

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11 DAY OF June 20 17, AT 22:20 AM PM
SUBJECT: Tesmond Michele L CASE NUMBER: 17089063
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

Was involved in a motor vehicle collision which was investigated under PBSO case 17089055. I spoke to the driver of a gray Kia 4 door which was driven by Michele Tesmond. Speaking with Sergeant Piper #24985 he stated that on his arrival he found Tesmond occupying the drivers seat of the Kia which was registered in her name. While speaking with Sergeant Piper I noticed Tesmond stumbling about in the roadway, placed a soda can on the ground, and nearly fell.

OBSERVATION OF DRIVER:

While speaking with her I found her speech was slurred, she was having trouble standing upright without stumbling, and had the profound odor of a unknown alcoholic beverage about her person. Illuminating her face I found her eyes were red, bloodshot, and glossy.

DRIVER'S STATEMENTS:

I was going to my boyfriends.

ODORS:

Distinct and profound odor of a unknown alcoholic beverage which intensified as she spoke.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative

CLOTHING: Gray shirt, gray shorts, gray shoes

MEDICAL/OTHER: High BP, hypothyroidism, B12 deficiency, calcium deficiency

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of June 20 17 by Inv. J. Schneider

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

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



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Tesmond had difficulty in following my instructions and failed to follow the stimulus on some occasions. During other times she moved her head rather than following the stimulus with her eyes only.

WALK & TURN:

Tesmond was unable to maintain the instructional position and continued to stumble about. Starting the task she failed to touch heel to toe on multiple occasions, took far to many steps forward, did not turn as instructed, and while returning failed to touch heel to toe numerous times while stumbling.

ONE LEG STAND:

Tesmond swayed heavily while standing stationary. Performing the task she was unable to keep her foot elevated for hardly any time, raising her arms, and stumbling out of place. After fifteen seconds I discontinued the task for her safety.

FINGER TO NOSE:

Tesmond swayed heavily while standing stationary. While performing the task she did not touch her finger to her nose properly on any command. She was observed touching the bridge of her nose, her eye, eyebrow, and other placed about her face. She also held her finger to her nose numerous times despite being instructed not to do so on multiple occasions.

ROMBERG ALPHABET:

Tesmond swayed heavily while standing stationary. While performing the task she began to rhyme the alphabet although completed all of it with no mistakes.

BREATH TEST RESULTS: 1) .210 2) .213 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of June 2017 by Inv. J. Schneider

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

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



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
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1ST FLORIDA NOTARY, LLC

WITNESS LIST

CASE NUMBER: 17089063

ARRESTING OFFICER: Inv. J. Schneider

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3960

CAN TESTIFY TO: DUI Investigation, crash scene photos

NAME: Sergeant Piper #24985

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000

CAN TESTIFY TO: Wheel witness and scene command

NAME: Deputy Siegel #12460

ADDRESS 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000

CAN TESTIFY TO: Crash Investigation

NAME: Michael Fry

ADDRESS 19732 Colorado Cir Boca Raton FL 33434

PHONE NUMBERS (HOME) 561 699-9503 (WORK) 0

CAN TESTIFY TO: Crash and wheel witness

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: TESMOND, MICHELE

CASE NUMBER: 17-089063

DATE: 06/12/2017

VIDEO DVD NUMBER: 62778

BEGINNING TIME: 0008

ENDING TIME: 0032

BREATH TESTS RESULTS: 1) V/.199 TIME 0015 A.M. P.M. 2) .210 TIME 0019 A.M. P.M.
3) .213 TIME 0022 A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, SLOW

ATTITUDE: CALM, CAREFREE, RAMBLING, COOPERATIVE

CLOTHING: GREY TSHIRT, WHITE SHORTS, DARK GREY SNEAKERS

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE, HIGH CHOLESTROL, HYPER THYROID

MEDICATIONS: SYNTHROID, BYSTOLIC, CALCIUM, B12, BABY ASPRIN

OTHER:

EYES GLASSY, SWAYING, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE ON BREATH, ADMITTED TO DRINKING 3 OR 4 GLASSES OF WINE (Q&A)

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2346
SUBJECT AGREED TO TAKE BREATH TEST
TECH EXPLAINED INSTRUCTIONS TO BREATH TEST,
SUBJECT STATED SHE UNDERSTOOD INSTRUCTIONS.
SUBJECT PROVIDED TWO ADEQUATE BREATH SAMPLES SUCCESSFULLY.
TECH READ TEST RESULTS, SUBJECT STATED SHE UNDERSTOOD RESULTS.
A/O READ RIGHTS, SUBJECT STATED SHE UNDERSTOOD HER RIGHTS
A/O CONDUCTED Q&A, SUBJECT ANSWERED QUESTIONS.

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.

SUSPECT'S SIGNATURE: (X) _____ *Read on Camera*

SUBJECT: Tesmone Michele CASE NUMBER: 17-089063

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? NW 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? No

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

WHAT? No WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? Not working

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? No 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? 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: INV. Schneider #8501

NOT A CERTIFICATE