22CT18698ANB

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0501700	Jupiter Police Department	5 4 22-004244

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized — Enter Type: UNARMED

Multiple Clearance Indicator

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
5500 MILITARY TRL JUPITER FL 33458	5500 MILITARY TRL, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/06/2022	20:24	11/06/2022	20:34	/ / : :		

DEFENDANT

Name (Last, First, Middle): LASSITER, VICKIE LYNN — Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	03/01/1950	5'04	130	GREEN	BLONDE /	LIGHT	SMALL

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATTOO RP TATTOO

Marital Status: | Religion: UNKNOWN | Indication of: Alcohol Influence Yes ☒ No ☐ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
10250 TRAILWOOD CIR, PBSO, FL 33478				(561) 685-9877	

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
10250 TRAILWOOD CIR, PBSO, FL 33478				(561) 685-9877	

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
L236872505810 / FL	[redacted]		PAHOKEE, FL, United	USA

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian — 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 ☐ defendant and/or ☐ 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. ☐ Yes, by: ☐ No:

School Attended — Grade

Property Crime? ☐ Yes ☒ 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. 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

Charge Description	Statute Violation Number	Violation of ORD #
DUI - DAMAGE TO PERSON/PROPERTY	316.193(3)(C)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☒ T.O.T. County Jail — PROPERTY - Received By — Released By — Released To

Transported By — Date Transported / / — Time Transported : : — Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): North County PALM BEACH GARD

Court Date and Time: 12/07/2022 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

No Photo Available

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

ADMIN

HOLD for Other Agency — Signature of Arresting Officer

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): PICARD, RONNIE — I.D. #: 1240

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: Ronnie I.D. # 1342 — Pouch # — Transporting Officer: PICARD — I.D. # 1240 — Agency: JUPITE

Witness here if subject signed with an "X"

PAGE 1 OF 1

☒ COURT ☒ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☒ JAIL ☐ CRIME ANALYSIS ☐ P.B.S.O. ☐ DEFENDANT

05358 19

SCANNED NOV 07 2022

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PROBABLE CAUSE AFFIDAVIT

ADMIN

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

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 22-004244

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
LASSITER, VICKIE LYNN		W	F	03/01/1950

CHARGES

Charge Description	Charge Description
316.193(3)(C)(1) DUI - DAMAGE TO PERSON/PROPERTY	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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.

☒ confessed to MYSELF admitting to the below facts.

☒ was observed by WHEEL WITNESS who told MYSELF that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 6 day of November, 2022 at 22:19 (Specifically include facts constituting cause for arrest.)

At approximately 20:25 hours on 11/06/2022, I was dispatched to a hit-and-run traffic crash at Military Tail and Donald Ross Road in the Town of Jupiter, Palm Beach County, FL. Dispatched advised the Driver of V2 followed V1 into the Abacoa Plaza where it eventually came to a stop next to the PNC bank.

Upon arrival, I met with the driver of V2, Amy Katherine Wood; W/F; 10/07/1978. Wood stated she was traveling westbound and stopped at the red light at Donald Ross Rd and Military Trail. Wood advised a gray Mercedes-Benz bearing FL tag DSUE28 rear-ended her vehicle and continued westbound until eventually stopping in Abacoa Plaza. I then met with the driver of V1, Vickie Lynn Lassiter; W/F; 03/01/1950. I immediately noticed Lassiter had bloodshot glossy eyes, head tremors, and there was a bottle of open but corked wine in the center console cup holders. Officer Gonzalez conducted the crash investigation. (See HSMV crash report #25456521)

I advised Lassiter the crash investigation was over and that now I would be conducting a DUI investigation. I read Lassiter Miranda Warnings and she stated she understood. I asked Lassiter if she had been drinking tonight, and she stated she had one glass of wine. At this time I could smell the odor of an unknown alcoholic beverage coming from Lassiter`s breath which intensified as she spoke.

Based on my observations, I asked Lassiter if she could perform Standardized Field Sobriety Tasks, Lassiter consented to perform the tasks, then had questions. I read her Taylor Warnings and Lassiter consented again. I have taken NHTSA DWI Detection and Standardized Field Sobriety Testing course and recalled that the validation studies conducted on the Horizontal Gaze Nystagmus, Walk and Turn, and One Leg Stand tasks warn that the tasks may not be as accurate for persons over the age of 65 however, Lassiter appeared to good physical condition. Lassiter advised she had no physical defects or disabilities, had no problems with her eyes, was not sick or injured, was not under the

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

YOCHUM, CRAIG
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

11/06/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PICARD, RONNIE (1240)
NAME OF OFFICER (PLEASE PRINT)

11/06/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE
	Agency ORI Number: FL 0501700	Agency Name: JUPITER POLICE DEPARTMENT	Agency Report Number: 5 | 4 | 22-004244		
	Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Special Notes:		

DEF	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
	LASSITER, VICKIE LYNN		W	F	03/01/1950

PROBABLE CAUSE STATEMENT

care of a doctor or dentist, and was not taking any medications or drugs before she attempted the tasks.

As a result of the Standardized Field Sobriety Tasks, Lassiter gave me many clues that indicated impairment (see DUI probable cause affidavit).

I placed Lassiter under arrest, I placed handcuffs on her and double-locked them. I placed Lassiter in the back right seat of my patrol vehicle.

After placing Lassiter under arrest, I requested at roadside that she provide a lawful sample of her breath for the purpose of determining the alcohol content. Lassiter refused. I advised Lassiter of Implied Consent, she confirmed she understood. Lassiter refused a second time at 20:32 hours.

As a result of the above investigation, Lassiter was charged with DUI damage to property pursuant to Florida State Statute 316.193(3)(C)(1).

Lassiter was transported to The Jupiter Police Department for booking and processing. She was transported to Jupiter Medical Center for medical clearance and then transported to Palm Beach County Jail without incident.

My department-issued Axon BWC was activated during the above investigation.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

YOCHUM, CRAIG 1186
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

11/06/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PICARD, RONNIE (1240)
NAME OF OFFICER (PLEASE PRINT)

11/06/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

SUBJECT: **Lassiter, Vickie Lynn** CASE NUMBER: **22-004244**

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 o chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST

I am **Officer Picard** of the **Jupiter Police Department**

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law. Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: **Read on Camea** **Lassiter, Vickie Lynn**

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: **Read on Camera** **Lassiter, Vickie Lynn**

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WITNESS LIST

CASE NUMBER: 22-004244

ARRESTING OFFICER: R. Picard

ADDRESS: 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: Amy Katherine Wood

ADDRESS: 330 Caravelle Dr

PHONE NUMBERS (HOME) 561-906-5429 (WORK) _____

CAN TESTIFY TO: Wheel Witness

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: _____

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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: _____

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SUBJECT: Vickie Lassiter CASE NUMBER: 22-004244

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: R. Picard 1240

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

PBSO #0129C REV. 9/93

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22-004244

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, **Officer Picard**, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)

member of **Jupiter Police Department**, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the **6th** day of **November**, 20 **22**, at **20:24** ☑P.M. ☐A.M.

DRIVER **Vickie** **Lynn** **Lassiter**,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # **L-236-872-50-581-0**, state of **Florida**, was placed under lawful arrest for

the offense of **DUI** by **Officer Picard** and
(Name of Arresting Officer)

issued citation # **ADB9JUE**.

That on or about the **6th** day of **November**, 20 **22**, at **20:32** ☑P.M. ☐A.M.

in **Palm Beach** County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such 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, or if he or she had been previously fined under s. 327.35215, F.S., 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, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

1240
Signature of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

1240
Signature of Attesting Officer

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this **6th** day of **November**, 20 **22**, by **Officer R. Picard 1240**, who is personally known to me or who has produced **Personally Known** as identification.

Notary Public _____

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.

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EFFECTIVE OCTOBER 1, 2021

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2022029042	**Date:** 11/7/2022
	Specialist Name/ID: T.Howard/7185