

J# 049 0589

PCH# 59

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached

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

Juvenile

N

ADMINISTRATIVE	Agency ORI Number FLO 5 0 2 7 0 0		Agency Name PALM SPRINGS PUBLIC SAFETY		Agency Report Number (N.T.A.'s only) 8 2 - 117 - 118 0107	
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	
DEFENDANT	Location of Arrest (including Name of Business) Lakewood Kirk Palm Springs				Location of Offense (Business Name, Address) 3400 BIK Lake worth Rd	
	Date of Arrest 08.14.17	Time of Arrest 00.12	Booking Date	Booking Time	Jail Date	Jail Time
CO-DEF	Name (Last, First, Middle) Burck, Lauren M				Alias (Name, DOB, Soc. Sec. #, Etc.)	
	Race W - White B - Black	Sex M	Date of Birth 10.03.81	Height 504	Weight 120	Eye Color Green
JUVENILE	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Back				Marital Status Single	
	Local Address (Street, Apt. Number) 211 Gazette way				City West Palm Beach FL	
JUVENILE	Permanent Address (Street, Apt. Number) 211 Gazette way				City WPB, FL	
	Business Address (Name, Street) Self Empl.				City WPB, FL	
JUVENILE	D/L Number, State B620 533918630		Soc. Sec. Number		INS Number	
	Co-Defendant (Last, First, Middle)		Race		Sex	
JUVENILE	Co-Defendant (Last, First, Middle)		Race		Sex	
	Parent Legal Custodian Other		Name (Last) OR		First OR	
JUVENILE	Address (Street, Apt. Number)		City		State	
	Notified by: (Name)		Date		Time	
JUVENILE	Released To: (Name)		Relationship		Juv. Disposition	
	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.		School Attended		Grade	
JUVENILE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property	
	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use	
CHARGE	Charge Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Drug Activity N		Drug Type N		Amount / Unit 201 + .184	
CHARGE	Charge Description Refusal to Sign Citation		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Drug Activity N		Drug Type N		Amount / Unit 17-18007	
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Drug Activity		Drug Type		Amount / Unit	
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Drug Activity		Drug Type		Amount / Unit	
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Drug Activity		Drug Type		Amount / Unit	
NOTICE TO APPEAR	Location (Court, Room Number, Address) Criminal Justice Complex 3228 Gun Club Rd, WP					
	Court Date and Time Month 09 Day 14 Year 17 Time 0830 A.M.					
ADMIN	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) Refused Uncooperative					
ADMIN	HOLD for other agency		Signature of Arresting Officer x [Signature]		Name Verification (Printed by Arrestee)	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT) [Signature]	
ADMIN	Intake Deputy Spann Siga		I.D. #		Pouch #	
	Transporting Officer CPL. Dietz		I.D. #		Agency	
Witness here if subject and parent/guardian						PAGE 1 OF 1

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF August 20 17 AT 2336 AM PM  
SUBJECT: Burck, Lauren M CASE NUMBER: 17-18007  
AGENCY: PS PD ARRESTING OFFICER: Guernier

## 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., speed 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

Guernier  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of August 20 17 by AFC. Guernier

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

FD

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



SHARI L. O'NEAL  
Notary Public - State of Florida  
Commission # FF 966854  
My Comm. Expires Jun 25, 2017  
Bonded through National Notary Association

SCANNED  
AUG 16 2017

## ROADSIDE TASKS

### HORIZONTAL GAZE NYSTAGMUS:

☒ LT EYE-LACK OF SMOOTH PURSUIT

☐ RT EYE-LACK OF SMOOTH PURSUIT

☒ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

☒ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

☒ LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☒ RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

### Other Observations:

Swayed back/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 .184

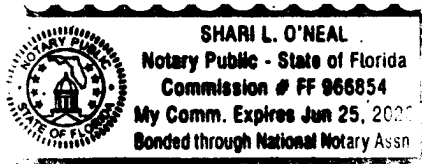
STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature]  
(Signature of Arresting/Investigative Officer)

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

who is personally known to me and/or produced identification. Type of identification produced \_\_\_\_\_

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



SCANNED  
AUG 16 2017

SUBJECT: Black Panther Party CASE NUMBER: D-1807

## 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.

**SCANNED**  
**AUG 16 2017**

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

## 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

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**AUG 16 2017**

# TESTING FACILITY TASK REPORT

AGENCY: U.S. C. G. Cutter #117

SUBJECT: Long Beach, CA. CASE NUMBER: 11-3892

DATE: 6-19-77 VIDEO TAPE NUMBER: 6-19-77

BEGINNING TIME: 05:15 ENDING TIME: 01:12

BREATH TESTS RESULTS: 1) .201 TIME 0124 A.M./P.M. 2) .154 TIME 0107 A.M./P.M.

3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.      4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: 1. C. R. G. 11 6212

MAINTENANCE TECHNICIAN: LTJ. J. F. WOOD

### TESTING OFFICER'S OBSERVATIONS

**SPEECH:** \_\_\_\_\_

\*ATTITUDE: Calm, friendly, tolerant, cooperative, patient

CLOTHING: Shirts - Green + khaki / blue + tan. Pants - Blue + khaki

**MEDICAL CONDITIONS:** None

**MEDICATIONS:** Aspirin, Tylenol

OTHER: TYPE: Red & Glossy

\* Journal

Dead at 100 years old. No more.

COMMENTS: 20 min. observation. 1.5 hr. AIO Gunder.

WFO requested the following test.

Control of Cost.

Impaired control over food or eating.

Lead the world's largest market.

L submitted to the test.

\_\_\_\_\_

City of \_\_\_\_\_

**SCANNED**

**AUG 16 2017**

# WITNESS LIST

CASE NUMBER: 17-18007

ARRESTING OFFICER DFC. Guerrier

ADDRESS 230 Cypress Ln PS FC 32461

PHONE NUMBERS (HOME) 561-968-8243 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Facts

NAME: C. J. Dier

ADDRESS 230 Cypress Ln PS FC 32461

PHONE NUMBERS (HOME) 561-968-8243 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Facts

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

SCANNED

AUG 16 2017