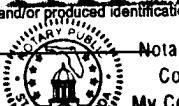


WCT 18578 AMB

ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile N																																																																																																																																																																																																																																																																																																																																																																																			
OBTS Number <b>FLO - 500000</b>		Agency ORI Number <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-16-133262</b>																																																																																																																																																																																																																																																																																																																																																																																						
ADMINISTRATIVE DEFENDANT CO-DEF JUVENILE NOTICE TO APPEAR ADMIN	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		Weapon Seized / Type 2 1. Yes / 2. No	Multiple Clearance Indicator 02	Location of Arrest (Including Name of Business) <b>GOLDEN LAKES BLVD / OKEECHOBEE BLVD PBC</b>				Location of Offense (Business Name, Address) <b>6845 OKEECHOBEE BLVD, WPB, FL, 33417</b>					Date of Arrest <b>9/29/2016</b>		Time of Arrest <b>2152 HRS</b>		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	Name (Last, First, Middle) <b>METCALF, MARGARET</b>									Alias (Name, DOB, Soc. Sec. #, Etc.)									Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W	Date of Birth <b>9/2/1960</b>	Height <b>4'11</b>	Weight <b>130</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>SLIM</b>	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>					Marital Status <b>NONE</b>	Religion <b>NONE</b>	Indication of: Y N Unk. Alcohol Influence <input checked="" type="checkbox"/> Drug Influence <input type="checkbox"/>			Local Address (Street, Apt. Number) <b>200 LAKE CAROL DR, WEST PALM BEACH, FL, 33411</b>					Phone <b>(561) 385-7911</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>				Permanent Address (Street, Apt. Number) <b>200 LAKE CAROL DR, WEST PALM BEACH, FL, 33411</b>					Phone <b>(561) 385-7911</b>	Address Source <b>VERBAL</b>				Business Address (Name, Street) <b>(City) (State) (Zip)</b>					Phone <b>( )</b>	Occupation <b>CLERICAL</b>				D/L Number, State <b>M324561608220</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>LINCOLN PARK, MICHIGAN</b>		Citizenship <b>US</b>		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			<input type="checkbox"/> Parent Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Address (Street, Apt. Number) (City) (State) (Zip)									Residence Phone <b>( )</b>	Notified by: (Name) Date Time Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated									Business Phone <b>( )</b>	Released To: (Name) Relationship Date Time									Grade	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	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Description of Property									Value of Property	CODE	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	Charge Description <b>DUI CRASH WITH PROPERTY DAMAGE</b>				Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(3)(C)(1)</b>				Violation of ORD #		CHARGE	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>\$3000</b>	Offense # <b>16-133262</b>	Warrant / Capias Number <b>U</b>				Bond			CHARGE	Charge Description <b>LEAVING THE SCENE WITH PROPERTY DAMAGE</b>				Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.061(1)</b>				Violation of ORD # <b>/</b>		CHARGE	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>\$3000</b>	Offense # <b>16-133262</b>	Warrant / Capias Number <b>/</b>				Bond			CHARGE	Charge Description <b>DUI Refusal to submit breath test</b>				Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.1939</b>				Violation of ORD # <b>/</b>		CHARGE	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>16-133262</b>	Warrant / Capias Number				Bond <b>2010</b>			CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number				Violation of ORD # <b>30</b>		CHARGE	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>16-133262</b>	Warrant / Capias Number				Bond			NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>NORTH COUNTY COURTHOUSE / 3188 PGA BLVD, PALM BEACH GARDENS, FL 33410</b>									Date Signed		NOTICE TO APPEAR	Court Date and Time Month <b>OCTOBER</b> Day <b>26TH</b> Year <b>2016</b> Time <b>0830 AM ✓</b>									Date Signed <b>2010</b>		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)											HOLD for Other Agency Name: <b>X</b>				Signature of Arresting Officer <b>21289</b>				Name Verification (Printed by Arrestee) (PRINT)			<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer (Print) <b>D/S P SCARTOZZI #21289</b>				I.D. # <b>21289</b>			Intake Deputy		I.D. #	Pouch #	Transporting Officer <b>SAME</b>	ID #	Agency <b>PBSO</b>	Witness here if subject signed on <b>30-30-2016</b>				DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY) PBSO #148 REV. 9/97										
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DEF	Agency ORI Number <b>FLO-5000-0-0</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>					Agency Report Number <b>06-16-133262</b>				
CHARGES	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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:						
VICTIM	Name (Last, First, Middle) <b>METCALF, MARGARET</b>				Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>9/2/1960</b>		
		Charge Description <b>DUI CRASH WITH PROPERTY DAMAGE 316.193(3)(C)(1)</b>				Charge Description <b>LEAVING THE SCENE WITH PROPERTY DAMAGE 316.061(1)</b>					
		Charge Description <b>DUI Refusal to submit breath test 316.1939</b>				Charge Description					
						Race	Sex	Date of Birth			
		Local Address (Street, Apt. Number) •				(City)	(State)	(zip)	Phone ( )	Address Source	
		Business Address (Name, Street) •				(City)	(State)	(zip)	Phone ( )	Occupation	
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. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was observed by <b>CHARLES SINGLETON</b> who told <b>D/S SCARTOZZI</b> 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.											
On the <b>29</b> day of <b>SEPTEMBER</b> <b>20 16</b> at <b>2118</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)											
PROBABLE CAUSE STATEMENT	<b>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.</b>										
ADMINISTRATIVE	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 drives 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.										
<b>STATE OF FLORIDA COUNTY OF PALM BEACH D/S P SCARTOZZI #21289</b> (Signature of Arresting/Investigative Officer)											
ADMINISTRATIVE	The foregoing instrument was sworn to or affirmed and subscribed before me this <b>29</b> day of <b>OCTOBER</b> <b>20 16</b> by <b>D/S P SCARTOZZI #21289</b> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>SHERELL O'NEAL</b> <b>S. O'Neal</b> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)										
 Notary Public - State of Florida Commission # FF 966854 My Comm. Expires Jun 25 2020 GREEN STATE BOARD THROUGH NATIONAL NOTARY AGENCY											
PAGE <b>2</b> OF <b>2</b>											

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29 DAY OF SEPTEMBER 20 16, 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

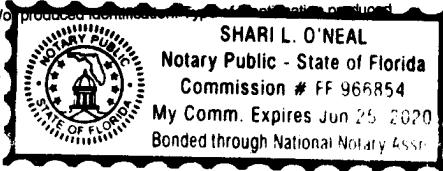
D/S P SCARTOZZI #21289

(Signature of Arresting/Investigative Officer)

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

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

Notary Public, Clerk of Court, Officer (F.S.S. 177.10)



## ROADSIDE TASKS

**HORIZONTAL GAZE NYSTAGMUS:**

LT EYE-LACK OF SMOOTH PURSUIT  
 LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION  
 LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT EYE-LACK OF SMOOTH PURSUIT  
 RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION  
 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 place 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) Refused    2) Refused    3)    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 2016 by D/S P SCARTOZZI #21289

(Print name of Arresting/Investigative Officer), who is personally known to me and is identified by my identification. **STATE OF FLORIDA** identification produced

Notary Public - State of Florida

Commission # FF 966854

My Comm. Expires Jun 25, 2020

Bonded through National Notary Assn.

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



## FLORIDA DUI UNIFORM TRAFFIC CITATION

A0ZS6TP

COUNTY OF <b>PALM BEACH</b>		<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 _____	
CITY (IF APPLICABLE)		AGENCY # _____	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
DAY OF WEEK <b>TUE</b>	MONTH <b>SEP</b>	DAY <b>29</b>	YEAR <b>2016</b>
NAME (PRINT) FIRST <b>MARGARET</b>		MIDDLE <b>ANN</b>	LAST <b>METCALF</b>
STREET <b>200 LAKE CAROL DR</b>		IF DIFFERENT THAN ONE ON DRIVER LICENSE <input type="checkbox"/>	
CITY <b>WPB</b>		STATE <b>FL</b>	ZIP CODE <b>33411</b>
TELEPHONE NUMBER	DATE OF BIRTH <b>9</b>	DAY <b>2</b>	YR <b>1960</b>
DRIVER LICENSE NUMBER <b>M 324561608226</b>	STATE <b>FL</b>	CLASS <b>C</b>	CDL LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
YR. VEHICLE <b>2010</b>	MAKE <b>FORD</b>	STYLE <b>EDGE</b>	COLOR <b>WHITE</b>
VEHICLE LICENSE NO. <b>Y6C-B5W</b>	TRAILER TAG NO.	STATE <b>FL</b>	YEAR TAG EXPIRES <b>2017</b>
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY <b>6845 Okeechobee Blvd</b>			
PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
2-16 PASSENGERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
COMPANION CITATION(S) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
FT.	MILES	N	S
E	W	OF NODE	

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 FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF \_\_\_\_\_

COMMENTS PERTAINING TO OFFENSE: (Only one offense each citation)

<input type="checkbox"/> AGGRESSIVE DRIVER	<input type="checkbox"/> PASSENGER < 18 YEARS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	STATE STATUTE	SECTION <b>316.1939</b>	SUB-SECTION <b>316.1939</b>
CRASH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DAMAGE TO OWN PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SERIOUS BODY INJURY TO ANOTHER <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FATAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE	TIME	A0ZS6TP	
COURT AND LOCATION			

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

*(Signature of Driver)*

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 \_\_\_\_\_  
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 DUI RELATED OFFENSE. SEE REVERSE SIDE.

BUREAU OF ADMINISTRATIVE REVIEWS OFFICE  
21289 21289 DFF3  
BADGE NO. ID. NO. TROOP UNIT

RANK / SIGNATURE OF OFFICER  
HSM 75944 (Rev. 7/13)

# TESTING FACILITY TASK REPORT

5  
4121289

AGENCY: PBSO 1015 Scantozzi

SUBJECT: McInturf, Margaret

CASE NUMBER: 16-132262

DATE: 04-24-16

VIDEO TAPE NUMBER: 61454

BEGINNING TIME: 21:45:00

ENDING TIME: 22:01:15

BREATH TESTS RESULTS:

**REFUSED**

TIME 1)  A.M./P.M. 2)  TIME  A.M./P.M.

TIME  A.M./P.M. 4)  TIME  A.M./P.M.

BREATH OPERATOR: B. O'Neill #6212

MAINTENANCE TECHNICIAN: EIS J. Kanner #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, Cooperative

CLOTHING: Blue + Gray + White T-shirt, Blue Jeans

MEDICAL CONDITIONS: High blood pressure, no allergies

MEDICATIONS: Blood pressure med, Xanax

OTHER: Eyes: Red, Glassy

Dexterity: Slurring

Color of unknown organic residue. #124

COMMENTS: 20 min observation. D. 1015 AIO Scantozzi

AIO requested the breath test.

D. refused the request.

AIO read the rights, twice.

D. still refused the request after the IAC was read.

CIA read the consent.

D. refused the OTR.

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 Scattozzi # 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) Ised on Convic

## 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 Convic

SUBJECT: Hickcut, MargaretCASE NUMBER: 16-133262

## 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

MSO 4-16-1

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

**SAFE DRIVER**

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

NOT A CERTIFIED COPY

# WITNESS LIST

16-133262

CASE NUMBER:

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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