

J#0490589

PCH# 59

 Check if Supplement is Attached1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for CapiasJuvenile N

#BTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report																				
ADMINISTRATIVE	Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)																	
	FLO 5 0 2 7 0 0		PALM SPRINGS PUBLIC SAFETY		8 2 - 1 7 - 1 1 8 0 0 7 1 (1 1 1)																	
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator																
Location of Arrest (including Name of Business)			Location of Offense (Business Name, Address)																			
Lakewood Kirk Palm Springs			3400 BIK Lakewood Rd																			
Date of Arrest		Time of Arrest		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle														
08/14/17 00:12								Priority Towing														
Name (Last, First, Middle)								Alias (Name, DOB, Soc. Sec. #, Etc.)														
Burck, Lauren M																						
DEFENDANT	Race W - White B - Black		Sex I - American Indian O - Oriental/Asian		Date of Birth W/F 1.0.0.381		Height 504	Weight 120	Eye Color Green		Hair Color Black		Complexion Light		Build Small							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Marital Status S/m	Religion Greek Orth		Indication of: Alcohol Influence Drug Influence		<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unk						
Local Address (Street, Apt. Number)								(City)	(State)	(Zip)	Phone		Residence Type:									
211 Gazzetta way								West Palm Beach	FL	33413	(561) 313-0917		1. City 2. County		3. Florida 4. Out of State							
Permanent Address (Street, Apt. Number)								(City)	(State)	(Zip)	Phone		Address/Source									
211 Gazzetta way								WPB	FL	33413	(561) 313-0917		Defendant									
Business Address (Name, Street)								(City)	(State)	(Zip)	Phone		Occupation									
Self Emp.											()		Hairstylist/ Self Emp.									
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship														
B620 533918630						Detroit, Michigan		Y														
Co-Defendant (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 (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									
Name (Last) (First) (Middle)								Residence Phone														
Parent Legal Custodian Other:								()														
Address (Street, Apt. Number)								Business Phone														
Notified by: (Name)								()														
Released To: (Name)								Relationship		Date	Time											
The above address was provided by: <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)								School Attended		Grade												
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No								Value of Property														
Description of Property																						
CODE	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. Synthetic		U. Unknown Z. Other	
	Charge Description DUI								Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.119.3		1 (1 1 1)		Violation of ORD #						
CHARGE	Drug Activity N N		Drug Type N N		Amount / Unit .201 + .184		Offense # 17-18007		Warrant / Capias Number				Bond									
	Charge Description Refusal to Sign Citation								Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 318.114		1 (1 3 1)		Violation of ORD #						
CHARGE	Drug Activity N N		Drug Type N N		Amount / Unit		Offense # 17-18007		Warrant / Capias Number				Bond									
	Charge Description								Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		1 (1 1 1)		Violation of ORD #						
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
	Charge Description								Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		1 (1 1 1)		Violation of ORD #						
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
	Charge Description								Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		1 (1 1 1)		Violation of ORD #						
NOTICE TO APPEAR	Location (Court, Room Number, Address)								Warrant / Capias Number				Bond									
	Criminal Justice Complex 3228 Gun Club Rd, WP																					
Court Date and Time								Time		A.M.		P.M.										
Month 09 Day 14 Year 17								Time		0830		A.M.										
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 SHOULD BE ISSUED								Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed												
Refused								Uncooperative		10												
Signature of Defendant (or Juvenile and Parent/Custodian)								Name Verification (Printed by Arrestee)														
HOLD for other agency								Signature of Arresting Officer x <i>John Guenner</i> BA		Name Verification (Printed by Arrestee)												
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:								Name of Arresting Officer (Print) DTC Guenner BA PSPD		I.D. # BA												
Intake Deputy <i>Spann</i> 816								Transporting Officer <i>Cpl. Dipa</i> 120 PSA		Agency												
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT (N.T.A.'s ONLY)								SCANNED		PAGE 1 OF 1												

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF August 2017 AT 2336 AM PM

SUBJECT: Burck, Lauren M CASE NUMBER: 17-18007

AGENCY: PSPD ARRESTING OFFICER: Guerner

PERSONAL CONTACT

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

Defendant was Driving Westbound on Lake worth Rd., Speeding 56 mph at posted speed of 40 mph.

OBSERVATION OF DRIVER:

- red glassy eyes

DRIVER'S STATEMENTS:

4 drinks at Scores

ODORS: Unknown alcohol beverage.

GENERAL OBSERVATIONS

SPEECH: Talkative

ATTITUDE: Uncooperative

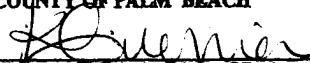
CLOTHING: Green Shirt, blue jeans, pink Sandals

MEDICAL/OTHER:

no medical issues; prescribed Antibiotic

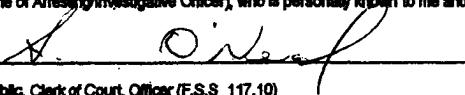
STATE OF FLORIDA

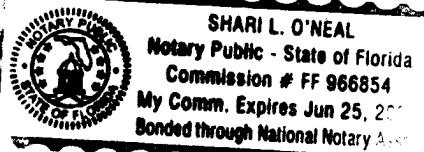
COUNTY OF PALM BEACH


(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of August 2017 by OFC Guerner

(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)



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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 DEGREESOther Observations:

Swayed back and forth and side to side

WALK & TURN:

- Could not keep balance during instruction
- Started too soon
- Stopped walking to steady self
- Missed heel-to-toe several times
- Stepped off the line
- Used arms for balance
- Improper turn
- Stumbled
- Incorrect number of steps (9 steps going 6 steps back)

ONE LEG STAND:

- Stumbled during instruction
- Started too soon
- Swayed to balance
- Put foot down several times
- Stopped too soon
- Used arms to balance

FINGER TO NOSE:

- Swayed in circle
- Failed to return arms to the side after being told several times
- Finger did not touch nose several times
- did not keep her eyes close

ROMBERG/ALPHABET:

- Swayed in circle
- Used her arms to balance
- Incorrectly recites alphabet
- did not keep her eyes close

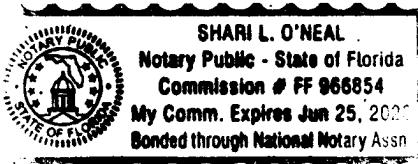
BREATH TEST RESULTS: 201 and 184STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 14 day of August, 2017 by Officer Buermer

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)

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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.

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SUSPECT'S SIGNATURE: (X) _____

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? _____

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INTERVIEWER: *[Signature]* _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

WITNESS LIST

CASE NUMBER: 17-18007

ARRESTING OFFICER DFC. Guerrier

ADDRESS 230 Cypress Ln PS FC 32461

PHONE NUMBERS (HOME) 561-468-8243 (WORK)

CAN TESTIFY TO: FACTS

NAME: Col. Dier

ADDRESS 230 Cypress Ln, PS, FC 32461

PHONE NUMBERS (HOME) 561-468-8243 (WORK)

CAN TESTIFY TO: FACTS

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

AUG 16 2017