

WCT 1857S AMB

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 FLO-500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-16-133262			
Charge Type: <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		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator 02			
Location of Arrest (Including Name of Business) GOLDEN LAKES BLVD / OKEECHOBEE BLVD PBC				Location of Offense (Business Name, Address) 6845 OKEECHOBEE BLVD, WPB, FL, 33417			
Date of Arrest 9/29/2016		Time of Arrest 2152 HRS		Booking Date		Booking Time	
Name (Last, First, Middle) METCALF, MARGARET		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race <input checked="" type="checkbox"/> W - White I - American Indian <input type="checkbox"/> B - Black O - Oriental/Asian		Sex F		Date of Birth 9/2/1960		Height 4'11	
Weight 130		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT	
Build SLIM		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Marital Status		Religion NONE	
Indication of Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.							
Local Address (Street, Apt. Number) (City) (State) (Zip) 200 LAKE CAROL DR, WEST PALM BEACH, FL, 33411		Phone (561) 385-7911		Residence Type: <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 200 LAKE CAROL DR, WEST PALM BEACH, FL, 33411		Phone (561) 385-7911		Address Source VERBAL			
Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation CLERICAL			
D/L Number, State M324561608220		Soc. Sec. Number		INS Number		Place of Birth (City, State) LINCOLN PARK, MICHIGAN	
Citizenship US							
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle)		Residence Phone		Business Phone	
Address (Street, Apt. Number) (City) (State) (Zip)		Address (Street, Apt. Number) (City) (State) (Zip)		Address (Street, Apt. Number) (City) (State) (Zip)		Address (Street, Apt. Number) (City) (State) (Zip)	
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 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input 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. Dispense/ 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. Synthetics		U. Unknown Z. Other			
Charge Description DUI CRASH WITH PROPERTY DAMAGE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(3)(C)(1)	
Drug Activity N		Drug Type N		Amount / Unit \$3000		Offense # 16-133262	
Warrant / Capias Number U		Bond					
Charge Description LEAVING THE SCENE WITH PROPERTY DAMAGE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.061(1)	
Drug Activity N		Drug Type N		Amount / Unit \$3000		Offense # 16-133262	
Warrant / Capias Number /		Bond					
Charge Description DUI Refusal to submit breath test		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.1939	
Drug Activity N		Drug Type N		Amount / Unit /		Offense # 16-133262	
Warrant / Capias Number		Bond					
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond					
Location (Court, Room Number, Address) NORTH COUNTY COURTHOUSE / 3188 PGA BLVD, PALM BEACH GARDENS, FL 33410							
Court Date and Time Month OCTOBER Day 26TH Year 2016 Time 0830 AM <input checked="" type="checkbox"/> PM							
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	
HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) (PRINT)		SCANNED	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S P SCARTOZZI #21289		I.D. # 21289		PAGE 1 OF 2	
Intake Deputy I.D. #		Pouch #		Transporting Officer SAME		ID #	
Agency PBSO		Agency		Witness here if subject signed		SEP 30 2016	

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile		N
ADMIN	OBTS Number			Agency ORI Number		Agency Name		Agency Report Number			
	FLO-500000	PALM BEACH COUNTY SHERIFF'S OFFICE		06		16-133262					
CHARGES	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:			
	Name (Last, First, Middle)		Alias		Race		Sex		Date of Birth		
VICTIM	METCALF, MARGARET				W		F		9/2/1960		
	Charge Description		DUI CRASH WITH PROPERTY DAMAGE 316.193(3)(C)(1)		Charge Description		LEAVING THE SCENE WITH PROPERTY DAMAGE 316.061(1)				
PROBABLE CAUSE STATEMENT	Charge Description		DUI Refusal to submit breath test 316.1939		Charge Description						
	Victim's Name (Last, First, Middle)				Race		Sex		Date of Birth		
ADMINISTRATIVE	Local Address (Street, Apt. Number)		(City) (State) (zip)		Phone		Address Source				
	Business Address (Name, Street)		(City) (State) (zip)		Phone		Occupation				
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to admitting to the below facts. </div> <div> <input checked="" type="checkbox"/> was observed by CHARLES SINGLETON who told D/S SCARTOZZI that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>29</u> day of <u>SEPTEMBER</u> 20 <u>16</u> at <u>2118</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 9/29/2016 at approximately 2118 hours I was dispatched to investigate a possible hit and run vehicle accident in the parking lot of the Duffys, 6845 Okeechobee blvd, West Palm Beach, FL, 33411 in unincorporated Palm Beach County. I was driving my marked patrol car asset # 68559 and wearing my Palm Beach County Sheriff's office issued class B uniform.</p> <p>Prior to my arrival I was provided with the following information. A person by the name of Charles Singleton called 911 to report that a white in color Ford Edge struck his vehicle in the parking lot of the Duffys and failed to stop. Singleton advised he followed the vehicle to the entrance Golden Lakes and when the vehicle was unable to get through the gate he called 911. Upon my arrival I noticed a white in color Ford Edge SUV bearing Florida license plate # Y60-BSW parked in the resident lane of the Golden Lakes neighborhood. When I walked up to the drivers side of the vehicle I noticed a white female sitting behind the drivers wheel, in actual physical control of the motor vehicle. The white female was slouched over, sleeping with he eyes closed. I stood at the drivers wheel watching the female for several moments before I knocked on the window. When I knocked on the window the female was startled out of her sleep and starred at me for a few moments. I asked her if she could roll the window down so I could speak to her and she seemed confused. The driver, later identified by Florida drivers license as Margaret Metcalf seemed confused as she was trying to figure out how to roll the window down on her vehicle. Metcalf's movements where very slow and lethargic. I eventually opened the door to the vehicle and noticed the very strong odor of an unknown alcoholic beverage emitting from Metcalf's body and face area. This odor intensified as she spoke with me.</p>											
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>D/S P SCARTOZZI #21289 (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>29</u> day of <u>OCTOBER</u> 20 <u>16</u> by <u>D/S P SCARTOZZI #21289</u></p> <p>(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced.)</p> <p><u>SHARLE O'NEAL</u> Notary Public - State of Florida Commission # FF 966854 My Comm. Expires Jun 25 2020</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>											

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29 DAY OF SEPTEMBER, 2016, AT 2118 AM PM ✓

SUBJECT: METCALF, MARGARET CASE NUMBER: 16-133262

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S P SCARTOZZI #21289

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
SEE PBSO CRASH CASE # 16-133260.

OBSERVATION OF DRIVER:

Upon contact with the driver I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area which intensified as she spoke to me. She had glassy, glazed, and blood shot eyes. Her speech was slow, slurred, thick, and at times difficult to understand. Her movements were slow and deliberate while retrieving the vehicle documents. She was lethargic in her movements with poor coordination. She had an unsteady gate while walking to my patrol vehicle.

DRIVER'S STATEMENTS:

Driver stated she did not remember what happened, she advised that she left the Duffys and doesn't remember what happened after that.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from her person and face area. This odor intensified as she spoke with me.

GENERAL OBSERVATIONS

SPEECH: Slow, Thick, Slurred, sometimes difficult to understand.

ATTITUDE: Cooperative

CLOTHING: Grey Shirt, Blue Jean pants

MEDICAL/OTHER: Medication for high blood pressure.

STATE OF FLORIDA
COUNTY OF PALM BEACH

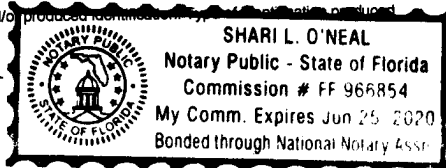
D/S P SCARTOZZI #21289

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of OCTOBER, 2016 by D/S P SCARTOZZI #21289

(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification and is not a relative of the defendant

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



SUBJECT: METCALF, MARGARETCASE NUMBER 16-133262

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:

She was instructed to stand with her feet and toes together with her arms at her sides. While in this position she would sway roughly in a side to side front to back pattern. She was then asked if she could identify the color of the stimulus I placed in front of her eyes. She was then asked to touch the tip of the stylus with her right index finger to properly identify the point to be tracked. She was reminded to track the pen with her eyes only. She failed to keep her head still while tracking the stimulus.

WALK & TURN:

She was asked to place her left foot on the ground with her right foot directly in front of it, then place her arms at her sides and stay in this position while I demonstrated this task. She would sway roughly, in a side to side, front to back pattern throughout the demonstration phase. She could not maintain her balance while listening to instructions and stepped out of the stance during the demonstration to catch her balance. She started the task before being instructed. She would stop walking to steady herself with pauses to regain her balance. On the first set of heel to toe steps she missed steps one through nine and stepped off the line, using her arms for balance by raising them more than six inches. On the second set of heel to toe steps she missed steps one through nine and stepped off the line, using her arms for balance by raising them more than six inches. She performed the incorrect number of steps. She performed the turn other than the way it was demonstrated. She could not perform the task.

ONE LEG STAND:

She was asked to stand with her feet and toes together with her arms at his sides and stay in this position while I demonstrate this task. She would sway roughly, in a side to side, front to back pattern throughout the demonstration phase. She could not maintain her balance while listening to instructions and stepped out of the stance during the demonstration to catch her balance. She started the task before being instructed. She continued to sway while balancing on one leg. She was unable to start this task, She advised she was unable to raise her foot six inches off the ground. When she would attempt to do so she was lose her balance, to prevent any injuries I moved on to the next task.

FINGER TO NOSE:

She was asked to stand with her feet and toes together. She was then instructed to make a fist with both hands and extend both her index fingers. She was then asked to placed her hands down to her sides and remain in this position while I demonstrated this task. I demonstrated the proper instruction position. She would sway roughly in a side to side, front to back pattern throughout the demonstration phase. She did not keep his eyes closed and had to be reminded numerous times to do so. She failed to return her arms down to her sides as instructed after touching her nose. Her index finger did not touch her nose. She used the hand other than that which was called. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

She was asked to stand with her feet and toes together with his arms at her sides and stay in this position while I demonstrated this task. She would sway roughly in a side to side, front to back pattern throughout the demonstration phase. She would not keep her eyes closed and had to be reminded numerous times to do so. She would sway more than 2 inches. She incorrectly recited the alphabet. The first attempt she sang the alphabet. I gave her another chance to perform this task and demonstrated the proper way to recite the alphabet. on the next attempt she recited the alphabet as follows. A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, N, V, W, X, Y, Z.

BREATH TEST RESULTS: 1) Refused2) Refused3)4)STATE OF FLORIDA
COUNTY OF PALM BEACH

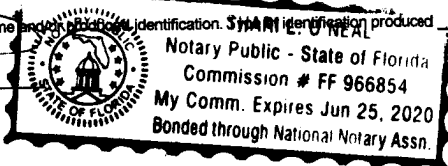
D/S P SCARTOZZI #21289

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of OCTOBER 20 16 by D/S P SCARTOZZI #21289

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

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





FLORIDA DUI UNIFORM TRAFFIC CITATION

A0ZS6TP

COUNTY OF PALMBEACH		<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input checked="" type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE)		AGENCY NAME AGENCY #	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
COMPLAINT (RETAINED BY COURT)			
DAY OF WEEK TUR	MONTH SEP	DAY 24	YEAR 2016
NAME (PRINT) FIRST MARGARET		MIDDLE ANN	LAST METCALF
STREET 200 LAKE CAROL DR			
CITY WPR	STATE FL	ZIP CODE 33411	
TELEPHONE NUMBER	DATE OF BIRTH 9	DAY 2	YEAR 1960
RACE W	SEX F	HGT 5'00	
DRIVER LICENSE NUMBER M 3 2 4 5 6 1 6 0 8 2 2 6	STATE FL	CLASS E	CDL LICENSE 2019
YR VEHICLE 2010	MAKE FORD	STYLE EDGE	COLOR WHITE
VEHICLE LICENSE NO Y66-BSW	TRAILER TAG NO.	STATE FL	YEAR TAG EXPIRES 2016
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY 6845 Okeechobee Blvd			
DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF			
COMMENTS PERTAINING TO OFFENSE: (Only one offense each division)			
<input type="checkbox"/> AGGRESSIVE DRIVER <input type="checkbox"/> PASSENGER < 18 YEARS <input type="checkbox"/> STATE STATUTE <input type="checkbox"/> SECTION 316.1939 <input type="checkbox"/> SUB-SECTION <input checked="" type="checkbox"/> CRASH <input type="checkbox"/> DAMAGE TO OTHER PROPERTY <input type="checkbox"/> INJURY TO ANOTHER <input type="checkbox"/> SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> FATAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO			
THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.			

COURT DATE _____ TIME _____ **A0ZS6TP**
COURT AND LOCATION _____

ARREST DELIVERED TO _____ DATE _____
I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

SIGNATURE OF VIOLATOR _____
EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:
☐ DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.
☒ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? ☒ YES ☐ NO REASON _____
ELIGIBLE FOR PERMIT? ☒ YES ☐ NO REASON _____

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE _____ BUREAU OF ADMINISTRATIVE REVIEWS OFFICE
YOU MAY REQUEST WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST UNRELATED OFFENSE. SEE REVERSE SIDE.

RANK _____ SIGNATURE OF OFFICER _____ BADGE NO. **21289** ID. NO. **21289** TROOP UNIT **D#3**
HSM 7594a (Rev. 7/13)

TESTING FACILITY TASK REPORT

4121239

AGENCY: PBSO DIS Scottozzi

SUBJECT: Duffell, Margaret CASE NUMBER: 16-132262

DATE: 04-24-16 VIDEO TAPE NUMBER: 61454

BEGINNING TIME: 2246HRS ENDING TIME: 2251HRS

BREATH TESTS RESULTS: **REFUSED** TIME 2250 A.M./P.M. (P.M.) 2) TIME A.M./P.M.
TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR: B. O'Neil #6212

MAINTENANCE TECHNICIAN: DIS J. Kierulff #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Normal

ATTITUDE: Calm, Cooperative

CLOTHING: Black & Gray T-shirt / Tan pants - Blue Jeans

MEDICAL CONDITIONS: High blood pressure, no allergies

MEDICATIONS: blood pressure med, Xanax

OTHER: Eyes: Red, Glazy

Dexterity: Swaying

Odor of unknown alcoholic beverage. #2134

COMMENTS: 20 min observation done by AIO Scottozzi

AIO requested the breath test.

D refused the request.

AIO read the implied consent twice.

D still refused the request after the IC was read.

ICW read on camera.

D refused the QTA.

NOT A CERTIFIED COPY

SUBJECT: Metcalf, Margaret CASE NUMBER: 16-132262

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 LIS Scutozzi # 21284 of the PBSO

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) Read on Camera

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) Read on Camera

SUBJECT: Mitchell, Margaret CASE NUMBER: 16-133202

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



Florida *The Sunshine State*

DRIVER LICENSE CLASS E

**MARGARET ANN
METCALF**

**200 LAKE CAROL DR
WEST PALM BEACH, FL 33411**

DOB: 09-02-1960 SEX: F

ISSUED: 09-02-2011 HGT: 5-00

EXPIRES: 09-02-2019

REST: A

ENDORSE:

REPLACED: 09-09-2014

Margaret A. Metcalf

SAFE DRIVER

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

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: **16-133262**

ARRESTING OFFICER: **D/S P SCARTOZZI #21289**

ADDRESS: **DISTRICT 3**

PHONE NUMBERS (HOME): **561-688-3000**

(WORK) **(561)688-4900**

CAN TESTIFY TO: **DUI INVESTIGATION**

NAME: **Charles Singleton**

ADDRESS: **2212 Florida Ave, West Palm Beach, FL, 33401**

PHONE NUMBERS (HOME) **704-942-5756**

(WORK) **/**

CAN TESTIFY TO: **Crash, Wheel witness**

NAME: **Jessica Selby**

ADDRESS: **2212 Florida Ave, West Palm Beach, FL, 33401**

PHONE NUMBERS (HOME) **704-942-5756**

(WORK)

CAN TESTIFY TO: **Crash, Wheel witness**

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: