

4000111

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

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

Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number		Agency Name		ARREST / NOTICE TO APPEAR		Juvenile Referral Report		17-083746	
	FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE		06-		Agency Report Number (N.T.A.'s only)					
DEFENDANT	Charge Type: Check as many as apply		<input checked="" 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		Multiple Clearance Indicator				03	
	Location of Arrest (Including Name of Business)		AVOCADO LANE / BALSAM DR PBG		Location of Offense (Business Name, Address)		AVOCADO LANE / BALSAM DR PBG					
	Date of Arrest		Time of Arrest		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		ALL HOOKED UP TOWING	
	5/29/2017		2222									
	Name (Last, First, Middle) STOELTING, JILL, RUTH											
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W	Date of Birth 4/14/1962	Height 5'06	Weight 135	Eye Color BLUE	Hair Color BLONDE	Complexion LIGHT	Build SLIM		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status NONE	Religion NONE	Indication of: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk. Alcohol Influence <input checked="" type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/>			
	Local Address (Street, Apt. Number)						Phone (561) 215-1001	Residence Type: 1. City <input type="checkbox"/> 3. Florida <input checked="" type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/>				
	9342 ACRES WAY, LAKE PARK, FL, 33404											
	Permanent Address (Street, Apt. Number)						Phone (561) 215-1001	Address Source VERBAL				
9342 ACRES WAY, LAKE PARK, FL, 33404						Phone	Occupation					
Business Address (Name, Street)						()	NONE					
NONE												
DL Number, State S343-436-62-634-0, FL			Soc. Sec. Number			INS Number		Place of Birth (City, State)		Citizenship		
								GROOSPORT, MICHIGAN		US		
CO-DEF	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
	(1) OR											
JUVENILE	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
	(2) OR											
CODE	Name (Last)						(Middle)		Residence Phone			
	(3) 300.00						()		()			
CHARGE	Address (Street, Apt. Number)						(City)	(State)	(Zip)	Business Phone		
	(4) OR									()		
CHARGE	Notified by: (Name)						Date	Time	Juvenile Disposition			
									1. Handled/processed within Dept. and Released.		2. TOT HRS / DYS	
CHARGE	Released To: (Name)						Relationship		Date	Time		
CHARGE	The above address provided by <input type="checkbox"/> defendant and / or 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.						School Attended				Grade	
	<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)											
CHARGE	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Value of Property					
CHARGE	S. Sell N. N/A P. Possess	R. Smuggle B. Buy T. Traffic	K. Dispense/ D. Deliver E. Use	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		
	DUI REFUSAL						Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.1939			Violation of ORD #
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # 17-083746		Warrant / Capias Number				Bond		
	DUI CRASH WITH MINOR PROPERTY DAMAGE						Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(3)(C)(1)			Violation of ORD #
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # 17-083746		Warrant / Capias Number				Bond		
	BATTERY ON A LAW ENFORCEMENT OFFICER						Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 784.07(2)(a)(2)(b)(8)			Violation of ORD #
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # 17-083746		Warrant / Capias Number				Bond		
	COORRUPTION BY THREAT LEO						Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 838.021(2)(3)(b)(18)			Violation of ORD #
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # 17-083746		Warrant / Capias Number				Bond		
	Location (Court, Room Number, Address)						NORTH COUNTY COURTHOUSE / 3188 PGA BLVD, PALM BEACH GARDENS, FL 33410					
NOTICE TO APPEAR	Court Date and Time						AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>					
	Month JUNE	Day 21ST	Year 2017	Time 0830								
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						
ADMIN	HOLD for other Agency Name:			Signature of Arresting Officer X <i>Jill Ruth Stoelting</i> 21289			Name Verification (Printed by Arrestee) MAY 30 AM 1:37 (PRINT)					
	<input type="checkbox"/> Dangerous	<input type="checkbox"/> Resisted Arrest	<input type="checkbox"/> Suicidal	<input type="checkbox"/> Other:	Name of Arrested Officer (Print) D/S P SCARTOLIZZI #21289			I.D. # 21289				PAGE 2
Initials/Deputy		I.D. #	Pouch #	Transporting Officer SAME		ID #	Agency PBSO				Witness here if subject signed with a <input type="checkbox"/>	

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A. ONLY)

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

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

Juvenile

1

N

OBTS Number

Agency ORI Number
FLO 500000Agency Name
PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only)

06-

17-083746

ADMINISTRATIVE

DEFENDANT	Charge Type: Check as many as apply:			<input checked="" 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		Multiple Clearance Indicator			
							1. Yes 2. No		03			
JUVENILE	Location of Arrest (Including Name of Business) AVOCADO LANE / BALSAM DR PBG						Location of Offense (Business Name, Address) AVOCADO LANE / BALSAM DR PBG					
	Date of Arrest 5/29/2017	Time of Arrest 2222	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle ALL HOOKED UP TOWING					
CODE	Name (Last, First, Middle) STOELTING, JILL, RUTH											
	Alias (Name, DOB, Soc. Sec. #, Etc.)											
CO-DEF	Race W - White I - American Indian B - Black 0- Oriental/Asian			Sex F	Date of Birth 4/14/1962	Height 5'06	Weight 135	Eye Color BLUE	Hair Color BLONDE	Complexion LIGHT	Build SLIM	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			NONE			Marital Status NONE	Religion NONE	Indication of: Alcohol Influence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			Y N Unk.
CHARGE	Local Address (Street, Apt. Number) 9342 ACRES WAY, LAKE PARK, FL, 33404			(City) LAKE PARK	(State) FL	(Zip) 33404	Phone (561) 215-1001	Residence Type: 1. City 2. County			3. Florida 4. Out of State	
	Permanent Address (Street, Apt. Number) 9342 ACRES WAY, LAKE PARK, FL, 33404			(City) LAKE PARK	(State) FL	(Zip) 33404	Phone (561) 215-1001	Address Source VERBAL				
CHARGE	Business Address (Name, Street) NONE			(City) NONE	(State) NONE	(Zip) NONE	Phone ()	Occupation NONE				
	D/L Number, State S343-436-62-634-0, FL			Soc. Sec. Number [REDACTED]			INS Number [REDACTED]	Place of Birth (City, State) GROSPORT, MICHIGAN			Citizenship US	
CHARGE	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large			<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large			<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
CHARGE	Name (Last) (First) [Signature] (Middle)						Residence Phone ()					
	Address (Street, Apt. Number) NONE			(City) NONE	(State) NONE	(Zip) NONE	Business Phone ()					
CHARGE	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						
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No						Value of Property						
CODE	Drug Activity 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 LEAVING THE SCENE OF A CRASH			Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.061(1)			Violation of ORD #			
CHARGE	Drug Activity N	Drug Type N	Amount / Unit \$2500	Offense # 17-083746	Warrant / Capias Number			Bond				
	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number			Violation of ORD #			
CHARGE	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 #			
CHARGE	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 #			
CHARGE	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 #			
NOTICE TO APPEAR	Location (Court, Room Number, Address) NORTH COUNTY COURTHOUSE / 3188 PGA BLVD, PALM BEACH GARDENS, FL 33410											
	Court Date and Time Month JUNE Day 21ST Year 2017			Time 0830			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												
ADMIN	HOLD for other Agency Name: [Signature]			Signature of Arresting Officer [Signature]			Name Verification (Printed by Arrestee) [Signature]					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: [Signature]			Name of Arresting Officer (Print) [Signature] I.D. # 21289					
Intake Deputy SAME			Transporting Officer SAME			Agency PBSO			SCANNED			
Witness here if subject signed with an -X"												

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COURT DEFENDANT (N.T.A.'S ONLY)

MAY 30 2017

ADMIN	OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile
	Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-		17-083746				N	
DEF	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Special Notes:							
	Name (Last, First, Middle) STOELTING, JILL, RUTH				Alias		Race W	Sex F	Date of Birth 4/14/1962			
CHARGES	Charge Description LEAVING THE SCENE OF A CRASH 316.061(1)				Charge Description							
	Charge Description				Charge Description							
VICTIM	Victim's Name (Last, First, Middle) SCARTOZZI, PATRICK				Race W	Sex M	Date of Birth [REDACTED]					
	Local Address (Street, Apt. Number) 3228 GUN CLUB ROAD, WEST PALM BEACH, FL, 33406				(City) [REDACTED]	(State) [REDACTED]	(zip) [REDACTED]	Phone [REDACTED]		Address Source /		
	Business Address (Name, Street) /				(City) [REDACTED]	(State) [REDACTED]	(zip) [REDACTED]	Phone [REDACTED] /		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. 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 type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>												
<p>On the 29TH day of MAY 20 17 at 2120 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>												
PROBABLE CAUSE STATEMENT	<p>I then transported Stoelting to the Palm Beach County Sheriff's office breath alcohol testing facility located at the main detention center located at the main detention facility. While en route to the BAT facility Stoelting became combative and began yelling and screaming in the back of the patrol vehicle. After arriving at the main jail Stoelting refused to exit the patrol vehicle, after speaking with her for a few moments she got out of the car and I took a hold of her arm in order to escort her to the BAT door. When I grabbed her she began screaming and yelling profanities in the sally port. She then leaned forward and kicked me in the left leg with her foot. I then continued to escort her to the BAT door, during which time she would continue to pull away from me screaming and yelling in the sally port. When I reached the door of the BAT Stoelting pulled away from me again, I had my laptop computer in one of my hands and was holding onto Stoelting with my other hand. I pulled her into the BAT door and that's when she fell to the floor and refused to get up, She continued to scream and yell and would not listen to what I was telling her. She was finally escorted into the main BAT room where she was observed for a period of twenty minutes during which time she did not take anything by mouth or regurgitate. After refusing to provide a breath sample Stoelting was placed in a cell with her handcuffs still on due to the fact that she was combative. During her time in the cell she would yell and scream profanities and kept telling me that "shes going to get me, she going to have her people come to my house and get me and get my family". I did not respond to her threats and she continued to yell, scream and bang her handcuffs on the glass of the cell door. She was later booked into the main jail without incident. Based on the above listed facts I have probable cause to charge Stoelting with Battery on a uniformed law enforcement officer and corruption by threat to a law enforcement officer.</p>											
	ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH D/S P SCARTOZZI #21289 (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of May 20 17 by D/S P SCARTOZZI #21289 (Print name of Arresting/Investigative Officer), who is personally known to me and has produced identification, type of identification produced _____ My Commission # FF 993131 Expires 07/08/2020</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <p>SCANNED MAY 3 2017</p>										

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29TH DAY OF MAY 20 17, AT 2120 AM PM

SUBJECT: STOELTING, JILL, RUTH CASE NUMBER: 17-083746

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S P SCARTOZZI #21289

PERSONAL CONTACT

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

See PBSO crash case number 17-083747

On 5/29/2017 at approximately 2157 hours I was dispatched to investigate a possible motor vehicle accident in the area of 9213 Balsam Drive, Lake Park, FL, 33404 in unincorporated Palm Beach County. I was driving my marked patrol vehicle asset number 68559 and wearing my Palm Beach County Sheriff's office issued class B uniform. Prior to my arrival I was provided with the following information. A person by the name of Keith Shanahan called 911 from 561-543-6625 to report there was a motor vehicle accident at the above listed location. The called advised that a white female in a blue dress ran her vehicle into some bushes and left the vehicle there. The called advised that the female appeared to be impaired and left the on foot westbound from the crash location. D/S Booras arrived on scene first and was able to locate the female involved in the crash. D/S Booras was able to get a sworn written statement which places the female in actual physical control of the motor vehicle at the time of the vehicle crash. D/S Booras advised that the person who saw the female crash and leave the scene was a male by the name of Zimet Malden. Malden has difficulty writing so he enlisted his friend Alexis Thomas to transpose what he saw on a PBSO witness statement, after which both parties signed the statement acknowledging that Malden was the witness and Thomas was just transposing what he saw.

OBSERVATION OF DRIVER:

The witness statement was as follows "sitting on the porch white female in dress, I saw her get struck in between two trailer, saw her get out driver side she was alone she went to get help from the neighbor saw her go back to car found her in bush, tried to help her get car from under rock then police showed up". Upon my arrival I noticed a tan in color Mercury sedan bearing Florida license plate number 895-NHM parked on the south side of Avocado Lane just west of the intersection of Balsam Drive. The vehicle's front drivers side bumper was stopped on a large rock that was just off the roadway in a private yard. There were several gouge marks on the roadway which indicated that after the vehicle left the roadway and stuck the rock the driver attempted to back up and move forward to get the vehicle unstuck from the rock. The gravel portion of the private driveway was disturbed and the dirt from underneath the vehicle was kicked up and thrown all around the roadway. The driver of the vehicle then left on foot, at no time did the driver of this motor vehicle attempt to contact the owner of the property she just damaged, at no time did the driver of this motor vehicle get on her cell phone which was found in working order in her vehicle and contact law enforcement as per the statute states.

DRIVER'S STATEMENTS:

After examining the vehicle crash scene and speaking with D/S Booras I went to make contact with the driver of the vehicle. I drove my marked patrol vehicle around the street and came up Balsam Drive from the south. I then parked my patrol vehicle at the intersection of Balsam Drive and Avocado Drive. I chose a smooth level portion of the as fault roadway, free of debris and obstructions in order to perform roadside tasks. When I arrived I was flagged down by another Deputy on the scene that was sitting with the suspect, later identified via the use of DAVID as Jill Stoelting. Stoelting was leaning up against the trunk of her vehicle, I approached the scene after activating my dash camera and while I was approaching I could see signs of impairment in Stoelting. She was having difficulty standing and was leaning on the trunk of her car, however she would lean over to her right side as if she was going to fall down so the Deputy held on to her so she would not hurt herself. I noticed that Stoelting had minor scratches on her arms and legs and there was two band-aides on her knees that appeared to be bleeding slightly.

ODORS:

Stoelting was wearing a blue and white type dress, the dress appeared to be dirty and kept falling down. I then asked Stoelting several general questions.

GENERAL OBSERVATIONS

SPEECH: Slow, Thick, Slurred, Difficult to understand

ATTITUDE: uncooperative, argumentative, combative.

CLOTHING: Green and white dress

MEDICAL/OTHER: The driver denied any medical conditions, physical disabilities, injuries and medication use and or use of recreational drugs.

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S P SCARTOZZI #21289

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of May 2017 by D/S P SCARTOZZI #21289

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

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



SCANNED
MAY 3 2017

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT EYE-LACK OF SMOOTH PURSUIT

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Immediately upon making contact with Stoelting I could smell the very strong odor of an unknown alcoholic beverage emitting from her mouth area, this odor intensified as she spoke to me, her eyes were blood shot and watery. Her manual dexterity was slow, her movement were very lethargic.

WALK & TURN:

I then asked Stoelting to stand up, when she did so she almost fell over, While standing she would sway roughly in a side to side back to front manner. When I asked her to walk to the front of my patrol vehicle she was stumble and almost fell over several times. I asked her to stand in front of my patrol vehicle with her heel and toes together with her arms at her sides. I demonstrated how to stand and she would immediately move out of stance and walk around the roadway, I took several moments for me to get Stoelting to focus and pay attention to me. She kept stateing over and over again that she wanted me to take her to jail, she did not want to cooperate she wanted to go to jail. I advised Stoelting of her Taylor warnings, which lets Stoelting know that if she refuses to perform roadside tasks that can be used against her in a court of law. She advised she understood and said she would cooperate with my investigation. I asked her again to stand with her

ONE LEG STAND:

heels and toes together with her arms at her sides. While standing in this position she would sway in a side to side back to front manner, she would step out of stance and almost fall over several times. I placed my lighted stylus pen approximately 12 inches away from her face just above the eye brow line. I then asked her if she could see the light at the end of my pen and she advised yes, I then asked her if she could identify the color of the light at the end of my pen and she responded "red" which was correct. I then attempted to give her the following instructions, when I tell you to go I want you to raise your right index finger and touch the tip of the red pen so she would properly understand the point to be tracked. I then demonstrated how to properly perform this task, and asked her if she understood. Before she answered me she raised her right index finger and attempted to touch the red light however I did not instruct her to go yet. She brought her right index finger up to the light however she did not come near the pen like she was instructed.

FINGER TO NOSE:

I then asked her to stand with her heels and toes together with her arms at her sides. While standing here she would sway roughly in a side to side back to front manner. She would almost fall over and she would step out of the stance. During the horizontal gaze Nystagmus (HGN) task the drivers eyes displayed equal pupil size and equal tracking. The driver's eyes displayed lack of smooth pursuit, distinct and sustained Nystagmus at maximum deviation and distinct and sustained Nystagmus prior to 45 degrees. During the Vertical gaze Nystagmus (VGN) task the drivers eyes displayed equal pupil size and equal tracking. The driver's eyes displayed lack of smooth pursuit, distinct Nystagmus when looking all the way up / all the way down. The driver's eyes also displayed onset of Nystagmus prior to 45 degrees when looking all the way up / all the way down.

ROMBERG ALPHABET:

I attempted to move to the walk and turn task however she would not stand in the proper stance and kept walking away and saying she wanted me to arrest her, and she just wanted to go to jail. Based on the totality of the circumstances she was placed under arrest for operating a motor vehicle while under the influence of alcohol and or a controlled substance. She was placed in PBSO issued handcuffs which were checked for proper fit and double locked. She was then seat-belted in the rear of my marked patrol vehicle.

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

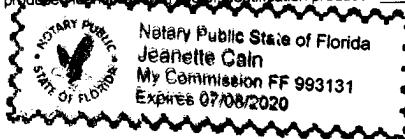
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S P SCARTOZZI #21289

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or confirmed and subscribed before me this 29th day of May 2017 by D/S P SCARTOZZI #21289

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



TESTING FACILITY TASK REPORT

4

AGENCY: PBSOSUBJECT: STOELTING, JILL RUTH CASE NUMBER: 17-083746DATE: MAY 29th, 2017 VIDEO TAPE NUMBER: 62716BEGINNING TIME: 23:14 hrs. ENDING TIME: 23:18 hrs.BREATH TESTS RESULTS: **REFUSED** TIME 23:17 A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: J. CAIN #2109MAINTENANCE TECHNICIAN: J. KARLECKE #6467TESTING OFFICER'S OBSERVATIONS Subject is a female, white, 55 yrs old. She is wearing a black top and blue jeans. She is sitting in a chair with her hands clasped in her lap. She is looking directly at the camera. She has short blonde hair. She is wearing a black top and blue jeans. She is sitting in a chair with her hands clasped in her lap. She is looking directly at the camera. She has short blonde hair.SPEECH: Normal, clear, and articulate.ATTITUDE: Cooperative and willing to answer questions.CLOTHING: Black top and blue jeans.MEDICAL CONDITIONS: No medical conditions reported.MEDICATIONS: Aspirin, Tylenol, and Advil.OTHER: Blonde hair, 55 yrs old.COMMENTS: No comments.

20MIN. OBSERV DONE BY ARRESTING DS

Subject is a female, white, 55 yrs old. She is wearing a black top and blue jeans. She is sitting in a chair with her hands clasped in her lap. She is looking directly at the camera. She has short blonde hair.

DS and Subject spoke with Subject. DS asked Subject if she had any medications. Subject responded that she had Tylenol and Advil. DS asked Subject if she had any medical conditions. Subject responded that she had a history of hypertension. DS asked Subject if she was taking any medications. Subject responded that she was taking Tylenol and Advil. DS asked Subject if she had any physical disabilities. Subject responded that she did not have any physical disabilities.

Subject is a female, white, 55 yrs old. She is wearing a black top and blue jeans. She is sitting in a chair with her hands clasped in her lap. She is looking directly at the camera. She has short blonde hair.

Subject is holding all of her hands together. She is looking at the camera. She is talking to herself. She sometimes yells out loud.

SCANNED

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.

REFUSED

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) READ ON CAMERA

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SCANNED

SUSPECT'S SIGNATURE: (X) READ ON CAMERA

MAY 3 2017

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

WITNESS VICTIM OTHER

CASE #:	ZONE: 3-13	SUSPECT: JILL STOELZING	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 5-29-2017 C
EVENT TYPE: DUI CRASH		DEPUTY: SCARTOZZI	ID#: 21289

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: Mladen	FIRST NAME: Zimet	MIDDLE INITIAL: D	RACE: W	SEX: M
DATE OF BIRTH: 09/12/79 (MM/DD/YYYY)	YOUR HEIGHT: 5'9	YOUR WEIGHT: 190	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Blue
YOUR HOME ADDRESS: 9213 Matsa Dr.	<input type="checkbox"/> CHECK IF HOMELESS		CITY: LP	STATE: ZIP:
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:	STATE: ZIP:
WORK PHONE: ()	CELL PHONE: (561) 480-7907	HOME PHONE: ()	EMAIL:	<input type="checkbox"/> CHECK IF NONE

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

YOUR NAME: I, Zimet Mladen	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>She Sitting on bush white female in Dress, I saw her get stuck in between two trailer. Saw her get out driver side she was alone. She went to get help from neighbor. Saw her go back to car found her in bush, tried to help her get car from under rock then Police Showed up</p>	

- transcribed by Alexis L. Thomas

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PAGE 1 OF 1

READ AND SIGN

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

YOUR SIGNATURE: X Zimet Mladen

 DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 5/29/17 TIME: 2215 hrs
SIGNATURE:

ID: 27324

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 INITIALLING 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

WITNESS VICTIM OTHER



CASE #:	ZONE: 3-13	SUSPECT: JILL STOELZING	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 5-29-2017 C
EVENT TYPE: DIZ CRASH		DEPUTY: SCARZETTI	ID#: 21289

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: Mladen	FIRST NAME: Zimmet	MIDDLE INITIAL: D	RACE: W	SEX: M
DATE OF BIRTH: 9/12/79 (MM/DD/YYYY)	YOUR HEIGHT: 5'9	YOUR WEIGHT: 190	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Blue
YOUR HOME ADDRESS: 9213 Matsos Dr.	<input type="checkbox"/> CHECK IF HOMELESS		CITY: LP	STATE: ZIP:
YOUR WORK NAME & ADDRESS:	<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 (561) 480-7907	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: I Zimmet Mladen	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>See Sitting on porch white female in Dress, I saw her get stuck in between two trailer. Saw her get out driver side she was alone. She went to get help from neighbor. Saw her go back to car found her in bush, tried to help her get car from under rock then Police Showed up</p>	

- transcribed by Alexis L. Thomas

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PAGE 1 OF 1

READ AND SIGN

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

YOUR SIGNATURE: X *Zimmet Mladen*

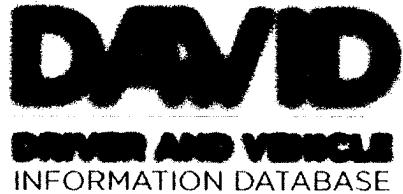
DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
DATE: 5/29/17 TIME: 2215 hrs
SIGNATURE: *[Signature]* ID: 27324

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 INITIALLING 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 _____)

MAY 30 2017

(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



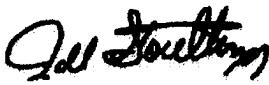
STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Time printed: 5/29/2017 10:34:16 PM

Record Detail

Customer Name:	Driver License Status:		
JILL RUTH STOELTING	Valid		
DL/ID:	SSN:	Class:	
S343-436-634-0		E	
Previous DUI: 0	Previous DWLS: 0		
<i>This count reflects total DUI convictions on record.</i>		<i>This count reflects total DWLS convictions on record.</i>	

 ORGAN DONOR SAFE DRIVER REAL ID COMPLIANT	Address:	Date of Birth:	Gender:	Height:
	9342 ACRES WAY LAKE PARK, FL 33404	04/14/1962	FEMALE	5' 3"
	Original License Issue Date:	Issued:	Expires:	Replaced:
	09/09/1982	04/09/2010	04/14/2018	03/21/2011
	CDL Status:			
	Form Number:	EIN:		
P711103210028	0100238068810291			
Citizen Status:	Country of Birth:	State of Birth:		
US CITIZEN	US OF AMERICA	MICHIGAN		
Race:				
CAUCASIAN				

Restrictions:	Endorsements:	Conditional Messages:
A - CORRECTIVE LENSES		

SCANNED

MAY 3 2017

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

I, D/S P. Scartozzi 21289, 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 29TH day of MAY, 20 17, at 10:22 P.M. A.M.

DRIVER JILL RUTH STOELTING
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

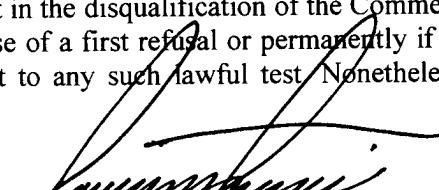
DL# S343-436-62-634-0,FL, state of FLORIDA, was placed under lawful arrest for
the offense of DUI CRASH by D/S P. Scartozzi 21289 and
(Name of Arresting Officer)

issued Citation # A0ZSOMP

That on or about the 29TH day of MAY, 20 17, at 11:17 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 of Law Enforcement Officer or
Correctional Officer

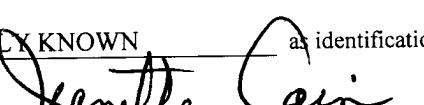


(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 29 day of May, 20 17,
by D/S P. Scartozzi 21289,

who is personally known to me or who has produced

PERSONALLY KNOWN  as identification
Notary Public

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
MAY 3 2017