

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number

Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 17-003187							
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input 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) 185 E INDIANTOWN RD JUPITER FL 33477				Location of Offense (Business Name, Address) 185 E INDIANTOWN RD, JUPITER, FL 33477							
Date of Arrest 06/29/2017		Time of Arrest 10:31		Booking Date	Booking Time	Jail Date					
						Jail Time					
				Location of Vehicle							
Name (Last, First, Middle) GRIECO, LORETTA ANNE											
Alias: Alias:											
Race W - White B - Black		Sex W F	Date of Birth 10/26/1956	Height 5'01	Weight 111	Eye Color BLUE					
Marital Status S		Religion OTHER		Complexion BLONDE /		Build FAIR Thin					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)											
Local Address (Street, Apt. Number) 344 KEEN TERRACE A, SEBASTION, FL 32958				(City) SEBASTION	(State) FL	(Zip) 32958					
Phone (561) 701-0952				Residence Type: 1. City 2. County 3. Out of State 3							
Permanent Address (Street, Apt. Number) 344 KEEN TERRACE A, SEBASTION, FL 32958				(City) SEBASTION	(State) FL	(Zip) 32958					
Phone (561) 701-0952				Address Source VERBAL							
Business Address (Name, Street)				(City)	(State)	(Zip)					
						Phone					
						Occupation Retired					
D/L Number, State G620521568860 / MD		Soc. Sec. Number		INS Number		Place of Birth (City, State) ROCKVILLE CENTER, US					
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth					
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth					
Name (Last, First, Middle) Parent Other: _____											
Name (Last, First, Middle) Legal Custodian											
Address (Street, Apt. Number) (City) (State) (Zip)											
Business Phone											
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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 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					
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ 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 - DRIVING WHILE UNDER INFLUENCE							Statute Violation Number 316.193(1)		Violation of ORD #		
Drug Activity N		Drug Type /	Amount / Unit /	Offense # 17-003187	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond		
Charge Description							Statute Violation Number		Violation of ORD #		
Drug Activity /		Drug Type /	Amount / Unit /	Offense # /	Counts /	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		
Charge Description							Statute Violation Number		Violation of ORD #		
Drug Activity /		Drug Type /	Amount / Unit /	Offense # /	Counts /	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		
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 Explain: 7				
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health							PROPERTY - Received By		Released By		Released 11/14
Transported By							Date Transported	Time Transported	Other		30
INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.							Location (Court, Room) North County PALM BEACH GARD		Court Date and Time 08/02/2017 08:30:00		5: No Photo Available
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.							GRIECO, LORETTA 2017				
Signature of Defendant (or Juvenile and Parent/Custodian) X S. GRIECO							Date Signed 08/02/2017				
HOLD for Other Agency				Signature of Arresting Officer Christopher 340			Name Verification (Printed by Arrestee) LORETTA GRIECO				
				Name of Arresting Officer (Print) FANDREY, CHRISTOPHER			I.D. # 1182				
ADMIN		<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other							
Intake Deputy		I.D. #	Pouch #	Transporting Officer Christopher	I.D. # 310	Agency JPD					
Witness here if subject signed with an "X".											

0489317

7:33

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28th DAY OF June 20 17, AT 2308²³³¹ AM ✓ PM

SUBJECT: Loretta A. Grieco CASE NUMBER: 17-003187

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: Ofc. Fandrey #340
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
On 6/29/17 at approximately 2308hrs Ofc. Flesch #348 observed a 1998 Gray Toyota bearing FL Tag #Y55CRT driving east bound in the west bound lanes of E. Indiantown Rd. Ofc. Flesch stated that the vehicle had made a left turn out of the plaza where the Duffy's restaurant. Upon my arrival Ofc. Flesch identified W/F Loretta A. Grieco (10/26/1956) as the driver. See Ofc. Flesch Supplemental PC for further.

OBSERVATION OF DRIVER:

I made contact with Grieco and identified myself as Ofc. Fandrey of the Jupiter Police Department. I immediately noticed the odor of an unknown alcoholic beverage coming from her person. asked Grieco how much she had to drink and she stated that she had one glass of wine. Grieco had red bloodshot glassy eyes and was swaying while standing still. Grieco was apologetic about the incident. Grieco had mumbled and slurred speech.

DRIVER'S STATEMENTS:

Grieco stated that she had one glass of wine to drink tonight. Grieco stated that she drank about 8pm at the La Quinta Hotel and then went to the Duffy's restaurant. Grieco later stated she drank at the Duffy's. Grieco was apologetic and was repetitive.

ODORS:

Odor of an unknown alcoholic beverage coming from her person.

GENERAL OBSERVATIONS

SPEECH: Mumbled and slurred

ATTITUDE: black shirt, cooperative, repetitive

CLOTHING: gray shirt, blue jeans, black shoes

MEDICAL/OTHER: None stated and later advised she had a bad back.

STATE OF FLORIDA

COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

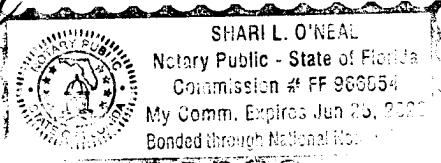
The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of June 20 17 by Ofc. Fandrey #340

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

Personally Known

S. Oneal #6212

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



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

<input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT	<input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT
<input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION	<input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
<input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES	<input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

sway, red bloodshot glassy eyes, unable to follow directions

WALK & TURN

Grieco did not maintain the starting position and started early. Grieco did not follow directions. Grieco eventually decided to take off her shoes to conduct the tasks. I asked Grieco to go back to the starting position which she complied. Grieco again left the starting position. Grieco missed heel to toe each step. Grieco made an improper turn. Grieco missed heel to toe each time and stepped off line several times.

ONE LEG STAND:

Grieco did not maintain the starting position. Grieco did not follow directions and only lifted the heel of her left foot off the ground leaving her toes on the ground. Grieco was reexplained to ensure she lifted her leg. Grieco complained about having a bad back. Grieco placed her foot down several times and the task was stopped.

FINGER TO NOSE:

Grieco did not maintain the starting position. Grieco stated she understood the instructions. Grieco opened her eyes and lifted her left hand up and did not touch her nose. Grieco was again reexplained the instructions and the task was demonstrated again. Grieco opened her eyes again throughout the task. Grieco used wrong hand on the double right.

ROMBERG ALPHABET:

Grieco did not maintain the starting position. Grieco was swaying.

a,b,c,d

BREATH TEST RESULTS: Refused

Refused

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 29 day of June 2017 by Ofc. Fandrey #340

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

SHARI L. O'NEAL

Personally Known

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

SHARI L. O'NEAL

Notary Public - State of Florida

Commission # FL 930854

My Comm. Expires Jun 26, 2020

Bonded through National Notary Association

WITNESS LIST

CASE NUMBER: 17-003187

ARRESTING OFFICER: Ofc. Fandrey #340

ADDRESS: 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME): _____ (WORK) 561-746-6201

CAN TESTIFY TO: See PC

NAME: Ofc. Flesch #348

ADDRESS: 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: PC for traffic stop

NAME: Ofc. Pope #316

ADDRESS 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: Assisting on scene

NAME: Ofc. Razzano #317

ADDRESS 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Ofc. Fandrey #340, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Jupiter Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 29 day of June, 20 17, at 2331 P.M. A.M.

DRIVER Loretta Anne Grieco
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

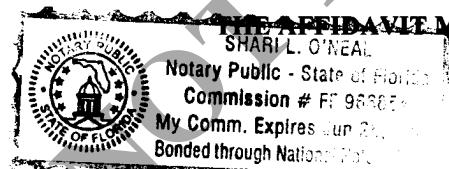
DL# G620-521-56-886-0, state of Florida, was placed under lawful arrest for
the offense of DUI by Ofc. Fandrey and
(Name of Arresting Officer)

issued Citation # A7RX5OE.

That on or about the 30 day of June, 20 17, at 0035 P.M. A.M.
in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.


Signature of Law Enforcement Officer or
Correctional Officer



THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

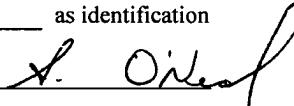
The foregoing instrument was sworn and subscribed before

me this 30 day of June, 20 17,

by Ofc. Fandrey,

who is personally known to me or who has produced

Personally Known _____ as identification

Notary Public S. O'Neal #6212 

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

Note: Mail or hand deliver to the designated
Bureau of Administrative Reviews office,
Department of Highway Safety and Motor
Vehicles, with the driver's license, the
appropriate copy of the UTC, and the
probable cause affidavit.

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) [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 statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) [Signature]

SUBJECT: Loretta A. Grace . CASE NUMBER: 17-00157

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

TESTING FACILITY TASK REPORT

2

AGENCY: JPD Ofc. Fundrey #240

SUBJECT: Grice, Loretta A. CASE NUMBER: 17-046601DATE: 06-30-17 VIDEO TAPE NUMBER: 62883BEGINNING TIME: 003214 ENDING TIME: 003514BREATH TESTS RESULTS: **REFUSED** 1) TIME 0035 A.M./P.M. 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.BREATH OPERATOR: B. O'Neal #6212MAINTENANCE TECHNICIAN: L/T J. Wurck #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: Calm CooperativeCLOTHING: Shirt + Black pants + Blue jeansMEDICAL CONDITIONS: NoneMEDICATIONS: NoneOTHER: Eyes: Red + GlossyDexterity: SwingingOdor of urine + acetalic toCOMMENTS: 20 min. observation done by AIO Fundrey #240AIO requested the breath test.D refused the request.AIO read the implied consent to camera.D understood the IIC as read.D still refused the breath request.CW read the camera.D refused the breath test.

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED