

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5, 4   17-005539</b>		Multiple Clearance Indicator		
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"/> 6. Other	If Weapon Seized Enter Type <b>NONE</b>		Location of Offense (Business Name, Address) <b>1749 W INDIANTOWN RD/MAPLEWOOD DR JUP</b>		Location of Vehicle		Date of Arrest <b>11/18/2017</b>		
Time of Arrest <b>22:27</b>		Booking Date <b>11/18/2017</b>		Booking Time <b>22:37</b>		Jail Date		Jail Time	
Name (Last, First, Middle) <b>LORENTZ, JENNIFER LYNN</b>		Alias:		Place of Birth (City, State) <b>LAKE WALES, FL</b>		Citizenship <b>US</b>		Race <b>W</b>	
Sex <b>F</b>		Date of Birth <b>06/04/1976</b>		Height <b>5'08</b>		Weight <b>135</b>		Eye Color <b>BROWN</b>	
Hair Color <b>BROWN</b>		Complexion <b>FAIR</b>		Build <b>Medium</b>		Marital Status <b>D</b>		Religion <b>OTHER</b>	
Local Address (Street, Apt. Number) <b>121 REINA WAY 200, JUPITER, FL 33458</b>		Phone <b>(561) 891-1906</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>		Permanent Address (Street, Apt. Number) <b>121 REINA WAY 200, JUPITER, FL 33458</b>		Address Source <b>VERBAL</b>	
Business Address (Name, Street) <b>121 REINA WAY 200, JUPITER, FL 33458</b>		Phone <b>(561) 891-1906</b>		Occupation <b>Teacher</b>		D/L Number, State <b>L653432767040 / FL</b>		Soc. Sec. Number	
INS Number		Place of Birth (City, State) <b>LAKE WALES, FL</b>		Citizenship <b>US</b>		Co-Defendant Name (Last, First, Middle)		Race	
Sex		Date of Birth		Arrested		At Large		Misdemeanor	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		Arrested	
At Large		Misdemeanor		Juvenile		Co-Defendant Name (Last, First, Middle)		Race	
Sex		Date of Birth		Arrested		At Large		Misdemeanor	
Juvenile		Residence Phone		Business Phone		Name (Last, First, Middle)		Address (Street, Apt. Number)	
Parent		Other		Legal Custodian		Name (Last, First, Middle)		Address (Street, Apt. Number)	
City		State		Zip		Notified by: (Name)		Date	
Time		Relationship		Date		Time		JUVENILE DISPOSITION	
1. Handled/Processed within Department and Released		2. TOT JAC		3. Incarcerated		The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.		School Attended	
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		Grade	
Drug Activity		S. Sell		R. Smuggle		K. Disperse/Distribute		M. Manufacture/Produce/Cultivate	
N. N/A		B. Buy		D. Deliver		E. Use		Z. Other	
P. Possess		T. Traffic		Drug Type		B. Barbiturate		H. Hallucinogen	
				N. N/A		C. Cocaine		M. Marijuana	
				A. Amphetamine		E. Heroin		O. Opium/Deriv.	
						P. Paraphernalia/Equipment		S. Synthetic	
						U. Unknown		Z. Other	
Charge Description <b>DUI - DRIVING WHILE UNDER INFLUENCE</b>		Statute Violation Number <b>316.193(1)</b>		Violation of ORD #		Bond			
Drug Activity		Drug Type <b>N</b>		Amount / Unit		Offense # <b>17-005539</b>		Counts	
								Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description		Statute Violation Number		Violation of ORD #		Bond			
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 #		Bond			
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		Explain:		PROPERTY - Received By		Released By	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Postpaid Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		Date Transported		Time Transported	
Transported By								Other <b>NOV 19 AM 2:35</b>	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room) <b>North County PALM BEACH GARD</b>		Court Date and Time <b>12/20/2017 08:30:00</b>		No Photo Available			
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.									
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.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed <b>11-18-17</b>					
HOLD for Other Agency		Signature of Arresting Officer <b>390</b>		Name Verification (Printed by Arrestee) <b>Jennifer Lorentz</b>		I.D. # <b>1182</b>		PAGE <b>1 OF 1</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>FANDREY, CHRISTOPHER</b>		I.D. # <b>340</b>		Agency <b>JPD</b>	
Intake Deputy <b>SPANN 5161</b>		Pouch #		Transporting Officer <b>C. FANDREY</b>		I.D. # <b>340</b>		Agency <b>JPD</b>	
				Witness here if subject signed with an "X":					

SCANNED  
NOV 21 2017

0271105

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF November 20 17, AT 2151 AM  PM

SUBJECT: Lorentz Jennifer L CASE NUMBER: 17-005539

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: C Fandrey #340

## PERSONAL CONTACT

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

Ofc. Imperiale #382 observed a white Chrysler bearing FL Tag GTGP91 driving on W. Indiantown Rd in the area of Maplewood Drive with a headlight out. Ofc. Imperiale observed the vehicle failing to maintain its lane and conducted a traffic stop on the vehicle for the head light being out. Ofc. Imperiale stated that upon making contact with the driver and sole occupant of the vehicle, who was later positively identified as W.F Jennifer L. Lorentz (6/4/76), he immediately noticed the strong odor of an unknown alcoholic beverage. For further see Ofc. Imperiale supplemental probable cause.

### OBSERVATION OF DRIVER:

Upon making contact with Lorentz she was already outside of her vehicle and was speaking with other officers on scene. Lorentz had red bloodshot glassy eyes and the odor of an unknown alcoholic beverage coming from her person. The odor grew stronger as she spoke with me. Lorentz was swaying while standing still. Lorentz was repetitive and she started to become more and more uncooperative throughout the process.

### DRIVER'S STATEMENTS:

Lorentz stated that she had one glass of wine approximately 30 minutes prior to the traffic stop. Lorentz stated that she was on her way to Stuart to go and visit a friend. Lorentz stated that she was at about a 2 on a scale of 1-10 with 1 being completely sober and 10 being the most drunk she has ever been in her life. Lorentz asked if she could just park her car when I asked if she believed that she should be driving. Lorentz was explained that it was not possible.

### ODORS:

Odor of an unknown alcoholic beverage coming from her person which grew stronger as I spoke with her.

## GENERAL OBSERVATIONS

SPEECH: Fair

ATTITUDE: Cooperative at first and became uncooperative throughout the process. Upset.

CLOTHING: Grey shirt, Jeans, black slides

MEDICAL/OTHER: AVM and Seizures

STATE OF FLORIDA  
COUNTY OF PALM BEACH

C Fandrey #340

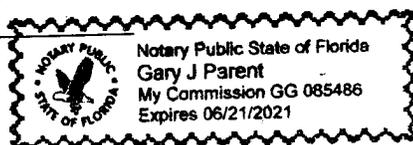
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of November 20 17 by C Fandrey #340

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

G. Parent #7909

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



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**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:**

Lorentz was swaying while standing still and continued to move her head during HGN task.

**WALK & TURN:**

Lorentz failed to maintain the starting position during the instructions and demonstration phase of the task. Lorentz began early and had to be reminded several times to return to the starting position and not begin until told. Lorentz stated she understood the instructions and began the task. She began taking nine steps and took full steps never coming close to heel to toe. Lorentz failed to keep her front foot planted and made an improper turn. After completion I asked Lorentz if she remembered the instructions to which she stated she could not touch heel to toe. Lorentz explained she had a medical issue that she could not balance and was not going to be able to do the task as explained.

**ONE LEG STAND:**

Could not do task because of injury stated that she could not do tasks requiring balance.

**FINGER TO NOSE:**

Lorentz stated she understood the instructions. Lorentz was swaying while standing still. Lorentz moved her head towards the side of the hand she brought upwards. Lorentz did not touch the tip of her finger to the tip of her nose several times (she touched the middle of her finger to her nose). During the double right Lorentz brought her left hand up about halfway before returning it to her side and bringing her right hand up.

**ROMBERG ALPHABET:**

Lorentz stated she had a Masters Degree. Lorentz laughed and said its impossible to say ABCs backwards. Lorentz was explained she needs to say it forward and listen to the instructions. Lorentz stated she understood the instructions. Lorentz recited A-P extremely quick and could not continue stating she was under pressure and anxious. Lorentz was later explained the instructions again to speak slowly. Lorentz stated that was the only way she knew how to recite from A-Z. Lorentz stated A-I extremely fast again. Lorentz was not able to complete the task.

**BREATH TEST RESULTS:**      0.198                      0.199

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**C Fandrey #340**

(Signature of Arresting/Investigative Officer)

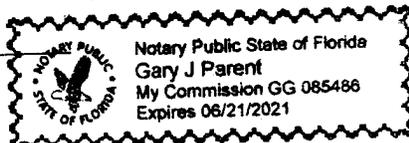
*[Handwritten Signature]* 340

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of November 2017 by C Fandrey #340

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

**G. Parent #7909**

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



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NOV 21 2017

# TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: Lorentz, Jennifer L

CASE NUMBER: 17-153461

DATE: 11-18-17

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 23:29

ENDING TIME: 23:44

BREATH TESTS RESULTS: 1) .198 TIME 23:37 A.M./P.M. (P.M.) 2) .199 TIME 23:40 A.M./P.M. (P.M.)  
3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.

BREATH OPERATOR: C. Puente #7109

MAINTENANCE TECHNICIAN: J. Kortecke # 61167

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred but Rapid

ATTITUDE: Nervous, upset, Bawling, Repetitive / Irritated, Rude, Mumbling

CLOTHING: Jeans, Grey Sleeveless shirt, black flip flops

MEDICAL CONDITIONS: AVM, and others that she didn't want to say

MEDICATIONS: Lamictal, Somax

OTHER: Eyes glassy, slight orbital surgery, odor of unknown alcoholic beverage on breath.

COMMENTS: Arrived at center, A/O began 30 minute observation period at 23:06 hrs.

Δ wanted to know her options

A/O Read I/C and explained

Δ stated she understood I/C and agreed to take test.

A/O Read Rights

Δ Invoked right to counsel.

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SUBJECT: Lorentz, Jennifer L CASE NUMBER: 17-105539

# 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? \_\_\_\_\_

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? \_\_\_\_\_ 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? \_\_\_\_\_

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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

SUBJECT: Lorentz, Jennifer L CASE NUMBER: 17-005539

**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) Reed 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.

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NOV 21 2017**

SUSPECT'S SIGNATURE: (X) Reed on camera

# WITNESS LIST

CASE NUMBER: 17-005539

ARRESTING OFFICER: C Fandrey #340

ADDRESS: 210 MILITARY TRAIL JUPITER FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-746-6201

CAN TESTIFY TO: SEE PC

NAME: OFC. Imperiale #382

ADDRESS: 210 MILITARY TRAIL JUPITER FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-746-6201

CAN TESTIFY TO: ASSISTING ON SCENE and PC for Stop

NAME: Sgt. Hennessy #210

ADDRESS 210 MILITARY TRAIL JUPITER FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-746-6201

CAN TESTIFY TO: ASSISTING ON SCENE/OFFICER SAFETY

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: \_\_\_\_\_

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ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

SCANNED  
NOV 21 2017