

0484930

124

2050

A D M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR						1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE								
	Agency ORI Number 0501700		Agency Name Jupiter Police Department		17 CT 1910				Agency Report Number (N.T.A.'s only) 5 4 17-000510		If Weapon Seized Enter Type NONE		Multiple Clearance Indicator 01									
D E F E N D A N T	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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Location of Arrest (Including Name of Business) 400 BLK W INDIANTOWN RD, JUPITER FL		Location of Offense (Business Name, Address) 250 W INDIANTOWN RD, JUPITER, FL 33458													
	Date of Arrest 01/30/2017		Time of Arrest 18:23		Booking Date 01/30/2017		Booking Time 18:33		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) GITTO, LYNN A													Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:									
C O D E F	Race W - White B - Black		Sex W F		Date of Birth 06/03/1960		Height 5'02		Weight 135		Eye Color BLUE		Hair Color BLONDE /		Complexion LIGHT		Build Medium					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)													Marital Status D		Religion		Indication of: Alcohol Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.				
J U V E N I L E	Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Residence Type: 1. City 2. County		3. Florida 4. Out of State		1							
	6383 RIVERWALK LN 2, JUPITER, FL 33458														Address Source DL							
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation												
D/L Number, State G300521607030 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) JOHNSTOWN PA				Citizenship												
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large				<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile				
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large				<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile				
□ Parent <input type="checkbox"/> Other: _____													Name (Last, First, Middle)		Residence Phone							
□ Legal Custodian																						
Address (Street, Apt. Number)													(City) (State) (Zip)		Business Phone							
Notified by: (Name)													Date		Time		JUVENILE DISPOSAL 1. Handled/processed with Department and Released		2. Incarcerated		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			
C O D E	Drug Activity S. Sell N. N/A B. Buy P. Possess 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 V. Other							
	Charge Description DUI-DAMAGE TO PERSON/PROPERTY													Statute Violation Number 316.193(3)(C)(1)		Violation of ORD #						
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number				Bond										
	N		/	17-000510	1																	
C H A R G E	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									
C H A R G E	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									
I N T A K E	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:								
	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 To				
Transported By													Date Transported 1/30/17		Time Transported		Other					
N O T I C E T O A P P E A R R	<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						5 No Photo Available									
							Court Date and Time 03/01/2017 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.													1/30/17									
Signature of Defendant (or Juvenile and Parent/Custodian) LYNN A. GITTO													Date Signed 1/30/17									
A D M I N	HOLD for Other Agency						Signature of Arresting Officer ANDREW BORROWS 380/1138						Name Verification (Printed by Arrestee) SCANNED									
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) BORROWS, ANDREW						I.D. # 1138 (PRINT)									
Initials D/S J. BENNETT #8349						Transporting Officer PFC BORROWS						I.D. # 380		Agency JPD		JAN 31 2017		PAGE 1 OF 1				

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30th DAY OF January 20 17, AT 1702 AM PM

SUBJECT: Lynn Gitto CASE NUMBER: 17-000510

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: PFC Andrew Borrows 380
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
I responded to the area of West Indiantown Road and Loxahatchee Drive in reference to a just occurred crash.
I made contact with Gitto, who was outside her blue Ford pick up bearing Florida License Plate K146WB.
Gitto had glassy eyes. She was observed exiting her vehicle immediately after the crash by Captain Robert Coliskey of the North Palm Beach Police Department.

There was no one else near Gitto on the sidewalk or near her vehicle. My investigation indicated that Gitto suddenly left her lane of travel and struck the rear of a beige Nissan bearing Pennsylvania License Plate GYB9833 in the rear passenger side, causing it to spin out of control and strike the curb on the north side of the roadway. The driver of the Nissan was Janice Cairone. Gitto's vehicle suffered damage to its front driver's side.

OBSERVATION OF DRIVER:

Gitto had glassy eyes. During my crash investigation, Gitto consumed a number of Tic Tac Mints. Gitto had apparent difficulty focusing and made several non-sequitor statements. Gitto was generally leaning against a metal railing.

DRIVER'S STATEMENTS:

During my crash investigation, Gitto was completely unable to state what happened and stated that her vehicle had suddenly been struck by the other vehicle. Gitto had difficulty focusing and would often start talking about non-pertinent things while trying to answer simple questions. Post Miranda, Gitto stated she had consumed two drinks at Inlet Liquors in Riviera Beach.

ODORS:

I could smell the odor of an unknown alcoholic beverage on Gitto's breath.

GENERAL OBSERVATIONS

SPEECH: Raspy, slurred

ATTITUDE: Cooperative

CLOTHING: Plaid shirt, blue jeans, boots

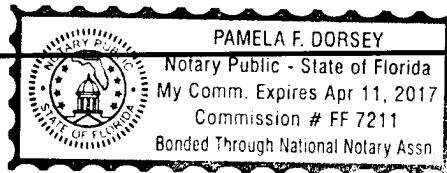
MEDICAL/OTHER: None

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 30th day of January 20 17 by PFC Andrew Borrows 380

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



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:****WALK & TURN**

Gitto lost her balance three times during the instructional phase of the exercise. Gitto missed heel to toe on every step except for the first one. On the eighth step, Gitto stepped off the line. Gitto had her right arm away from her body for balance during the task. Gitto turned improperly, by shuffling around on both feet, and stepped backwards to keep her balance. Gitto returned, and missed heel to toe on every step, taking gradually larger steps as she went, running out of space to complete the exercise. I observed Gitto display five of the eight validated clues during this task.

ONE LEG STAND:

Gitto raised her right foot. Gitto started the task early. I noticed that she was swaying while standing still during the instructional phase. Gitto put her foot down on "1000-3" and again at "1000-5". Just before she put her foot down the second time, Gitto hopped to try to keep her balance and used her arms for balance. Gitto stopped the task. I asked her to keep going and Gitto started counting over from "1". Gitto kept her foot raised until "1000-7" and again lost her balance and put it down. During this time Gitto also used her arms for balance and was swaying visibly. Gitto said "jeez" and counted to "1000-11", again using her arms for balance during some of this time. At "1000-11", Gitto again placed her foot down. I observed all four validated clues during the administration of this task.

FINGER TO NOSE:

L1: Gitto touched the bridge of her nose near the top, with the pad of her finger. R2: Gitto touched the middle of the bridge of her nose with the pad of her finger. L3: Gitto touched the middle of the bridge of her nose with the pad of her finger. R4: Gitto touched the right side of the bridge of her nose, about halfway between the tip and the top of her nose. R5: Gitto touched the middle of the bridge of her nose, with the pad of her finger. L6: Gitto touched the middle of the bridge of her nose with the pad of her finger.

ROMBERG ALPHABET:

Gitto stated the alphabet correctly.

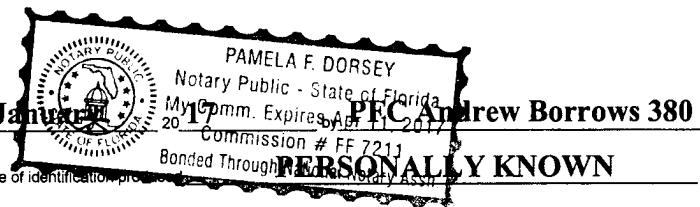
BREATH TEST RESULTS: Refused

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 30th day of January 2017

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: Notary Public, Clerk of Court, Officer, D.S.S. 117.10



WITNESS LIST

CASE NUMBER: 17-000510

ARRESTING OFFICER: **PFC Andrew Borrows 380**

ADDRESS: **210 Military Trail, Jupiter Fl 33458**

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

CAN TESTIFY TO: **PC**

NAME: **Officer Christopher Conner**

ADDRESS: **210 Military Trail, Jupiter Fl 33458**

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

CAN TESTIFY TO: **Scene**

NAME: **Captain Robert Coliskey, North Palm Beach Police Department**

ADDRESS **560 US Highway 1, North Palm Beach, Fl 33408**

PHONE NUMBERS (HOME) _____ (WORK) **561 882-1154**

CAN TESTIFY TO: **Statement, ID of Def, Immediate aftermath of crash.**

NAME: **Janice Cairone**

ADDRESS **1236 Imperial Road, Rydal, PA 19046**

PHONE NUMBERS (HOME) **215 512-3319** (WORK) _____

CAN TESTIFY TO: **Statement, Crash**

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: _____

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ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

JAN 31 2017

SUBJECT: G. M. Lynn

CASE NUMBER: _____

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? Home

WHAT STREET OR HIGHWAY WERE YOU ON? 110

DIRECTION OF TRAVEL? W WHERE DID YOU START? Home

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? Nov WHAT DAY OF THE WEEK IS IT? Mon

WHAT COUNTY AND CITY ARE YOU IN NOW? Can Cty Co. and Palm

WHEN DID YOU LAST EAT? 11:00 WHAT DID YOU EAT? Breakfast

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Driving

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? Volvo

HOW MUCH? _____ WHERE? Hotel WITH WHOM? Elton

WHEN DID YOU HAVE YOUR FIRST DRINK? 130-2:15pm AND YOUR LAST DRINK? Same time

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? 3

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Driver WHEN DID YOU LAST WORK? Sat.

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? Bump from car

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? No

GLASS EYE? No

FALSE TEETH? No

EAR INFECTION? No

INNER EAR TROUBLE? No

DIABETES? No

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: PFC A. Borrows 380/1138

SCANNED

JAN 31 2017

TESTING FACILITY TASK REPORT

SUBJECT: 6-110-630 AGENCY: 3PO

DATE: 11-20-07 CASE NUMBER: 17 055508

BEGINNING TIME: 11:28 ENDING TIME: 11:42

BREATH TESTS RESULTS: 1) R TIME 11:35 A.M./P.M. 2) TIME A.M./P.M.
3) TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR: 3 PO 110-630 (6128)

MAINTENANCE TECHNICIAN: 3 Tech 110-630

TESTING OFFICER'S OBSERVATIONS

SPEECH: Normal

ATTITUDE: Normal, cooperative

CLOTHING: Blue jeans, light shirt

MEDICAL CONDITIONS: N/A

MEDICATIONS: N/A

OTHER: Delta Blue 600 mg unknown

by prescription

COMMENTS: No alcohol detected (not known)

No residual alcohol detected (known)

requested again

Delta Blue 600 mg unknown

SCANNED

JAN 31 2017

SUBJECT: Gette Lynn

CASE NUMBER: 17-000510

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 DFB Brinley of the JFD

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) Reverend

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.

SCANNED

JAN 31 2017

SUSPECT'S SIGNATURE: (X) Reverend Brinley