

Set # 0497424

1801083

Pch # 430

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. NTA 3. Request for Warrant 4. Request for Capias

ADMINISTRATIVE	DBTS Number	Agency ORI Number FL0502400		Ocean Ridge Police Department		Agency Report Number		
	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"/> 8. Other	
	Location of Arrest (Include Name of Business)				Location of Offense (Business Name, Address)			
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	Unit ID

DEFENDANT	Name (Last, First, Middle)										Aliases (Name, DOB, Soc. Sec. #, Etc.)											
	Race Codes W - White B - Black		Race		Sex		Date of Birth		Age		Eye Color		Hair Color		Complexion		Build		Height		Weight	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status		Religion		Indication of Alcohol Influence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Indication of Drug Influence: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown					
	Local Address (Street, Apt. Number)					(City)		(State)		(Zip)		Phone		Resident Type 1. City 2. County 3. Florida 4. Out of State								
	Permanent Address (Street, Apt. Number)					(City)		(State)		(Zip)		Phone		Address Source								
	Business Address (Name, Street)					(City)		(State)		(Zip)		Phone		Occupation								

CO-DEF	Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		Age		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juv.		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
	Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		Age		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juv.		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	

JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other										Name (Last) (First) (Middle)										Residence Phone							
	<input type="checkbox"/> Legal Custodian										Address (Street, Apt. Number)										(City)		(State)		(Zip)		Business Phone	
	Notified By: (Name)										Date		Time		Juv. Disposition 1. Handled/Processed Within Dept. and Released 2. Turned Over to HR&CYF 3. Incarcerated													
	Released to: (Name)										Relationship		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 (Phone 620-2528) informed of any change of address.										<input type="checkbox"/> Yes by: _____		<input type="checkbox"/> No: (Reason) _____		School Attended		Grade											

CHARGE	Charge Description										Counts		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.		Statute Violation No. - Chap-Sec-Sub		Violation of ORD #	
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant / Capias Number		Domestic Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Bond					
	Charge Description										Counts		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.		Statute Violation No. - Chap-Sec-Sub		Violation of ORD #	

NOTICE TO APPEAR	<input checked="" type="checkbox"/> Mandatory Appearance in Court										Location (Court, Room, Number, Address)									
	<input type="checkbox"/> You need not appear in Court but must comply with instructions on Reverse side.										Month		Day		Year		Time		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	

ADMIN.	HOLD for other Agency Name:										Signature of Arresting Officer										Name Verification (Printed by Arrestee)	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:										Name of Arresting Officer (Print)										I.D. #	
	Intake Deputy										I.D. #		Pouch #		Transporting Officer		I.D. #		Agency			

Witness here if subject signed with an "X".

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APR 15 2010

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF APRIL, 20 18, AT 23:56 PM AM

SUBJECT: GAIL CHRISTINE ISAACSON CASE NUMBER: 2018-0107

AGENCY: OCEAN RIDGE POLICE DEPARTMENT ARRESTING OFFICER: OFC. P. SALM #552

PERSONAL CONTACT

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

The driver went off the right side of the roadway and almost struck several parked cars along with Sgt. J. Pilon of the Ocean Ridge Police Department as he was exiting a side street.

OBSERVATION OF DRIVER:

Driver was unsteady on her feet, slurred in her speech, and erratic in her movements.

DRIVER'S STATEMENTS:

Stated she was out drinking at a "meet up"

ODORS:

Strong

GENERAL OBSERVATIONS

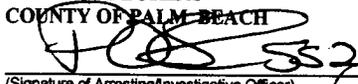
SPEECH: Slurred and slow

ATTITUDE: Cooperative

CLOTHING: black skirt, multicolored shirt

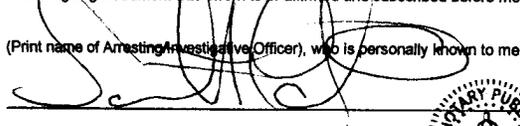
MEDICAL/OTHER: Psoriasis

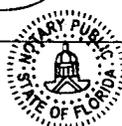
STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of April, 20 18 by OFC. P. SALM #552

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced OFC. P. SALM #552


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



Samantha Palmer
Commission # 172317
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SUBJECT: GAIL CHRISTINE ISAACSON

CASE NUMBER: 2018-0107

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:

Defendant keep leaning to her left as she was trying to follow the stimulus and had a hard time keeping her balance.

WALK & TURN:

She could not stay in the starting position and fell out of the position three times before I could explain the test. She did not touch heel to toe on any steps, turned incorrectly, and raised her arms over six inches for balance.

ONE LEG STAND:

FINGER TO NOSE:

Did not close her eyes and missed the tip in the first right finger, touched her mouth on first left, touched bridge of nose on second right, missed tip on second left, touched bridge of nose on third right, and hit on third left.

ROMBERG ALPHABET:

BREATH TEST RESULTS: 1) 2) 3) 4)

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 13 day of April, 2018 by OFC. P. SALM #552

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced OFC. P. SALM #552

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



Samantha Palmer
Commission # 172017
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY

SCANNED
APR 15 2018

WITNESS LIST

CASE NUMBER: 2018-0107

ARRESTING OFFICER: OFC. P. SALM #552

ADDRESS: 6450 N. Ocean Blvd, Ocean Ridge, Florida 33435

PHONE NUMBERS (HOME): N/A (WORK) 561-732-8331

CAN TESTIFY TO: FIELD SOBRIETY TESTS

NAME: SGT. J. PILON #540

ADDRESS: 6450 N. OCEAN BLVD, OCEAN RIDGR, FL 33435

PHONE NUMBERS (HOME) (561) 732-8331 (WORK) _____

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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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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SUBJECT: Isaacson, Paul CASE NUMBER: 2018 0107

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? N.C.

WHERE WERE YOU GOING? N.C.

WHAT STREET OR HIGHWAY WERE YOU ON? N.C.

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 Sullivan 1552

SCANNED
APR 15 2018

SUBJECT: _____ 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.

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SUSPECT'S SIGNATURE: (X) _____

TESTING FACILITY TASK REPORT

AGENCY: ORPD/SALM

SUBJECT: ISAACSON, GAIL

CASE NUMBER: 18-062354

DATE: Apr 14, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0057

ENDING TIME: 0112

BREATH TESTS RESULTS: 1) .172 TIME 103 A.M. P.M. 2) .167 TIME 108 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: SLURRED

ATTITUDE: TALKATIVE, RAMBLING, COOPERATIVE, UPSET, CRYING

CLOTHING: MULTI COLOR TANK TOP, BLACK SKIRT, BROWN SANDALS

MEDICAL CONDITIONS: PSORASIS

MEDICATIONS: "TWO DRUGS"

OTHER:

EYES GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0032
SUBJECT STATED SHE WASNT SURE WHETHER TO TAKE TEST
A/O READ I/C
SUBJECT STATED SHE UNDERSTOOD I/C
AND AGREED TO TAKE BREATH TEST @ 0059
SUBJECT PROVIDED TWO ADEQUATE SAMPLES SUCCESSFULLY
A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD RIGHTS
TECH READ TEST RESULTS
SUBJECT STATED SHE UNDERSTOOD RESULTS
A/O ATTEMPTED Q&A
SUBJECT REFUSED QUESTIONING

SCANNED
APR 15 2018

Sunshine State

DRIVER LICENSE CLASS E

1225-283-63-594-0

MRS. CHRISTINE

FRANSON

1000 WINDYWAY DR

DADE COUNTY FL 33109

ISSUED 03/15/08



Not Issued

ORGAN DONOR

SAFE DRIVER

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

NOT A CERTIFIED

SCANNED
APR 15 2010