

J# 0492335

17CT18157

PCH 3667

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 17-004742	1. Arrest 2. N.T.A.	3. Request for Warrant 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 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	Y		
Location of Arrest (Including Name of Business) CENTER ST/ LOXAHATCHEE RIVER ROAD					Location of Offense (Business Name, Address) 1499 CENTER ST/LOXAHATCHEE RIVER RD, JUPITER, FL				
Date of Arrest 10/04/2017	Time of Arrest 22:12	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) LAMORE, DANIELLE LEE-ANNA									
Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White B - Black	I - American Indian O - Oriental Asian	Sex F	Date of Birth 06/22/1984	Height 5'04	Weight 118	Eye Color BROWN	Hair Color BROWN	Complexion MEDIUM	Build Thin
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status S	Religion CHRISTIAN	Indication of: Alcohol Influence Drug Influence		
Local Address (Street, Apt. Number) 18294 RIVER OAKS DR, JUPITER, FL 33458					Phone (561) 261-2583		Residence Type: 1. City 2. County 3. Florida 4. Out of State		
Permanent Address (Street, Apt. Number) 18294 RIVER OAKS DR, JUPITER, FL 33458					Phone (561) 261-2583		Address Source DEFENDANT		
Business Address (Name, Street)					Phone		Occupation		
DL Number, State LS60172847220 / FL		Soc. Sec Number	EVS Number		Place of Birth (City, State) PALM BEACH		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 <input type="checkbox"/> Other: _____ Name (Last, First, Middle)								Residence Phone	
Address (Street, Apt. Number)								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		S. Sell	R. Smuggle	K. Disperse	M. Manufacture	2. Other		Drug Type	
N.N.A.		B. Buy	D. Deliver	Distribute	Produce	Cultivate		N.N.A.	
P. Possess		T. Traffic	E. Use					B. Barbiturate C. Cocaine A. Amphetamine E. Heroin	
								H. Hallucinogen M. Marijuana O. Opium Deriv.	
								P. Paraphernalia Equipment S. Synthetic	
								U. Unknown Z. Other	
Charge Description DLI - DRIVING WHILE UNDER INFLUENCE						Statute Violation Number 316.193(1)		Violation of ORD =	
Drug Activity	Drug Type	Amount	Unit	Offense #	Counts	Domestic Violence	Warrant	Capias Number	Bond
	N			17-004742	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
Charge Description						Statute Violation Number		Violation of ORD =	
Drug Activity	Drug Type	Amount	Unit	Offense #	Counts	Domestic Violence	Warrant	Capias Number	Bond
Health: Apparent Physical Condition of Defendant						Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
Check which applies:						PROPERTY - Received By			
<input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond						Released By			
<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health						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 11/08/2017 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.						No Photo Available SCANNED OCT 05 2017 Date Signed			
Signature of Defendant (or Juvenile and Parent Custodian)						Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other						(PRINT) OCT 5 AM 2:47 PAGE 1 OF 1			
HOLD for Other Agency CPL NO'NCA 17206 Pouch =						Signature of Arresting Officer SCHNEIDER, RILEY ID = 1196 Name of Arresting Officer (Print) RILEY SCHNEIDER 330 JUPPD ID = _____ Agency = _____ Witness here if subject signed with an "X"			

NOT A CERTIFIED COPY

2017 OCT -5 AM 5:22

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE Fourth DAY OF October 2017 AT 2117 AM PM

SUBJECT: Lamore Danielle L CASE NUMBER: 17-004742

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: Schneider

PERSONAL CONTACT

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

My crash investigation showed that Lamore was swerving on the roadway as she was driving west bound on Center Street. Lamore approached the curve and lost control. Lamore swerved from the west bound lanes across the road and drove through the grassy area adjacent to the eastbound curb. Lamore struck the eastbound curb and proceeded into the concrete barrier with the front of her truck.

A witness to the incident saw a gold Toyota Tundra veer sharply across the center line to the left and crash into the wall. The witness went to check on the driver. The witness saw Lamore in the driver seat and no other occupants in the car.

OBSERVATION OF DRIVER:

Lamore had slurred speech and had difficulty balancing. Lamore was unsteady on her stumble and used the barrier for balance. Lamore was belligerent and went the several moods swings. Lamore's eyes were glassy.

DRIVER'S STATEMENTS:

Lamore stated she had at least three alcoholic drinks and last ate around 1100hrs. Lamore was uncooperative and could not explain why the accident occurred. Lamore said drank wine at her friend's house.

ODORS:

I detected the presence of an unknown alcoholic beverage coming from Lamore's person, which became stronger as she spoke.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Uncooperative towards police and cursing

CLOTHING: Pink/White Dress

MEDICAL/OTHER: N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

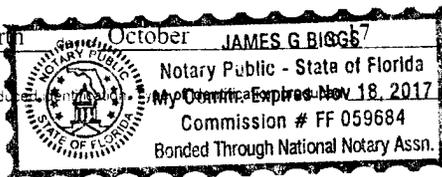
Schneider

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this Fourth

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

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



SCANNED

OCT 05 2017

by Schneider

SUBJECT Lamore

Danielle

CASE NUMBER 17-004742

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:

Moved head during test. Was unable to maintain proper position.

WALK & TURN:

Lamore started the test before told to do so. Lamore used her arms to maintain balance throughout the exercise. Lamore did not count her steps and was unable to walk the straight line. Lamore did not connect heel to toe on the first series of steps. Lamore step of the line on the sixth step. Lamore did not complete a proper turn. Lamore used her arms for balance on the return nine steps. Lamore was unable to walk a straight line and stepped off the line on the first step. Lamore took 12 steps after being told several times to take nine steps.

ONE LEG STAND:

During the one leg stand Lamore was unable to maintain her balance and used her arms for balance. Lamore hopped throughout the task. I allowed her to perform the task twice and she was unable to keep her foot in the air for thirty seconds. Lamore did not count out loud.

FINGER TO NOSE:

Lamore was unable to maintain proper positioning. During the finger to nose task Lamore did not use the tip of her finger when touching her nose and touch the tip of her nose. Lamore started to use her left finger when I asked to use her right finger on the third time.

ROMBERG ALPHABET:

Lamore was unable to maintain proper positioning. Lamore did not perform the task as instructed. Lamore stated she knew her alphabet and recited the alphabet as the following, "ABCDEFGHIJKLMN OPQRSTUI VWXYZ".

BREATH TEST RESULTS: 1) .192 2) .193 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Schneider

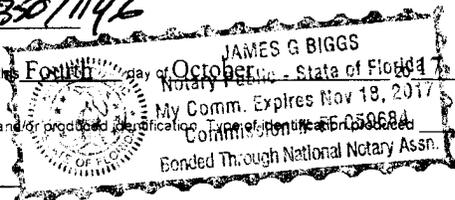
[Signature] 330/1146

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this Fourth day of October, 2017

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

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



by **Schneider**

SCANNED
OCT 05 2017

WITNESS LIST

CASE NUMBER: 17-004742

ARRESTING OFFICER: Schneider

ADDRESS: 210 Military Trail, Jupiter, Florida 33458

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

CAN TESTIFY TO: DUI PC/SFST's

NAME: Kevin Cahill

ADDRESS: 919 Dolphin Drive, Jupiter, Florida 33458

PHONE NUMBERS (HOME) (561) 406-3685 (WORK) _____

CAN TESTIFY TO: Witness Statement

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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: _____

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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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
OCT 05 2017

SUBJECT: Lamere, Danielle CASE NUMBER: 17 004742

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: OTC Schneider # 330

SCANNED
OCT 05 2017

SUBJECT: James Donnell CASE NUMBER: 17-554742

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.

SCANNED
OCT 05 2017

SUSPECT'S SIGNATURE: (X) Read on Camera

TESTING FACILITY TASK REPORT

AGENCY: JPD/SCHNEIDER

SUBJECT: LAMORE, DANIELLE

CASE NUMBER: 17-135497

DATE: 10/05/2017

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0008

ENDING TIME: 0019

BREATH TESTS RESULTS: 1) .192 TIME 0013 A.M. P.M. 2) .193 TIME 0016 A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: UPSET, RAMBLING, VULGAR

CLOTHING: PINK DRESS, RED SOCKS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

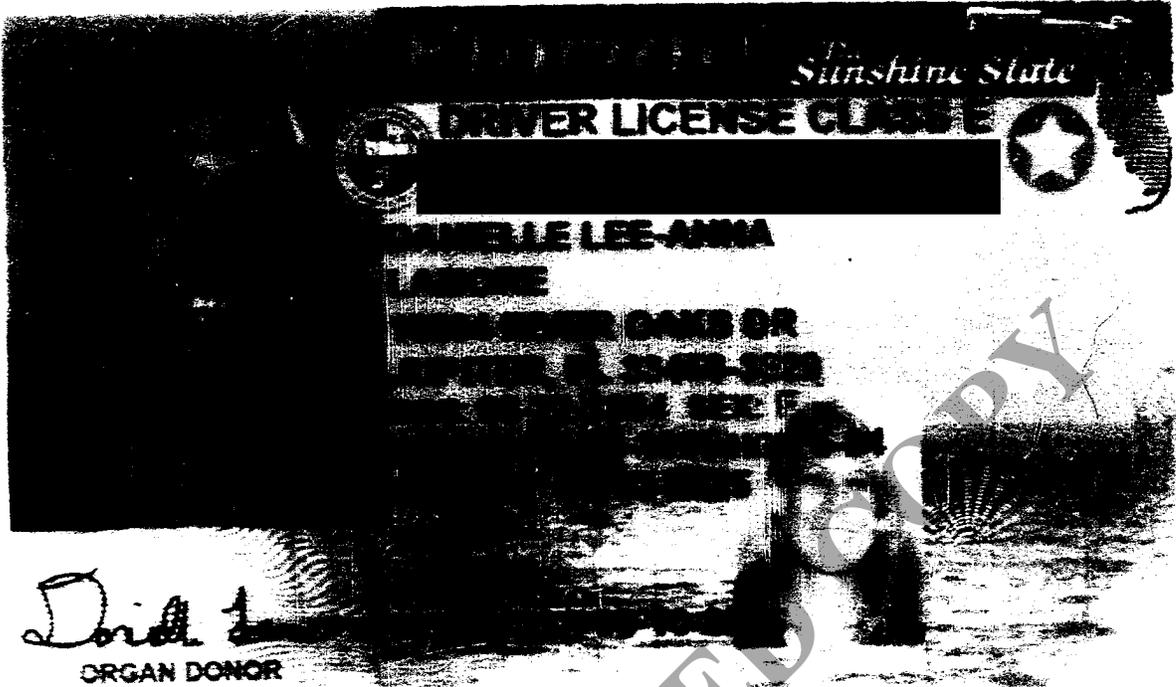
OTHER:

EYES GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2345
SUBJECT AGREED TO TAKE BREATH TEST
TECH EXPLAINED TEST INSTRUCTIONS
SUBJECT STATED SHE UNDERSTOOD INSTRUCTIONS
AND PROVIDED TWO ADEQUATE BREATH SAMPLES
A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS
A/O ATTEMPTED Q&A
SUBJECT REFUSED QUESTIONING
TEST READ TEST RESULTS
SUBJECT STATED SHE UNDERSTOOD HER RESULTS

SCANNED
OCT 05 2017



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

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