

0288924

1300

ARREST / NOTICE TO APPEAR

ADMTION	OBTS Number	1. Arrest	3. Request for Warrant	1	JUVENILE	M
	Agency ORI Number	2. N.T.A.	4. Request for Capias			

Agency Name	Agency Report Number (N.T.A.'s only)					
Jupiter Police Department	5 4 17-005889					
Charge Type: Check as many as apply.	If Weapon Seized Enter Type NONE					
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Multiple Clearance Indicator 01					
Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)					
MILITARY TRL/TONEY PENNA DR, JUPITER FL	799 MILITARY TRL/TONEY PENNA DR, JUPITER, FL 33458					
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/09/2017	23:09	12/09/2017	23:19	//	:	EAST COAST

Name (Last, First, Middle)	Alias:	Alias (Name, DOB, Soc. Sec. #, Etc.)						
ROBEY, JENNIFER ALAIN								
Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W - White	F	05/26/1985	5'00	110	GREEN	BROWN	LIGHT	Thin
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status	Religion	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input 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)				(City)	(State)	(Zip)	Phone	
204 3RD ST, JUPITER, FL 33458								
Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone	
204 3RD ST, JUPITER, FL 33458								
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	
D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship				
R100421856860 /			SAN CLEMENTE, CA					

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 <input type="checkbox"/> Legal Custodian	Name (Last, First, Middle)	Residence Phone			
Address (Street, Apt. Number)	(City)	(State)	(Zip)	Business Phone	
Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
Released To: (Name)	Relationship	Date	Time		
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.			School Attended	Grade	
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:			Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	Value of Property

Drug Activity	S. Sell	R. Smuggle	K. Disperses/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown
N. N/A	T. Traffic	D. Deliver				N. N/A	C. Cocaine	M. Marijuana	S. Synthetic	Z. Other

Charge Description	Statute Violation Number	Violation of ORD #					
DUI - ACCOMPANIED BY PERSON UNDER 18 YOA	316.193(4)						
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
N			17-005889	1	<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	Warrant / Capias Number	Bond
					<input type="checkbox"/> Y <input type="checkbox"/> N		DEC 10 AM 3:52
Charge Description	Statute Violation Number	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
					<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		
	Explain:		
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		
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health	Released By		
Transported By	Released To		
Transported By	Date Transported	Time Transported	Other

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room)
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court	North County PALM BEACH GARD
but must comply with instructions on Page 2.	Court Date and Time
	01/10/2018 00:00:00 0830am
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.	
<i>Jennifer Robey</i>	12/10/17
Signature of Defendant (or Juvenile and Parent/Custodian)	Date Signed

HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest	<i>Andrew Borrows</i>	
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Name of Arresting Officer (Print)	(PRINT)
	BORROWS, ANDREW	
Intake Deputy	I.D. #	Agency
JAN 8101	380	JPD
Pouch #	Witness here if subject signed with an "X".	

SCANNED
DEC 11 2017

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 9th DAY OF December, 2017, AT 2240 AM PM
SUBJECT: Robey Jennifer A CASE NUMBER: 17-005889
AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: PFC A Borrows 380 / 1138

PERSONAL CONTACT

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

On the above date at approximately 2240 hours, the Jupiter Police Department received a phone call from Timothy Smith stating that he had observed a vehicle in the area of Frederick Small Road driving erratically.

Officer Connor and I responded to the area from separate locations. Smith stayed on the phone providing updates to the Jupiter Police Department as the vehicle traveled north on Military Trail. Officer Connor responded and observed the vehicle traveling north. Officer Connor stated to me he observed the vehicle leave its travel lane and nearly strike another vehicle. Officer Connor stated that he then observed the vehicle enter the right hand bicycle lane, crossing the solid white line. Officer Connor conducted a traffic stop of the vehicle just south of Toney Penna Drive. I arrived in the area from the north as Officer Connor was pulling the vehicle over.

I walked up shortly after Officer Connor. The defendant, Jennifer Robey, was sitting in the driver's seat of the vehicle.

OBSERVATION OF DRIVER:

Robey had bloodshot, glassy eyes. Robey's speech was slurred. I could smell the odor of an unknown alcoholic beverage on Robey's breath. Robey was talkative.

DRIVER'S STATEMENTS:

Robey was unable to clearly articulate her address (repeating 2 - 0 - third fourth street). Robey eventually stated her address correctly as 204 3rd Street. Robey stated she'd consumed three drinks, two beers and one shot. Robey stated she took one Hydrocodone in the afternoon.

ODORS:

Odor of unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Mood Swings, hostile, sarcastic, berating

CLOTHING: Grey sweater, blue jeans, black sneakers

MEDICAL/OTHER: Surgery, takes hydrocodone.

STATE OF FLORIDA
COUNTY OF PALM BEACH

PFC A Borrows 380 / 1138

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of December, 2017 by PFC A Borrows 380 / 1138

(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)



Samantha Palmer
Commission # FF 172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
DEC 11 2017

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:

VGN was present.

WALK & TURN:

Robey lost her balance from the starting position three times. Robey used her arms for balance on the 1st, 2nd, 3rd, steps. Robey stopped to regain her balance on the 2nd step. Robey again started using her arms for balance on the 5th step. Robey missed heel to toe on the 6th, 7th, and 8th steps. Robey stepped off the line to her right. Robey pivoted on the balls of her feet and she lost her balance to the rear. Robey missed heel to toe and used her arms for balance on the first step. Robey missed heel to toe on the 4th, 6th, 8th, and 9th steps. Robey turned after completing the task and again nearly lost her balance.

ONE LEG STAND:

Robey began using her arms for balance almost immediately. Robey began to hop at 1000-7 and put her foot down and said, "shit, sorry." Robey lost her balance at 1000-9 and put both her hands on the ground to keep from falling. Robey then asked to do the other foot. The results were similar, with Robey placing her foot down on 1000-1, and touching a hand to the ground a few counts later. Robey was swaying visibly during the entire task.

FINGER TO NOSE

L1: Robey touched the base of her nose between her nostrils. Robey then lost her balance to the front and had to take steps to stop from falling. R2: Robey touched in between her nostrils. L3: Robey touched in between her nostrils. R4: Robey touched in between her nostrils. R5: Robey touched in between her nostrils. L6: Robey touched her nose as instructed. Robey was swaying visibly during the task.

ROMBERG ALPHABET:

Robey was swaying visibly during the task. Robey stated the alphabet as follows: A B C D E F G H I J K L M F O P Q R S Robey then lost her balance and said, "shit, sorry". I asked Robey to continue. Robey contineud to state the alphabet as follows: L M N O P Q R S T O "shit!". Robey stated she, "feels like an asshole right now." I then placed Robey under arrest for DUI and informed her of such.

BREATH TEST RESULTS: .229 .229

STATE OF FLORIDA
COUNTY OF PALM BEACH

PFC A Borrows 380 / 1138 *[Signature]*
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of December 2017 by PFC A Borrows 380 / 1138

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

[Signature]
Notary Public, Clerk of Court, Officer (F.S.S 117.10)
 Samantha Palmer
Commission # FF 172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
DEC 11 2017

WITNESS LIST

CASE NUMBER: 17-005889

ARRESTING OFFICER: PFC A Borrows 380 / 1138

ADDRESS: 210 Military Trail, Jupiter Fl

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

CAN TESTIFY TO: PC

NAME: Officer Chris Connor

ADDRESS: 210 Military Trail, Jupiter Fl 33458

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

CAN TESTIFY TO: Supplemental PC

NAME: Timothy Smith

ADDRESS 6295 Foster Street, Jupiter Fl 33458

PHONE NUMBERS (HOME) 561 635 9800 (WORK) _____

CAN TESTIFY TO: Statement

NAME: Officer Baynham 349

ADDRESS 210 Military Trail, Jupiter Fl 33458

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

CAN TESTIFY TO: Obtained witness statement

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: _____

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED
DEC 11 2017

SUBJECT: Rubey, Jennifer A 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? Home

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? Home

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? 7

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? 33

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: _____

SCANNED

SUBJECT: Robey, Jennifer A CASE NUMBER: 17-005889

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.

SUSPECT'S SIGNATURE: (X) Read on camera

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DEC 11 2017

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: Robey, Jennifer CASE NUMBER: 17-161649

DATE: 12-10-17 VIDEO TAPE NUMBER: NIA

BEGINNING TIME: 00:23 ENDING TIME: 00:41

BREATH TESTS RESULTS: 1) .221 TIME 00:27 AM/P.M. 2) .229 TIME 00:30 A.M./P.M.
3) NIA TIME — A.M./P.M. 4) NIA TIME — A.M./P.M.

BREATH OPERATOR: C. Perrone # 7909

MAINTENANCE TECHNICIAN: J. Kurpecke # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred / Rapid

ATTITUDE: Agitated, crying, moans/sings, incoherent, cooperative

CLOTHING: Dark Jeans, Grey Hooded Sweater, Black Shoes

MEDICAL CONDITIONS: NONE

MEDICATIONS: IB Profen 300mg / Hydrocodone (Q/A)

OTHER: Eyes glassy and bloodshot. Unsteady on feet, Odor of unknown
alcoholic beverage on breath. Admitted to drinking 2 vanilla vodka & cokes,
1 shot of XO Petrone, Vodka, Rum (Q/A)

COMMENTS: Arrived at Center, A/O began 30 minute observation
Period at 00:00 hrs.

Δ agreed to take test.

A/O read Rights

Δ stated she understood Rights

Tech read Breath Test Results. Δ stated she understood results.

A/O conducted Q/A

Δ answered Questions

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DEC 11 2017