

1798

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBT # Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 17-002004		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 type="checkbox"/> 3. Misdemeanor <input checked="" 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) 1499 N US HIGHWAY 1/BEACH RD						Location of Offense (Business Name, Address) 1499 N US HIGHWAY 1/BEACH RD, JUPITER, FL 33469											
	Date of Arrest 04/24/2017		Time of Arrest 22:54		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle					
	Name (Last, First, Middle) RICE, ELIZABETH ANNE												Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: RICE, ELIZABETH ANNE					
	Race W - White B - Black Q - Oriental/Asian W		Sex F		Date of Birth 04/27/1964		Height 5'00		Weight 150		Eye Color BROWN		Hair Color BLONDE /		Complexion FAIR		Build Medium	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status D		Religion OTHER		Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>							
	Local Address (Street, Apt. Number) (City) (State) (Zip) 1621 16TH WAY, WEST PALM BEACH, FL 33407						Phone (561) 758-3370		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2									
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 1621 16TH WAY, WEST PALM BEACH, FL 33407						Phone (561) 758-3370		Address Source FL DL									
	Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation Bartender									
D/L Number, State R200221646470 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) DETROIT, MI, United		Citizenship US										
C O D E F	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					
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)												Residence Phone					
	<input type="checkbox"/> Legal Custodian												Business Phone					
	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							
C H A R G E	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 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 #									
C H A R G E	Drug Activity		Drug Type N		Amount / Unit /		Offense # 17-002004		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond			
	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		Warrant / Capias Number		Bond			
	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		Warrant / Capias Number		Bond			
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 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							
N O T I C E T O A P P E A R	<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 05/24/2017 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											
	A D M I N	Signed for Other Agency						Signature of Arresting Officer 340		Name Verification (Printed by Arrestee)								
<input checked="" type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) FANDREY, CHRISTOPHER		ID # 1182										
Pouch #						Transporting Officer Chandrey		ID # 340		Agency JPD								

2017 APR 25 AM 5:26
SCANNED
MAY 01 2017

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24 DAY OF April 20 17, AT 2231 [✓]AM PM

SUBJECT: Elizabeth A. Rice CASE NUMBER: 17-002004

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)
Gold 4 door Hyundai bearing FL tag #BCRF70 driving north on S US Highway 1. Caller following vehicle stated that the vehicle was all over the roadway and north on S US Highway 1 from Marcinski. While enroute Northcom advised the vehicle was continually traveling north on S US Highway 1. I observed the vehicle at S US Highway 1/Villas on the Green. The vehicle was swerving back and forth and was speeding up and slowing down. The vehicle then took off at a high rate of speed passing 65mph in a 45. The vehicle crossed the dotted line on the left side of the roadway. The vehicle then nearly struck the curb on the right side of the road and nearly struck the guardrail.

OBSERVATION OF DRIVER:

While approaching the vehicle I observed the overwhelming odor of an unknown alcoholic beverage coming from the vehicle. I then made contact with the driver and sole occupant of the vehicle who was seated in the drivers seat who was positively identified by her FL DL to be W/F Elizabeth A. Rice (4/27/64). While speaking to Rice the odor of an unknown alcoholic beverage grew stronger. I noticed Rice had red bloodshot glassy eyes. Rice was confused as to where exactly she was and in which direction that she was going. Rice was struggling to maintain her balance and was moving her feet around to help her balance. Rice was swaying while standing still. Rice also could not follow directions.

DRIVER'S STATEMENTS:

Rice stated that she was coming from up north having drinks with some friends. It should be noted that Rice was driving north from the Town of Juno Beach. It should also be noted that there was a previous BOLO for the vehicle when it was driving south through Juno Beach. Rice stated that she was headed home to West Palm Beach where she lives. Rice stated that she had drank two glasses of wine. When asked on a scale of 1-10 with 1 being completely sober and 10 being the most drunk she has ever been in her life she stated about a 2. Rice also stated she probably shouldn't be driving.

ODORS:

Odor of an unknown alcoholic beverage coming from her person which only grew stronger as she spoke to me.

GENERAL OBSERVATIONS

SPEECH: Slurred, confusing.

ATTITUDE: Cooperative, emotional, confused, upset, mood changes, sarcastic

CLOTHING: White pants, blue shirt, black sandals.

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 24 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. Type of identification produced _____

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



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
MAY 01 2017

SUBJECT: Elizabeth A. Rice

CASE NUMBER 17-002004

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, unsteady on feet, red bloodshot glassy eyes

WALK & TURN

Rice could not maintain the starting position during the instruction and demonstration phase. Rice was utilizing her arms to balance. Rice was not able to stand with her heel touching her toe. Rice kept moving around and continually left the starting position. Rice missed heel to toe on each step. Rice stepped off line multiple times in both directions. Rice conducted an improper turn. Rice then missed heel to toe on each step back. Rice did not keep her hands down by her side. Rice conducted an improper amount of steps in both directions.

ONE LEG STAND:

Rice did not maintain the starting position during the instruction and demonstration phase. Rice stated she did not have any medical issues that would cause her to not balance. Rice moved around during the entire instruction phase. Rice was not watching during the demonstration phase. Rice lost her balance and nearly fell prior to beginning the task. Rice was re explained the instructions multiple times. Rice used her arms to balance. Rice put her foot down at 1006. Rice then began again and placed her foot down on several occasions. The task was stopped due to concerns for her safety.

FINGER TO NOSE:

During the instruction and demonstration phase Rice did not maintain her starting position. Rice was fidgeting and moving around the entire time. Rice began early by closing her eyes and tilting her head back. Rice raised her left hand halfway up on the first left. The instructions were re explained. Rice missed finger to nose once.

ROMBERG ALPHABET:

Rice did not maintain the starting position during the instruction and demonstration phase. Rice stated she had a high school education. Rice began at a slow pace and then started to sing the alphabet.

BREATH TEST RESULTS: .217 .219

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 24 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, Clerk of Court, Officer (F.S.S. 117.10)



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
MAY 01 2017

WITNESS LIST

CASE NUMBER: 17-002004

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. Razzano #317

ADDRESS: 210 Military Trail Jupiter FL 33458

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

CAN TESTIFY TO: Assisting on scene

NAME: Sgt. Hennessey #210

ADDRESS 210 Military Trail Jupiter FL 33458

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

CAN TESTIFY TO: _____

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: _____

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CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

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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
MAY 01 2017

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: RICE, ELIZABETH A.

CASE NUMBER: 17-068798

DATE: 04/25/2017

VIDEO DVD NUMBER: 62512

BEGINNING TIME: 0003

ENDING TIME: 0015

BREATH TESTS RESULTS: 1) .217 TIME 0009 A.M. ☒ P.M. ☐ 2) .219 TIME 0012 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 TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: MUMBLED

ATTITUDE: UPSET, CRYING, FIDGETTY, COOPERATIVE,

CLOTHING: NAVY BLUE BLOUSE, WHITE PAINTS, TAN HIGH HEELS

MEDICAL CONDITIONS: NONE/THYROID

MEDICATIONS: LEVOTHYROXINE, PROXEN

OTHER:

EYES WATERY AND BLOODSHOT, UNSTEADY ON FEET, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2335
SUBJECT AGREED TO TAKE BREATH TEST
A/O READ RIGHTS, SUBJECT STATED SHE UNDERSTOOD HER RIGHTS.
TECH READ TEST RESULTS, SUBJECT STATED SHE UNDERSTOOD RESULTS.
A/O ATTEMPTED Q&A, SUBJECT REFUSED TO ANSWER QUESTIONS.

SCANNED
MAY 01 2017

SUBJECT: RUC 111-1111 A. CASE NUMBER: _____

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: ORC Tondrey # 340

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED
MAY 01 2017

SUBJECT: Eric Elizabeth A. CASE NUMBER: _____

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
MAY 01 2017

SUSPECT'S SIGNATURE: (X) Eric Elizabeth A.

NOT A CERTIFICATE

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MAY 01 2017