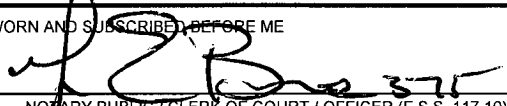



ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE	N	
	Agency ORI Number 0501700		Agency Name Jupiter Police Department				Agency Report Number (N.T.A.'s only) 5 4 17-001948							
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Enter Type		NONE		Multiple Clearance Indicator					
	Location of Arrest (Including Name of Business) 3950 S US HIGHWAY 1						Location of Offense (Business Name, Address) 3950 S US HIGHWAY 1, JUPITER, FL 33477							
DEFENDANT	Date of Arrest 04/22/2017	Time of Arrest 02:42	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle							
	Name (Last, First, Middle) BROWN, LINDSAY KELSO												Alias (Name, DOB, Soc. Sec. #, Etc.)	
	Race W - White B - Black O - Oriental/Asian W		Sex F	Date of Birth 12/26/1981	Height 5'06	Weight 127	Eye Color BLUE	Hair Color BROWN	Complexion LIGHT	Build S				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT L FOOT/STAR; TATT R WRIST/STAR						Marital Status S	Religion	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>					
CO-DEFENDANT	Local Address (Street, Apt. Number) (City) (State) (Zip) 402 MERLIN RD, NEWTOWN SQ, PA 19073						Phone (610) 639-0509		Residence Type: 1. City 3. Florida 2. County 4. Out of State 4					
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 402 MERLIN RD, NEWTOWN SQ, PA 19073						Phone (610) 639-0509		Address Source					
	Business Address (Name, Street) (City) (State) (Zip) UNEMPLOYED,						Phone		Occupation					
	D/L Number, State 25873856 / PA		Soc. Sec. Number	INS Number		Place of Birth (City, State) BRYNMAWR, PA,		Citizenship US						
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"/> 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 <input type="checkbox"/> Other: _____ Name (Last, First, Middle)						Residence Phone							
	<input type="checkbox"/> Legal Custodian						Business Phone							
CHARGE	Address (Street, Apt. Number) (City) (State) (Zip)						Notified by: (Name) Date Time							
	Released To: (Name) Relationship						JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated							
	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							
	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No: _____						Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property							
CHARGE	Drug Activity S. Sell R. Smuggle K. Disperse/ M. Manufacture/ Z. Other N. N/A B. Buy D. Deliver E. Use P. Possess T. Traffic						Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A C. Cocaine M. Marijuana Equipment Z. Other A. Amphetamine E. Heroin O. Opium/Deriv. S. Synthetic							
	Charge Description DUI - DRIVING WHILE UNDER INFLUENCE						Statute Violation Number 316.193(1)							
	Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number						Bond							
	Charge Description						Statute Violation Number							
IN TAKE	Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries							
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By Released By Released To							
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						Explain:							
	Transported By						Date Transported Time Transported Other							
NOTICE TO APPEAR	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room)							
	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.						Court Date and Time							
	Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed							
	HOLD for Other Agency						Name Verification (Printed Name)							
ADMIN	<input checked="" type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) ZEITZ, DIANA I.D. # 1172							
	Intake Deputy L.D. # Pouch #						Transporting Officer I.D. # Agency							
	Witness here if subject signed with an "X"						PAGE 1 OF 1							
	<input type="checkbox"/> COURT <input type="checkbox"/> STATE ATTORNEY <input type="checkbox"/> AGENCY <input type="checkbox"/> CENTRAL RECORDS <input type="checkbox"/> JAIL <input type="checkbox"/> CRIME ANALYSIS <input type="checkbox"/> P. I. O. <input type="checkbox"/> DEFENDANT													

APR 22 AM 8:46

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE <input checked="" type="checkbox"/>	
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 17-001948							
N	Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply: <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other _____						Special Notes:			
D E F	Name (Last, First, Middle) BROWN, LINDSAY KELSO						Race W	Sex F	Date of Birth 12/26/1981	
C H A R G E S	Charge Description 316.193(1) DUI - DRIVING WHILE UNDER INFLUENCE						Charge Description			
V I C T I M	Victim's Name (Last, First, Middle) STATE OF FLORIDA,						Race	Sex	Date of Birth	
P R O B A B L E	Local Address (Street, Apt. Number) 210 MILITARY TRL, JUPITER, FL 33458		(City)		(State)		(Zip)		Phone	
C A U S E	Business Address (Name, Street) SELF		(City)		(State)		(Zip)		Phone (561) 746-6201	
S T A T E M E N T	The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ... <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.						On the 22 day of April , 2017 at 02:42 (Specifically include facts constituting cause for arrest.)			
<p>On Saturday April 22, 2017, at 0154 hours, I responded to 3950 S US Highway 1, Jupiter in reference to a single motor vehicle accident. Upon my arrival, I spoke to the primary officer, Officer Kolenich #1175, who advised he had suspicion that the driver of the vehicle was intoxicated. The driver was identified as Lindsay Brown (W/F 12/26/81). Witnesses Zachery Dileo (W/M 2/4/99) and Brianna Burke (W/F 11/9/98) heard the crash and saw Brown in the driver's seat and crashed into the column of BB&T. They completed written witness statements as wheel witnesses.</p> <p>After Officer Kolenich finished his investigation of the accident, he advised Brown that he completed the crash investigation and that I would now be completing a DUI investigation (see Office Kolenich supplemental PC). While I spoke to Brown her words were slurred, her body was slumped and her eyes were blood shot. I asked her to walk over to Officer Connor's vehicle, which has video, to complete the roadside tasks. As she walked over she stumbled. I asked Brown about any medical conditions and she advised she had AFib. She said this did not effect her driving. She had a cardiac surgery in February, but she said it would not effect her driving or walking.</p> <p>Post Miranda, Brown admitted to having one glass of red wine at approximately 2100 hours on 4/21/17 and two more glasses of wine at her parents house in Ocean Bluffs at approximately 0000 hours this date. I asked Brown if she would be willing to perform voluntary road sobriety exercises and Brown agreed. The sobriety exercises were conducted in the north side parking lot of Bluffs Square Plaza which was flat, level, and well lit from the streetlights in the parking lot and Officer Connor's headlights. At that conclusion of the sobriety exercises, I determined that Brown was D.U.I. and she was placed under arrest and informed the same pursuant to Florida State Statute 316.193(1). (See DUI PC) Brown was placed into handcuffs with her hands behind her back, double locked, and checked for proper spacing. The vehicle was turned over to East Coast Towing.</p>										
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 04/22/2017 DATE						SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  ZEITZ, DIANA (1172) NAME OF OFFICER (PLEASE PRINT) 04/22/2017 DATE			
						PAGE 1 OF 2				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22 DAY OF April, 20 17, AT 0154 AM PM

SUBJECT: Lindsay K. Brown CASE NUMBER: 17-001948

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: Officer D. Zeitz

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
Brown was involved in a single vehicle crash and sole occupant of the vehicle. Officer Kolenich came across the crash on his own with Brown as the driver and called out the accident (see supplemental PC). Witness Brianna Burke witnessed Brown's vehicle with her as the driver crashed into a white column at the BB&T bank. Witness Zachery Dileo witnessed Brown in the driver's seat and the vehicle on the curb crashed into the column and revving the engine still after crashing.

OBSERVATION OF DRIVER:

Brown was slumped in the driver's side seat upon my arrival. Officer Kolenich was asking Brown for her documents he needed for his crash investigation and had to keep asking her to get him the proper documents. Her speech was slurred and she was crying. She was slow in her movements. Once I started my DUI investigation and had her walk to the location to do the DUI tasks she stumbled while walking. She had Blood shot and glossy eyes.

DRIVER'S STATEMENTS:

Post Miranda Right's Brown admitted to having one glass of red wine at approximately 2100 hours on 4/21/17 and two more glasses of wine at her parents house in Ocean Bluff at approximately 0000 hours this date. She advised she has AFib, but did not have any side effects from it tonight that would interfere with her driving.

ODORS:

GENERAL OBSERVATIONS

SPEECH: slurred, slow

ATTITUDE: emotional, crying

CLOTHING: tshirt, pajama pants, flip flops, jacket

MEDICAL/OTHER: AFib

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 22 day of April, 20 17 by Officer D. Zeitz

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

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

SUBJECT: Lindsay K. Brown

CASE NUMBER 17-001948

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:

Moved head during exercise

WALK & TURN

Could not keep balance while listening to directions and kept stepping off line. Tried to start during directions. Couldn't keep heel to toe, started too soon, paused to regain balance, missed heel-to-toe, stepped off line and paused to regain balance, used arms for balance. On first set of 9 she counted to 10 and fell off on line on step 8. She fell off step 1 on way back, stood in same spot on steps 2,3,4 on the way back. Counted to 10 steps on the returning 9.

ONE LEG STAND:

Started too soon, used arms to balance, put foot down on 1001,1003,1005,1006. She went up to 1011.

FINGER TO NOSE:

Started too soon, had to tell her to return finger down to side after every touch. Brought up her left finger on the third right.

ROMBERG ALPHABET:

Recited correctly

BREATH TEST RESULTS: n/a

n/a

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 22 day of April, 2017 by Officer D. Zeitz

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

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