

03223644

1908

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile
OBTS Number				
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17093622
Charge Type: Check as many as apply: <input checked="" 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		Weapon Seized / Type 2. 1. Yes 2. No		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 1703 Lake Worth Road Lake Worth, FL 33467		Location of Offense (Business Name, Address) 1703 Lake Worth Road Lake Worth, FL 33467		
Date of Arrest 06/22/2017	Time of Arrest 22:43	Booking Date	Booking Time	Jail Date Jail Time Location of Vehicle Joy Towing
Name (Last, First, Middle) Overby, Jessica May		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 06/24/1977	Height 5'07"	Weight 145
Eye Color Blue		Hair Color Blonde		Complexion Light
Build Medium				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Unknown		Marital Status Single	Religion NONE	Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk.
Local Address (Street, Apt. Number) 3892 Cypress Lake Drive Lake Worth, Florida 33467		Phone () Unknown		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2
Permanent Address (Street, Apt. Number) Same		Phone ()		Address Source Florida DL
Business Address (Name, Street) ()		Phone ()		Occupation Unknown
D/I Number, State O-161-433-77-724-0/FL	Soc. Sec. Number ()	INS Number	Place of Birth (City, State) Sommertown, Tennessee	Citizenship U.S.
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth
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		
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 S. Sell R. Smuggle P. Possess 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)
Drug Activity N		Drug Type N	Amount / Unit N/A	Offense # 17093622
Charge Description Resist with Violence		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 843.01
Drug Activity N		Drug Type N	Amount / Unit N/A	Offense # 17093622
Charge Description Possession of Marijuana less than 20 grams		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 893.13 (6)(b)
Drug Activity P		Drug Type M	Amount / Unit N/A	Offense # 17093622
Charge Description Possession of Drug Paraphernalia		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 893.147 (1)
Drug Activity P		Drug Type P	Amount / Unit N/A	Offense # 17093622
Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX 3228 Gun Club Road WPB, FL				
Court Date and Time Month July Day 20th Year 2017 Time 8:30 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. NOT COMPLIANT Signature of Defendant (or Juvenile and Parent / Custodian) Date Signed				
HOLD for other Agency Name:		Signature of Arresting Officer (Signature)		Name Verification (Printed by Arrestee) JUN 23 AM 4:13
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		(PRINT)
Intake Deputy (Signature)		ID # 8101		Pouch #
Name of Arresting Officer (Print) Inv. CHIQUITO-RODRIGUEZ #18334		ID # 18334		Agency PBSO
Transporting Officer Same		ID #		Agency
Witness here (Signature)		Witness here (Signature)		Page 1 OF 1

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
ADMIN	OBTS Number										
	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06- 17093622					
	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		Special Notes:			
DEF	Name (Last, First, Middle) Overby, Jessica May	Alias					Race W	Sex F	Date of Birth 06/24/1977		
CHARGES	Charge Description DUI	316.193 (1)		Charge Description Resist with Violence		843.01					
	Charge Description Possession of Marijuana less than 20 grams	893.13 (6)(b)		Charge Description Possession of Drug Paraphernalia		843.147 (1)					
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA					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					
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 <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the 22nd day of June 20 17 at 22:09 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)											
<p>I then placed the defendant in handcuffs and advised her that she was under arrest for DUI based on the signs and level of impairment I observed throughout the investigation, evidence on scene and the crash investigation and she became combative and argumentative.</p> <p>I transported the defendant to the Breath and Alcohol Testing Facility (B.A.T.). Once at the facility, and after a twenty minute observation during which time she did not place anything in her mouth or regurgitate, the defendant was placed on camera and asked to submit to a breath sample. She became combative and verbally refused. I attempted to read her Florida Implied consent several times as she continued yelling over me. Due to the defendant's combative behavior the investigation was concluded at that point and the refusal was noted and documented at 23:46 hours.</p> <p>Based on the above set of facts and circumstances, probable cause exists to find the JESSICA MAY OVERBY in violation of FSS 316.193 (1) Driving Under the Influence.</p> <p>This case is cleared by arrest.</p>											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH Inv. Chiquito-Rodriguez (Signature of Arresting/Investigative Officer)										
	The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of June 20 17 by Inv. Chiquito-Rodriguez (Print name of Arresting/Investigative Officer) who is personally known to me and has produced identification. Type of identification produced KNOWN										
	Notary Public - State of Florida Commission # FF 966854 My Comm. Expires Jun 25, 2020 Bonded through National Notary Assoc.										

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile
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	Charge Description DUI 316.193 (1)		Charge Description Resist with Violence 843.01						
CHARGES	Charge Description Possession of Marijuana less than 20 grams 893.13 (6)(b)		Charge Description Possession of Drug Paraphernalia 843.147 (1)						
	Victim's Name (Last, First, Middle) STATE OF FLORIDA				Race	Sex	Date of Birth		
VICTIM	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.</p> <p>The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 22nd day of June 20 17 at 22:09 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
<p>With Overby showing signs of definite impairment, she was placed under arrest for driving under the influence. While attempting to handcuff Overby, she became immediately non-compliant and resisted efforts to take her into custody. Once handcuffed and during a pat down, she began to kick and spit at myself and assisting deputies. While trying to secure her into my marked PBSO patrol vehicle, she "posted up" her legs into the door frame and physically and actively resisted efforts to get her into the vehicle. Overby continued to spit at deputies. At one point she wedged her right foot into the right rear door's bars, thusly holding onto the door. Finally, control was regained and Overby was secured into my vehicle.</p> <p>A search of Overby's car for towing inventory purposes revealed a plastic bag in the center console. This clear plastic bag contained a multi-colored wooden "one hitter" container which concealed a green substance which I recognized through my training and experience as suspected marijuana. Additionally the "one hitter" also contained a silver pipe which has in intended use of inhaling marijuana. The recovered suspected marijuana was field tested utilizing a PBSO issued test kit. This test proved positive for THC. Total weight of the suspected marijuana was .72 grams.</p> <p>Therefore, through the actions of Overby and the evidence recovered, I find probable cause for additional charges against "JESSICA MAY OVERBY" who did knowingly and willfully resist, obstruct or oppose, a law enforcement officers of the Palm Beach County Sheriff's Office, in the lawful execution of a legal duty, by doing violence to the person of such officer, contrary to Florida Statute 843.01, a 3rd degree felony, level 5, and who was unlawfully and knowingly constructive possession of less than 20 grams of a material, compound, mixture or preparation which contained cannabis, commonly known as marijuana, a controlled substance, contrary to Florida Statute 893.13(6)(b), a 1st degree misdemeanor, and was unlawfully and knowingly in constructive possession of the "one hitter and pipe", which was drug paraphernalia being used, intended for use, or designed for use in ingesting, inhaling, or otherwise introducing into the human body a controlled substance, and for storage of, contrary to Florida Statute 893.147(1)(b), a 1st degree misdemeanor.</p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH Inv. Chiquito-Rodriguez <i>[Signature]</i> #183334 (Signature of Arresting/Investigative Officer)								
	The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of June 20 17 by Inv. Chiquito-Rodriguez #18334 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN								
	<i>[Signature]</i> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								
	My Comm. Expires Jun 25, 2020 Bonded through National Notary								

SCANNED

JUN 23 2017

PAGE
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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22nd DAY OF June 20 17 AT 22:09 AM ☒ PM

SUBJECT: Overby, Jessica May CASE NUMBER: 17093622

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Chiquito-Rodriguez

PERSONAL CONTACT

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

On 06/22/2017, at approximately 22:20 hours, I responded to 1703 Lake Worth Road in the City of Lake Worth, located within Palm Beach County, Florida to assist with a single vehicle crash. Upon arriving on scene I made contact with D/S Darren Smith #17626 and CSA Jonathan Foster #9097 who were first to arrive on scene. D/S Smith arrived to the Tri-Rail parking lot at 1703 Lake Worth Road and located a single vehicle, a dark gray 4 door Cadillac bearing Florida tag DUC7B, with heavy damage to the passenger's side and obstructing the exit of the parking lot. There was a white female, later identified as JESSICA MAY OVERBY (defendant) DOB: 06/24/1977 by her Florida issued driver's license, sitting outside of the vehicle and on the curb. There was a Tri-Rail on duty security guard, a Mr. Timothy Roos, who witnessed the crash occur and called 911 to report the crash. He remained on scene and gave a sworn written statement. I assisted CSA Foster with the crash investigation and independently evaluated the crash scene and damages. Through the crash investigation it was determined that the defendant was the registered owner of the vehicle and the extensive damage and the large amount of blue paint transfer along the passenger side of the vehicle was consistent with the vehicle having struck the blue wall. CSA Foster completed the crash report under PBSO case # 17093620.

OBSERVATION OF DRIVER:

When I arrived on scene the defendant was sitting on the curb and was yelling obscenities and arguing with the deputies on scene. I noticed that the defendant's speech was heavily slurred and there was a very strong odor of an unknown alcoholic beverage emanating from the defendant's breath as she yelled and argued. In an effort to calm her down, I asked the defendant to stand up and relocated her to the front of my vehicle. I observed her stumble and had difficulty standing up. Once she stood up she was swaying in a front to back motion while in a standing, resting position and stumbled as she walked. Her eyes were red, bloodshot and glassy. I asked the defendant if she had any medical problems or sustained any injuries and she verbally stated that she did not. I did not observe any visible injuries on the defendant. I advised her that I completed the crash investigation and I read the defendant her Constitutional warnings from a PBSO issued Miranda card. I explained to her that I was initiating a separate DUI investigation and she verbally stated that she understood. The defendant had very drastic mood swings and went from moments of yelling profanity, racial slurs and obscenities to being somewhat cooperative.

DRIVER'S STATEMENTS:

Post Miranda the defendant stated that she was the registered owner of the vehicle, was the sole occupant and driver of the vehicle and that someone crashed into her car. She further stated that she "had one beer at like one o'clock". The defendant denied taking any medications. I asked the defendant if she would consent to voluntary SFST's and she again became very argumentative and combative and refused to complete roadside tasks. I advised her of Taylor warnings and that her refusal to complete roadsides would be used against her in court and she stated that she understood.

SEE Probable Cause PAGE 2 for further.....

ODORS:

Strong odor of an unknown alcoholic beverage emanating from defendant's breath that became stronger as the defendant spoke to me

GENERAL OBSERVATIONS

SPEECH: Slow, slurred, mumbled,

ATTITUDE: Combative, Moody, Emotional

CLOTHING: Tan top, Swimsuit top, NO SHOES, Blue jeans

MEDICAL/OTHER: Defendant denied having any medical conditions, injuries or physical impairments. Defendant denied being on any medications or taking any medications.

STATE OF FLORIDA
COUNTY OF PALM BEACH

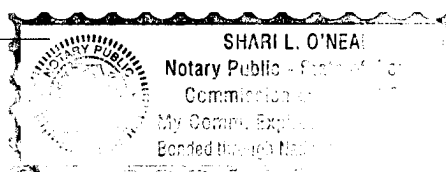
Inv. Chiquito-Rodriguez

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of June 20 17 by Inv. Chiquito-Rodriguez #18334

(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. 111.10)



SCANNED

JUN 23 2017

SUBJECT: Overby, Jessica May

CASE NUMBER 17093622

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Bloodshot, glassy eyes. Swaying in a front to back motion while in a standing, resting position. Very argumentative and combative.

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS:

1) REFUSED

2) REFUSED

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

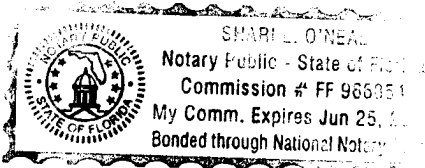
Inv. Chiquito-Rodriguez

(Signature of Arresting/Investigative Officer)

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(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)



SCANNED
JUN 23 2017

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #:	17-093622	ZONE:	14-13	SUSPECT:	Jessica Overby	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	06/22/2017 2209
EVENT TYPE:	Crash	DEPUTY:	D. Smith	ID#:	17626		

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	Roos	FIRST NAME:	Timothy	MIDDLE INITIAL:	J	RACE:	W	SEX:	M
DATE OF BIRTH:	(MM/DD/YYYY) 03/15/1952	YOUR HEIGHT:	602	YOUR WEIGHT:	215	YOUR HAIR COLOR:	Grey	YOUR EYE COLOR:	Blue
YOUR HOME ADDRESS:	6499 Powelton Rd	<input type="checkbox"/> CHECK IF HOMELESS		CITY:	Ft. Lauderdale	STATE:	FL	ZIP:	
YOUR WORK NAME & ADDRESS:	G4S Security - 6499 Powelton Rd	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:	Ft. Lauderdale	STATE:	FL	ZIP:	
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE (954) 771-5005	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE (561) 603-0108	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE ()	EMAIL:		<input type="checkbox"/> CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	Timothy Roos	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
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While working security at Lake Worth Trl-Park, 1703 Lake Worth Rd, I observed a motorcycle pull up next to a Black Cadillac. A white female, got off passenger seat and started questioning me why I was at her vehicle. She appeared under the influence, slurred speech, agitated, and somewhat unsteady on her feet. I told her not to drive, and she said she does not drink. The male on motorcycle said he would handle it. I went to location approximately 35-40 yards away of parking lot, observed female get into her vehicle, start it up and at high rate of speed from stop, squeal tires, head for East Entrance. PAGE 1 OF 2

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC <input type="checkbox"/> FSS: 117.10
YOUR SIGNATURE: <i>Timothy Roos</i>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: 06/22/2017 TIME: 2250
	SIGNATURE: <i>D. Smith</i> ID: 17626

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIATING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

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PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

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☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #:	17-093622	ZONE:	14-13	SUSPECT:	Jessica Overby	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	06/22/2017 2201
EVENT TYPE:	Crash	DEPUTY:	D Smith	ID#:	17624		

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	Roos	FIRST NAME:	Timothy	MIDDLE INITIAL:	J	RACE:	W	SEX:	M
DATE OF BIRTH:	03/15/1952	YOUR HEIGHT:		YOUR WEIGHT:		YOUR HAIR COLOR:		YOUR EYE COLOR:	
YOUR HOME ADDRESS:	6499 Powerline Rd	<input type="checkbox"/> CHECK IF HOMELESS		CITY:	Fort Lauderdale	STATE:	FL	ZIP:	
YOUR WORK NAME & ADDRESS:	SAME	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:		STATE:		ZIP:	
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:		<input type="checkbox"/> CHECK IF NONE	
	954 271-5005		(561) 603-0108		()				

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	Timothy Roos	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
------------	--------------	--

Cont/

AND CONTINUED OVER EAST SIDEWALK, Hitting the retaining wall at East Side of parking lot, coming to a stop in the East Entrance to the parking Area.

I checked her for injuries and she appeared uninjured. I noticed most of the bags had deployed.

I then called 911, Palm Beach SO. Vehicle that crash was same vehicle I observed the white female get into who got off motorcycle. Vek - is FI # DUC 713 - Grey Cadillac - 40

PAGE 2 OF 2

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X Timothy Roos

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 06/22/2017 TIME: 2250

SIGNATURE: D Smith ID: 17624

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EVENT TYPE: Crash		DEPUTY: D Smith	ID#: 17624

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Roos	FIRST NAME: Timothy	MIDDLE INITIAL: J	RACE: W	SEX: M
DATE OF BIRTH: 03/15/1952	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
YOUR HOME ADDRESS: 6489 Powerline Rd	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Ft. Lauderdale	STATE: FL	ZIP:
YOUR WORK NAME & ADDRESS: SAME	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE 954 221-5005	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (561) 603-0108	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL:	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: Timothy Roos	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
-------------------------	--

Cont/

AND continued over East sidewalk, hitting the retaining wall at East Side of parking lot, coming to a stop in the East Entrance to the parking area.

I checked her for injuries and she appeared uninjured. I noticed most of air bags had deployed.

I then called 911, Palm Beach SO. Vehicle that crashed was same vehicle I observed the white female get into who got off motorcycle. VEH - is FI * DUC 713 - Grey Cadillac - 40

PAGE 2 OF 2

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X Timothy Roos

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 06/22/2017 TIME: 2250

SIGNATURE: D Smith ID: 17624

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIATING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

JUN 23 2017



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 17093622 PBSO ZONE 14-13

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 22:09 DATE 06/22/2017 DAY 5

SUBJECT'S NAME Overby, Jessica May RACE W SEX M F

HGT 5'07" WGT 145 DOB 06/24/1977

LOCATION 1703 Lake Worth Road Lake Worth, FL 33467

ARRESTING OFFICER'S NAME & ID Inv. Chiquito-Rodriguez AGENCY PBSO

DIVISION: VCD/DUI

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 23:16

ARREST TIME 22:43

BREATH RESULTS:

1)
2)
3)
4)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # 62831

SCANNED
JUN 23 2017

WITNESS LIST

CASE NUMBER: **17093622**

ARRESTING OFFICER: **Inv. Chiquito-Rodriguez**

ADDRESS: **3228 Gun Club Rd WPB, FL 33406**

PHONE NUMBERS (HOME): _____ (WORK) **561-688-3000**

CAN TESTIFY TO: **Facts of case**

NAME: **D/S Ian Goodman #26786**

ADDRESS: **3228 Gun Club Rd WPB, FL 33406**

PHONE NUMBERS (HOME) _____ (WORK) **561-688-3000**

CAN TESTIFY TO: **Facts of case (Deputy on scene)**

NAME: **D/S Darren Smith #17626**

ADDRESS **3228 Gun Club Rd WPB, FL 33406**

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: **Facts of case (First Deputy on scene)**

NAME: **CSA Jonathan Foster #9097**

ADDRESS **3228 Gun Club Rd WPB, FL 33406**

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: **Facts of the case (Completed crash report)**

NAME: **Investigator John Schaefer #8777**

ADDRESS **3228 Gun Club Rd WPB, FL 33406**

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: **Facts of the case (Assisted with investigation)**

NAME: **Timothy Roos**

ADDRESS **6499 Powerline Road Fort Lauderdale, FL**

PHONE NUMBERS (HOME) _____ (WORK) **(954) 771-5005**

CAN TESTIFY TO: **Facts of the case (Witness to the crash)**

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: _____

SCANNED
JUN 23 2017

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #: 17-093622 ZONE: 14-13 SUSPECT: Jessica Overby DATE & TIME OF ORIGINAL EVENT/OFFENSE: 06/22/2017 2209
 EVENT TYPE: Crash DEPUTY: D. Smith ID#: 17626

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Roos FIRST NAME: Timothy MIDDLE INITIAL: J RACE: W SEX: M
 DATE OF BIRTH: (MM/DD/YYYY) 03/15/1952 YOUR HEIGHT: 602 YOUR WEIGHT: 215 YOUR HAIR COLOR: Grey YOUR EYE COLOR: Bru
 YOUR HOME ADDRESS: 6499 Powerline Rd ☐ CHECK IF HOMELESS CITY: Ft. Lauderdale STATE: FL ZIP:
 YOUR WORK NAME & ADDRESS: G4S Security - 6499 Powerline Rd ☐ CHECK IF UNEMPLOYED OR RETIRED CITY: Ft. Lauderdale STATE: FL ZIP:
 WORK PHONE: ☐ CHECK IF NONE CELL PHONE: ☐ CHECK IF NONE HOME PHONE: ☐ CHECK IF NONE EMAIL: ☐ CHECK IF NONE
(954) 771-5005 (561) 603-0108 ()

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: Timothy Roos DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

While working security at Lake Worth TGI-Frui, 1703 Lake Worth Rd, I observed a motorcycle pull up next to a Black Cadillac. A white female, got out passenger seat and started questioning me why I was at her vehicle. She appeared under the influence, slurred speech, agitated, and somewhat unsteady on her feet. I told her not to drink, and she said she does not drink. The male on motorcycle said he would handle it. I went to location approximately 35-40 yards away at parking lot, observed female get into her vehicle, start it up and at high rate of speed from stop, squeal tires, head for East Entrance. PAGE 1 OF 2

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE: YOUR SIGNATURE: Timothy Roos

DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
 DATE: 06/21/2017 TIME: 2250
 SIGNATURE: D. Smith ID: 17626

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE ELIGIBLE FOR THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIATING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

JUN 23 2017

TESTING FACILITY TASK REPORT

11334

AGENCY: FLSO T.V. Orlando - 11334
 SUBJECT: Overly, Jessica May CASE NUMBER: 17-09622
 DATE: 06-22-17 VIDEO TAPE NUMBER: 62821
 BEGINNING TIME: 2046hrs ENDING TIME: 2346hrs
 BREATH TESTS RESULTS: **REFUSED** TIME 2:46 A.M./P.M. (P.M.) 2) _____ TIME _____ A.M./P.M.
 3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: S. O'Neil #6212

MAINTENANCE TECHNICIAN: DIS J. Korte #16467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred words at times from yellow

* ATTITUDE: Uncooperative, Combative, Intoxicated, Insulting

* CLOTHING: Short-sleeved button-down shirt - Multi-Color

MEDICAL CONDITIONS: _____ * No Slips

MEDICATIONS: _____

OTHER: Eyes: Very Red + Glowing

* Ports - Blue Juice + Benzoin, Vulgar
Strong odor of alcohol + benzoin #11334

COMMENTS: 20 min. observation done by AIO C. Rodriguez

D arrived at the TEST Facility being very

Uncooperative and belligerent. She was calling the

AIO and I names. She was telling people

to suck her dick. What on camera after the

20 min. observation was done. D continued to

act uncooperative and belligerent on camera.

AIO requested the breath test. D refused the

request. AIO read the implied consent of camera.

Taken as a refusal. No Q&A

D was very insulting and profane to the AIO

on the MAT video.

"See video for behavior"

SCANNED

JUN 23 2017

SUBJECT: Overly, Jessica Marie CASE NUMBER: 17-091622

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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED
JUN 23 2017

NOT A CERTIFICATE

SCANNED
JUN 23 2017

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Investigator L. Chiquito-Rodriguez #18334, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 22nd day of June, 20 17, at 22:43 ☒ P.M. ☐ A.M.

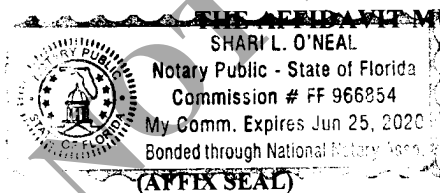
DRIVER Jessica May Overby
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# O161-433-77-724-0, state of Florida, was placed under lawful arrest for
the offense of DUI F.S.S. 316.193 (1) by Investigator L. Chiquito-Rodriguez #18334 and
(Name of Arresting Officer)
issued Citation # A1005DP

That on or about the 22nd day of June, 20 17, at 23:46 ☒ P.M. ☐ A.M.
in Palm Beach County,

I requested that the driver submit to a ☒ **breath and/or** ☐ **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature] #18334
Signature of Law Enforcement Officer or
Correctional Officer



The foregoing instrument was sworn and subscribed before

me this 22nd day of June, 20 17,

by Investigator L. Chiquito-Rodriguez #18334,

who is personally known to me or who has produced

KNOWN as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SCANNED
JUN 23 2017