

0996580

3479

ARREST / NOTICE TO APPEAR

2018CT4860

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

1

JUVENILE

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 18-001437	
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
Location of Arrest (Including Name of Business) E INDIANTOWN RD/S ALT AIA JUPITER, FL 33477				Location of Offense (Business Name, Address) 1 E INDIANTOWN RD/S ALT AIA, JUPITER, FL 33477		
Date of Arrest 03/15/2018	Time of Arrest 04:06	Booking Date 03/15/2018	Booking Time 04:16	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) SULLIVAN, JEANINE LYNN		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex W	Date of Birth 10/20/1983	Height 5'04	Weight 140	Eye Color BLUE	Hair Color BLONDE /	Complexion LIGHT	Build Thin
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S	Religion OTHER	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) 10712 151ST LN N, JUPITER, FL 33478		(City)	(State)	(Zip)	Phone (407) 340-6865	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1			
Permanent Address (Street, Apt. Number) 10712 151ST LN N, JUPITER, FL 33478		(City)	(State)	(Zip)	Phone (407) 340-6865	Address Source SPOKEN			
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation			
D/L Number, State S415432838800 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) WINTER PARK, FL		Citizenship US				

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
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. 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
Released To: (Name)	Relationship	Date
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.		Grade
<input type="checkbox"/> Yes, by: _____	<input type="checkbox"/> No:	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
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Charge Description DUI - DRIVING WHILE UNDER INFLUENCE				Statute Violation Number 316.193(1)	Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit	Offense # 18-001437	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
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
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

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		
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		Date Transported	Time Transported	Other	

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) North County PALM BEACH GARD		No Photo Available
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time 04/21/2018 08:30:00		
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.			MAR 15 AM 7:01
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed	

HOLD for Other Agency	Signature of Arresting Officer OFC. C. YOCHUM 383	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest	Name of Arresting Officer (Print) YOCHUM, CRAIG	(PRINT) SCANNED
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Transporting Officer OFC. C. YOCHUM	I.D. # 1185
Intake Deputy D/S J. THOMAS #7956	I.D. #	Agency JPD
Pouch #	I.D. # 383	Witness here if subject signed with an "X".

SEARCHED INDEXED SERIALIZED FILED MAR 16 AM 8:09 PALM BEACH COUNTY CLERK OF COURT

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15th DAY OF March 20 18, AT 4:06 AM PM

SUBJECT: Sullivan Jeanine Lynn CASE NUMBER: 18-001437

AGENCY: Jupiter Police Department ARRESTING OFFICER: Officer Craig Yochum

PERSONAL CONTACT

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

Witness, Brandon Hayden (DOB 09/25/1988), called to report that he was following a blue 2009 Jeep SUV traveling west on S.R. 706 (E Indiantown Rd.) and he believed the driver was under the influence. Hayden advised that he observed the aforementioned vehicle stopped, facing north in the bushes on US Highway 1 in Hobe Sound (Martin County, FL) and that he stopped to help the driver. Hayden advised the driver smelled of alcohol and drove away from the scene (see witness statement). Officers located the Jeep, traveling westbound on S.R. 706, in the area of S.R. 811 (S Alternate A1A). Officer Zeitz followed the vehicle and observed it strike the positive median barrier while executing a u-turn at the intersection of S.R. 706 and S Loxahatchee Dr. Officer Zeitz further advised that the vehicle traveled out of the outside eastbound lane of travel and crossed the solid white lane divider separating the bicycle lane from the lanes of travel (see supplement from Officer Zeitz). I observed Officer Zeitz activate her overhead emergency lights behind the Jeep near the intersection of S.R. 706 and S Old Dixie Hwy. I observed the vehicle continue traveling eastbound on S.R. 706 for approximately 300 yards, at a slow speed, and fail to immediately pull over.

OBSERVATION OF DRIVER:

I approached the vehicle with Officer Zeitz and observed a white female driver, later identified by her Florida driver license as Jeanine Sullivan (w/f; 10/20/1983). I observed Sullivan was the sole occupant of the vehicle at the time of the stop. I observed that Sullivan's driver license was in clear, plain view between the front driver and passenger seat, contained within a wallet. When asked to provide her driver license, Sullivan reached over the wallet with her exposed driver license and picked up her purse which was sitting on the passenger side floorboard of the vehicle before realizing that her license was between the seats. When I made contact with Sullivan, I noted that she had glassy eyes and detected the strong odor of an unknown alcoholic beverage. Upon exiting the vehicle and throughout SFSTs, Sullivan appeared to be unsteady on her feet and having trouble keeping her balance.

DRIVER'S STATEMENTS:

Sullivan advised that she was driving back to her residence in Jupiter Farms. It should be noted that Sullivan was originally traveling towards Jupiter Farms when initially observed by officers but made a u-turn and was traveling away from her alleged destination at the time of the traffic stop. Sullivan advised that she had been drinking and advised she had consumed a "couple" beers. When asked how big the beers were, Sullivan advised that they were pitchers of beer.

ODORS:

Strong odor of unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Somewhat slurred at times

ATTITUDE: Cooperative, Calm, Crying, Mood Swings

CLOTHING: Casual: Blue shirt with gray sweatshirt, Blue jeans, Tan boots

MEDICAL/OTHER: Sullivan advised she is prescribed Effexor (anti-depressant) and she takes this medication once per day.

STATE OF FLORIDA
COUNTY OF PALM BEACH

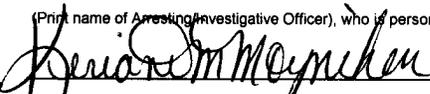
Officer Craig Yochum

(Signature of Arresting/Investigative Officer)

 JSS

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of March 20 18 by Officer Craig Yochum

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


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



SCANNED

MAR 16 2018

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:

Sullivan had to be reminded twice to keep her head still and follow the stimulus with her eyes only. While checking for Distinct and Sustained Nystagmus at Maximum Deviation (2nd time in right eye), Sullivan blinked (closing her eyes for an unusually long period of time for a blink) and looked straight ahead at me.

WALK & TURN:

Instructions were explained to Sullivan and she appeared to have trouble keeping her balance, as she broke her feet free from the starting position she was advised to stand in during the Instructions Stage. Sullivan took one step and lost her balance, to the right, stepping completely off the line to the right. Sullivan returned to the beginning of the line and asked if she could warm up and appeared to run in place for a short period of time. Due to the fact that it was cold outside, I provided Sullivan a jacket to wear for the remainder of the SFSTs and explained the instructions to her a second time. Sullivan broke free from standing in the starting position, stumbling off the line to the left, and standing with her feet together for the remainder of the instructions. Sullivan failed to count each step out loud and used her arms for balance throughout the entirety of the exercise. Sullivan missed heel-to-toe on steps 2, 3, 6, 7, 8, and 9. Sullivan Stepped off the line, to the right, on step 3. Sullivan stepped off the line, to the left, on step 4. Sullivan took a total of approximately 12 steps and failed to turn in the manner described, turning by taking small steps with both her feet. Sullivan stood at the end of the line and failed to return back down the line, as instructed, until I advised her to do so. Sullivan missed heel-to-toe on steps 2, 3, 4, 5, 6, and 8. Sullivan stepped off the line, to the left, on step 1. Sullivan stepped off the line, to the right, on step 5 and 9. Sullivan took a total of approximately 13 steps.

ONE LEG STAND:

Sullivan failed to count out loud during the entire exercise, as instructed. Sullivan initially raised her right foot and placed it on the ground after approximately 3 seconds. Sullivan raised her right leg off the ground again (still not counting) for approximately 6 seconds before placing it on the ground again and appearing to lose her balance to the rear (taking several steps backwards). Sullivan raised her left leg off the ground for approximately 2 seconds and placed it on the ground without counting out loud.

FINGER TO NOSE:

On the first call of "left," Sullivan touched the pad of her left finger to the tip of her nose. On the first call of "right," Sullivan touched the pad of her finger to the bridge of her nose, between the tip of her nose and her eyes. On the second call of "left," Sullivan touched the middle of her finger to the bridge of her nose. On the second call of "right," Sullivan touched the pad of her finger to the bridge of her nose. On the final call of "right," Sullivan touched the middle of her finger to the tip of her nose. On the final call of "left," Sullivan touched the pad of her finger (around the first knuckle) to the bridge of her nose, slightly above the tip of her nose.

ROMBERG ALPHABET:

Sullivan recited the alphabet in the following manner: ABCDEFGHIJKLMNOZQRSTUVWXYZ"

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

Officer Craig Yochum

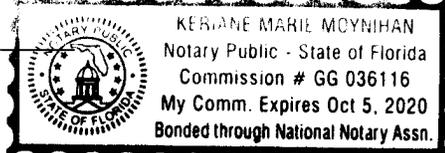
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of March, 2018 by Officer Craig Yochum

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

SCANNED
MAR 16 2018

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



WITNESS LIST

CASE NUMBER: 18-001437

ARRESTING OFFICER: Officer Craig Yochum

ADDRESS: 210 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: Officer Diana Zeitz

ADDRESS: 210 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: Supplement

NAME: Officer Matthew Hobby

ADDRESS 210 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: Supplement

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) () _____ (WORK) () _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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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
MAR 16 2018

The Sunshine State

DRIVER LICENSE CLASS E

S415-432-83-880-0

JEANNE LYNN

MULLIVAN

100 E SOUTH ST # 3046

MIAMI BEACH, FL 33139

DOB: 05-15-1968 SEX: F



ORGAN DONOR



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

NOT A CERTIFIED

SCANNED
MAR 16 2018

TESTING FACILITY TASK REPORT

AGENCY: JPD
SUBJECT: Sullivan, Jeanine L CASE NUMBER: 18-050273
DATE: 03/15/18 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 05:13 ENDING TIME: 05:33
BREATH TESTS RESULTS: 1) R TIME 05:15 ~~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. Moynihan #33079
MAINTENANCE TECHNICIAN: J. Korlecke #64167

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred
ATTITUDE: Upset, crying, Bawling, Cooperative
CLOTHING: Blue Jeans, Gray Hooded Jacket, Blue shirt, Tall Brown Boots
MEDICAL CONDITIONS: "Depression", "Anxiety"
MEDICATIONS: Effexor
OTHER: Eyes glassy and bloodshot
Admitted to drinking 4-5 beers with boyfriend

COMMENTS: Arrived at Testing Center. A/c began 30 minute observation period at 04:44.

A asked "what happens if I don't?" **REFUSED**

A/c read I/c

A acknowledged she understood I/c and refused to take test

A/c read Rights.

A acknowledged she understood Rights **REFUSED**

A/c conducted A/cA

A unanswered questions

SCANNED
MAR 16 2018

SUBJECT: Sullivan, James L CASE NUMBER: 18-001437

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 Officer C. Brown of the Town PD

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

SCANNED
MAR 16 2018

SUBJECT: William, Jerome . . . CASE NUMBER: 18-001437

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? No sure

DIRECTION OF TRAVEL? Unknown WHERE DID YOU START? Unknown (Unknown)

WHAT TIME DID YOU START? Unknown WHAT TIME IS IT NOW? Unknown

WHAT IS TODAY'S DATE? 3/16/2018 WHAT DAY OF THE WEEK IS IT? Thurs.

WHAT COUNTY AND CITY ARE YOU IN NOW? Unknown

WHEN DID YOU LAST EAT? None WHAT DID YOU EAT? Sus. Fall

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Handing out / SF making drinks

HOW MUCH DO YOU WEIGH? 159 HAVE YOU BEEN DRINKING? Yes WHAT? Beer

HOW MUCH? 4 or 5 WHERE? Restaurant WITH WHOM? with SF

WHEN DID YOU HAVE YOUR FIRST DRINK? Unknown AND YOUR LAST DRINK? Unknown

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Downed

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? "No sure"

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Handing out WHEN DID YOU LAST WORK? Tue 6:30

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? _____

ARE YOU SICK OR INJURED? Unknown WHAT'S WRONG? _____

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Loxone WHEN? 11 am

DO YOU HAVE:

EPILEPSY?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>No</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>No</u>
DIABETES?	<u>No</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? _____

INTERVIEWER: _____

SCANNED
MAR 16 2018