

ARREST / NOTICE TO APPEAR 20 OCT 12 942

OBTS Number	Agency ORI Number 0501700	Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 5 4 20-003037	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
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	If Weapon Seized	Enter Type NONE	Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 1210 S OLD DIXIE HWY JUPITER FL			Location of Offense (Business Name, Address) SAH AJA/DONALD ROSS Jupiter 1210 S OLD DIXIE HWY, JUPITER, FL 33458-0200				
Date of Arrest 09/04/2020	Time of Arrest 23:20	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	

Name (Last, First, Middle) VISCARDI, PATRICIA ANNE		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black O - Oriental/Asian	Sex F	Date of Birth 12/21/1972	Height 5'04
Weight 124	Eye Color BLUE	Hair Color BLONDE /	Complexion FAIR
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status M	Religion OTHER
Local Address (Street, Apt. Number) (City) (State) (Zip) 17409 SE INDIAN HILLS DR, TEQUESTA, FL 33469		Phone (561) 319-6151	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 17409 SE INDIAN HILLS DR, TEQUESTA, FL 33469		Phone (561) 319-6151	Indication of Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
Business Address (Name, Street) (City) (State) (Zip)		Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
D/L Number, State V263681729610 / FL		Soc. Sec. Number	Address Source VERBAL
INS Number		Place of Birth (City, State) BROOKLYN, NY,	Occupation Manager
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"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
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 Department and Released 2. TOT JAC 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.			Grade			
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 E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description DUI - DAMAGE TO PERSON/PROPERTY						Statute Violation Number 316.193(3)(C)(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	Bond			
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	Bond			
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	Bond			

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"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health	<input type="checkbox"/> T.O.T. County Jail
Transported By		Date Transported	Time Transported
PROPERTY - Received By		Released By	Released To

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) North County PALM BEACH GARD
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court	Court Date and Time 10/07/2020 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.	
Signature of Defendant (or Juvenile and Parent/Custodian)	Date Signed 10/15/20

HOCD for Other Agency	Signature of Arresting Officer 340	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) FANDREY, CHRISTOPHER	I.D. # 1182
Incident # DS 09/11/20 7622	Transporting Officer C Fandrey	I.D. # Agency 340 JPD
Witness here if subject signed with an "X"		

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS PHOTO DEFENDANT

SEP 05 2020
 J# 0518365
 P# 196

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBT# Number		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 20-003037	
Charge Type: Check as many as apply.		Special Notes:					
<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance			
<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other			

Name (Last, First, Middle) VISCARDI, PATRICIA ANNE		Alias	Race W	Sex F	Date of Birth 12/21/1972
Charge Description 316.193(3)(C)(1) DUI - DAMAGE TO PERSON/PROPERTY		Charge Description			
Charge Description		Charge Description			

Victim's Name (Last, First, Middle) State Of Florida		Race	Sex	Date of Birth
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)
Business Address (Name, Street)		(City)	(State)	(Zip)



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 . . .
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 4 day of September, 2020 at 23:20 (Specifically include facts constituting cause for arrest.)

On 9/4/2020 at approximately 2240hrs I was dispatched as a backup officer to a traffic crash investigation that occurred at S Alt A1A and Donald Ross Road in Jupiter Florida. Upon arrival to the Jupiter Medical Center at 1210 S Old Dixie Highway, Jupiter, Palm Beach County, Florida, I was in full police uniform with my department issued Axon BWC. I made contact with Officer Waltenburg #335 who was completing the crash investigation. Ofc. Waltenburg stated he still needed to make contact with the driver who had been transported to the Jupiter Medical Center due to the extent of the crash.

The driver was positively identified to be WF Patricia A. Viscardi 12/21/72. Viscardi was standing up when we arrived to the ER Room. Viscardi was unsteady on her feet and appeared to be slurring her words. Viscardi was argumentative throughout the interaction and was not cooperating. Viscardi had to be asked questions multiple times before providing answers. Viscardi also appeared to be confused. After completing the traffic crash investigation, Ofc Waltenburgh advised Viscardi he was done with his investigation. See Officer Waltenburg's supplement for further.

I then advised Viscardi that I was Officer Fandrey of the Jupiter Police Department and that I was conducting a criminal investigation for suspicion of DUI. Viscardi again was argumentative and uncooperative. While attempting to read Viscardi her Miranda Warnings, she interrupted me and demanded a lawyer and told me she did not want me to read her Miranda Warnings. Viscardi was read her Miranda Warnings and it was captured on BWC video. At this point I believed that Viscardi may be too impaired to operate a motor vehicle safely. I noticed she had red glassy eyes, slight odor of an unknown alcoholic beverage coming from her person, slurred speech, unsteady on her feet, and confused about where she was. I asked Viscardi to perform Standardized Field Sobriety Tasks (SFSTs) to help determine if she was too impaired to drive. Viscardi refused. Viscardi was read her Taylor Warnings and she once again refused to perform SFSTs. While speaking with Viscardi she made an utterance that officers did not know how many drugs she had

SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		FANDREY, CHRISTOPHER (1182)	
DATE 09/05/2020		NAME OF OFFICER (PLEASE PRINT) 09/05/2020	
		DATE	

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE	
A D M I N	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 20-003037					
Charge Type: Check as many as apply.		Special Notes:						
<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				
D E F	Name (Last, First, Middle) VISCARDI, PATRICIA ANNE			Alias	Race W	Sex F	Date of Birth 12/21/1972	
P R O B A B L E	<p>consumed tonight.</p> <p>Based off of my entire investigation up to this point, I determined probable cause to arrest and charge Viscardi with DUI Damage to Property. Viscardi was placed into handcuffs which were double locked and checked for spacing. Viscardi was medically cleared for jail and was later transported to the Palm Beach County Jail BAT Facility. Just prior to leaving the Jupiter Medical Center, Viscardi uttered that she only had two glasses of wine. While enroute to the PBSO BAT, Viscardi asked multiple times why she was the only one in the car and appeared to be confused that she was under arrest even after being told multiple times. Upon arrival at the BAT, Viscardi advised the BAT Technician that a live-in relative of hers had the Coronavirus (COVID-19). Due to updated PBSO/BAT procedures regarding the illness, Viscardi was refused admission to the facility because of safety concerns. I transported Viscardi back to the Jupiter Medical Center for clearance specifically regarding COVID-19. I arrived at JMC at approximately 0040 hours (more than two and one-half hours after the crash occurred). As a result of the additional medical clearance required for admission to any PBSO facility, obtaining a breath sample became both impossible and impractical.</p> <p>I requested Viscardi provide a lawful sample of her blood for the purpose of determining the presence of chemical and/or controlled substances. Viscardi refused. I read Viscardi Implied Consent (excluding the CDL portion and the statement that if she had a prior refusal to submit to a chemical test she would be committing a misdemeanor). Viscardi advised she understood Implied Consent and Viscardi again refused a blood test at 0046 hours.</p> <p>While at the Jupiter Medical Center, Viscardi, uttered that she had just been drinking with her Aunt earlier in the night. After the completion of the second medical clearance, Viscardi was transported to the Jupiter Police Department while the appropriate arrest paperwork was completed. Viscardi was later transported and turned over to the Palm Beach County Jail without further incident.</p>							
S T A T E M E N T								
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 09/05/2020 DATE			 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FANDREY, CHRISTOPHER (1182) NAME OF OFFICER (PLEASE PRINT) 09/05/2020 DATE				PAGE 2 OF 2

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BLOOD TEST

I, C Fandrey, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

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


or affirm that on or about the 4 day of September, 20 20, at 2320 P.M. A.M.

DRIVER Patricia A Viscardi
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# V263681729610, state of Florida, appeared for treatment at a hospital,
clinic, or other medical facility pursuant to s. 316.1932(I)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

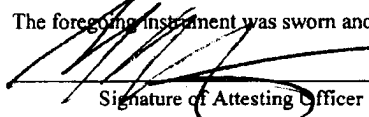
That on or about the 5th day of September, 20 20, at 0046hrs P.M. A.M.
in PALM BEACH County,

I requested that the driver submit to a **blood test** to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood test 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 if he or she holds a CDL, or was operating a CMV, refusal would 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 had been previously disqualified as a result of a refusal to submit to a breath, urine or blood test. The driver nonetheless refused to submit to a blood test.


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:


Signature of Attesting Officer

Title Police Officer

Date 09/05/2020

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20 _____,

by C Fandrey,

who is personally known to me or who has produced _____ as identification

Notary Public _____

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.

WITNESS LIST

CASE NUMBER: 20-003037

ARRESTING OFFICER: C Fandrey

ADDRESS: 210 MILITARY TRAIL JUPITER FL 33458

PHONE NUMBERS (HOME): _____ (WORK) 561-746-6201

CAN TESTIFY TO: SEE PC

NAME: Officer Waltenburg

ADDRESS: 210 MILITARY TRAIL JUPITER FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: Traffic Crash Investigation

NAME: Jose R. Ramos

ADDRESS 2628 W Carandis Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME) 561-261-8109 (WORK) _____

CAN TESTIFY TO: Crash witness

NAME: Haley N. Patton

ADDRESS 2555 PGA Blvd Lot 212 Palm Beach Gardens FL 33410

PHONE NUMBERS (HOME) 561-818-3972 (WORK) _____

CAN TESTIFY TO: Crash witness

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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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

RECEIVED
SEP 13 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: Marsy's Law - Protection of the identity of victim	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020021029	Date: 9/5/2020
	Specialist Name/ID: Gammage/5660