

#0486957

## ARREST / NOTICE TO APPEAR

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

1

JUVENILE

ADMISSIONS			ARREST / NOTICE TO APPEAR							DISPOSITION									
Agency ORI Number <b>0501700</b>			Agency Name <b>Jupiter Police Department</b>				Agency Report Number (N.T.A.'s only) <b>5 4 17-001751</b>												
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 7. Other <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor			If Weapon Seized Enter Type <b>NONE</b>							Multiple Clearance Indicator									
Location of Arrest (Including Name of Business) <b>4699 MILITARY TRL/UNIVERSITY BLVD</b>			Location of Offense (Business Name, Address) <b>4699 MILITARY TRL/UNIVERSITY BLVD, JUPITER, FL 33458</b>																
Date of Arrest <b>04/11/2017</b>		Time of Arrest <b>00:10</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle							
Name (Last, First, Middle) <b>MANIC REINHART, BISERKA</b>																			
Alias: <b>None</b>																			
Race W - White B - Black			Sex I - American Indian O - Oriental/Asian <b>W F</b>			Date of Birth <b>08/17/1965</b>		Height <b>5'03</b>		Weight <b>150</b>		Eye Color <b>BROWN</b>		Hair Color <b>BROWN</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Marital Status <b>U</b>		Religion									
Local Address (Street, Apt. Number) <b>135 SEAGRAPE DR 104, JUPITER, FL 33458</b>			(City) <b>JUPITER</b>			(State) <b>FL</b>		(Zip) <b>33458</b>		Phone <b>(561) 702-8077</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>							
Permanent Address (Street, Apt. Number) <b>135 SEAGRAPE DR 104, JUPITER, FL 33458</b>			(City) <b>JUPITER</b>			(State) <b>FL</b>		(Zip) <b>33458</b>		Phone <b>(561) 702-8077</b>		Address Source <b>FL DL</b>							
Business Address (Name, Street) <b>LAPOSADA,</b>			(City) <b>JUPITER</b>			(State) <b>FL</b>		(Zip) <b>33458</b>		Phone		Occupation <b>Security</b>							
D/L Number, State <b>M526060657970 / FL</b>			Soc. Sec. Number			INS Number		Place of Birth (City, State) <b>Canada</b>		Citizenship <b>US</b>									
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth									
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth									
Name (Last, First, Middle)													Residence Phone						
Parent <input type="checkbox"/> Other: _____																			
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						
Released To: (Name)			Relationship			Date		Time		3. Incarcerated									
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.													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						
C O D E			Drug Activity S. Sell B. Buy P. Possess 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		
C H A R G E			Charge Description <b>DUI - DRIVING WHILE UNDER INFLUENCE</b>							Statute Violation Number <b>316.193(I)</b>			Violation of ORD #						
C H A R G E			Drug Activity <b>N</b>			Drug Type <b>/</b>		Amount / Unit <b>17-001751</b>		Offense #		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number			
C H A R G E			Charge Description							Statute Violation Number			Violation of ORD #						
C H A R G E			Drug Activity <b>/</b>			Drug Type <b>/</b>		Amount / Unit <b>/</b>		Offense #		Counts <b>/</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number			
C H A R G E			Charge Description							Statute Violation Number			Violation of ORD #						
C H A R G E			Drug Activity <b>/</b>			Drug Type <b>/</b>		Amount / Unit <b>/</b>		Offense #		Counts <b>/</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number			
I N T A K E			Health / Apparent Physical Condition of Defendant							Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: <b>None</b>									
I N T A K E			Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health							PROPERTY - Received By			Released By			Release Date			
I N T A K E			Transported By							Date Transported		Time Transported		Other					
N O T I C E			<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) <b>North County</b>			Court Date and Time <b>05/17/2017 08:30:00</b>			Signature of Defendant (or Juvenile and Parent/Custodian)		No Photo Available	
T O A P P E A R			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.																
A D M I N			Signature of Arresting Officer <b>Christopher Fandrey</b>							Name Verification (Printed by Arrestee) <b>Christopher Fandrey</b>									
A D M I N			Name of Arresting Officer (Print) <b>CHRISTOPHER FANDREY</b>							I.D. # <b>1182</b>									
A D M I N			Transporting Officer <b>Christopher Fandrey</b>							I.D. # <b>340</b> Agency <b>JPD</b>									
A D M I N			Initials <b>Thomas #9340</b>							Witness here if subject signed with an "X".									

SCANNED APR 11 AM 2:59

APR 13 2017

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11 DAY OF April 20 17, AT 0010 AM PM  
SUBJECT: Biserka Manic Reinhart CASE NUMBER: 17-001751  
AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: Ofc. Fandrey #340  
**PERSONAL CONTACT**

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
See Ofc. Zesut #312 Supplemental PC for driving pattern.

## OBSERVATION OF DRIVER:

I made contact with the driver and sole occupant of the vehicle who was positively identified by her FL DL as W/F Biserka Manic Reinhart (8/17/65). Manic Reinhart had red bloodshot glassy eyes and I noticed the odor of an unknown alcoholic beverage coming from her person. Manic Reinhart was slightly swaying while standing still and continually mover her feet around to maintain her balance. Manic Reinhart was worried about her work and continually asked for water. Manic Reinhart was cooperative at the beginning of the encounter with her. Manic Reinhart became upset as the encounter continued.

## DRIVER'S STATEMENTS:

Manic Reinhart stated that she was on her way to work and the reason for her swerving side to side while driving was based on her trying to get a cigarette. Manic Reinhart stated that she had three drinks of vodka earlier in the night. Manic Reinhart state that she wanted water and was continually advised she couldnt have water until after she was asked to provide a breath sample. Manic Reinhart became extremely upset and uncooperative at the BAT. Post Miranda Manic Reinhart did not answer any questions and asked for a lawyer.

## ODORS:

Odor of an unknown alcoholic beverage coming from her person.

## **GENERAL OBSERVATIONS**

SPEECH: Repeating statements over and over

ATTITUDE: Upset, belligerent, wanting water, angry

CLOTHING: red shirt, black pants, black shoes

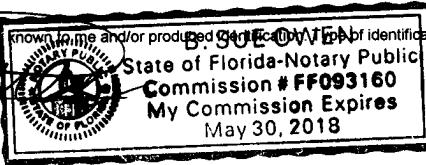
MEDICAL/OTHER: None stated.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

340  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of April 20 17 by Ofc. Fandrey #340

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced State of Florida Notary Public Identification Card or identification produced



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

SCANNED

APR 13 2017

## 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:  
swaying side to side

WALK & TURN

During the instructions and demonstration phase Manic Reinhart did not maintain starting position. Manic Reinhart stepped off line on 4th step out. Manic Reinhart used arms to balance. Manic Reinhart made an improper turn. Manic Reinhart used arms to balance. Manic Reinhart missed heel to toe.

ONE LEG STAND:

During the instructions and demonstration phase Manic Reinhart could not maintain the starting position. She closed her eyes early. Manic Reinhart put her foot down several times and continued to restart counting each and every time. Manic Reinhart utilized her arms to balance. The task was stopped due to concern for Manic Reinhart's safety.

FINGER TO NOSE:

Manic Reinhart did not maintain the starting position. She stated she understood the instructions. Manic Reinhart touched the bottom of her nose and not the tip on each left hand. Manic Reinhart touched the bottom and right side of her nose several times with her right hand.

ROMBERG ALPHABET:

Manic Reinhart stated she knew the whole alphabet and she had a GED. Manic Reinhart sang from A-Z. Manic Reinhart was asked if she remembered the instructions and then she was reexplained the instructions. Manic Reinhart incorrectly recited the second time.

BREATH TEST RESULTS: Refused

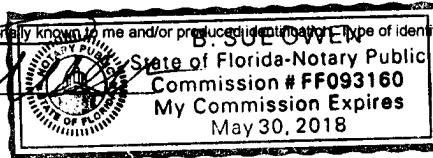
Refused

STATE OF FLORIDA  
COUNTY OF PALM BEACH

 340  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of April 2017 by Ofc. Fandrey #340

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



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

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APR 13 2017

# WITNESS LIST

CASE NUMBER: 17-001751

ARRESTING OFFICER: Ofc. Fandrey #340

ADDRESS: 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-746-6201

CAN TESTIFY TO: See PC

NAME: Ofc. Zesut #312

ADDRESS: 210 Military Trail Jupiter FL 33458

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

CAN TESTIFY TO: Assisting on scene and PC to stop the vehicle

NAME: Ofc. Raleigh #308

ADDRESS 210 Military Trail Jupiter FL 33458

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

CAN TESTIFY TO: Female search

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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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) SCANNED

CAN TESTIFY TO: APR 13 2017

# TESTING FACILITY TASK REPORT

4

AGENCY: JUPITER PD

SUBJECT: MANIC REINHART, BYSERKA

CASE NUMBER: 17-063039

DATE: APRIL 11th, 2017

VIDEO TAPE NUMBER: 62418

BEGINNING TIME: 00:00:00

ENDING TIME: 01/01/2013

BREATH TESTS RESULTS: 1) TIME 3:11 A.M. A.M./P.M. 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.  
3) **REFUSED** TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: J. CAIN #2109

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

#### TESTING OFFICER'S OBSERVATIONS

## SPEECHES

ATTITUDE: *Highly positive, enthusiastic, and engaged.*

## CLOTHING:

## MEDICAL CONDITIONS:

## MEDICATIONS:

## OTHER.

**COMMENTS:**

20 Min. observ done by arresting officer.

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**APR 13 2017**

SUBJECT: Marie Reinhardt, Biscerka CASE NUMBER: 17-00175

## **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) **READ**  **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.

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SUSPECT'S SIGNATURE: (X).

## READ

04

## CAMERA

**WHITE - STATE ATTY.**

**YELLOW - DHSMV**

PINK - CENTRAL RECORDS

GOLD-JAIL

## 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

**REFUSED**

**SCANNED**

**APR 13 2017**



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

NOT A CERTIFIED COPY

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