

24C-3883 MB

☐ Marsy's Law invoked - CVI present

ARREST / NOTICE TO APPEAR

O. On-View
S. Summons
3. Request for Warrant
T. Taken into Custody

T

JUVENILE

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 4 2024-0000386		O. On-View S. Summons 3. Request for Warrant T. Taken into Custody		T		JUVENILE											
D E F E N D A N T	Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Location of Arrest (Including Name of Business) 1100 BANYAN BLVD WPB, FL 33401		Location of Offense (Business Name, Address) 1100 BANYAN BLVD, WEST PALM BEACH, FL 33401		If Weapon Seized Enter Type: UNARMED		Multiple Clearance Indicator															
	Date of Arrest 03/05/2024		Time of Arrest 01:58		Booking Date 03/05/2024		Booking Time 02:08		Jail Date // : :		Jail Time		Location of Vehicle											
	Name (Last, First, Middle) OUELLETTE, ELIZABETH										Alias:													
	Race W - White B - Black A - Asian W		Sex F		Date of Birth 10/22/1988		Height 5'03		Weight 120		Eye Color BROWN		Hair Color BROWN		Complexion FAIR		Build Small							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status S		Religion UNKNOWN		Indication of: Alcohol Influence Yes ☒ No ☐ Unk ☐ Drug Influence Yes ☐ No ☒ Unk ☐									
	Local Address (Street, Apt. Number) 809 COLONIAL RD, WEST PALM BEACH, FL 33401										(City)		(State)		(Zip)		Home Phone (860) 508-8234		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1					
	Permanent Address (Street, Apt. Number) 809 COLONIAL RD, WEST PALM BEACH, FL 33401										(City)		(State)		(Zip)		Mobile Phone		Address Source VERBAL					
	Business Address (Name, Street) 228105493 / CT										(City)		(State)		(Zip)		Work Phone		Occupation					
	D/L Number, State 228105493 / CT										Soc. Sec. Number		INS Number		Place of Birth (City, State) CONNECTICUT, CT		Citizenship US							
	C O D E F E N D	Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile						
Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile								
☐ Parent ☐ Other: _____ Name (Last, First, Middle)										Residence Phone														
☐ Legal Custodian Address (Street, Apt. Number) 1111111111										(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.										Property Crime? ☐ Yes ☒ No		Description of Property		Value of Property										
Drug Activity N. N/A P. Possess S. Sell T. Traffic R. Smuggle D. Deliver E. Use K. Disperses/ 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(3C1)		Violation of ORD #												
Drug Activity N										Drug Type N		Amount / Unit /		Offense #		Counts 1		Domestic Violence ☐ Y ☒ N		Warrant / Capias Number		Bond		
C H A R G E	Charge Description										Statute Violation Number		Violation of ORD #											
	Drug Activity N										Drug Type N		Amount / Unit /		Offense #		Counts		Domestic Violence ☐ Y ☐ N		Warrant / Capias Number		Bond	
	Charge Description										Statute Violation Number		Violation of ORD #											
	Drug Activity N										Drug Type N		Amount / Unit /		Offense #		Counts		Domestic Violence ☐ Y ☐ N		Warrant / Capias Number		Bond	
	Charge Description										Statute Violation Number		Violation of ORD #											
	Drug Activity N										Drug Type N		Amount / Unit /		Offense #		Counts		Domestic Violence ☐ Y ☐ N		Warrant / Capias Number		Bond	
	Health / Apparent Physical Condition of Defendant										Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries Explain:													
	Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health										PROPERTY - Received By		Released By		Released To									
	Transported By										Date Transported // : :		Time Transported		Other									
	N O T I C E T O A P P E A R	☒ 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) Palm Beach PALM BEACH COUNTY		Court Date and Time 04/18/2024 08:30:00 COURTHOUSE		No Photo Available								
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														
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.										(860) 508-8234														
HOLD for Other Agency										Signature of Arresting Officer Supriya 2067		Name of Arresting Officer (Print) SUPIJEVA, ZUKHRA		I.D. # 02067		Name of Victim/Arrested Person SCANNED								
☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other										Intake Deputy Bucille		I.D. #		Pouch #		Transporting Officer SUPIJEVA		I.D. # 2067		Agency WEST		Witness here if subject signed with an "X".		
MAR 05 2024										PAGE 1 OF 1														
T# 054 3553										J# 2035														

DUI PROBABLE CAUSE AFFIDAVIT

On the 4 Day of March at 2228 A.M. P.M.
 Subject: Elizabeth Ouellette Case Number: 2024-0003866
 Agency: West Palm Beach Police Department Arresting Officer: Supijeva #2067

Personal Contact

Driving Pattern

Actual physical control (physical evidence putting the driver behind the wheel)

On 03/04/2024 at approximately 2228 hours, I responded to 1100-blk Banyan Blvd, in the city limits of West Palm Beach, county of Palm Beach, FL in reference to a car accident. The crash involved a black motorcycle bearing FI Tag: MWFN20, and a black Hyundai Kona FI Tag: LZYY36. The driver and sole occupant of the Hyundai was later identified as Elizabeth Quellette. D2 advised that Ouellette was the sole occupant and driver, at the time of the crash.

Observation of Driver

Driver had glassy eyes, and was swaying as she stood. Driver had slow, slurred speech. Driver was uneasy on her feet. Driver was unable to follow directions, and started the exercises early. Driver was not able to remember the instructions and continued to ask for clarification and demonstration. Driver was swaying, and had memory lapse, not remembering where she left her belongings. Driver displayed aggressive behavior by attempting to pull away from officers on scene. During the exercises driver would dance, and display cheerful behavior.

Drivers Statements:

Post Miranda, Driver advised she did not know how her vehicle ended up at the crash scene, and that she was not driving. Post Miranda driver admitted to having two spicy margaritas.

Odors:

N/A

General Observations

Speech: slow, slurred speech, making joking comments such as "I'm the problem"

Attitude: Aggressive, attempted to pull away from officers multiple times, said "you got me fucked up", confrontational

Clothing: black skirt, white sneakers, white zip down jacket

Medical Problems/Medications: Eye surgery approximately two weeks ago

Other:

SCANNED

MAR 05 2024

DUI PROBABLE CAUSE AFFIDAVIT

Subject:

Elizabeth Ouellette

Case Number:

2024-0003866

Roadside Tasks

Horizontal Gaze Nystagmus

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

Driver was observed swaying during this exercise. Driver was instructed to use her eyes, while keeping her head still to follow the pen. The driver moved her head to follow the pen and had to be reminded to use her eyes only. Driver at times would look into my eyes instead of following the pen.

Walk and Turn Task

I explained and demonstrated the exercise for the driver, and requested the driver to count each step to nine outloud. Driver did not count out loud and when she did count out loud it would be in a mocking manner. Driver would stop, and step out of line, and would become confused or dance. Driver would stagger, and missed heel to toe on numerous occasions. Driver was not able to turn without stepping off the line, and used arms for balance multiple times. Driver would place her arms on hips. Driver asked for instructions and demonstration multiple times, and would advise she wasn't satisfied, and would restart with the exercises. Driver would step out of position during the instruction phase of this exercise.

One Leg Stand

I requested the driver to stand with both feet together, and raise one foot six inches, and count one thousand one, one thousand two.. and so forth. Driver began early, and Driver did not look down at her leg. Driver was reminded to have her leg raised at six inches, in which she ended up raising her leg even higher. Driver put arms out for balance, and would put her foot down multiple times, and try to rebalance. At one point driver put her leg down, and did a running dance. Driver was also observed swaying during this exercise.

Finger To Nose

I requested the driver to bring the pointer finger to the tip of her nose and to keep her head back. The driver advised she understood, and began. Driver would touch the bridge of the nose at times, and open eyes. Driver did not keep head back.

Romberg Balance

The driver advised she had a college degree and was familiar with the alphabet. I requested for the driver to recite her ABC's without singing, in plain english talk. Driver became confrontational and was asked to recite the alphabet in which she stated over three times "ABCD", and would not continue, when asked if she refused, she would state "No". I continued to ask her to recite the alphabet, she complied but did not recite all the letters in a proper order, and missing letters at the end.

Breath Results from Instrument

1st Result

refused

2nd Result

refused

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

☐

Notary Public

(DATE)

Supriya Wad

Notary / Clerk of Courts / Officer (FSS: 12.10)

Supriya Wad

Suprieva #2067

Signature of Arresting Officer

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MAR 05 2024



West Palm Beach Police Department
Breath Testing Facility Report



Defendant: Ouellette, Elizabeth Case #: 20240003866
Arresting Officer: Supijeva Date: 3/5/24

Breath Test Results: R g/210L Time g/210L Time
g/210L Time g/210L Time
Note: Times are in Military Time

Breath Operator: J. Martinez #2104
Maintenance Technician Inv J Ingrassia #1857

Testing Officer Observations:

Speech: Slurred
Attitude: Angry
Clothing: White shirt, black skirt, white shoes
Medical Conditions: None
Medications: None
Other: N/A

Arrival Time at Facility/ Time Twenty (20) Minute Observation Started: 2358

Comments:

A/O brought in subject and conducted a 20-min observation
I asked subject for breath
Subject refused
I read implied consent
Driver stated she understood
I asked for breath again
Subject refused breath again at 0031 hours
A/O read Miranda
A/O asked Q&A

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MAR 05 2024

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: WEST PALM BEACH PD
Instrument Serial Number: 80-001235 Software: 8100.27
Date of Test: 03/05/2024

Date of Last Agency Inspection: 02/26/2024

Observation Period Began: 23:58

Subject's Name: ELIZABETH A OUELLETTE

DOB: 10/22/1988 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.

Test	g/210L	Time
Diagnostics Check	OK	00:33
Air Blank	0.000	00:34
Control Test	0.080	00:34
Air Blank	0.000	00:35
Subject Sample #1	REF*	00:35
Air Blank	0.000	00:35
Control Test	0.080	00:36
Air Blank	0.000	00:36
Diagnostics Check	OK	00:36

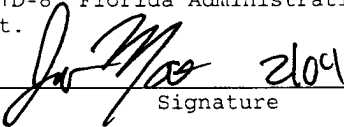
*Subject Test Refused

Cylinder Lot: 402872586
Exp: 10/12/2026

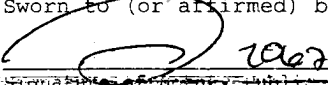
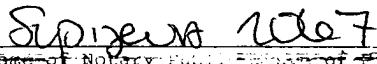
State of Florida, County of Palm Beach,

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 JACOB A MARTINEZ, 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:  2104 Date: 3/5/24
Signature

Sworn to (or affirmed) before me this 5 day of March, 2024

 1007  1007
Signature of Notary Public State of Florida Printed Name of Notary Public State of Florida

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.

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, Ofc. Martinez #2104, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)

member of West Palm Beach Police Department, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the 5 day of March, 2024, at 0031 ☐ P.M. ☒ A.M.

DRIVER Elizabeth A Ouellette
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # 228105493, state of Connecticut, was placed under lawful arrest for
the offense of DUI by Ofc. Supjeva and
(Name of Arresting Officer)
issued citation # ALPTGE.

That on or about the 5 day of March, 2024, at 0031 ☐ 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.

[Signature]
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:

Supjeva 2062
Signature of Attesting Officer

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this _____ day of _____, 20____,
by _____,
who is personally known to me or who has produced
_____ 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.

****EFFECTIVE OCTOBER 1, 2021****

SCANNED

MAR 05 2024

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? _____

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: _____

DISTRIBUTION: WHITE - State Attorney YELLOW - DHSMV PINK - Police Records GOLDENROD - Jail PD382 (1/95)

SCANNED

MAR 11 5 2024