

0276841

1420
16CT 20699

ADMINISTRATION	OBTS Number				ARREST / NOTICE TO APPEAR Juvenile Referral Report						1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1 Juvenile N			
	Agency ORI Number FL 0 5 0 0 3 0 0				Agency Name BOYNTON BEACH POLICE DEPT.						Agency Report Number 34-16-061422					
	Charge Type: Check as many as Apply. 1. Felony 2. Traffic Felony				3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 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 I - American Indian B - Black O - Oriental / Asian				Race W	Sex F	Date of Birth 03/23/1973		Height 504	Weight 185	Eye Color Blue	Hair Color Brown	Complexion Light	Build Heavy		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None Visible								Marital Status Married		Religion Catholic	Indication of: Y N Unk. Alcohol Influence Drug Influence				
	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							
DL Number/State C452521736031, FL								INS Number	Place of Birth Queens, NY		Citizenship U.S.					
CO-DEFENDANT	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <table border="0"> <tr> <td><input type="checkbox"/> 3. Felony</td> <td><input type="checkbox"/> 5. Juvenile</td> </tr> <tr> <td><input type="checkbox"/> 4. Misdemeanor</td> <td></td> </tr> </table>				<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 5. Juvenile	<input type="checkbox"/> 4. Misdemeanor	
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<input type="checkbox"/> 4. Misdemeanor																
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other				Name (Last) (First) (Middle)				Residence Phone							
	Address (Street, Apt. Number) <i>CF</i>				(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?		Description of Property						Value of Property								
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>																
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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment	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#					
CHARGE	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#					
CHARGE	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#					
CHARGE	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#					
CHARGE	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#					
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 <input type="checkbox"/> You need not appear in Court but must <input type="checkbox"/> Comply with instruction on reverse side.			Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444												
				Court Date and Time		Month	Day	Year	Time	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <i>10:30 AM</i>						
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 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)																
HOLD for other Agency Name:				Signature of Arresting Officer <i>OF</i>				Name Verification (Printed by Arrestee) (PRINT)								
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: <i>OF C. A. Berben</i>				I.D. # 964	BU#107755							
Intake Deputy <i>OF C. A. Berben</i>		I.D. #	Pouch #	Transporting Officer <i>OF C. A. Berben</i>		I.D. # 964 B&R	Agency	Witness here is subject: Signed with an "X".								

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NOV 04 2016

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 Rubin #64

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

Officer Brian Clark
Signature of Arresting Officer

NOT A CERTIFIED COPY

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NOV 04 2016

TESTING FACILITY TASK REPORTCASE #: 16061422
Date: 11/3/16DEFENDANT: Linda Ann Clancy- Grillo
Video Tape #: _____**BREATH TEST RESULTS:** Refused1. g/210L Time _____ a.m. p.m. 3. g/210L Time _____ a.m. p.m.
2. 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: SlurredATTITUDE: Co-operativeCLOTHING: Black Top W/ Gray Pants & black shoesMEDICAL CONDITIONS: NoneMEDICATIONS: Pheternmine

OTHER: _____

COMMENTS:

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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. (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. Bubna, b64 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 CONSTITUTIONAL WARNINGS

Signature

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 2019

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: _____

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