

ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		JUVENILE	
OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)	
0501700		Jupiter Police Department		5 4		17-000579	
Change 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)		Location of Offense (Business Name, Address)		Date of Arrest		Time of Arrest	
136 VIA ROSINA JUPITER FL 33458		136 VIA ROSINA, JUPITER, FL 33458		02/03/2017		21:38	
Date of Arrest		Time of Arrest		Booking Date		Booking Time	
02/03/2017		21:38					
Name (Last, First, Middle)		Alias		Alias (Name, DOB, Soc. Sec. #, Etc.)			
FREER, LORI ANNE		Alias:					
Race W - White B - Black O - Oriental/Asian		Sex M - Male F - Female		Date of Birth		Height	
W		F		09/07/1971		5'04	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Complexion	
		S		OTHER		FAIR	
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)	
105 VIA CATALUNHA, JUPITER, FL 33458		JUPITER		FL		33458	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)	
105 VIA CATALUNHA, JUPITER, FL 33458		JUPITER		FL		33458	
Business Address (Name, Street)		(City)		(State)		(Zip)	
DEVONSHIRE,		JUPITER		FL		33458	
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)	
F660521718270 / FL						CLARK, NJ, United	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone		Business Phone	
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
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		Value of Property	
<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. Disperse/ Distribute	
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	
Charge Description		Statute Violation Number		Violation of ORD #			
DUI - DRIVING WHILE UNDER INFLUENCE		316.193(1)					
Drug Activity		Drug Type		Amount / Unit		Offense #	
N		N		N/A		17-000579	
Counts		Domestic Violence		Warrant / Capias Number		Bond	
1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					
Charge Description		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #	
Counts		Domestic Violence		Warrant / Capias Number		Bond	
		<input type="checkbox"/> Y <input type="checkbox"/> N					
Charge Description		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #	
Counts		Domestic Violence		Warrant / Capias Number		Bond	
		<input type="checkbox"/> Y <input type="checkbox"/> N					
Health / Apparent Physical Condition of Defendant		Any knowledge of the following:		Mental		Escape Risk	
				<input type="checkbox"/> Medication		<input type="checkbox"/> Deformities	
				<input type="checkbox"/> Injuries			
Check which applies:		Released O.R.		Released to Parent/Guardian		T.O.T. County Jail	
		<input type="checkbox"/> Posted Bond		<input type="checkbox"/> South County Mental Health			
Transported By		Date Transported		Time Transported		Other	
<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)		North County		PALM BEACH GARD	
		Court Date and Time		03/08/2017 08:30:00			
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		No Photo Available	
				2/2/2017			
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print)		I.D. #	
				FANDREY, CHRISTOPHER		1182	
Intake Deputy		I.D. #		Pouch #		Transporting Officer	
Cpl. Hardemon		4716				C. FANDREY	
						I.D. #	
						340	
						JPD	
						Agency	
						JPD	
						Witness here if subject signed with an "X"	

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3rd DAY OF February 2017 , AT 2138 A.M./P.M.:

SUBJECT: Lori Anne Freer

CASE NUMBER: 17-000579

AGENCY: Jupiter Police Department

ARRESTING OFFICER: Ofc. Fandrey #340

PERSONAL CONTACT

DRIVING PATTERN: For driving pattern see Ofc. Imperiale #382 supplemental probable cause.

OBSERVATION OF DRIVER: Lori Anne Freer was the sole occupant in the vehicle sitting in the driver's seat. Freer had bloodshot glassy eyes which were droopy. When I asked Freer to exit her vehicle she stumbled and was swaying front to back and side to side. Freer had a hard time balancing as she walked and utilized her arms to balance.

DRIVER'S STATEMENTS: When asked where Freer was coming from she stated "yoga" when asked if she went anywhere else she stated that she went to buy alcohol. I then asked Freer if she had anything to drink and she stated that she had a little bit of vodka. When asked where on a scale of 1-10 she thought she was at she said about a five. I then asked Freer if she thought she should be driving to which she stated no

ODORS: Freer had an odor of an unknown alcoholic beverage coming from her person. This odor was extremely strong and noticeable as she spoke to me. The strong odor was still present in the backseat of my patrol car after Freer had been removed.

GENERAL OBSERVATIONS

SPEECH: Slurred and slow to answer questions.

ATTITUDE: . Freer was extremely apologetic during the entire encounter. Visibly upset

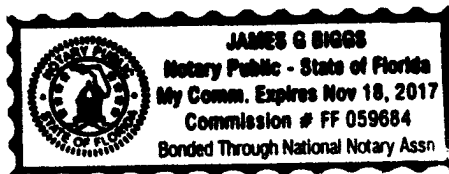
CLOTHING: Red shirt, black pants, white shoes

MEDICAL PROBLEMS: None

MEDICATIONS: None

OTHER: None

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WITNESS LIST

CASE NUMBER: 17-000579

ARRESTING OFFICER: Ofc. Fandrey
ADDRESS: 210 Military Trail Jupiter FL 33458
PHONE NUMBERS(HOME) (WORK) 561-746-6201
CAN TESTIFY TO: See PC
NAME: Ofc. Imperiale #382
ADDRESS: 210 Military Trail Jupiter FL 33458
PHONE NUMBERS(HOME) (WORK) 561-746-6201
CAN TESTIFY TO: Traffic Stop and assisting on scene.
NAME: Ofc. Marinucci #371
ADDRESS: 210 Military Trail Jupiter FL 33458
PHONE NUMBERS(HOME) (WORK) 561-746-6201
CAN TESTIFY TO: Assisting on scene
NAME: Ofc. Raleigh #308
ADDRESS: 210 Military Trail Jupiter FL 33458
PHONE NUMBERS(HOME) (WORK) 561-746-6201
CAN TESTIFY TO: Female search
NAME:
ADDRESS:
PHONE NUMBERS(HOME) (WORK)
CAN TESTIFY TO:
NAME:
ADDRESS:
PHONE NUMBERS(HOME) (WORK)
CAN TESTIFY TO:
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CAN TESTIFY TO:

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SUBJECT: Lori A. Freer

CASE NUMBER: 17-000579

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LEFT EYE DOES NOT FOLLOW SMOOTHLY | <input checked="" type="checkbox"/> RIGHT EYE DOES NOT FOLLOW SMOOTHLY |
| <input checked="" type="checkbox"/> LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS | <input checked="" type="checkbox"/> RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS |
| <input checked="" type="checkbox"/> DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION | <input checked="" type="checkbox"/> DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION |

CAN NOT DO, WHY?

WALK AND TURN: She could not maintain the starting position during the demonstration and instruction phase. She missed heel to toe on each and every step. After her turn she then asked if she needed to walk back. I asked her if she remembered the instructions to which she said she did. She then did nine steps back one again missing heel to toe on each step. She utilized her arms to balance during the entire task.

CAN NOT DO, WHY?

ONE LEG STAND: She did not maintain the starting position during instruction and demonstration phase. After stating she understood the instructions she began the task utilizing her arms to balance and wasn't counting as instructed. I asked her to stop, explained the instructions again, and allowed her to restart the task. She once again used her arms to balance and placed her foot down on the ground and raised it back up.

CAN NOT DO, WHY?

FINGER TO NOSE: She did not maintain the starting position during the instruction and demonstration phase. She missed finger to nose on more than one occasion. On the double right she raised her left hand about halfway up and then put it back down and properly used her right hand.

CAN NOT DO, WHY?

RHOMBERG/ALPHABET: Completed the task at a very quick pace not following the instructions of a slow pace.

CAN NOT DO, WHY?

BREATH TEST RESULTS: 0.169 and 0.175

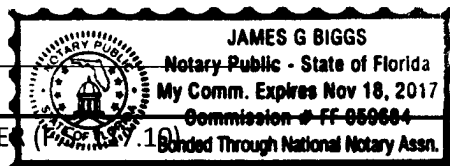
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STATE OF FLORIDA

COUNTY OF PALM BEACH

THE FOLLOWING INSTRUMENT WAS NOTARIZED OR ATTESTED BEFORE ME THIS

BY: _____



NOTARY / CLERK OF COURT OFFICE

SIGNATURE OF ARRESTING OFFICER

SUBJECT: Low Blood Alcohol CASE NUMBER: 17-000579

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Don't know

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? 2:00 PM WHAT TIME IS IT NOW? 10:00 PM

WHAT IS TODAY'S DATE? 2/6/17 WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? Lunch time WHAT DID YOU EAT? Salad

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? High school

HOW MUCH DO YOU WEIGH? 175 HAVE YOU BEEN DRINKING? Yes WHAT? Wine

HOW MUCH? 10 WHERE? In car WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? 2:00 PM AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Fire WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? _____

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>No</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>No</u>
DIABETES?	<u>No</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? _____

INTERVIEWER: Off Foreman #5110

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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SUBJECT: Lee, Anne Fred CASE NUMBER: 17-00579

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.

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FEB 06 2017

SUSPECT'S SIGNATURE: (X) Read or Camera



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

NOT A CERTIFIED

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