

| ADMISSION | | ARREST / NOTICE TO APPEAR | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | | JUVENILE | |
|--|--|--|--|--|--|--|--|---|--|---|--|
| OBTS Number | | Agency ORI Number 0501700 | | Agency Name Jupiter Police Department | | Agency Report Number (N.T.A.'s only) 5, 4 17-001751 | | | | | |
| Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | | If Weapon Seized Enter Type NONE | | Multiple Clearance Indicator | | | | | | | |
| Location of Arrest (Including Name of Business) 4699 MILITARY TRL/UNIVERSITY BLVD | | Location of Offense (Business Name, Address) 4699 MILITARY TRL/UNIVERSITY BLVD, JUPITER, FL 33458 | | | | | | | | | |
| Date of Arrest 04/11/2017 | | Time of Arrest 00:10 | | Booking Date | | Booking Time | | Jail Date | | Jail Time | |
| Name (Last, First, Middle) MANIC REINHART, BISERKA | | Alias: | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | |
| Race W - White B - Black W | | Sex M - Male F - Female F | | Date of Birth 08/17/1965 | | Height 5'03 | | Weight 150 | | Eye Color BROWN | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | Marital Status U | | Religion | | Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> | | Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> | | Build Medium | |
| Local Address (Street, Apt. Number) 135 SEAGRAPE DR 104, JUPITER, FL 33458 | | (City) JUPITER | | (State) FL | | (Zip) 33458 | | Phone (561) 702-8077 | | Residence Type: 1. City 2. County 3. Florida 4. Out of State 1 | |
| Permanent Address (Street, Apt. Number) 135 SEAGRAPE DR 104, JUPITER, FL 33458 | | (City) JUPITER | | (State) FL | | (Zip) 33458 | | Phone (561) 702-8077 | | Address Source FL DL | |
| Business Address (Name, Street) LAPOSADA, | | (City) JUPITER | | (State) FL | | (Zip) 33458 | | Phone | | Occupation Security | |
| D/I Number, State M526060657970 / FL | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) Canada | | 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"/> Legal Custodian | | Name (Last, First, Middle) | | Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | |
| 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. | | Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Description of Property | | Value of Property | | | | | |
| Drug Activity S. Sell 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 Description DUI - DRIVING WHILE UNDER INFLUENCE | | Statute Violation Number 316.193(1) | | Violation of ORD # | | | | | | | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # 17-001751 | | 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"/> 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) North County PALM BEACH GARD | | Court Date and Time 05/17/2017 08:30:00 | | | | | | 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 04/11/17 | | | | | | | |
| HOLD for Other Agency | | Signature of Arresting Officer 340 | | Name Verification (Printed by Arrestee) NDai C | | | | | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other | | Name of Arresting Officer (Print) FANDREY, CHRISTOPHER | | I.D. # 1182 | | | | PAGE 1 OF 1 | |
| Initials THOMAS | | Pouch # 1436 | | Transporting Officer Fandrey | | I.D. # 340 | | Agency JPD | | Witness here if subject signed with an "X". | |

SCANNED APR 11 AM 2:58
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.

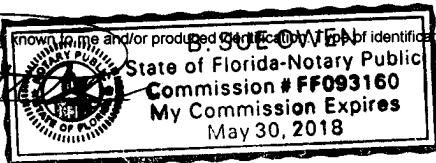
STATE OF FLORIDA
COUNTY OF PALM BEACH

(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 identification produced by Ofc. Fandrey

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



SCANNED
APR 13 2017

SUBJECT: Biserka Manic Reinhart

CASE NUMBER 17-001751

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:

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

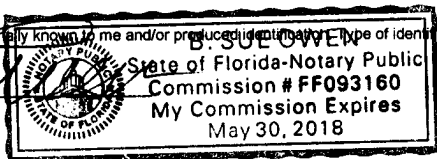
STATE OF FLORIDA
COUNTY OF PALM BEACH

(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 Ofc Fandrey

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



SCANNED
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: _____

PHONE NUMBERS (HOME): _____ (WORK): _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

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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: _____

SCANNED

APR 13 2017

TESTING FACILITY TASK REPORT

4

AGENCY: JUPITER PD

SUBJECT: MANIC PELINEART, BISERKA

CASE NUMBER: 17-063039

DATE: APRIL 11th, 2017

VIDEO TAPE NUMBER: 62418

BEGINNING TIME: 01:13 hrs.

ENDING TIME: 01:17 hrs.

BREATH TESTS RESULTS: 1) **REFUSED** TIME 01:16 A.M./P.M. 2) TIME A.M./P.M.
3) 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

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

COMMENTS:

20 Min. observ done by arresting officer.

* See Video for N. Behavior *

After 1st arrest A/D says "I don't want to go to the hospital I want to go home" before sending you/one to 1st.

A 2nd arrest was made. After an arrest was made the 1st officer was sent to the hospital. A/D was taken to the hospital.

Left on a 1st arrest. After the 1st arrest was made the 1st officer was sent to the hospital. A/D was taken to the hospital.

SCANNED

APR 13 2017

SUBJECT: Marie Reinhart, Bismarck CASE NUMBER: 17-001751

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.

REFUSED

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 _____ ON _____ CAMERA _____

SUBJECT: Manic Kimball, Jr., ka CASE NUMBER: 17-00751

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? _____

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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? _____

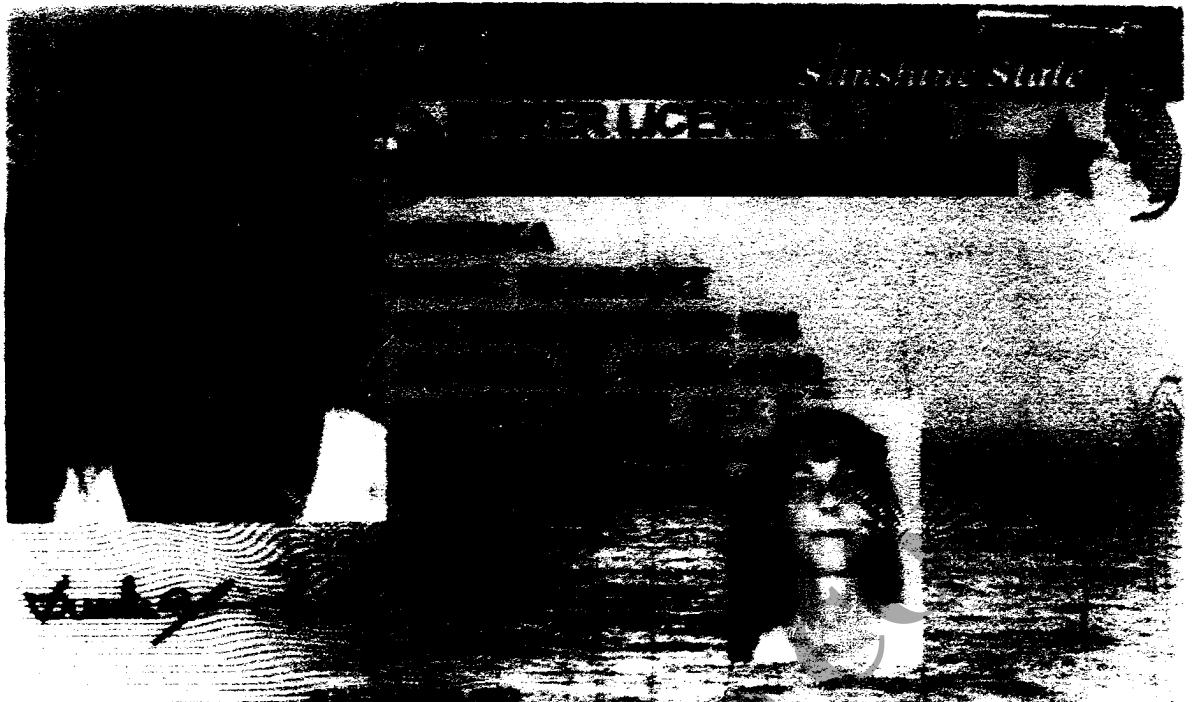
INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



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

NOT A CERTIFIED

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