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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N			
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-16-061422							
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 N/A		Multiple Clearance Indicator 01							
Location of Arrest (Including Name of Business) North Congress Rd & Hypoluxo Rd, Boynton Beach, FL		Location of Offense (Business Name, Address) Same									
Date of Arrest 11/03/2016	Time of Arrest 2234	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Impounded					
Name (Last, First, Middle) Clancy-Grillo, Linda Ann		Alias (Name, DOB, Soc. Sec. #, Etc)									
W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex F	Date of Birth 03/23/1973	Height 504	Weight 185	Eye Color Blue	Hair Color Brown			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None Visible		Marital Status Married		Religion Catholic		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.					
Local Address (Street, Apt. Number) 2215 22nd LN		(City) Greenacres	(State) FL	(Zip) 33463	Phone (561)386-3418		Residence Type 1. City 3. Florida 2. County 4. Out of State 2				
Permanent Address (Street, Apt. Number) 2215 22nd LN		(City) Greenacres	(State) FL	(Zip) 33463	Phone (561)386-3418		Address Source FL DL				
Business Address (Street, Apt. Number) 515 N. Flagler Dr STE 1500		(City) West Palm Beach	(State) FL	(Zip) 33401	Phone (561)386-3418		Occupation Para-legal				
D/L Number, State C452521736031, FL		INS Number		Place of Birth Queens, NY		Citizenship U.S.					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor						
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor						
<input type="checkbox"/> Parent Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Residence Phone									
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone						
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated							
Released To: (Name)		Relationship		Date	Time						
The above address 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 561-355-2526) 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 <input type="checkbox"/>		Description of Property		Value of Property							
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description D.U.I. with Property Damage		Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 316.193(3)(C)(1)		Violation of ORD#					
Drug Activity N/A		Drug Type N/A	Amount/Unit N/A	Offense # 16-061422	Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#					
Drug Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#					
Drug Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#					
Drug Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444									
Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Court Date and Time Month _____ Day _____ Year _____ Time _____									
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 _____									
HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee) (PRINT)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) OFC. A. Berben		I.D. # 964		BU#107755					
Intake Deputy [Signature]		I.D. #		Pouch #		Transporting Officer OFC. A. Berben		I.D. # 964			
				Agency		Witness here is subject Signed with an "X".					

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 03 DAY OF November 2016 AT 2153 ☐ A.M. ☒ P.M.

CASE #: 16061422

DEFENDANT: Linda Ann Clancy- Grillo

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On 11/03/2016 at approximately 2153 hours, I responded to North Congress Ave & Hypoluxo Rd, Boynton Beach, FL 33435 in reference to an accident with possible injuries. On arrival to the scene, I could see that it was a three car accident involving a gray 2017 Subaru Legacy (bearing FL Tag DRV6K) which rear ended a silver 2007 Toyota Corolla (bearing FL Tag V329ZL), with which the Corolla subsequently rear ended a 2015 Black Mazda 6 (bearing FL Tag DJVR80). I estimated that the Subaru hit the Toyota at approximately fifty miles an hour. The BBFR arrived on scene; however, there were no reported injuries at the time of the crash. It should also be noted that at approximately 2139 hours, a the Boynton Beach Dispatch sent out a call for service in reference to a reckless driver that gave the exact tag of the gray 2017 Subaru. The BBPD dispatch advised that the vehicle was traveling West bound on Boynton Beach Blvd from I-95 and was cutting people off and almost ran off the roadway. The other drivers on scene advised Officers that Clancy-Grillo was stumbling out of the vehicle after they were rear ended Sworn Witness Statements were completed.

I then came in contact with Clancy-Grillo who was leaning her back against the C Pilar of her vehicle, in an attempt to keep her balance. Additionally, Clancy-Grillo had a piece of gum in her mouth, which she was attempting to conceal the odor of an unknown alcoholic substance smell. However, I could still smell an unknown alcoholic substance emanating from her person, which intensified as I got closer to her. I asked Clancy-Grillo to stand by her vehicle so that I could ascertain as to how the vehicle accident occurred. Clancy-Grillo walked away from me several times, and at one point almost walked directly into the traffic of the South Bound Lane of North Congress. I had to guide Clancy-Grillo back to the spot and remind her to stay at the location and/or to not walk into traffic several times. I asked Clancy-Grillo how the accident occurred and she advised that she thought that the light was green and then all she remembers was rear ending the other vehicle. During our conversation, Clancy-Grillo ignored my question as to how the accident happened several times. While speaking with Clancy-Grillo, she advised that she was on her way back to from dinner with a friend. I then asked her if she had drank any alcoholic beverages while at dinner, with which, she advised that she had a little, but would not give an exact amount or a time frame. Additionally, I asked Clancy-Grillo if she is prescribed any medications and/or ingested any and she advised that she had not. Clancy-Grillo's speech was thick-tongued and slurred. Clancy-Grillo also had glassy watery eyes and was unsteady on her feet and had to hold onto her vehicle for support.

I then informed Clancy-Grillo that I was completed with my crash investigation and I was going to conduct my D.U.I. investigation. I then read Clancy-Grillo, her constitutional rights via my department issued Miranda Warning Card. Clancy-Grillo advised that she did not want to speak with me and requested her attorney on scene. Shortly after, Ofc. Ramos arrived in his patrol vehicle (#4544) that is issued with a video/audio recording device. I began to audio/video record Clancy-Grillo and asked her whether she remembered her rights, at which time she stated that she did not and wanted to be read them again. It should be noted that there was only an approximate fifteen minute time elapse from the last time that they were read. After reading her rights, Clancy-Grillo refused to speak with me (Post Miranda). I

asked if she would participate in my road-side sobriety task and she refused, acknowledging that it could be used against her in a court of law. Clancy-Grillo refused to participate in them. Clancy-Grillo was then placed under arrest for D.U.I. with property damage per F.S.S. 316.193. Clancy-Grillo was then placed in the back of my patrol car and was held on scene until the vehicles were towed and the roadway was cleared. We had to wait on scene, due to the high volume of calls for service going out and there being no relief.

Clancy-Grillo was then brought back to the Boynton Beach Police Department, where she was observed for twenty minutes. On our way back to the Boynton Beach Police Department, Clancy-Grillo spontaneously uttered that it was her vehicles fault that she got in an accident due to it having a safety feature that allows it to stop suddenly for traffic in front of her. Clancy-Grillo stated that it was the vehicle's fault because it should of stopped before she rear ended the other vehicle. Clancy-Grillo also told me that she was texting while driving. The Observation stated at 2325 hours and lasted until 2345 hours. Upon completion I requested Clancy-Grillo to provide a sample of her breath to determine the alcohol content, which she refused. I therefore read Clancy-Grillo her Implied Consent, which she advised that she understood and refused. I then read her the Implied Consent for the second time at which she stated that she understood and still refused. While requesting Clancy-Grillo's implied consent, she spontaneously uttered that she was taking the medication Phentermine (which is prescribed to her).

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly | <input type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye prior to 45 degrees | <input type="checkbox"/> Right eye prior to 45 degrees |
| <input type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye | <input type="checkbox"/> Vertical Nystagmus in right eye |

WALK AND TURN:

Refused

ONE LEG STAND:

Refused

FINGER TO NOSE:

Refused

ROMBERG/ALPHABET:

Refused

Based on the aforementioned investigation, I have probable cause to charge Linda Clancy-Grillo with D.U.I. w/ property damage per F.S.S. 316.193. Clancy-Grillo was later transported to the Palm Beach County Jail without incident. The video's were uploaded into evidence without issue. There is no further information at this time.

The following instrument was sworn to before me this

03 day of November 2016

By: Oscar Babin 969

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Sgt. C. Fusco #768
Notary/Police Officer (F.S.S. 117.10)

Open Burn cat
Signature of Arresting Officer

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

CASE #: 16061422

Date: 11/3/16

DEFENDANT: Linda Ann Clancy- Grillo

Video Tape #: _____

BREATH TEST RESULTS: Refused

1. _____ g/210L Time _____ ☐ a.m. ☐ p.m.

2. _____ g/210L Time _____ ☐ a.m. ☐ p.m.

3. _____ g/210L Time _____ ☐ a.m. ☐ p.m.

4. _____ g/210L Time _____ ☐ a.m. ☐ p.m.

BREATH OPERATOR: Ofc. Castro #905

MAINTENANCE TECHNICIAN: Ofc. Munro #876

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Co-operative

CLOTHING: Black Top W/ Gray Pants & black shoes

MEDICAL CONDITIONS: None

MEDICATIONS: Pheternmine

OTHER: _____

COMMENTS: _____

NOT A CERTIFIED COPY

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NOV 04 2016

CASE #: 16-061422

DEFENDANT: Linda Ann Clardy - 60116

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. (Will You Take The Test)

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. (Will You Submit To The Test?)

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of determining 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 OFC. A. Beubmay of the Boynton Beach Police Department

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.

X Read on Video

Signature

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 statements can and will be used against you in a court of law.

Suspect's Signature: Read on Video

CASE #: 16-061422

DEFENDANT: Linda Ann Clancy- Grillo

Arresting Officer: A. Berben #964

Address: 100 E. Boynton Beach Boulevard Boynton Beach, FL 33435

Phone Numbers: Home: 561-742-6100 Work: (561) 742-6100

Name: Ofc. Vargas

Address: 100 E. Boynton Beach Blvd, Boynton Beach, FL 33435

Phone Numbers: Home: 561-742-6100 Work: _____

Can testify to: vehicle crash

Name: Ofc. Rodelle

Address: 100 E. Boynton Beach Blvd, Boynton Beach, FL 33435

Phone Numbers: Home: 561-742-6100 Work: _____

Can testify to: vehicle crash

Name: Ofc. Monteith

Address: 100 E. Boynton Beach Blvd, Boynton Beach, FL 33435

Phone Numbers: Home: 561-742-6100 Work: _____

Can testify to: All events

Name: Ofc. Ramos

Address: 100 E. Boynton Beach Blvd, Boynton Beach, FL 33435

Phone Numbers: Home: 561-742-6100 Work: _____

Can testify to: vehicle crash

Name: Sgt. Turco

Address: 100 E. Boynton Beach Blvd, Boynton Beach, FL 33435

Phone Numbers: Home: 561-742-6100 Work: _____

Can testify to: vehicle crash

Name: Ofc. Montoute

Address: 100 E. Boynton Beach Blvd, Boynton Beach, FL 33435

Phone Numbers: Home: 561-742-6100 Work: _____

Can testify to: vehicle crash

Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Can testify to: _____

Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Can testify to: _____

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NOV 04 2015

CASE #: 16061422

DEFENDANT: Linda Ann Clancy- Grillo

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.

Where you operating a motor vehicle at the time of the stop/Accident? Refused

Where were you going? _____

What Street or Highway were you on? _____

What was you direction of travel? _____

Where did you start from? _____

What time did you start? _____

What time is it now? _____

What is today's date? _____

What day of the week is it? _____

What City and County 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 have you been drinking? _____

How much? _____

With whom? _____

When did you have your first drink? _____

When did you have your last drink? _____

Can you feel the effects of the alcohol? _____

Are you under the influence? _____

Have you consumed any alcohol since the stop/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? _____

Where 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 you eyes that are not corrected by glasses? _____

Do you take insulin? _____ If so, when was your last injection? _____

Have you ever gad a driver's license in any other state? _____

Where? _____

Interviewer: _____