

J #0483508		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		P #1065 1		Juvenile	
OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-16163419					
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		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) LAKE WORTH RD AT JOG RD GREENACRES FL 33463						Location of Offense (Business Name, Address) LAKE WORTH RD AT JOG RD GREENACRES FL 33463					
Date of Arrest 12/12/16		Time of Arrest 03:31		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) TRIPP, JENNIFER S.						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 01/30/1973		Height 5'4		Weight 140		Eye Color BRO	
Hair Color BRO		Complexion MED		Build MED							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status SING		Religion NONE		Indication of: Alcohol Influence Drug Influence	
Local Address (Street, Apt. Number) (City) (State) (Zip) 9398 VERCELLI ST LAKE WORTH FL 33467						Phone ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State			
Permanent Address (Street, Apt. Number) (City) (State) (Zip)						Phone ()		Address Source VERBAL			
Business Address (Name, Street) (City) (State) (Zip)						Phone ()		Occupation UNEMP.			
D/L Number, State T74393958251735		Soc. Sec. Number		INS Number		Place of Birth (City, State) MANHATTAN NY		Citizenship US			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:				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 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					
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	
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 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit		Offense # 16163419		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406						DEC 12 2016					
Court Date and Time Month JAN Day 5 Year 2017 Time 08:30 AM <input checked="" type="checkbox"/> 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.											
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed 12/12/16					
HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) J. SCHNEIDER		I.D. # 8501		(PRINT)		PAGE 1 OF 1	
Intake Deputy		I.D. #		Pouch #		Transporting Officer J. SCHNEIDER 8501		ID #		Agency PBSO	
Witness here if subject signed with an											

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5 DAY OF DECEMBER 20 16, AT 03:05 ☒ AM ☐ PM

SUBJECT: TRIPP, JENNIFER S. CASE NUMBER: 16163419

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHNEIDER #8501

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
WAS OBSERVED BY D/S SANCHEZ #24967 WEAVING IN AND OUT OF THE LANE. DUE TO THE VEHICLES ERRATIC DRIVING PATTERN AND TRAFFIC UPON THE ROADWAY IT WAS STOPPED JUST NORTH OF THE INTERSECTION OF LAKE WORTH AND JOG.

OBSERVATION OF DRIVER:

SLURRED SPEECH. BLOODSHOT GLOSSY EYES. UNABLE TO FOLLOW SIMPLE INSTRUCTIONS. IMMEDIATELY BEGAN TO EAT BREATH MINTS UPON SPEAKING TO HER.

DRIVER'S STATEMENTS:

IM OK. I HAD TWO BEERS

ODORS:

DISTINCT SMELL OF UNKNOWN ALCOHOLIC BEVERAGES.

GENERAL OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CYCLIC EMOTIONS. COOPERATIVE THEN COMBATIVE

CLOTHING: BLACK SHIRT, BLUE JEANS, TAN SHOES

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

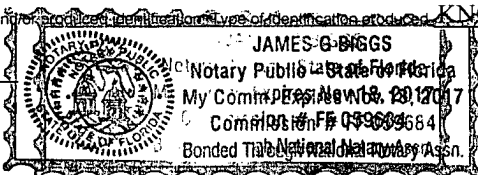
INV. J. SCHNEIDER #8501

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of DECEMBER 20 16 by J. SCHNEIDER

Print name of Arresting/Investigative Officer, who is personally known to me and who produced identification and is known to me: KNOWN

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



SUBJECT: TRIPP, JENNIFER S.

CASE NUMBER 16163419

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:

EQUIL PUPIL SIZE AND TRACKING.

WALK & TURN:

UNABLE TO KEEP BALANCE DURING INSTRUCTIONS, STARTED TOO SOON, MISSED HEEL TO TOE, STEPS OFF THE LINE, USES ARMS FOR BALANCE, AND PERFORMED A IMPROPER TURN.

ONE LEG STAND:

DISTINCT SWAY DURING INSTRUCTIONS. PUT FOOT DOWN ON NUMEROUS OCCASIONS.

FINGER TO NOSE:

FAILED TO KEEP EYES CLOSED BEGINNING TASK. DISTINCT SWAY DURING INSTRUCTION. FIRST ATTEMPT MISSED YOUR LEFT FINGER TO NOSE AND HELD. RE-EXPLAINED INSTRUCTIONS. SECOND TASK SHE SEARCHED WITH HER FINGER INITIALLY MISSED AND HELD FINGER TO NOSE. FIRST RIGHT HELD FINGER TO NOSE. SECOND LEFT SHE SEARCHED WITH HER FINGER TO HER NOSE AND MISSED. THIRD LEFT AND RIGHT PERFORMED CORRECT.

ROMBERG ALPHABET:

DISTINCT SWAY DURING INSTRUCTION. RECITED ALPHABET CORRECT.

BREATH TEST RESULTS:

1) .121

2) .131

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

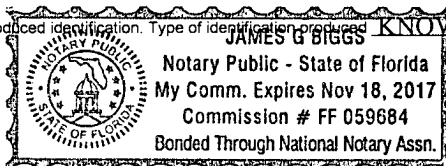
INV. J. SCHNEIDER #8501

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of DECEMBER, 2016 by J. SCHNEIDER

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

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



WITNESS LIST

CASE NUMBER: 16163419

ARRESTING OFFICER: INV. J. SCHNEIDER #8501

ADDRESS: 2300 N JOG RD WEST PALM BEACH FL 33411

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: INVESTIGATION

NAME: D/S J. SANCHEZ #24967

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: INITIAL STOP

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:

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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:

TESTING FACILITY TASK REPORT

AGENCY: PBSO-SCHNEIDER

SUBJECT: TRIPP, JENNIFER S

CASE NUMBER: 16-163419

DATE: Dec 12, 2016

VIDEO DVD NUMBER: 61814

BEGINNING TIME: 0416

ENDING TIME: 0427

BREATH TESTS RESULTS: 1) .121 TIME 0419 A.M. ☒ P.M. ☐ 2) .131 TIME 0422 A.M. ☒ P.M. ☐
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karkleck #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SOMEWHAT SLURRED

ATTITUDE: COOPERATIVE AT TIMES, UPSET AT OTHERS, (EMOTIONS UP AND DOWN)

CLOTHING: BLACK SHIRT BLUE JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY, RED, BLOODSHOT

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

THE ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0355

SUBJECT ADVISED SHE WOULD SUBMIT TO THE TEST

SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST

SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY

RESULTS WERE GIVEN

SUBJECT WAS READ MIRANDA

SUBJECT REFUSED QUESTIONS

SUBJECT: Tripp, Jennifer S

CASE NUMBER: 16-163419

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

SUBJECT: Tripp, Jennifer S CASE NUMBER: 16-163419

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?	_____

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: _____

NOT A CERTIFIED COPY

NEW JERSEY
MOTOR VEHICLE COMMISSION


AUTO DRIVER LICENSE

DOB 01-30-1973 ISS 11-19-2013 EXP 01-31-2018 CLASS D

TRIPP
JENNIFER S
1 TEAL CT
EAST WINDSOR, NJ 08520-2535
END NONE
RESID NONE

SEX F HGT 5-04 WGT 125 EYES BROWN HAIR BRN SKN TANNED

RP 2400





FLORIDA DUI UNIFORM TRAFFIC CITATION

A0ZZSJP

COUNTY OF <u>Palm Beach</u>		<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input checked="" type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE)		AGENCY NAME <u>Palm Beach County Sheriff's</u> AGENCY # <u>06</u>	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE THAT ON			
DAY OF WEEK <u>Mon</u>		MONTH <u>Dec</u>	DAY <u>12</u>
NAME (PRINT) FIRST <u>Sennifer S.</u>		MIDDLE <u>Tripp</u>	LAST <u></u>
STREET <u>9398 Vercelli St</u>		IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE	
CITY <u>Lake Worth</u>		STATE <u>FL</u>	ZIP CODE <u>33467</u>
TELEPHONE NUMBER	DATE OF BIRTH	MO <u>01</u>	DAY <u>30</u>
		YR <u>73</u>	RACE <u>W</u>
		SEX <u>F</u>	HGT <u>5'4"</u>
DRIVER LICENSE NUMBER	T 7 4 3 9 3 9 5 8 2 5 1 7 3 5		
YR. VEHICLE <u>2015</u>	MAKE <u>Hon</u>	STYLE <u>SUV</u>	COLOR <u>Black</u>
VEHICLE LICENSE NO. <u>K16Fmu</u>	TRAILER TAG NO.	STATE <u>NS</u>	YEAR TAG EXPIRES <u>2018</u>
UPON A PUBLIC STREET OR HIGHWAY OR OTHER LOCATION, NAMELY <u>Lake Worth Rd @ Jct Rd</u>			COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			≥ 16 PASSENGERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			COMPANION CITATION(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FT. _____ MILES _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF NODE _____			

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF .131

COMMENTS PERTAINING TO OFFENSE: (Only one offense each citation)

<input type="checkbox"/> AGGRESSIVE DRIVER	PASSENGER < 18 YEARS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	STATE STATUTE	SECTION <u>316.193(1)</u>	SUB-SECTION
CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DAMAGE TO OTHER PROPERTY <input type="checkbox"/> YES \$ <input checked="" type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FATAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE <u>1/5/17</u>	TIME <u>08:30</u>	A0ZZSJP
COURT AND LOCATION <u>West Palm Beach FL 33406</u>		

ARREST DELIVERED TO CS DATE 12/12/16
I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THE CITATION. WAIVER OF RIGHTS: I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF I NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR [Signature] **SCANNED** **DEC 12 2016**

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:
☒ DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

☐ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? ☒ YES ☐ NO REASON NO FL License
ELIGIBLE FOR PERMIT? ☐ YES ☒ NO

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE Lantana BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

Dan S. Schneider 8501 VCD [Signature]
RANK - SIGNATURE OF OFFICER BADGE NO. ID. NO. TROOP UNIT
HSMV 75904 (Rev. 7/13)

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

SCANNED
DEC 12 2016

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006478 Software: 8100.27
Date of Test: 12/12/2016

Date of Last Agency Inspection: 11/18/2016

Observation Period Began: 03:55

Subject's Name: JENNIFER S TRIPP

DOB: 01/30/1973 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	04:17
Air Blank	0.000	04:18
Control Test	0.082	04:18
Air Blank	0.000	04:19
Subject Sample #1	0.121	04:19
Air Blank	0.000	04:20
Air Blank	0.000	04:22
Subject Sample #2	0.131	04:22
Air Blank	0.000	04:23
Control Test	0.081	04:23
Air Blank	0.000	04:24
Diagnostics Check	OK	04:24

Cylinder Lot: 1870563
Exp: 06/17/2018

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (☒) is personally known to me or (☐) produced _____ as identification, and who after being placed under oath, states:

I JAMES G. BIGGS, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement. I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____

Signature

Date: 12/12/16

Sworn to (or affirmed) before me this 12 day of Dec, 2016

Signature of Notary Public-State of Florida

Ind Schneider
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.