ARREST / NOTICE TO APPEAR 19CF 1997

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

JUVENILE: 1 — N

ADMINISTRATION

OBTS Number:

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0501700	Jupiter Police Department	5 4 19-000932

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: NONE

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
901 45TH STREET, WEST PALM BEACH	1 BEARS CLUB DR/DONALD ROSS RD, JUPITER, FL 33477

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/27/2019	22:26	02/27/2019	22:36			

DEFENDANT

Name (Last, First, Middle): SNUFFER, ANNIE EILEEN — Alias (Name, DOB, Soc. Sec. #, Etc.): 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	09/13/1992	5'06	135	BROWN	BROWN	LIGHT	Small

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status: O — Religion: CATHOLIC — Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
2905 N BISMARK LN, JUPITER, FL 33458					1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
2905 N BISMARK LN, JUPITER, FL 33458					VERBAL

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

D/L Number, State	INS Number	Place of Birth (City, State)	Citizenship
F482146 / WV	[redacted]	CHARLESTON, WV,	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
				☐ 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. Disperses/Distribute, M. Manufacture/Produce/Cultivate, Z. Other

Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
CHILD ABUSE	827.03(2)(c)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		3	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI - DRIVING WHILE UNDER INFLUENCE	316.193(1)	

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

CHARGE

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

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		2	☐ 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
S. MCGILLICUDDY	02/27/2019	23:13	

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)

Court Date and Time

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

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 #388 12/16

Name of Arresting Officer (Print): MCGILLICUDDY, STEVEN — I.D. #: 1216

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy — I.D. # — Pouch #

Transporting Officer: MCGILLICUDDY — I.D. #: 388 — Agency: JUPITE

Witness here if subject signed with an "X".

PAGE 1 OF 2

ARREST / NOTICE TO APPEAR
Additional Charge List

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0501700	Jupiter Police Department	5 | 4 | 19-000932

CODE

Drug Activity: N. N/A; P. Possess	S. Sell; B. Buy; T. Traffic	R. Smuggle; D. Deliver; E. Use	K. Disperses/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other

Drug Type: N. N/A; A. Amphetamine	B. Barbiturate; C. Cocaine; E. Heroin	H. Hallucinogen; M. Marijuana; O. Opium/Deriv.	P. Paraphernalia/ Equipment; S. Synthetic	U. Unknown; Z. Other	

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI-ACCOMPANIED BY PERSON UNDER 18 YOA	316.193(4) FA	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/		3	☐ Y ☒ N		

PROBABLE CAUSE AFFIDAVIT

ADMIN

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

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 19-000932

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
SNUFFER, ANNIE EILEEN		W	F	09/13/1992

CHARGES

Charge Description	Charge Description
316.193(1) DUI - DRIVING WHILE UNDER INFLUENCE	316.193(3)(A)(B)(C)(1) DUI - PERSONAL INJURY/PROPE
Charge Description	Charge Description
316.193(3)(A)(B)(C)(1) DUI - PERSONAL INJURY/PROPE	316.193(4)(1) DUI-ACCOMPANIED BY PERSON UNDER 18 Y

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted]	W	M	07/28/2010

Phone	Address Source

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

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody . . .

☐ committed the below acts in my presence.

☐ confessed to _____ admitting to the below facts.

☒ was observed by MULTIPLE WITNESSES who told OFC MCGILLICUDDY that he/she saw the arrested person committ the below acts.

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

On the 27 day of February, 2019 at 19:07 (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

On 2/27/2019 at approximately 1907 hrs, I responded to the area of Donald Ross Road and Bears Club Drive, in reference to a report of a traffic crash with injuries. Details of the call stated that a juvenile male subject had been ejected from the vehicle. Upon arrival I observed a Hyundai Genesis (VEHICLE-2) with major front end damage facing west bound disabled in the west bound lanes. I observed a Cadillac SUV (VEHICLE-1) disabled east of that location with major right side/front end damage. I spoke to John Edquist (WITNESS-1) who advised the following. V1 was stopped in the east facing turn lane to go north bound on Bears Club Drive front Donald Ross Road. V2 was west bound in the normal lanes of travel. V1 made an illegal UTURN in front of V2 and caused a crash. An 8 year old child, now identified as [redacted] (VICTIM-3) was ejected from the vehicle. V2 was being driven by Stephen Rudolph (VICTIM-2). V1 was being operated by Annie Snuffer (DEFENDANT). Also in the vehicle were two other children, [redacted] (VICTIM-4) and [redacted] (VICTIM-5).

During my initial investigation on scene, I was able to observe the mannerisms of the defendant. When she spoke on scene I detected slurred speech. During the period where I walked north bound to gather information from a witness and passed the area that the defendant was in, I detected the odor of metabolized alcohol emitting from the area. Shortly after my arrival, Palm Beach County Fire Rescue transported all parties, except for Rudolph, to St. Mary`s for medical treatment. Based on witness statements, I concluded on scene that the defendant was responsible for the crash and was able to conclude that portion of the investigation. I then responded to St. Mary`s in order to meet with the defendant to further my investigation.

Once at the hospital, I was advised by fire department personnel that the defendant had refused to be checked by hospital staff. I then walked over to the defendant, who was standing on the sidewalk in front of the emergency room. Upon seeing me, she asked me for a lighter for her cigarette. At this time I detected a very strong odor of

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

FARINACCI, JOSEPH
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

02/27/2019
DATE

#3887
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILLICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

02/27/2019
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 19-000932

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
SNUFFER, ANNIE EILEEN		W	F	09/13/1992

PROBABLE CAUSE STATEMENT

metabolized alcohol emitting from her person and audibly observed the same slurred speech that I heard before. She was then escorted inside the emergency room by PFC Farinacci and I went into the hospital to check on the status of [redacted]. Hospital staff advised me that [redacted] had a broken collar bone and was stable.

Based on my observations thus far, I determined that I needed to conduct a DUI investigation. I retrieved Snuffer from the children`s ward and asked her to come outside to speak to me. I conducted a changing of the hats, whereby I advised Snuffer that the crash investigation was over and that I was now conducting a DUI investigation. I then read Snuffer her Miranda warning at which time she asked for an attorney. Based on my observations and investigation up to this point, I had probable cause to believe that Snuffer had been in operation of a motor vehicle, and that such operation was affected by the consumption of an alcoholic beverage or chemical controlled substance to the point where her normal faculties were impaired. In addition, Snuffer while operating impaired, was involved in a motor vehicle crash, at her own fault, whereby [redacted], was injured. In addition, the crash caused property damage to another, being VEHICLE-2, and such property damage was in an amount in excess of $20,000 to both vehicles. While operating the vehicle impaired, Snuffer [redacted] three children, all under the age of 18 in the vehicle with her, in violation of state statute.

Based on the facts surrounding the crash, Snuffer did commit three separate acts of child abuse, as she was in operation of a motor vehicle, while impaired by alcohol or a chemical/controlled substance, [redacted] three minor children in the rear. This was an intentional act that could reasonably be expected to result in physical injury to each child. In this instance, the impairment was the likely cause of the crash, which injured one of the children.

Based on the above facts, I placed Snuffer under arrest for DUI, DUI w/ property damage, DUI w/ injury to another and three counts of DUI involving minors under 18 as passengers and three counts of child abuse. A teletype check revealed Snuffer to have a suspended driver`s license. I seized her license and she was issued a citation for driving with a suspended license without knowledge.

I transported Snuffer to the PBSO BAT and placed her under a 20 minute observation period. I did not observe her consume or regurgitate anything during this period. We then went on video where I requested a breath test. Snuffer refused and I read her implied consent on video. She appeared confused by the consequence portion and I reread implied consent. Snuffer would not cooperate with the breath test and it was marked as a refusal. I completed my paperwork, transported Snuffer to Wellington Medical for medical clearance, and then returned to Palm Beach County Jail where she was left in the custody of PBSO deputies. Due to the felony charges attached in this case, court dates were to be set by the court.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

FARINACCI, JOSEPH 336
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

02/27/2019
DATE

#388
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILLICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

02/27/2019
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 | 19-000932

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
SNUFFER, ANNIE EILEEN		W	F	09/13/1992

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

FARINACCI, JOSEPH 332
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

02/27/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER #388

MCGILLICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

02/27/2019
DATE

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

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27TH DAY OF FEBRUARY 20 19, AT 1907 AM ✓ PM

SUBJECT: SNUFFER ANNIE E CASE NUMBER: 19-000932

AGENCY: Jupiter Police Department ARRESTING OFFICER: MCGILLICUDDY #388 388

PERSONAL CONTACT

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

3 witnesses put Snuffer behind the wheel of the vehicle on scene, including V2 from the crash.

OBSERVATION OF DRIVER:

On scene, I observed Snuffer unsteady on her feet and spoke with slurred speech. When I was near her I detected the odor of metabolized alcohol coming from her person. Once at the hospital I once again interacted with Snuffer and once again detected the strong odor of metabolized alcohol coming from her person. As I talked to her I observed that she had slurred speech and spoke with a "tick tongue".

DRIVER'S STATEMENTS:

Asked for an attorney once read Miranda Rights during the changing of the hats.

ODORS:

Metabolized alcohol/stale cigarettes.

GENERAL OBSERVATIONS

SPEECH: **SLURRED/THICK TONGUE/BLENDED DICTION**

ATTITUDE: **ENTITLED/UNCOOPERATIVE**

CLOTHING: **LIGHT PINK DRESS**

MEDICAL/OTHER: **INVOLVED IN CAR CRASH**

STATE OF FLORIDA
COUNTY OF PALM BEACH

#388

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27TH day of FEBRUARY 20 19 by Officer MCGILLICUDDY #388 388

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

Sue Owen (#3184)

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

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:
- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

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

SUBJECT: SNUFFER ANNIE **CASE NUMBER** 19-000932

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- ☐ LT EYE-LACK OF SMOOTH PURSUIT
- ☐ RT EYE-LACK OF SMOOTH PURSUIT
- ☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☐ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- ☐ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

REFUSED

WALK & TURN:
REFUSED

ONE LEG STAND:
REFUSED

FINGER TO NOSE:
REFUSED

ROMBERG ALPHABET:
REFUSED

BREATH TEST RESULTS: 1) REFUSAL | 2) REFUSAL | 3) REFUSAL | 4) REFUSAL

STATE OF FLORIDA
COUNTY OF PALM ~~BEACH~~

#388
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27TH day of FEBRUARY 20 19 by Officer MCGILLICUDDY #388 388

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

Sue Owen (#3184)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

WITNESS LIST

CASE NUMBER: 19-000932

ARRESTING OFFICER: MCGILLICUDDY #388

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): (WORK) (561) 746-6201 X 2184

CAN TESTIFY TO: PC

NAME: FARINACCI #332

ADDRESS: 210 MILITARY TRAIL, JUPITER, FL

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

CAN TESTIFY TO: DEFENDANT OBSERVATIONS

NAME: MATONTI #1186

ADDRESS 210 MILITARY TRAIL, JUPITER FL

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

CAN TESTIFY TO: CRASH RESPONSE/WITNESS STATEMENTS

NAME: SGT ALEXANDRE #221

ADDRESS 210 MILITARY TRAIL, JUPITER, FL

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

CAN TESTIFY TO: CRASH RESPONSE

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

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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:

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

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 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)_____

19-000932

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, **Officer MCGILLICUDDY #388** (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer,

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

or affirm that on or about the **27TH** day of **FEBRUARY**, 20 **19**, at **9:24F** ☑ P.M ☐ A.M.

DRIVER (Type or Print) **ANNIE** (FIRST NAME) **E** (MIDDLE OR MAIDEN NAME) **SNUFFER** (LAST NAME),

DL# **F482146**, state of **WEST VIRGINIA**, was placed under lawful arrest for

the offense of **DUI W/DAMAGE TO PROPERTY** by **Officer MCGILLICUDDY #388** (Name of Arresting Officer) and

issued Citation # **AATBIEE**.

That on or about the **27TH** day of **FEBRUARY**, 20 **19**, at **2124** ☑ P.M ☐ A.M.

in **Palm Beach** County,

I requested that the driver submit to a ✕ **breath and/or** **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

#388/1218

Signature of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

388/1058

Signature of Attesting Officer

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this **27TH** day of **FEBRUARY**, 20 **19**, by **Officer MCGILLICUDDY #388 388**, who is personally known to me or who has produced **POLICE ID** as identification

Notary Public **Sue Owen (#3184)**

Title **POLICE OFFICER**

Date **2/27/2019**

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

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

PBSO CASE # 19-042474 PBSO ZONE 3-15

AGENCY CASE # 19-000932 CRASH CASE #

TIME OF STOP/CRASH 1907 DATE 02/27/2019 DAY WED

SUBJECT'S NAME SNUFFER (LAST) ANNIE (FIRST) E (MID) RACE W SEX F

HGT 506 WGT 135 DOB 9/13/1992

LOCATION DONALD ROSS RD/BEARS CLUB DR

ARRESTING OFFICER'S NAME & ID S. MCGILLICUDDY 388 AGENCY JUPITE RPD

DIVISION:

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2058

ARREST TIME 2026

BREATH RESULTS:

1) DECLINED

2)

3)

4)

TESTING OFFICER'S ID 3184 PBSO VIDEOTAPE # N/A

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	☐	539.001 FS	Other: All records relating to pawnbroker transactions.	
	☐	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019006985	**Date:** 02/28/2019
	Specialist Name/ID: howardt/7185