

0397142 ARREST / NOTICE TO APPEAR Juvenile Referral Report #444

OBTS Number Agency ORI Number FLO 500000 Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number (N.T.A.'s only) 06-17099528

Charge Type: 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) Southern Blvd at Benoit Farms Rd West Palm Beach FL 33413 Location of Offense (Business Name, Address) Southern Blvd at Benoit Farms Rd West Palm Beach FL 33413

Date of Arrest 07/07/2017 Time of Arrest 00:18 Booking Date Booking Time Jail Date Jail Time Location of Vehicle Priority Towing

Name (Last, First, Middle) Webster Genevieve C Alias (Name, DOB, Soc. Sec. #, Etc.)

Race W - White I - American Indian B - Black O - Oriental/Asian W Sex F Date of Birth 11/28/1979 Height 5'4 Weight 150 Eye Color Blu Hair Color Blo Complexion Med Build Med

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Marital Status Divorced Religion None Indication of: Alcohol Influence Drug Influence Y N Unk.

Local Address (Street, Apt. Number) 1423 Sunset Rd (City) West Palm Beach FL 33406 (State) (Zip) Phone (561) 8764592 Residence Type: 1. City 2. County 3. Florida 4. Out of State 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source Verbal

Business Address (Name, Street) (City) (State) (Zip) Phone Occupation Automotive

O/L Number, State W-123-283-79-928-0 Soc. Sec. Number INS Number Place of Birth (City, State) Palm Beach Gardens FL Citizenship US

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Legal Custodian Other: Address (Street, Apt. Number) (City) (State) (Zip) Residence Phone 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 defendant and / or 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. Yes, by: (Name) No: (Reason)

Property Crime? Yes No Description of Property Value of Property

Drug Activity N. N/A S. Sell B. Buy P. Possess 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 Description DUI Counts 1 Domestic Violence Y N Statute Violation Number 316.193(1) Violation of ORD #

Drug Activity N Drug Type N Amount / Unit Offense # 17099528 Warrant / Capias Number Bond

Charge Description Fail to sign summons Counts 1 Domestic Violence Y N Statute Violation Number 316.193(1) 316.14(3) Violation of ORD #

Drug Activity N Drug Type N Amount / Unit Offense # 17099528 Warrant / Capias Number Bond

Charge Description Charge Description Counts Domestic Violence Y N Statute Violation Number Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Charge Description Charge Description Counts Domestic Violence Y N Statute Violation Number Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Location (Court Room Number, Address) PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996

Court Date and Time Month Aug Day 3 Year 2017 Time 08:30 AM X PM

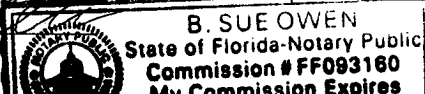
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Refused without lawyer Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed 07/07/2017

HOLD for other Agency Name: Signature of Arresting Officer X Name Verification (Printed by Arrestee) JUL 7 AM 2:34

Dangerous Resisted Arrest Suicidal Other: Name of Arresting Officer (Print) Inv. J. Schneider I.D. # 8501 (PRINT)

Intake Deputy Shaw Bio I.D. # Pouch # Transporting Officer Inv. J. Schneider ID # 8501 Agency PBSO Witness here if subject signed with an "X" SCANNED

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
ADMIN	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 17099528				
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:		
DEF	Name (Last, First, Middle) Webster, Genevieve, C				Alias		Race W	Sex F	Date of Birth 1/28/1979		
CHARGES	Charge Description DUI				Charge Description Fail to sign summons						
	Charge Description				Charge Description						
VICTIM	Victim's Name (Last, First, Middle) ''				Race		Sex	Date of Birth			
	Local Address (Street, Apt. Number) (City) (State) (zip)				Phone ()		Address Source				
	Business Address (Name, Street) (City) (State) (zip)				Phone ()		Occupation				
ADMINISTRATIVE	The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <u>7</u> day of <u>July</u> 20 <u>17</u> at <u>00:05</u> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)										
	After placing Webster in the holding cell she became verbally hostile and vulgar. Asking her if she was going to sign her summons she replied I'm not signing anything without my lawyer. Finding she refused to sign or accept a court summons I found probable cause to believe she was in violation of 318.14(3)										
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 <u>7</u> day of <u>July</u> 20 <u>17</u> by <u>Inv. J. Schneider</u> (Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced: <u>Known</u>) <u>Sue Owen (#3184)</u> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)											
<div></div> <div>PAGE <u>1</u> OF <u>1</u></div>											

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7 DAY OF July 20 17 AT 00:05 ✓ AM PM

SUBJECT: Webster Genevieve C CASE NUMBER: 17099528

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 driving eastbound on Southern Blvd in lane four. Visually I estimated the speed of the vehicle to be near 90 miles per hour. While visually estimating the vehicle I heard an audio doppler tone coming from my Stalker DSR2x Radar which was consistent with the 90 mile per hour range. Looking to the rear visual display on the radar I found the actual speed of the vehicle to be 91 miles per hour in a posted 51 mile per hour zone. Crossing east of Benoist Farms Rd I initiated a traffic stop. The vehicle came to rest on the south side of Southern Blvd east of Benoist Farms Rd.

OBSERVATION OF DRIVER:

Approaching the vehicle I found it was occupied solely by a white female. She was identified through her Florida driver's license as Genevieve Webster. While acquiring her license, registration and insurance I noted a distinct slur to her words and smelled the odor of a unknown alcoholic beverage coming from her breath and person. Illuminating the interior of the vehicle and Webster I observed her eyes were red, bloodshot, and watery.

DRIVER'S STATEMENTS:

Don't do this. I had a few drinks

ODORS:

Distinct odor of a unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Emotionally unstable, cyclical but cooperative

CLOTHING: Black tank, blue jeans, and black heels

MEDICAL/OTHER: States asthma

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider

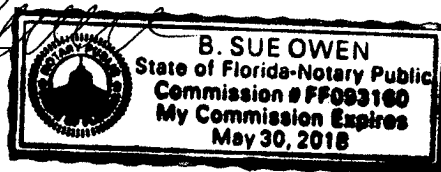
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7 day of July 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

Sue Owen (#3184)

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



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:

Vertical Nystagmus was not present however she failed to keep her head still as instructed.

WALK & TURN:

While delivering the instructions Webster was placed into the instructional position. She departed from the position on at least three occasions stumbling to her side. Starting the task she missed heel to toe multiple times, stumbled numerous times, performed a improper turn, returning she stumbled and failed to touch heel to toe on multiple steps.

ONE LEG STAND:

While standing in the instructional position stationary Webster swayed. Starting the task she was unable to keep her foot elevated for any significant time and had to be reminded to look at her foot while counting. Instead of starting her count at 1001 as instructed she began at one and continued up.

FINGER TO NOSE:

While standing in the instructional position stationary Webster swayed. Starting the task she missed the tip of her finger to the tip of her nose on every occasion. The first left she touched the pad of her finger to the tip of her nose. The first left she touched the top of her lip with the pad of her finger. The remaining commands she touched the pad of her finger to the tip of her nose. On the third right command she started with her left hand however corrected.

ROMBERG ALPHABET:

While standing in the instructional position stationary Webster swayed. Starting the task she completed the alphabet without mistake however I once again noted a slur while speaking.

BREATH TEST RESULTS:

1) Refused

2) Refused

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider

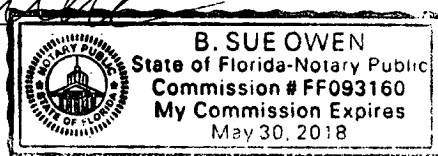
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The foregoing instrument was sworn to or affirmed and subscribed before me this 7 day of July 20 17 by Inv. J. Schneider

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

Sue Owen (#3184)

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



WITNESS LIST

CASE NUMBER: 17099528

ARRESTING OFFICER: Inv. J. Schneider

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561 688-3960

CAN TESTIFY TO: DUI Investigation

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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ADDRESS _____

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CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Webster, Genevieve Clara CASE NUMBER: 17-099528

DATE: 07/07/17 VIDEO TAPE NUMBER: DVD# 62935

BEGINNING TIME: 0056 ENDING TIME: 0100

BREATH TESTS RESULTS: 1) REFUSED TIME 0059 A.M./P.M. 2) / TIME / A.M./P.M.
3) / TIME / A.M./P.M. 4) / TIME / A.M./P.M.

BREATH OPERATOR: S. Owen # 3184

MAINTENANCE TECHNICIAN: J. Karlecke # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slightly slurred

ATTITUDE: Talkative, cooperative

CLOTHING: black heels, jeans, black tank top

MEDICAL CONDITIONS: asthma, exposed to black mold

MEDICATIONS: ventilene when needed 2 days ago

OTHER: 37 yoa

COMMENTS: A/O arrived at 0036 hrs

A/O observed 20 minutes

A/O requested breath test, A agreed

then asked what if she opt'd out

A/O read I/C, A understood & refused

A/O read C/W, A understood RIGHTS

Refused C/E A

SUBJECT: Webster, Genevieve Clara CASE NUMBER: 17-099528

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 Inv. Schneider of the PBSO

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.

SUSPECT'S SIGNATURE: (X) _____

Read on Camera

SUBJECT: Webster, Genevieve Clara CASE NUMBER: 17-099528

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? Refused

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? Refused 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: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL