

| ARREST / NOTICE TO APPEAR                                                                                                                                                                                                                                                                                                                    |  | 1. Arrest<br>2. N.T.A.                                                                |  | 3. Request for Warrant<br>4. Request for Capias                                                                                                                                                                              |  | 1                                                            |  | JUVENILE                                                                                                                                                                                                                                                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| OBTS Number                                                                                                                                                                                                                                                                                                                                  |  | Agency ORI Number<br><b>0501700</b>                                                   |  | Agency Name<br><b>Jupiter Police Department</b>                                                                                                                                                                              |  | Agency Report Number (N.T.A.'s only)<br><b>5 4 18-000958</b> |  |                                                                                                                                                                                                                                                                                                             |  |
| Charge Type:<br>Check as many as apply:<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                           |  | If Weapon Seized<br>Enter Type <b>NONE</b>                                            |  | Multiple Clearance Indicator                                                                                                                                                                                                 |  |                                                              |  |                                                                                                                                                                                                                                                                                                             |  |
| Location of Arrest (Including Name of Business)<br><b>INTERSTATE 95/W INDIANTOWN RD, JUPITER</b>                                                                                                                                                                                                                                             |  |                                                                                       |  |                                                                                                                                                                                                                              |  |                                                              |  |                                                                                                                                                                                                                                                                                                             |  |
| Location of Offense (Business Name, Address)<br><b>7899 INTERSTATE 95/W INDIANTOWN RD, JUPITER, FL</b>                                                                                                                                                                                                                                       |  |                                                                                       |  |                                                                                                                                                                                                                              |  |                                                              |  |                                                                                                                                                                                                                                                                                                             |  |
| Date of Arrest<br><b>02/18/2018</b>                                                                                                                                                                                                                                                                                                          |  | Time of Arrest<br><b>04:06</b>                                                        |  | Booking Date                                                                                                                                                                                                                 |  | Booking Time                                                 |  | Jail Date                                                                                                                                                                                                                                                                                                   |  |
| Jail Time                                                                                                                                                                                                                                                                                                                                    |  | Location of Vehicle                                                                   |  |                                                                                                                                                                                                                              |  |                                                              |  |                                                                                                                                                                                                                                                                                                             |  |
| Name (Last, First, Middle)<br><b>MINKER, AMY JEANNE</b>                                                                                                                                                                                                                                                                                      |  |                                                                                       |  |                                                                                                                                                                                                                              |  |                                                              |  |                                                                                                                                                                                                                                                                                                             |  |
| Alias: <b>MINKER, AMY JEANNE</b>                                                                                                                                                                                                                                                                                                             |  |                                                                                       |  |                                                                                                                                                                                                                              |  |                                                              |  |                                                                                                                                                                                                                                                                                                             |  |
| Race<br>W - White<br>B - Black<br>O - Oriental/Asian                                                                                                                                                                                                                                                                                         |  | Sex<br><b>W</b>                                                                       |  | Date of Birth<br><b>07/09/1992</b>                                                                                                                                                                                           |  | Height<br><b>5'03</b>                                        |  | Weight<br><b>125</b>                                                                                                                                                                                                                                                                                        |  |
| Eye Color<br><b>BROWN</b>                                                                                                                                                                                                                                                                                                                    |  | Hair Color<br><b>BLONDE /</b>                                                         |  | Complexion<br><b>FAIR</b>                                                                                                                                                                                                    |  | Build<br><b>Thin</b>                                         |  |                                                                                                                                                                                                                                                                                                             |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                                                                                                                                                                                                                                                                |  |                                                                                       |  | Marital Status<br><b>S</b>                                                                                                                                                                                                   |  | Religion<br><b>CHRISTIAN</b>                                 |  | Indication of:<br>Alcohol Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/><br>Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> |  |
| Local Address (Street, Apt. Number)<br><b>1557 SW KAMCHATKA AVE, PORT SAINT LUCIE, FL 34953</b>                                                                                                                                                                                                                                              |  |                                                                                       |  | (City)                                                                                                                                                                                                                       |  | (State)                                                      |  | (Zip)                                                                                                                                                                                                                                                                                                       |  |
| Permanent Address (Street, Apt. Number)<br><b>1557 SW KAMCHATKA AVE, PORT SAINT LUCIE, FL 34953</b>                                                                                                                                                                                                                                          |  |                                                                                       |  | (City)                                                                                                                                                                                                                       |  | (State)                                                      |  | (Zip)                                                                                                                                                                                                                                                                                                       |  |
| Business Address (Name, Street)<br><b>BONE FISH GRILL,</b>                                                                                                                                                                                                                                                                                   |  |                                                                                       |  | (City)                                                                                                                                                                                                                       |  | (State)                                                      |  | (Zip)                                                                                                                                                                                                                                                                                                       |  |
| D/L Number, State<br><b>MS26010927490 / FL</b>                                                                                                                                                                                                                                                                                               |  | Soc. Sec. Number                                                                      |  | INS Number                                                                                                                                                                                                                   |  | Place of Birth (City, State)<br><b>WEST PALM BEACH,</b>      |  | Citizenship                                                                                                                                                                                                                                                                                                 |  |
| 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<br><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<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor                                                                                                                |  |
| <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Legal Custodian                                                                                                                                                                                                                            |  |                                                                                       |  | Name (Last, First, Middle)                                                                                                                                                                                                   |  |                                                              |  | Residence Phone                                                                                                                                                                                                                                                                                             |  |
| Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                                |  |                                                                                       |  | (City)                                                                                                                                                                                                                       |  |                                                              |  | (State) (Zip)                                                                                                                                                                                                                                                                                               |  |
| Notified by: (Name)                                                                                                                                                                                                                                                                                                                          |  |                                                                                       |  | Date                                                                                                                                                                                                                         |  | Time                                                         |  | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT JAC<br>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.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office<br>(Phone 355-2526) informed of any change of address.<br><input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____ |  |                                                                                       |  |                                                                                                                                                                                                                              |  |                                                              |  |                                                                                                                                                                                                                                                                                                             |  |
| Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                                                        |  | S. Sell<br>B. Buy<br>T. Traffic                                                       |  | R. Smuggle<br>D. Deliver<br>E. Use                                                                                                                                                                                           |  | K. Disperses/<br>Distribute                                  |  | M. Manufacture/<br>Produce/<br>Cultivate                                                                                                                                                                                                                                                                    |  |
| Z. Other                                                                                                                                                                                                                                                                                                                                     |  | Drug Type<br>N. N/A<br>A. Amphetamine                                                 |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin                                                                                                                                                                                    |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv            |  | P. Paraphernalia/<br>Equipment<br>S. Synthetic                                                                                                                                                                                                                                                              |  |
| U. Unknown<br>Z. Other                                                                                                                                                                                                                                                                                                                       |  | Statute Violation Number<br><b>316.193(4)(b)</b>                                      |  | Violation of ORD #                                                                                                                                                                                                           |  |                                                              |  |                                                                                                                                                                                                                                                                                                             |  |
| Charge Description<br><b>DUI - ENHANCED BAC OVER .15</b>                                                                                                                                                                                                                                                                                     |  | Drug Activity                                                                         |  | Drug Type<br><b>N</b>                                                                                                                                                                                                        |  | Amount / Unit<br><b>/</b>                                    |  | Offense #<br><b>18-000958</b>                                                                                                                                                                                                                                                                               |  |
| Counts<br><b>1</b>                                                                                                                                                                                                                                                                                                                           |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  | Warrant / Capias Number                                                                                                                                                                                                      |  | Bond                                                         |  |                                                                                                                                                                                                                                                                                                             |  |
| Charge Description                                                                                                                                                                                                                                                                                                                           |  | Statute Violation Number<br><b>FEB 18 am 7:59</b>                                     |  | Violation of ORD #                                                                                                                                                                                                           |  |                                                              |  |                                                                                                                                                                                                                                                                                                             |  |
| Drug Activity                                                                                                                                                                                                                                                                                                                                |  | Drug Type                                                                             |  | Amount / Unit                                                                                                                                                                                                                |  | Offense #                                                    |  | Counts                                                                                                                                                                                                                                                                                                      |  |
| Domestic Violence<br><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<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                                                        |  | Warrant / Capias Number                                                               |  | Bond                                                                                                                                                                                                                         |  |                                                              |  |                                                                                                                                                                                                                                                                                                             |  |
| Health / Apparent Physical Condition of Defendant                                                                                                                                                                                                                                                                                            |  |                                                                                       |  | Any knowledge of the following:<br>Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Molestation <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries |  |                                                              |  |                                                                                                                                                                                                                                                                                                             |  |
| Check which applies:<br><input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail<br><input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health                                                                                  |  |                                                                                       |  | PROPERTY - Received By                                                                                                                                                                                                       |  | Released By                                                  |  |                                                                                                                                                                                                                                                                                                             |  |
| Transported By                                                                                                                                                                                                                                                                                                                               |  |                                                                                       |  | Date Transported                                                                                                                                                                                                             |  | Time Transported                                             |  | Other                                                                                                                                                                                                                                                                                                       |  |
| <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2.                                                                                                                           |  |                                                                                       |  | Location (Court, Room)<br><b>North County PALM BEACH GARD</b>                                                                                                                                                                |  | Court Date and Time<br><b>03/21/2018 08:30:00</b>            |  | 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                                                  |  |                                                                                                                                                                                                                                                                                                             |  |
| HOLD for Other Agency                                                                                                                                                                                                                                                                                                                        |  | Signature of Arresting Officer<br><b>327/1177</b>                                     |  | Name Verification (Printed by Arrestee)                                                                                                                                                                                      |  | (PRINT)                                                      |  | PAGE<br>1 OF 1                                                                                                                                                                                                                                                                                              |  |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Resisted Arrest<br><input checked="" type="checkbox"/> Swindled<br><input type="checkbox"/> Other                                                                                                                                                                             |  | Name of Arresting Officer (Print)<br><b>ROCHA, LUIS</b>                               |  | I.D. #<br><b>1177</b>                                                                                                                                                                                                        |  | Witness here if subject signed with an "X"                   |  |                                                                                                                                                                                                                                                                                                             |  |
| <input checked="" type="checkbox"/> T. Burnside #5406<br>Inmate Deputy                                                                                                                                                                                                                                                                       |  | Transporting Officer<br><b>L. Rocha</b>                                               |  | I.D. #<br><b>327 JPD</b>                                                                                                                                                                                                     |  | Agency                                                       |  |                                                                                                                                                                                                                                                                                                             |  |

SCANNED

FEB 22 2018

1551

0495896

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF February 20 18, AT 0406 ✓ AM PM

SUBJECT: Minker Amy J CASE NUMBER: 18-000958

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: Luis Rocha

## PERSONAL CONTACT

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

I observed the vehicle exit the Jupiter West Plaza, near where Uncle Mick's Bar and Grill is located, and head south on Central Blvd. I followed and watched the vehicle make a right hand turn onto W Indiantown Rd heading towards I95. I watched the vehicle take the northbound ramp for I95 and as it got to the turn the vehicle continued straight out of the lane and into the grass. I watched the vehicle drive through the grass and back onto lane continuing onto I95. The vehicle began to accelerate very quickly. I conducted a traffic stop on the vehicle and it came to a stop on I95 approximately one mile north of W Indiantown Rd. I made contact with the driver who was identified as Amy J Minker (W/F 07/09/1992) by her Florida Driver License.

## OBSERVATION OF DRIVER:

Minker appeared to be a little disoriented and her clothes were disheveled. Minker had glassy and blood shot eyes. Minker was slow to respond to questions and her movements appeared slow. Minker had a feint odor of an unknown alcoholic substance coming from her mouth when she would speak. As Minker stepped out of her vehicle she steadied herself before walking forward.

## DRIVER'S STATEMENTS:

Minker stated that she was looking down at her phone when she drove out of the lane and into the grass. Minker told me that she was coming from work at 1000 North. When I asked her if she was coming from Jupiter West Plaza Minker stated that she was at Uncle Mick's. I asked Minker if she had anything to drink she said yes, and told me she had two beers. Minker said that she knew better. Minker said that she was going to text her boyfriend when she was looking at her phone. During some of the tasks she repeatedly apologized.

## ODORS:

Minker had a feint odor of an unknown alcoholic substance coming from her mouth when she would speak.

## GENERAL OBSERVATIONS

SPEECH: Slow and slurred.

ATTITUDE: She was very nonchalant and calm

CLOTHING: white shirt, black pants, black shoes

MEDICAL/OTHER: None

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Luis Rocha

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of February 20 18 by Luis Rocha

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

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



Samantha Palmer  
Commission # FF172377  
Expires: OCT 28, 2018  
BONDED THRU  
1ST FLORIDA NOTARY, LLC

SCANNED  
FEB 22 2018

SUBJECT MinkerAmyCASE NUMBER 18-000958

## ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- |                                                                                             |                                                                                             |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

## Other Observations:

During the HGN Minker swayed while standing in place. Minker also exhibited vertical nystagmus.

## WALK &amp; TURN:

During the instructions Minker fell off the line and could not stay in the position as instructed. Step's 1,3,4,5,6,7,8,9 did not touch heel to toe. Step 3 stepped off to the left off the line. Step 6 she twisted her foot to stay balanced. Improper turn as instructed. Minker asked if she was to keep going after I instructed her to not to stop until she completed the task. Returning steps 1,2,3,5,6,7,8,9 did not touch heel to toe. Returning step 2 she stepped off the line to the right. Step 8 she completely stepped off the line to the right. Step 9 she completely stepped off the line with both feet and stepped on to the grass that was to the side of the road. Minker then took a 10th and 11th step.

## ONE LEG STAND:

Did not stay in position as instructed while I explaining the task. At 1014 Minker raised her arms to balance herself. At count 1015 Minker raised her arms to stay balanced and then put her foot down. When told to stop Minker continued to count.

## FINGER TO NOSE:

While standing in place for this task Minker swayed in place. L1 she touched the left side of her nose. R1 she touched the bottom of her nose and did not immediately bring her hand back down. L1 she touched the tip of her nose. R2 she touched the tip of her nose, she did not immediately bring her hand back down and she commented on the vehicles driving by before bringing her hand back down. R3 she touched the tip of her nose. L1 she touched the right side of her nose with the side of her finger.

## ROMBERG ALPHABET:

I told Minker to began and she did not say anything. I had to remind Minker that she would be reciting the whole alphabet. Minker sang the alphabet contrary to the instructions. Minker stated the following, A, B, C, D, E, F, G, H, I, J, K, LMNOP, Q, R, S, T, V, W X, Y, and Z

BREATH TEST RESULTS: 1) .145 2) .152 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACHLuis Rocha

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 18th day of February, 2018 by Luis Rocha

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

personally known

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



Samantha Palmer  
Commission # FF172377  
Expires: OCT 28, 2018  
BONDED THRU  
1ST FLORIDA NOTARY, LLC

SCANNED  
FEB 22 2018

SUBJECT: Minker, Amy CASE NUMBER: 18 000958

## 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.

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

Read on Camera

SCANNED  
FEB 22 2018

SUBJECT: Minker, Amy CASE NUMBER: 18 000958

## 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? Home

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? 2/18 WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? 12am 2/18 WHAT DID YOU EAT? Salad, tenders, bread

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? After midnight AND YOUR LAST DRINK? 230

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? 2

WHAT? Guinness WHERE? Under the table WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? Service Industry 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? \_\_\_\_\_

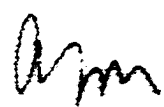
INTERVIEWER: OFC. Rocha #1327

**SCANNED**  
**FEB 22 2018**

*The Sunshine State*

**DRIVER LICENSE CLASS E**  
**M526-010-92-749-0**

**AMY JEANNE**  
**SENIOR**  
**1007 SW KAMCHATKA AVE**  
**PORT ST LUCIE, FL 34953-0543**  
**DOB: 07-20-1982 SEX: F**  
**HEIGHT: 5-06 WEIGHT: 110 EYES: BRN HAIR: BRN**

  
**ORGAN DONOR**

**SAFE DRIVER**  
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY

SCANNED  
FEB 22 2018

# TESTING FACILITY TASK REPORT

AGENCY: JPD/ROCHA

SUBJECT: MINKER, AMY

CASE NUMBER: 18-040233

DATE: Feb 18, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0503

ENDING TIME: 0515

BREATH TESTS RESULTS: 1) .145 TIME 0507 A.M. ☒ P.M. ☐ 2) .152 TIME 0510 A.M. ☒ P.M. ☐  
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: CLEAR

ATTITUDE: CALM, QUIET, COOPERATIVE

CLOTHING: BLUE SHIRT, WHITE UNDER SHIRT, BLACK PANTS, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH, ADMITTED TO DRINKING TWO BEERS

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0440  
SUBJECT AGREED TO TAKE BREATH TEST  
TECH EXPLAINED TEST INSTRUCTIONS  
SUBJECT STATED SHE UNDERSTOOD INSTRUCTIONS  
AND PROVIDED TWO ADEQUATE SAMPLES SUCCESSFULLY  
A/O READ RIGHTS  
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS  
A/O CONDUCTED Q&A  
SUBJECT ANSWERED QUESTIONS  
TECH READ TEST RESULTS  
SUBJECT STATED SHE UNDERSTOOD RESULTS

SCANNED  
FEB 22 2018

# WITNESS LIST

CASE NUMBER: **18-000958**

ARRESTING OFFICER: **Luis Rocha**

ADDRESS: **210 MILITARY TRL, JUPITER FL 33458**

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

CAN TESTIFY TO: **Statements made on scene, roadside tasks and driver observations**

NAME:

ADDRESS: **210 MILITARY TRL, JUPITER FL 33458**

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

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PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

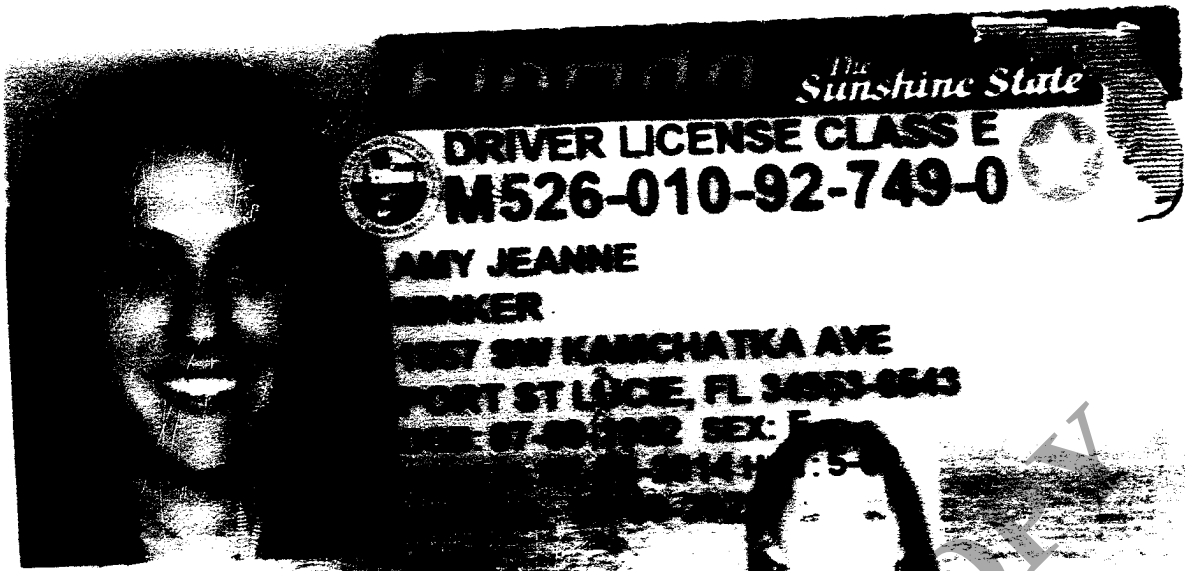
ADDRESS

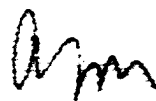
PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

SCANNED  
FEB 22 2018





  
ORGAN DONOR

**SAFE DRIVER**

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY

SCANNED  
FEB 22 2018

ROCHA  
(1177)

18000958



COMPLAINT

FLORIDA DUI UNIFORM TRAFFIC CITATION

A7RX8SE

COUNTY OF **PALM BEACH**  
CITY IF APPLICABLE **JUPITER**  
AGENCY NAME **JUPITER POLICE**  
AGENCY # **05**  
COMPLAINT (RETAINED BY COURT)  
DAY OF WEEK **SUNDAY** MONTH **02** DAY **18** YEAR **2018** TIME **04:06** ☒ A.M. ☐ P.M.  
NAME (PRINT) FIRST **AMY** MIDDLE **JEANNE** LAST **MINKER**  
STREET **1557 SW KAMCHATKA AVE**  
CITY **PORT SAINT LUCIE** STATE **FL** ZIP CODE **34953**  
TELEPHONE NUMBER **07 09 1992** W **F** NOT **503**  
DRIVER LICENSE NUMBER **M 5 2 6 0 1 0 9 2 7 4 9 0** STATE **FL** CLASS **E** COL LICENSE ☐ Y ☒ N **2022** COMMERCIAL VEHICLE ☐ YES ☒ NO  
PLACARDED HAZARDOUS MATERIAL ☐ YES ☒ NO  
TR. VEHICLE **2015** MAKE **KIA** STYLE **UT** COLOR **SIL**  
VEHICLE LICENSE NO. **166PBX** TRAILER TAG NO. **FL** YEAR TAG EXPIRES **2018**  
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY **7449 W INDIANTOWN RD/INTERSTATE 95,**  
**JUPITER**  
FT. ☐ MILES ☐ N ☐ S ☐ E ☐ W OF NODE

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF

COMMENTS PERTAINING TO OFFENSE (Only use offense code listed)  
**DUI - ENHANCED BAC OVER .15** ☐ RE-EXAM ☒ YES ☐ NO  
☐ AGGRESSIVE DRIVER ☐ PASSENGER 15 YEARS ☐ STATE STATUTE **316.193** SUB-SECTION **(4)(b)22**  
CRASH ☐ YES ☒ NO DAMAGE TO OTHER PROPERTY ☐ YES ☒ NO INJURY TO ANOTHER ☐ YES ☒ NO SERIOUS BODILY INJURY TO ANOTHER ☐ YES ☒ NO FATAL ☐ YES ☒ NO  
THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

**03/21/2018** **08:30 AM** **A7RX8SE**  
COURT DATE **NORTH COUNTY GOVERNMENT CENTER**  
**3188 PGA Boulevard PBG, FL 33410**

ARREST DELIVERED TO \_\_\_\_\_ DATE \_\_\_\_\_  
I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR  
EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:  
☒ DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

☐ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? ☒ YES ☐ NO REASON **DUI BAC .145 AND .15**  
ELIGIBLE FOR PERMIT? ☐ YES ☒ NO REASON \_\_\_\_\_

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE **LANTANA 33462-1516** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

RANK: SIGNATURE OF OFFICER **327** BADGE NO. **1177** ID NO. **JPD** TROOP UNIT

CASE NO. \_\_\_\_\_ DOCKET NO. \_\_\_\_\_ PAGE NO. \_\_\_\_\_

| DATE | COURT ACTION AND OTHER ORDERS                                                                                                                                                                                                                                                                                                               |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      | BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____<br>SIGNATURE OF PERSON GIVING BAIL _____<br>SIGNATURE OF PERSON TAKING BAIL _____                                                                                                                                                                                                        |
|      | FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE.<br>SIGNATURE OF CLERK _____                                                                                                                                                                                                                                          |
|      | CONTINUANCE TO _____ REASON _____                                                                                                                                                                                                                                                                                                           |
|      | CONTINUANCE TO _____ REASON _____                                                                                                                                                                                                                                                                                                           |
|      | BOND ESTREATED _____                                                                                                                                                                                                                                                                                                                        |
|      | WARRANT ISSUED _____                                                                                                                                                                                                                                                                                                                        |
|      | VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED                                                                                                                                                                                                                                                                                          |
|      | VIOLATOR ARRAIGNED ON _____ (DATE)<br>PLEA: _____<br>FINDING: _____<br>ADJUDICATION: _____<br>SENTENCE: FINE _____ COST _____<br>JAILED _____ DAYS<br>DRIVER IMPROVEMENT SCHOOL _____<br>OTHER _____<br>DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS<br>RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS<br>RECOMMEND RE-TEST _____ |
|      | SIGNATURE OF JUDGE _____                                                                                                                                                                                                                                                                                                                    |
|      | TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):                                                                                                                                                                                                                                                                                          |
|      | APPEAL BOND OF \$ _____                                                                                                                                                                                                                                                                                                                     |
|      | VIOLATOR'S FINGERPRINT WHEN APPLICABLE _____                                                                                                                                                                                                                                                                                                |

SCANNED  
FEB 22 2018