

0340896

2017 CT15227

1296

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias1  
Juvenile

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06- 17114100</b>						
ADMINISTRATIVE	Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) <b>Atlantic Ave at Jog Rd Delray Beach FL 33484</b>		Location of Offense (Business Name, Address) <b>Atlantic Ave at Jog Rd</b>		Location of Vehicle <b>BIG CITY TOWING 561-547-4092</b>		Delray Beach FL 33484					
Date of Arrest <b>08/13/2017</b>	Time of Arrest <b>01:03</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>BIG CITY TOWING 561-547-4092</b>						
Name (Last, First, Middle) <b>Zoub Denise M</b>												
Alias (Name, DOB, Soc. Sec. #, Etc.)												
DEFENDANT	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex <b>W</b>	Date of Birth <b>08/13/1969</b>	Height <b>5'6</b>	Weight <b>150</b>	Eye Color <b>Blu</b>	Hair Color <b>Blo</b>	Complexion <b>Med</b>	Build <b>Med</b>			
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>Sing</b>	Religion <b>Jewish</b>	Indication of: Alcohol Influence Drug Influence				
Local Address (Street, Apt. Number) <b>9823 Spanish Isles Dr</b>						(City) <b>Boca Raton</b>	(State) <b>FL</b>	(Zip) <b>33496</b>	Phone ( )	Residence Type: 1. City 2. County		
Permanent Address (Street, Apt. Number)						(City)	(State)	(Zip)	Phone ( )	Address Source <b>FL DL</b>		
Business Address (Name, Street)						(City)	(State)	(Zip)	Phone ( )	Occupation <b>Teacher</b>		
CO-DEF	D/L Number, State <b>Z100173697931</b>		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) <b>Boca Raton FL</b>		Citizenship <b>US</b>			
Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large			
Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large			
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other						Residence Phone ( )					
Address (Street, Apt. Number)						(City)	(State)	(Zip)	Business Phone ( )			
Notified by: (Name)						Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released.				
								2. TOT HRS / DYS 3. Incarcerated				
Released To: (Name)						Relationship			Date	Time		
The above address 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 (Phone 355-2526) informed of any change of address.						School Attended			Grade			
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)												
CODE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No						Description of Property					
						Value of Property						
CHARGE	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ 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. Synthetics	U. Unknown Z. Other	
CHARGE	Charge Description <b>DUI</b>						Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>			Violation of ORD #
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # <b>17114100</b>			Warrant / Capias Number			Bond		
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond		
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond		
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond		
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996</b>											
Court Date and Time Month <b>September</b> Day <b>7</b> Year <b>2017</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/> PM <b>11:45</b>												
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												
<b>08/13/2017</b>												
Signature of Defendant (or Juvenile and Parent / Custodian)												
Date Signed <b>6:9</b>												
ADMIN	HOLD for other Agency Name: <b>X</b>			Signature of Arresting Officer <b>X</b>			Name Verification (Printed by Arrestee) <b>1296</b> (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: <b>Inv. J. Schneider</b>			I.D. # <b>8501</b> Transporting Officer <b>Inv. J. Schneider</b> ID # <b>8501</b> Agency <b>PBSO</b>						
Witness here if subject signed with an -X" <b>10:10</b>												

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF August 20 17, AT 00:10  AM PM  
SUBJECT: Zoub Denise M CASE NUMBER: 17114100  
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider  
**PERSONAL CONTACT**

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

Was observed by Sergeant Anthony Musso #8310 driving west on Atlantic Ave. Sergeant Musso stated the following in a sworn probable cause affidavit: While on routine patrol in the area of Cumberland Dr and Atlantic Ave, PBSO dispatch advised that a concerned citizen was traveling westbound on Atlantic Ave at Jog Road behind a White Honda Civic occupied by a white female that was driving at a high rate of speed and all over the road way. I was able to locate the vehicle (EQZ-V38) at Atlantic Ave and Florida Turnpike overpass. I observed the vehicle travel over the right side of the white lane. The vehicle was not able to maintain a single lane. The vehicle then moved into the left turn lanes of Atlantic Ave at Lyons Road. The vehicle was first in the far left lane, then drifted into the right lane and stopped for the red light. The light turned green and I observed the vehicle made a wide right turn almost driving off the roadway when attempting to travel south on Lyons Road. The vehicle had to make a sharp turn to keep the vehicle on the roadway. At this point, I initiated a traffic stop on the vehicle in fear that the driver may cause an accident as there were several vehicles on the roadway. The vehicle came to a stop on Lyons Rd just south of Atlantic Ave. I approached the passenger side of the vehicle and observed the driver placing multiple pieces of chewing gum into her mouth. The female was talking on the phone via bluetooth to her son, I asked the driver for her license, registration, and proof of insurance. The female handed me her license and insurance card and stated she was going to get her insurance card for me. The female had bloodshot watery eyes and I was able to smell a strong odor of an alcoholic beverage emitting from her vehicle. The female was also slurring her words as she spoke. I asked her where she was coming from and she stated Oyster Bar in Delray where she met a guy she met on-line to have a drink. I asked her how much she had to drink and she stated 1 glass of wine. At this point, I contacted a PBSO DUI unit to further the investigation. This concludes my involvement in this case.

## OBSERVATION OF DRIVER:

Approaching the drivers side of the vehicle I engaged in conversation with the driver whom I identified by her Florida License as Denise Zoub. Zoub had slurred speech and I smelled the odor of a unknown alcoholic beverage coming from her person.

After taking Zoub into custody she became emotionally cyclical, contined to repeat statements, faked an anxiety attack and faked passing out.

## DRIVER'S STATEMENTS:

I had one drink, then we shared a bottle of wine, then stated one drink again. Asking for a attorney I issued her Miranda Warnings, clarified they were only applicable to my questions, and instructed her that she was not entitled to an attorney while making a determination for a sobriety test.

While in transit Zoub stated she wanted to kill herself.

Before and during the breath test Zoub began to speak about male anatomy relating to each male in the bat including technician Biggs, Investigator Soriano, and myself. This language was very lewd and vulgar.

## ODORS:

Distinct odor of a unknown alcoholic beverage

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cyclical and argumentative

CLOTHING: Pink shirt, blue jeans, black heels

MEDICAL/OTHER: Anxiety, MS - Stage 2, brain lesions. Takes gabapentin, xanax, medical marijuana

STATE OF FLORIDA  
COUNTY OF PALM BEACH

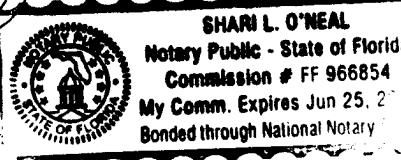
Inv. J. Schneider  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of August 20 17 by Inv. J. Schneider

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

Shari O'Neal (#6212) S. O'Neal

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



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AUG 17 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:**

Vertical Nystagmus present. Sway present however Zoub stated it was because of her MS.

**HAND COORDINATION:**

While in the instructional position a sway was present. While performing the task she moved her hands properly however clapped four times rather than three and while moving her hands back failed to count five through eight and instead used one through four.

**FINGER TO NOSE:**

While in the instructional position a sway was present. Starting the task she failed to obtain the instructed position and had to be reminded to do so. Starting the commands she followed directions on the first left however moved her right hand absent any commands. She missed the tip of her finger to the tip of her nose once during the exercise using the pad of her finger.

**ROMBERG ALPHABET:**

While in the instructional position a sway was present.

**ONE LEG STAND:**

Not performed due to her medical condition. During the task she failed to tilt her head back but completed the alphabet.

**BREATH TEST RESULTS:** 1) .128 2) .126 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

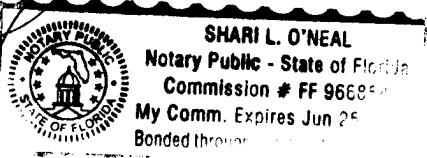
Inv. J. Schneider  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of August 20 17 by Inv. J. Schneider

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

Shari O'Neal (#6212) Shari O'Neal

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



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# WITNESS LIST

CASE NUMBER: 17114100

ARRESTING OFFICER: **Inv. J. Schneider**

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688-4001

CAN TESTIFY TO: DUI Investigation

NAME: **Sergeant Anthony Musso #8310**

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 688 3000

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

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) \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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

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

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# TESTING FACILITY TASK REPORT

AGENCY: City of T. v. Schneider #200

SUBJECT: Z. B. L.

CASE NUMBER: 17-1410

DATE: 08-10-17

VIDEO TAPE NUMBER: 0244

BEGINNING TIME: 02:01

ENDING TIME: 02:14

BREATH TESTS RESULTS: 1) 12.0 TIME 02:04 A.M./P.M. 2) 11.6 TIME 02:17 A.M./P.M.  
3)            TIME            A.M./P.M. 4)            TIME            A.M./P.M.

BREATH OPERATOR: C. C. H. 212

MAINTENANCE TECHNICIAN: C. C. H. 212

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Normal, Slurred

ATTITUDE: Tranquill, Non-aggressive, Right, Relaxed, Verbal

CLOTHING: Light-Pink T-shirt

MEDICAL CONDITIONS: Multiple contusions - on face, hands, body

MEDICATIONS: Several tabs.

OTHER: Eyes: Red & Glassy

\* Met wings, unable

One of wings, unable to move

COMMENTS: 20 min. observation. See Log. AIC Schneider #200

D was laid out on the mat during the 20 min.  
observation.

Also requested the breath test.

D submitted to the breath test.

D submitted the test result.

D was seated.

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**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.

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

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## 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: \_\_\_\_\_



ORGAN DONOR

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

NOT A CERTIFICATE

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