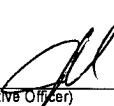
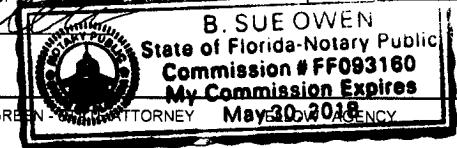


ARREST / NOTICE TO APPEAR
Juvenile Referral Report

P#444
1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias
1 Juvenile

ADMINISTRATIVE	OBTS Number			Agency ORI Number			Agency Name			Agency Report Number (N.T.A.'s only)				
	FLO 5 0 0 0 0 0			PALM BEACH COUNTY SHERIFF'S OFFICE			06- 17099528			Multiple Clearance Indicator				
DEFENDANT	Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other			Weapon Seized / Type										
	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			Location of Vehicle Priority Towing			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		Sex W	Date of Birth 11/28/1979	Height 5'4	Weight 150	Eye Color Blu	Hair Color Blo	Complexion Med	Build Med				
	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)						Marital Status Divorced	Religion None	Indication of: Alcohol Influence Drug Influence			Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	Unk. <input type="checkbox"/>
	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) ,						Phone ()	Address Source Verbal						
	Business Address (Name, Street)						Phone ()	Occupation Automotive						
	D/L Number, State W-123-283-79-928-0		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) Palm Beach Gardens FL		Citizenship US					
CO-DEF	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	3. Felony 4. Misdemeanor 5. Juvenile						
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	3. Felony 4. Misdemeanor 5. Juvenile						
JUVENILE	Parent Legal Custodian Other:						Residence Phone ()							
	Address (Street, Apt. Number)						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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended			Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property								
CODE	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 N. N/A A. Amphetamine	Drug Type N. N/A C. Cocaine E. Heroin	B. Barbiturate H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other				
	Charge Description DUI				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)			Violation of ORD #				
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # 17099528		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			Bond			
	Charge Description Fail to sign summons				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)			Violation of ORD # 318.14(3)				
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # 17099528		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			Bond			
	Charge Description				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number			Violation of ORD # 316.193(1)				
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense #		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			Bond			
	Charge Description				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number			Violation of ORD # 316.193(1)				
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense #		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			Bond			
	Charge Description				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number			Violation of ORD # 316.193(1)				
NOTICE TO APPEAR	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														
07/07/2017														
Signature of Defendant (or Juvenile and Parent /Custodian) Refused by: [Signature]														
Date Signed														
ADMIN	HOLD for other Agency Name:			Signature of Arresting Officer X			Name Verification (Printed by Arrestee)			JUL 7 AM 2:34				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:			Name of Arresting Officer (Print) Inv. J. Schneider			I.D. # 8501			(PRINT)				
	Intake Deputy SPAWN 8101			Transporting Officer Inv. J. Schneider			ID # 8501	Agency PBSO				PAGE		
	Witness here if subject signed with an 'X'													

		PROBABLE CAUSE AFFIDAVIT								
ADMIN	OBTS Number						1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 17099528		Special Notes:			
CHARGE DEF	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					
	Name (Last, First, Middle) Webster, Genevieve, C		Alias		Race W		Sex F	Date of Birth 1/28/1979		
CHARGES DEF	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		
<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>										
<p>On the <u>7</u> day of <u>July</u> <u>2017</u> at <u>00:05</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>										
<p>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)</p>										
PROBABLE CAUSE STATEMENT	NOT A CERTIFIED									
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p></p> <p>Inv. J. Schneider</p> <p>(Signature of Arresting/Investigative Officer)</p>									
	<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>7</u> day of <u>July</u> <u>2017</u> by <u>Inv. J. Schneider</u></p> <p>(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced.)</p> <p>Sue Owen (#3184)</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>									
<p></p>										
<p>PAGE <u>1</u> OF <u>1</u></p>										

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 an 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 an 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

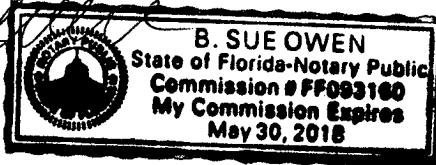
20 17

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:

- | | |
|---|---|
| <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 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

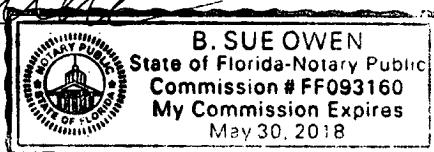
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7 day of July 2017 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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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: **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: Aloed arrived at 0036 hrs

Alo observed 20 minutes

Alo requested breath test, Alo agreed

Then asked what if she opt'd out

Alo read I/C, Alo understood & refused

Alo read C/W, Alo understood rights

Refused C/E Alo

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

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? Relaxing

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: _____