

J# 0494 878

NR
2018 CT 825 AXNB

P# 3692

Rough Arrest Only

OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest	3. Request for Warrant	1	Juvenile	N		
Agency ORI Number FL0500700		Agency Name RIVIERA BEACH POLICE DEPARTMENT				Agency Report Number 84- 18-00304						
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		Weapon Seized/Type		Multiple Clearance Indicator		
<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		1. Yes 2. No		2		1		
Location of Arrest (Including Name of Business) 1900 WEST BLUE HERON BLVD, RIVIERA BEACH, FLORIDA					Location of Offense (Business Name, Address) 1900 WEST BLUE HERON BLVD, RIVIERA BEACH, FL							
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
1/13/2018	20:30											
Name (Last, First, Middle) GRIGGS ERICA				Alias (Name, DOB, Soc. Sec. #, Etc.) MICHELLE								
Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build				
W - White B - Black I - American Indian O - Oriental/Asian	W F	10/14/1980	5'9	150	HAZEL	RED	LIGHT	MED				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status		Religion		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.				
Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Residence Type 1. City 3. Florida 2. County 4. Out of State				
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Address Source DEFENDANT				
Business Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Occupation				
D/L Number, State G620213808740		Soc. Sec. Number		INS Number		Place of Birth NORTH CAROLINA		Citizenship U.S.A				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
<input type="checkbox"/> Parent Name (Last) (First) (Middle)		Residence Phone										
<input type="checkbox"/> Legal Custodian												
<input type="checkbox"/> Other												
Address (Street, Apt. Number)			(City)	(State)	(Zip)	Business Phone		JAN 14 12:25				
Notified by: (Name)				Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated						
Released To: (Name)				Relationship	FCIC/NCIC	Date	Time					
The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address: <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade				
Recovery Information 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other												
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. Synthetic	U. Unknown Z. Other
Charge Description DRIVING UNDER THE INFLUENCE			Counts	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 316.193 (1)		Violation of ORD #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond						
N	N	N/A	18-00304									
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond						
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond						
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond						
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BLVD. PALM BEACH GARDENS FL 33410										
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side.		Court Date and Time Month FEBRUARY Day 14TH Year 2018 Time 0830 A.M. P.M.										
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						
HOLD for other Agency		Signature of Arresting Officer			Name Verification (Printed by Arrestee)							
Name:		X [Signature]			6539		(PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print)			I.D. #		PAGE					
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		OFC. A. LAMBERT			6539		1 OF 1					
Intake #		Pouch #		Transporting Officer		I.D. #		Agency				
[Signature]				OFC. A. LAMBERT		6539		RBPD				
Witness here is subject signed with an "X"												

ADMIN. [Signature]

2018 JAN 14 AM 5:52
PALM BEACH COUNTY FL
SHERIFF R. BOGGS
CLUB BRANCH

JAN 16 2018

DISTRIBUTION: 1st WHITE - COURT 2nd WHITE - RECORDS GREEN - STATE ATTY. YELLOW - CID PINK - JAIL (Rough Arrest) GOLD - DEFENDANT (Miscellaneous) SILVER - FEE

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13TH DAY OF JANUARY 2018, AT 2002

SUBJECT: Erica Michelle Griggs CASE NUMBER# 18-00304

AGENCY: RIVIERA BEACH ARRESTING OFFICER OFC. A. LAMBERT

PERSONAL CONTACT

ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENT PUTTING DEFT, BEHIND THE WHEEL OF THE VEHICLE

DRIVING PATTERN:

Sgt. T. Smith #4151 was traveling westbound on West Blue Heron Boulevard in the 1700 block when she observed a black vehicle traveling at at speeds in excess of the posted speed limit of 40mph. Sgt. Smith conducted a traffic stop on the vehicle bearing South Carolina tag 859ILT which came to a complete stop at the 1900 block of West Blue Heron Boulevard.

OBSERVATION OF DRIVER:

Sgt. Smith made contact with the driver of the vehicle later identified by her Florida driver license as Erica Michelle Griggs (W/F 10/14/1980). Sgt. Smith immediately noticed the odor of an alcoholic beverage emanating from Griggs facial area as well as several unopened and opened bottles of Budlight beer in the back seat of Griggs' vehicle.

DRIVER'S STATEMENTS;

According to Sgt. T. Smith, Griggs stated she consumed a couple glasses of wine during dinner. Griggs also later told Officer D. Edwards #6261 that she drank wine during dinner because "It's not illegal."

ODORS: Alcoholic beverage emanating from subjects facial area and inside of the vehicle.

GENERAL OBSERVATIONS

SPEECH: Loud talking

ATTITUDE: Griggs became argumentative with Officers on scene.

CLOTHING: Light colored tank top, gray pants, blue boots

MEDICAL PROBLEMS:

MEDICATIONS: N/A

OTHER: _____

SEARCHED
JAN 16 2018

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Ofc. A. Lambert, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Riviera Beach Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 13 day of January, 20 18, at 8:00 P.M. A.M.

DRIVER Erica M Griggs
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

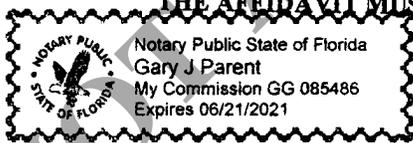
DL# G620-213-80-874-0, state of Florida, was placed under lawful arrest for
the offense of DUI by Ofc. A. Lambert and
issued Citation # A3THOZE
(Name of Arresting Officer)

That on or about the 13 day of January, 20 18, at 11:42 P.M. A.M.
in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

The foregoing instrument was sworn and subscribed before

me this 13 day of January, 20 18,

by Ofc. A. Lambert,

who is personally known to me or who has produced

Known as identification

Notary Public

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.



**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 18-026230 PBSO ZONE _____

AGENCY CASE # 18-00304 CRASH CASE # _____

TIME OF STOP/CRASH 8:00 P.M DATE 1-13-18 DAY Saturday

SUBJECT'S NAME Erica Griggs RACE W SEX Female

HGT 5'9 WGT 150 DOB 10 / 14 / 1980

LOCATION 19 West Blue Heron Blvd, Riviera Beach, Florida,

ARRESTING OFFICER'S NAME & ID A. Lambert #6539 AGENCY RBPD

DIVISION: Patrol

NOTIFIED BY COMMO Commo

ARRIVAL AT FACILITY 2101

ARREST TIME 2035

BREATH RESULTS:

1. **REFUSED**
2. _____
3. _____
4. _____

TESTING OFFICER'S ID 22079 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

SCANNED
JAN 16 2018

TESTING FACILITY TASK REPORT

AGENCY: PBPD
SUBJECT: Criggs, Erica M CASE NUMBER: 13-026230

DATE: 01/13/18 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 21:32 ENDING TIME: 21:52

BREATH TESTS RESULTS: 1) R TIME 21:42 A.M./P.M. 2) N/A TIME - A.M./P.M.
3) N/A TIME - A.M./P.M. 4) N/A TIME - A.M./P.M.

BREATH OPERATOR: K. Mounihan #22079

MAINTENANCE TECHNICIAN: J. Korlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, mumbled

ATTITUDE: Angry, Insulting, Ranting, Repetitive, crying, mood swings, Sarcastic

CLOTHING: Grey pants, teal sleeveless shirt, teal jacket, black socks

MEDICAL CONDITIONS: "allergic to iodine and Ivy"

MEDICATIONS: None

OTHER: Eyes glassy and blood shot. Moving around at "X" Order of unknown alcoholic Beverage. On Breath.

COMMENTS: Arrived at Testing Center, ALO began 90 minute Observation Period at 21:01 hrs

*Note: Start button hit accidentally instead of "R" on keyboard
Δ refused to take test

REFUSED

ALO read and explained

Δ stated she understood IIC and agreed to take test. When giving instructions Δ stated she didnt understand. Tech explained instructions again. Δ refused to approach instrument, she put hands in front of face and refused to take test

ALO read Rights, Δ stated she understood Rights

ALO Conducted O+A
Δ answered Questions.

REFUSED

SCANNED
JAN 16 2018

SUBJECT: Griggs, Eric M 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) 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.

SCANNED

JAN 16 2013

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: George, Louis M 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? _____

SCANNED
JAN 16 2013

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: _____