

0481871

N/H

1921

ADMI NIST RAT ION		OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4 16-004962							
		Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized NONE		Multiple Clearance Indicator							
		Location of Arrest (Including Name of Business) 2101 S US HIGHWAY 1, JUPITER, FL 33458		Location of Offense (Business Name, Address) 2101 S US HIGHWAY 1, JUPITER, FL 33477									
		Date of Arrest 10/15/2016		Time of Arrest 19:14		Booking Date		Booking Time		Jail Date		Jail Time	
		Name (Last, First, Middle) PIZZI, ANTONIA THERESA		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)									
		Race W - White		Sex F		Date of Birth 04/28/1970		Height 5'07		Weight 150		Eye Color BLUE	
		Hair Color BLONDE /		Complexion FAIR		Build Medium							
		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion CATHOLIC		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>					
		Local Address (Street, Apt. Number) 105 SIMS CREEK LN, JUPITER, FL 33458		(City) (State)		(Zip)		Phone (561) 339-0775		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1			
		Permanent Address (Street, Apt. Number) 105 SIMS CREEK LN, JUPITER, FL 33458		(City) (State)		(Zip)		Phone (561) 339-0775		Address Source FLORIDA D/L			
		Business Address (Name, Street) MICHAEL J SCHERB,		(City) (State)		(Zip)		Phone		Occupation Manager			
		D/L Number, State P200018706481 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) MERIDEN, CT, United		Citizenship US			
		Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
		Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
		<input type="checkbox"/> Parent <input type="checkbox"/> Other: (OR)		Name (Last, First, Middle)		Residence Phone							
		<input type="checkbox"/> Legal Custodian		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 <input type="checkbox"/> defendant and/or <input type="checkbox"/> 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.		School Attended		Grade							
		<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property					
		Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
		Charge Description DUI - PERSONAL INJURY/PROPERTY DAMAGE		Statute Violation Number 316.193(3)(a)(b)(C)(I)		Violation of ORD #							
		Drug Activity		Drug Type		Amount / Unit		Offense # 16-004962		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
		Charge Description		Statute Violation Number		Violation of ORD #							
		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
		Charge Description		Statute Violation Number		Violation of ORD #							
		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
		Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:							
		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To	
		Transported By		Date Transported		Time Transported		Other					
		<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) 3188 PGA Blvd / North County Court		Court Date and Time 11/16/2016 0830							
		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) (Signature)		Date Signed 10/15/16						No Photo Available	
		HOLD for Other Agency		Signature of Arresting Officer (Signature)		Name Verification (Printed by Arrestee) 386/1163							
		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) HOBBY, MATTHEW		I.D. # 1193							
		Intake Deputy WM 7613		Pouch #		Transporting Officer ofc hobby		I.D. # 386		Agency JPD		PAGE 1 OF 1	
												SCANNED OCT 17 2016	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15 DAY OF October 20 16, AT 7:14 AM ☒ PM

SUBJECT: Antonia Theresa Pizzi CASE NUMBER: 16-004962

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: OFC Hobby

PERSONAL CONTACT

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

Subject was involved in a traffic crash. The driver of the other vehicle involved was the wheel witness (completed sworn statement and pointed out the defendant to me).

OBSERVATION OF DRIVER:

Subject was unsteady on her feet, was lethargic with her movements, slurring speech, glassy eyes, and had an odor of an unknown alcoholic beverage coming from her breath.

DRIVER'S STATEMENTS:

Driver initially stated that she could not do the roadside tasks, and she stated that she could not drive because she had too much to drink and was drunk. Driver also stated that she had 3 alcoholic beverages ("mimosa's"), prior to driving. Driver denied having any medical conditions that would prohibit her from doing the tasks. Driver kept begging to go home.

ODORS:

An odor of an unknown alcoholic beverage was coming from her breath.

GENERAL OBSERVATIONS

SPEECH: Slurred.

ATTITUDE: Upset and angry (back and forth)

CLOTHING: T-shirt, blue jeans, and sandals.

MEDICAL/OTHER: Advised no medical conditions and no prescribed medications.

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of October 20 16 by OFC Hobby

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

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

SUBJECT: Antonia Theresa Pizzi

CASE NUMBER 16-004962

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:

Driver kept moving head during task, and was swaying back and forth during task.

WALK & TURN

Driver kept interrupting instructions and started the task before being told to start. Driver could not maintain balance while waiting for instructions, and continuously took both feet off of the line. Once beginning the task, the driver took approximately 4-5 steps and stopped stating that she could not do the task. The driver was given several opportunities to start over, but she kept saying that she could not do the task. The driver tried again, but stopped after taking 2-3 steps and again stated she could not do the task.

ONE LEG STAND:

Driver started task before being told to do so. Driver had to be told to look at her feet during the task, and to also keep her arms down at her side. Driver raised foot and counted to 4 seconds and lost her balance. Driver stated she could not do the task, and eventually tried again. Driver got to 6 seconds and, again, lost her balance.

FINGER TO NOSE:

Driver had to be told to close her eyes more than once and to tilt her head back. Driver did not make contact with the tip of her finger to nose several times.

ROMBERG ALPHABET:

Driver started before being told to start. Driver got to the letter T and then stopped. Driver tried a second time and got to U and stopped and began saying "please". Driver did not complete alphabet.

BREATH TEST RESULTS: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] 386
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of October, 2016 by OFC Hobby

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

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



NOT A CERTIFIED

WITNESS LIST

CASE NUMBER: 16-004962

ARRESTING OFFICER: OFC Hobby

ADDRESS: 210 Military Trail

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

CAN TESTIFY TO: See probable cause.

NAME: Claudia M. Bedoya

ADDRESS: 4624 Mediterrancean Cir Palm Beach Gardens FL 33418

PHONE NUMBERS (HOME) 561-294-0417 (WORK) _____

CAN TESTIFY TO: Observing the defendant driving the vehicle.

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: J/D
SUBJECT: PIZZI, ANTONIA T. CASE NUMBER: 1C-139557
DATE: 10/15/11 VIDEO TAPE NUMBER: 61514
BEGINNING TIME: 2124 ENDING TIME: 2126
BREATH TESTS RESULTS: 1) R TIME 2126 A.M./PM 2) N/A TIME — A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.
BREATH OPERATOR: G. PARET #2904
MAINTENANCE TECHNICIAN: KARLENE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED
ATTITUDE: UPSET, MOOD SWINGS, SARCASTIC AT TIMES, CRYING, - REPETITIVE
CLOTHING: BLUE JEANS, RED T-SHIRT, PANTS
MEDICAL CONDITIONS: PANIC ATTACKS
MEDICATIONS: NONE
OTHER: EYES GLASSY AND BLOODSHOT, ROCK BACK AND FORTH, SWAYING, MOVING ABOUT AT X
Δ ADMITTED TO DRINKING 3 MARIJUAS (Q+A)
COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 2052 HRS.

REFUSED

Δ STATED SHE WOULD NOT TAKE TEST WITHOUT TALKING TO HER LAWYER.
A/O READ ILL
Δ STATED SHE COULDN'T DO ANYTHING WITHOUT TALKING TO HER LAWYER AND REFUSED TEST

REFUSED

A/O READ RIGHTS
Δ STATED SHE UNDERSTOOD RIGHTS
A/O CONDUCTED Q+A
Δ ANSWERED QUESTIONS

SUBJECT: Pizza, Antonio T. CASE NUMBER: 16-004962

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) Reno on Camera

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) Reno on Camera

SUBJECT: Pizza, Antonio T. CASE NUMBER: 16-004962

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? in the vehicle

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? Bank of America

DIRECTION OF TRAVEL? N WHERE DID YOU START? Burns' Santa

WHAT TIME DID YOU START? don't know WHAT TIME IS IT NOW? no idea

WHAT IS TODAY'S DATE? 10/15/16 WHAT DAY OF THE WEEK IS IT? Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County and W. Palm Beach

WHEN DID YOU LAST EAT? Morning WHAT DID YOU EAT? Rice and Beans

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? with Duke Blue

HOW MUCH DO YOU WEIGH? 160 HAVE YOU BEEN DRINKING? Yes WHAT? Marijuana

HOW MUCH? 3 WHERE? home WITH WHOM? myself and Duke

WHEN DID YOU HAVE YOUR FIRST DRINK? 10am AND YOUR LAST DRINK? don't know

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? in a glass

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? no ARE YOU UNDER THE INFLUENCE? I don't know

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH?

WHAT? WHERE? WHEN?

WHAT LINE OF WORK ARE YOU IN? Office Manager WHEN DID YOU LAST WORK? Friday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT?

ARE YOU SICK OR INJURED? NO WHAT'S WRONG?

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Not today WHEN?

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? WHY?

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? WHEN?

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>no</u>
EAR INFECTION?	<u>Yes</u>
INNER EAR TROUBLE?	<u>no</u>
DIABETES?	<u>no</u>

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

DO YOU TAKE INSULIN? no IF SO, WHEN WAS YOUR LAST INJECTION?

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

INTERVIEWER: ofc Hobbins # 326