0543703 23CT 17308 NB 2883

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0501700 | Agency Name: Jupiter Police Department | Agency Report Number (N.T.A.'s only): 5 4 23-003819

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): MILITARY TRL/DONALD ROSS RD JUP,FL33458

Location of Offense (Business Name, Address): 5500 MILITARY TRL/DONALD ROSS RD, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/25/2023	20:22	09/25/2023	20:32			

DEFENDANT

Name (Last, First, Middle): THEISSEN, STEPHANIE MARIE | Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	07/07/1971	5'02	130	HAZEL	BROWN	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) | Marital Status: S | Religion: OTHER | Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 6213 POMPANO ST, JUPITER, FL 33458 | Phone: (561) 401-7540 | Residence Type: 1. City 3. Florida 2. County 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 6213 POMPANO ST, JUPITER, FL 33458 | Phone: (561) 401-7540 | Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip): WPTV, | Phone | Occupation: Producer

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
T250793717470 /	[redacted]		HUSTON, TX, United	US

CO-DEF

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

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/Derv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI - CAUSING PROPERTY DAMAGE/PERSONAL INJURY	316.193(3)(C)1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	23-3819	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		

FILED PBC GUN CLUB-- 23 SEP 26 AM 6:47

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. ☐ 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: SEP 26 AM 12:14

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: 11/01/2023 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.

X _____ 9/25/2023
Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

No Photo Available

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: 1234
Name of Arresting Officer (Print): WYATT, CHRISTIAN | I.D. #: 1234

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: SPANN | I.D. #: 3101 | Pouch #

Transporting Officer: WYATT. C | I.D. #: 1234 | Agency: JPD

Witness here if subject signed with an "X".

PAGE 1 OF 1

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PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number			1	JUVENILE
Agency ORI Number	Agency Name	Agency Report Number		
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4	23-003819	

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
THEISSEN, STEPHANIE MARIE		W	F	07/07/1971

CHARGES

Charge Description	Charge Description
316.193(3)(C)1 DUI - CAUSING PROPERTY DAMAGE/PERSONAL	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
CARPENITO, NIKKI LEE	W	F	09/12/1989

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
1087 ROBLE WAY, PALM BEACH GARDENS, FL 33410	(561) 460-4504	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
TOWN OF JUPITER	(561) 741-2393	

PROBABLE CAUSE STATEMENT

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 25 day of September, 2023 at 20:22 (Specifically include facts constituting cause for arrest.)

On September 25, 2023 at approximately 2003 hours, I arrived at the intersection of Military Trail and Donald Ross Road in reference to a traffic crash that had just occurred. I observed two vehicles, a Honda bearing FL Tag: HZHD24 (V1) and a Lexus bearing FL Tag: QQTG96 (V2). I made contact with the driver of V1, identified by her Florida driver`s license as Stephanie Theissen (7/7/1971). She stated that she was waiting at the red light and her foot slipped off the brake and she struck the back of V2. While speaking with Theissen, the strong odor of an unknown alcoholic beverage was emanating from her breath that intensified as she spoke, she also had blood-shot glassy eyes. Theissen did not have any visible injuries and stated that she had no injuries. I made contact with the driver of V2 Nikki Carpenito (9/12/1989) who stated that she was stopped at the red light, when V1 struck her from behind. She identified Theissen as the driver. This caused minor, but functional damage to both vehicles. Based on my traffic crash investigation, I found Theissen to be at fault. See HSMV crash #26088793 for further.

Due to the inclement weather, I asked Theissen to walk across the street to the Marathon Gas Station covered area so I could speak with her further. Theissen exited the vehicle and was extremely unstable on her feet. Theissen and I walked to the covered area. I then advised Theissen that I had found her at fault for the crash and was changing hats from a civil crash investigation to a criminal DUI investigation and read her Miranda Warnings from a pre-printed card. Theissen stated that she had a two glasses of wine earlier in the day. I asked Theissen where she was coming from and she stated "The Heights", when asked where she was going to she stated "home". It should be noted that Theissen lives in The Heights. I asked Theissen what direction she was traveling, and she stated that she was going to turn left onto Donald Ross road to get to The Heights. It should be noted that Theissen`s vehicle was in a straight lane, not a turn lane, as well as to get to The Heights she would have to turn right from where her vehicle was, not left. While speaking to Theissen she was unsteady on her feet and was swaying back

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (PRINT NAME)

09/25/2023
DATE

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 339641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WYATT, CHRISTIAN (1234)
NAME OF OFFICER (PLEASE PRINT)

09/25/2023
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	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 23-003819

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
THEISSEN, STEPHANIE MARIE		W	F	07/07/1971

PROBABLE CAUSE STATEMENT

and forth. Based on the aforementioned events, I requested Theissen submit to Standardized Field Sobriety Tasks. She agreed to participate. Below are a summation of the SFSTs.

I first began with the Horizontal Gaze Nystagmus task. I instructed Theissen to stand with her feet touching (heel & toes) and to keep her arms down at her side. I demonstrated to Theissen that she would be following my stimulus (tip of pen) with her eyes and her eyes only and to keep her head still at all times. Theissen stated she understood the instructions and was ready for me to continue. Theissen's eyes had no resting nystagmus in either eye and both eyes tracked together equally. I observed lack of smooth pursuit in both eyes, distinct and sustained nystagmus at maximum deviation in both eyes, and onset of nystagmus prior to 45 degrees in both eyes. She did have vertical Nystagmus in both eyes. While, conducting this task, Theissen was noticeably swaying back and forth.

The second task was the Walk & Turn task. I demonstrated and instructed Theissen to stand on the even concrete seam and to place her left foot onto the line and her right foot touching her left foot heel-to-toe with his arms at her side. Theissen got into the starting position and was unable to maintain it. I instructed/demonstrated Theissen to take nine heel-to-toe steps down the line and take a series of small steps then return down the line heel-to-toe taking nine steps while making sure to count out loud, look at her feet at all times, do not use her arms for balance, and do not stop walking. She stated she did not have any questions and understood the directions and was told to begin when ready. Theissen missed heal to toe on each step by approximately six inches and stepped off the line on steps 7, 8, and 9. Theissen then did an improper turn. Theissen then took nine steps back down the line, missing heal to toe on each step by approximately six inches.

The third task was the One Leg Stand. As I started to begin explaining this task, Theissen stated that she has vertigo and did not feel safe completing this task. I explained to Theissen that I take all factors into account. Theissen stated that she wished to complete another task and wanted to skip this one. I read Theissen her Taylor Warnings and she stated that she understood and wished to participate in the remaining tasks. This task was not conducted.

The fourth task was the Finger to Nose. I instructed Theissen to stand with her feet touching (heel & toes) and to keep her arms down at her side with her pointer fingers pointed outward. I instructed/demonstrated Theissen that I would be calling left (L) or right(R), when I do, with her head tilted back and eyes closed, she would take the tip of the finger I called and touch it to the tip of her nose and was shown the difference between the tip/pad/nail. She stated he understood and did not have any questions. I called out the fingers in the standardized order of L, R, L, R, R, and L. When I called "L" Theissen placed the pad of her finger to the bridge of her nose. When I called "R"

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER

09/25/2023
DATE

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 339641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WYATT, CHRISTIAN (1234)
NAME OF OFFICER (PLEASE PRINT)

09/25/2023
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	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 23-003819

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
THEISSEN, STEPHANIE MARIE		W	F	07/07/1971

PROBABLE CAUSE STATEMENT

Theissen placed the pad of her finger to the bridge of her nose. When I called "L" Theissen placed the pad of her finger to the bridge of her nose. When I called "R" Theissen placed the pad of her finger to the bridge of her nose. When I called "R" Theissen placed the pad of her finger to the bridge of her nose. When I called "L" Theissen placed the pad of her finger to the bridge of her nose. It should be noted that Theissen was visibly swaying throughout this task.

The fifth and final task was the Romberg Alphabet. I instructed Theissen to stand with her feet touching (heel & toes) and to keep her arms down at her side. She was instructed to tilt her head back and close her eyes while reciting the alphabet in a non-rhythmical manner. Theissen recited the alphabet as the following; A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,Y,Z.

Based on my investigation, observations, and totality of circumstances, I have probable cause to believe that Theissen was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical, or controlled substance, to the point where his normal faculties were impaired, contrary to F.S 316.193. I placed Theissen into handcuffs that were double locked and checked for proper spacing. Theissen was transported to the Jupiter Medical Center for medical clearance as it is per policy and was not due to complaint of injury.

Once medical clearance was obtained, Theissen was transported to the Palm Beach County Breath Alcohol Testing Center (BAT), arriving at 2119 hours. I placed Theissen under a 20-minute observation period, during which she neither consumed nor regurgitated anything. We then went on video with BAT technician Miller #41017. I requested that she provide a breath sample, which she agreed. She provided two breath samples of .217 and .213.

Based on the above described investigation, I find that there is probable cause to arrest and charge Theissen with DUI Property Damage, contrary to FSS 316.193(3)(C)1 as she was driving with an unlawful breath alcohol content and caused damage to Carpenito`s property. Theissen was issued a careless driving citation for the traffic crash and a criminal DUI citation with a court date of 11/01/2023 at 0830 hours. Theissen was then booked into the Palm Beach County Jail without incident. Theissen`s vehicle was towed from the scene via rotation by East Coast Towing. Body worn camera footage of the above incident exists. It should be noted that the above narrative is a summary of the body worn camera footage and not purported to be verbatim.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

Thomasina Miller
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

09/25/2023
DATE

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 339641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

1234
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WYATT, CHRISTIAN (1234)
NAME OF OFFICER (PLEASE PRINT)

09/25/2023
DATE

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

WITNESS LIST

CASE NUMBER: 23-003819

ARRESTING OFFICER: Ofc. Wyatt

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201 Ext 2175

CAN TESTIFY TO: Traffic crash investigation and developing probable cause for arrest.

NAME: Ofc. Flesch

ADDRESS: 196 Military Trail Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) (561)746-6201 Ext 2117

CAN TESTIFY TO: Backup on scene and scene security.

NAME: Ofc. Matonti

ADDRESS 196 Military Trail Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) (561)746-6201 Ext 2157

CAN TESTIFY TO: Backup on scene and scene security.

NAME: Nikki Carpenito

ADDRESS 1087 Roble Way Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) 561-351-8199 (WORK) _____

CAN TESTIFY TO: Traffic Crash

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: _____

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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: 80-006240 Software: 8100.27
Date of Test: 09/25/2023

Date of Last Agency Inspection: 09/15/2023
Observation Period Began: 21:19
Subject's Name: STEPHANIE M THEISSEN DOB: 07/07/1971 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	21:47
Air Blank	0.000	21:48
Control Test	0.081	21:48
Air Blank	0.000	21:49
Subject Sample #1	0.217	21:50
Air Blank	0.000	21:50
Air Blank	0.000	21:52
Subject Sample #2	0.213	21:53
Air Blank	0.000	21:53
Control Test	0.080	21:54
Air Blank	0.000	21:54
Diagnostics Check	OK	21:54

Cylinder Lot: 15922080A5
Exp: 08/05/2024

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 THOMASINA E MILLER, 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: Thomasina Miller Date: 09/25/23
Signature

Sworn to (or affirmed) before me this 25 day of September, 2023

Signature of Notary Public-State of Florida

Ofc. C. Wyatt
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

NOT A CERTIFIED COPY

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: 80-006240 Software: 8100.27
Date of Test: 09/25/2023

Date of Last Agency Inspection: 09/15/2023
Observation Period Began: 21:19
Subject's Name: STEPHANIE M THEISSEN DOB: 07/07/1971 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	21:47
Air Blank	0.000	21:48
Control Test	0.081	21:48
Air Blank	0.000	21:49
Subject Sample #1	0.217	21:50
Air Blank	0.000	21:50
Air Blank	0.000	21:52
Subject Sample #2	0.213	21:53
Air Blank	0.000	21:53
Control Test	0.080	21:54
Air Blank	0.000	21:54
Diagnostics Check	OK	21:54

Cylinder Lot: 15922080A5
Exp: 08/05/2024

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 THOMASINA E MILLER, 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: Thomasina Miller Date: 09/25/23
Signature

Sworn to (or affirmed) before me this 25 day of September, 2023

Signature of Notary Public-State of Florida

Ofc. C. Wyatt
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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

PBSO CASE # 23-113509 PBSO ZONE 3-15

AGENCY CASE # 23-003819 CRASH CASE #

TIME OF STOP/CRASH 1953 HRS DATE 09/25/2023 DAY Monday

SUBJECT'S NAME THEISSEN (LAST) STEPHANIE (FIRST) MARIE (MID) RACE White SEX Female

HGT 5'2 WGT 130 DOB 07/07/1971

LOCATION Military Trail / Donald Ross Road

ARRESTING OFFICER'S NAME & ID Ofc. Wyatt 1234 AGENCY Jupiter PD

DIVISION: Road Patrol

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2119

ARREST TIME 2022

BREATH RESULTS:

1) .217
2) .213
3) N/A
4) N/A

TESTING OFFICER'S ID 41017 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: THEISSEN, STEPHANIE .M.

CASE NUMBER: 23-113509

DATE: Sep 25, 2023

VIDEO DVD NUMBER:

BEGINNING TIME: 21:44

ENDING TIME: 22:00

BREATH TESTS RESULTS: 1) .217 TIME 21:50 A.M.☐ P.M.☒ 2) .213 TIME 21:53 A.M.☐ P.M.☒

3) N/A TIME N/A A.M.☐ P.M.☐ 4) N/A TIME N/A A.M.☐ P.M.☐

BREATH OPERATOR: T. MILLER #41017

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM

CLOTHING: BLACK SHIRT, GRAY SHORTS, BLACK SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: RED & GLASSY

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 21:19 HRS.

SUBJECT:AGREED TO TAKE TEST.

A/O: READ RIGHTS.
SUBJECT: ACKNOWLEDGE SHE UNDERSTOOD RIGHTS.

TECH: READ TEST RESULTS AND EXPLAINED.
SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS.

A/O: CONDUCTED Q & A.
SUBJECT: ANSWERED QUESTIONS.

NOT A CERTIFIED COPY

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? N 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: _____

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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 determining 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 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.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS 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)_____

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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: 2023025283	**Date:** 9/26/2023
	Specialist Name/ID: T.Howard/7185