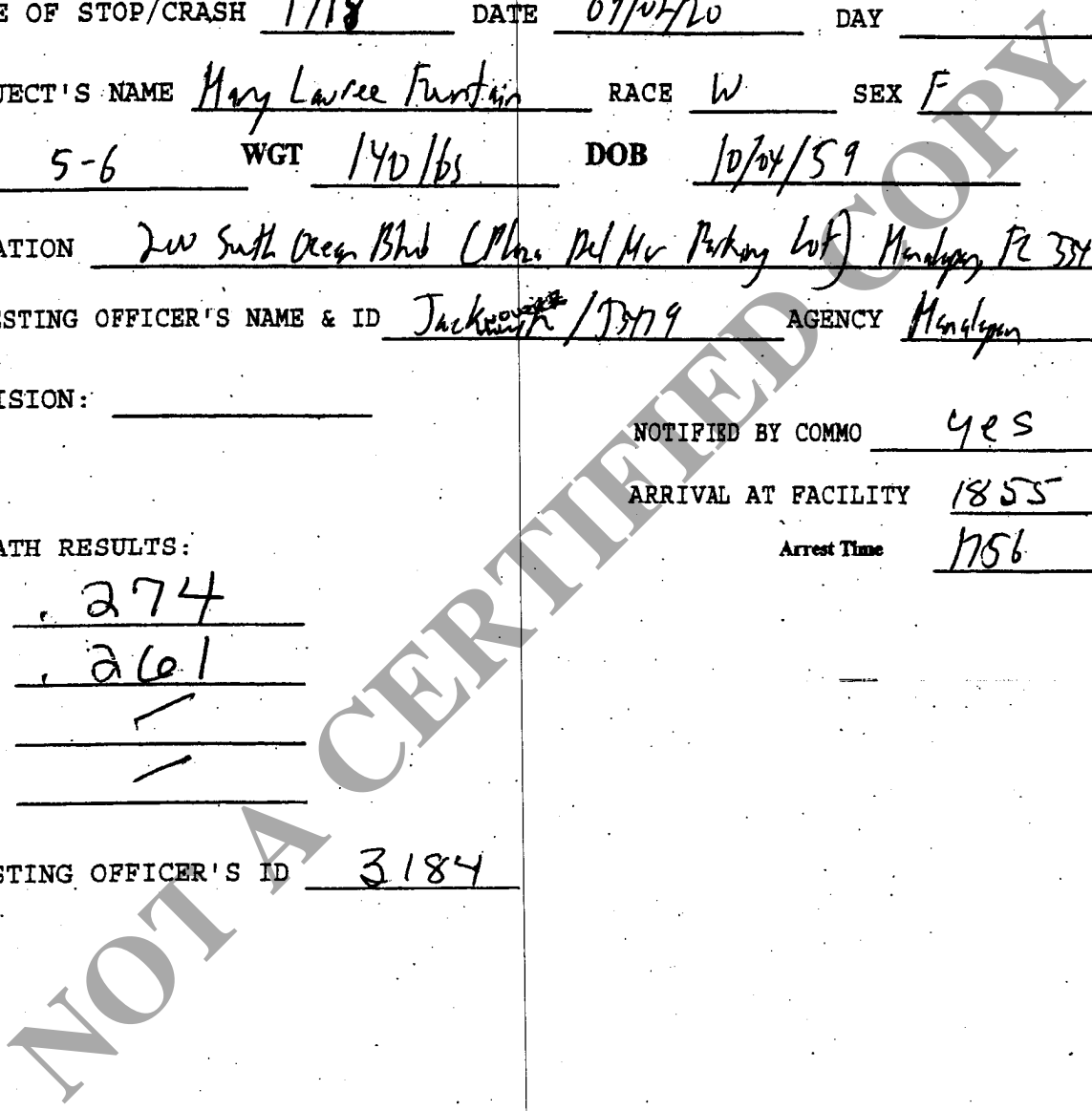
ARRIVAL AT FACILITY 1855

Arrest Time 1756

BREATH RESULTS:

- 1. 274
- 2. 261
- 3. /
- 4. /

TESTING OFFICER'S ID 3184



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SEP 03 2020