

0493773

3474

ARREST / NOTICE TO APPEAR

OBTS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 17-005716		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias 1		JUVENILE							
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Multiple Clearance Indicator 01							
Location of Arrest (Including Name of Business) 249 CENTER ST, JUPITER FL						Location of Offense (Business Name, Address) 249 CENTER ST, JUPITER, FL 33458											
Date of Arrest 11/30/2017		Time of Arrest 23:01		Booking Date 11/30/2017		Booking Time 23:11		Jail Date		Location of Vehicle NORTH COUNTY TOWING							
Name (Last, First, Middle) THEISS, CHRISTINA MARIE																	
Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____																	
Race W - White 1 - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 01/30/1980		Height 5'03		Weight 130		Eye Color BLUE		Hair Color BLONDE /		Complexion LIGHT		Build Medium	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																	
Local Address (Street, Apt. Number) (City) (State) (Zip) 8681 SE DUNCAN ST, HOBE SOUND, FL 33455																	
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 8681 SE DUNCAN ST, HOBE SOUND, FL 33455																	
Business Address (Name, Street) (City) (State) (Zip)																	
D/L Number, State T200113805300 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) SAN FERNANDO, CA		Citizenship									
Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth																	
Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth																	
Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) Legal Custodian <input type="checkbox"/>																	
Address (Street, Apt. Number) (City) (State) (Zip)																	
Notified by: (Name) Date Time																	
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 R. Smuggle K. Disperses/ M. Manufacture/ Z. Other N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate P. Possess T. Traffic E. Use																	
Drug Type N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown A. Amphetamine C. Cocaine M. Marijuana Equipment Z. Other E. Heroin O. Opium/Deriv. S. Synthetic																	
Charge Description DUI - DRIVING WHILE UNDER INFLUENCE (Enhanced - over .15) No Statute Violation Number 316.193(4) Violation of ORD #																	
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond N / / 17-005716 1 <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 Warrant / Capias Number Bond <input type="checkbox"/> Y <input type="checkbox"/> N																	
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Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond <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"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail PROPERTY - Received By Released By Released To <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health																	
Transported By Date Transported Time Transported Other DEC 1 AM 2:39																	
<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 01/03/2018 08:30:00																	
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] Signature of Defendant (or Juvenile and Parent/Custodian) 12/1/17 Date Signed																	
HOLD for Other Agency Signature of Arresting Officer [Signature] Name Verification (Printed by Arrestee) [Signature] <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest Name of Arresting Officer (Print) BORROWS, ANDREW I.D. # 1138 <input type="checkbox"/> Suicidal <input type="checkbox"/> Other																	
Intake Deputy SPAWN 8101 Pouch # Transporting Officer PFC BORROWS I.D. # 380 Agency JPD PAGE 1 OF 1 Witness here if subject signed with an "X".																	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30th DAY OF November 20 17, AT 2301 AM PM

SUBJECT: Theiss Christina Marie CASE NUMBER: 17-005716

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: PFC Borrows 380 / 1138

PERSONAL CONTACT

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

Officer Zeitz observed a 2014 Kia bearing Florida License Plate HUUQ12 traveling south on North Alternate A1A. Officer Zeitz verbally advised me that she observed the vehicle violate another vehicle's lane of travel and then take an exceptionally wide turn to go west on Center Street. Officer Zeitz conducted a traffic stop of the vehicle and made contact with the driver, Christina Theiss. Officer Zeitz advised Theiss had slurred speech and Officer Zeitz could smell the odor of an unknown alcoholic beverage on her breath. Theiss initially provided Officer Zeitz with two credit cards rather than the requested documents. Please see Officer Zeitz's supplemental PC for a full account.

Upon my arrival, Theiss was sitting in the driver's seat of her vehicle.

OBSERVATION OF DRIVER:

I had Theiss exit her vehicle. Theiss was very unsteady on her feet. Theiss was wearing heels which she was patently unable to walk in. I encouraged Theiss to take them off after she nearly fell over several times. Theiss kept insisting she was fine. Theiss was unsteady on her feet even after taking her shoes off, continually taking steps to regain her balance. Theiss had bloodshot, glassy eyes and she displayed ptosis. Theiss had pronounced gait ataxia. Theiss' speech was slurred and mumbled.

DRIVER'S STATEMENTS:

Theiss stated she was coming from the Square Grouper, a local bar. Theiss stated she spent two hours there and consumed two vodka tonics. Theiss denied drinking anything else. Theiss stated she was driving home to Hobe Sound.

ODORS:

Strong odor of unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Very Slurred, mumbled

ATTITUDE: Cooperative, mood swings

CLOTHING: White shirt, blue jeans

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

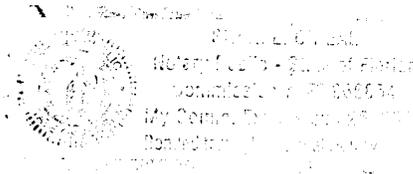
PFC Borrows 380 / 1138

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1st day of December 20 17 by PFC Borrows 380 / 1138

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

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



SUBJECT: Theiss

Christina

CASE NUMBER 17-005716

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:

Unable to complete task due to inability to follow instructions. Very unsteady on feet.

WALK & TURN:

Great difficulty in attaining and maintaining starting position. Theiss started early several times. Theiss used her arms for balance throughout. Theiss missed heel to toe on every step. Theiss stepped off the line to the right on the third step. Theiss took more than 20 steps on the line. I had to tell Theiss to turn around, as it appeared she would have kept going. Theiss then returned, taking more than 20 steps, missing heel to toe on each while using her arm for balance. Theiss again stepped off the line several times.

ONE LEG STAND:

Theiss used her arms for balance throughout. Theiss put her foot down on 1000-3 and 1000-4. Theiss lost her balance and laughed. Theiss put her foot down on 1000-6. Theiss put her foot down again on 1000-8 and stepped back to regain her balance. Theiss was becoming more and more unbalanced and out of control. I was concerned that Theiss would fall and hurt herself. I terminated the task and placed Theiss under arrest for DUI.

BREATH TEST RESULTS: VNM .256 .252

STATE OF FLORIDA
COUNTY OF PALM BEACH

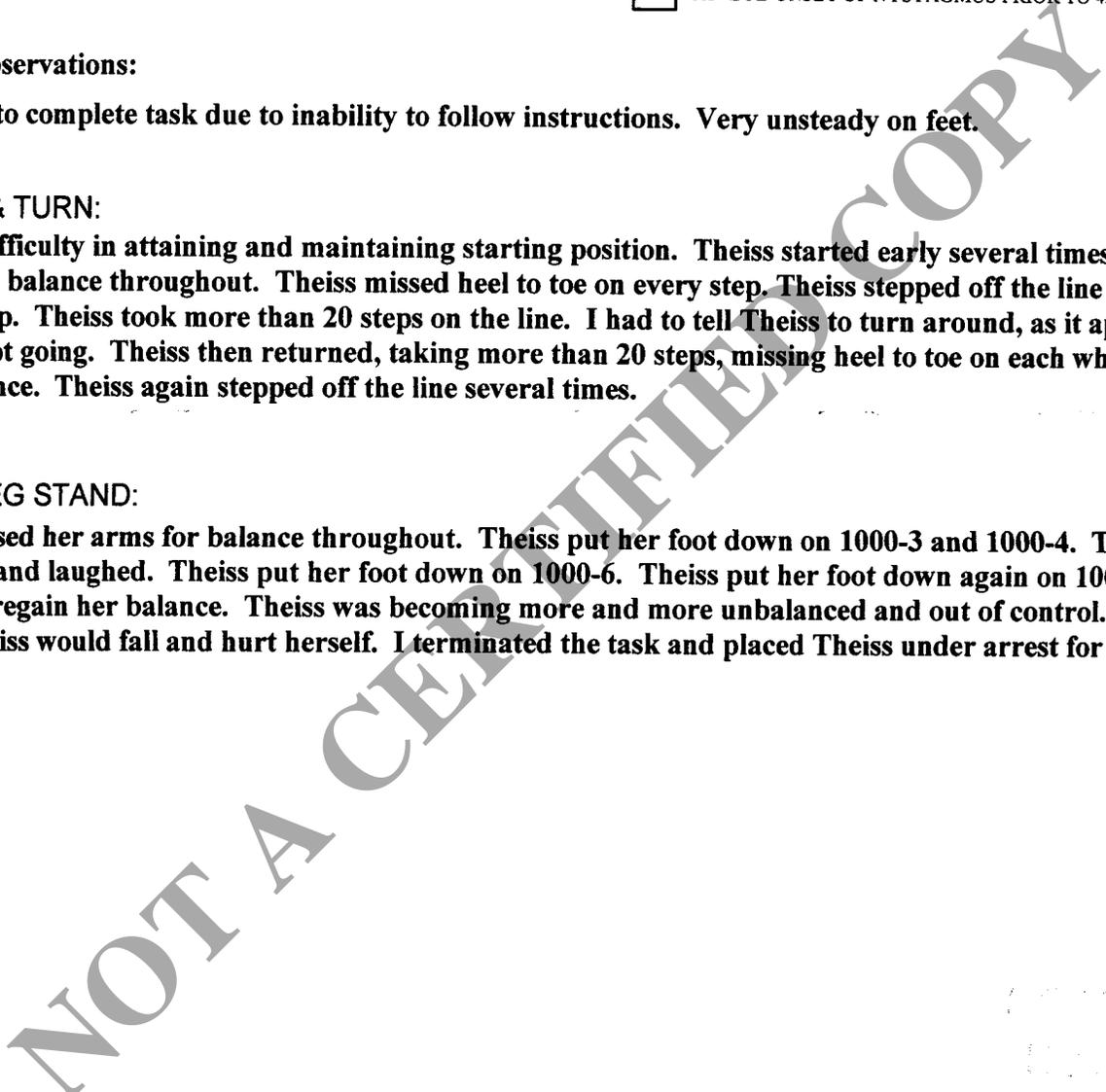
PFC Borrows 380 / 1138
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1st day of December 2017 by **PFC Borrows 380 / 1138**

(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)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966654
My Comm. Expires Jun 25, 2020
Bonded through National Notary Association



WITNESS LIST

CASE NUMBER: 17-005716

ARRESTING OFFICER: PFC Borrows 380 / 1138

ADDRESS: 210 Military Trail, Jupiter Fl 33458

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

CAN TESTIFY TO: PC

NAME: Officer Diana Zeitz #320

ADDRESS: 210 Military Trail, Jupiter Fl 33458

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

CAN TESTIFY TO: Supp PC

NAME: Officer Ryan Kolenich 314

ADDRESS 210 Military Trail, Jupiter Fl 33458

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

CAN TESTIFY TO: Scene

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SUBJECT:

Cherish Thess

CASE NUMBER:

17-005716

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: Pat A. Borrows 380 / 1138

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

SUBJECT:

Christ. Thuss

CASE NUMBER:

12-005716

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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DEC 01 2017

SUSPECT'S SIGNATURE: (X) _____

Read on Camera