

0488777

1558

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17089063					
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 1. Yes 2. No		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) Atlantic Ave at Smith Sundry Rd Delray Beach FL 33446		Location of Offense (Business Name, Address) Atlantic Ave at Smith Sundry Rd Delray Beach FL 33446							
Date of Arrest 06/11/2017	Time of Arrest 23:10	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) Tesmond Michele L		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White	Sex F	Date of Birth 04/18/1969	Height 5'5	Weight 110	Eye Color Bro	Hair Color Bro	Complexion Med	Build Med	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Sing		Religion CHRISTIAN		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 8926 Kettle Drum Ter		(City) Boynton Beach FL 33473		(State) FL		(Zip) 33473		Phone (561) 7627556	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Business Address (Name, Street)		(City)		(State)		(Zip)		Address Source FL DL	
D/L Number, State T255552696380		Soc. Sec. Number		INS Number		Place of Birth (City, State) Chicago IL		Citizenship US	
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 <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		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 - Enhanced		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(3)(c)(1)	
Drug Activity N		Drug Type N		Amount / Unit		Offense # 17089063		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Location (Court, Room Number, Address) 3228 Gun Club Rd West Palm Beach FL 33406		Court Date and Time Month July Day 6 Year 2017 Time 08:30 AM		Date Signed 06/11/2017		Signature of Defendant (or Juvenile and Parent / Custodian) Tesmond Michele L			
HOLD for other Agency Name:		Signature of Arresting Officer J. Schneider		Name Verification (Printed by Arrestee) (PRINT)		Date Signed			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Inv. J. Schneider		ID # 8501			
Transporting Officer Inv. J. Schneider		ID # 8501		Agency PBSO		Witness here if subject signed with an "X"			
Pouch #		ID #		Agency		Page 1 OF 1			

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

SUBJECT: TesmondMicheleCASE NUMBER 17089063

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:

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 too 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 places 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 BEACHInv. 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

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: _____

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: _____

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.

SUBJECT: Tesmond Michele CASE NUMBER: 17 089063

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: Termond 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? No

WHERE WERE YOU GOING? 7th

WHAT STREET OR HIGHWAY WERE YOU ON? 7th

DIRECTION OF TRAVEL? W WHERE DID YOU START? 7th

WHAT TIME DID YOU START? 7:00 WHAT TIME IS IT NOW? 7:00

WHAT IS TODAY'S DATE? 7/10/17 WHAT DAY OF THE WEEK IS IT? Sat

WHAT COUNTY AND CITY ARE YOU IN NOW? San Diego

WHEN DID YOU LAST EAT? 7:00 WHAT DID YOU EAT? Nothing

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Nothing

HOW MUCH DO YOU WEIGH? 175 HAVE YOU BEEN DRINKING? No WHAT? No

HOW MUCH? No WHERE? No WITH WHOM? No

WHEN DID YOU HAVE YOUR FIRST DRINK? No AND YOUR LAST DRINK? No

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? No

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

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

WHAT? No WHERE? No WHEN? No

WHAT LINE OF WORK ARE YOU IN? Nothing WHEN DID YOU LAST WORK? Sat

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

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

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

WERE YOU IN AN ACCIDENT TODAY? No

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

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

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

DO YOU HAVE:

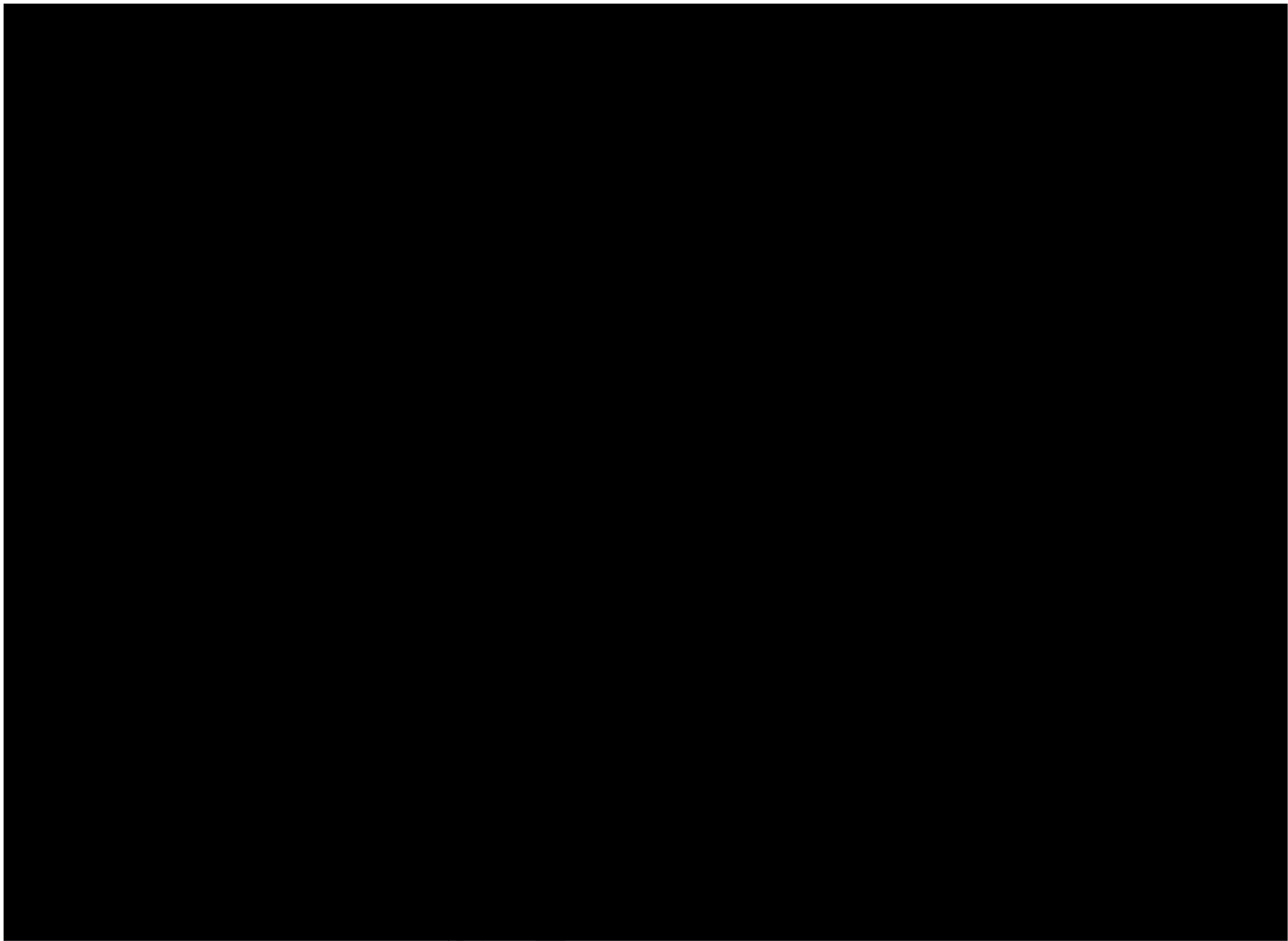
EPILEPSY?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>No</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>No</u>
DIABETES?	<u>No</u>

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? No

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

INTERVIEWER: INV. Schneider #8501



NOT A CE