

17CT 22388

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest 3. Request for Warrant  
2. N.T.A. 4. Request for Capias 1 Juvenile N

OBTS Number	Agency ORI Number <b>FLO 502600</b>		Agency Name <b>Palm Beach Gardens Police Department</b>		Agency Report Number (N.T.A.'s only) <b>78- 17007328</b>	
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Weapon Seized / Type 1. Yes 2. No	
<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) <b>10499 N MILITARY TRL/BURNS RD</b>				Location of Offense (Business Name, Address) <b>10499 N MILITARY TRL/BURNS RD</b>		
Date of Arrest <b>12/14/2017</b>	Time of Arrest <b>2308</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) <b>GREIFER, MICHELLE, L</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>09/13/1962</b>	Height <b>5'4</b>	Weight <b>175</b>	Eye Color <b>GREEN</b>	Hair Color <b>BROWN</b>
Complexion <b>FAIR</b>		Build <b>MED</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		
Local Address (Street, Apt. Number) <b>45 BERMUDA LAKE DR</b>		(City) <b>PALM BEACH GAR</b>	(State) <b>FL</b>	(Zip) <b>33418</b>	Phone <b>(516) 944-5775</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>
Permanent Address (Street, Apt. Number) <b>45 BERMUDA LAKE DR</b>		(City) <b>PALM BEACH GAR</b>	(State) <b>FL</b>	(Zip) <b>33418</b>	Phone <b>(516) 944-5775</b>	Address Source <b>FL DL</b>
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone <b>( )</b>	Occupation <b>MEDICAL</b>
D/L Number, State <b>G616552628330</b>	Soc. Sec. Number <b>[REDACTED]</b>	INS Number		Place of Birth (City, State) <b>MARIST, NY</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 <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name (Last)	(First)	(Middle)	Residence Phone <b>( )</b>			
Address (Street, Apt. Number)				(City)	(State)	(Zip)	Business Phone <b>( )</b>

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
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 <b>DUI-DRIVING WHILE UNDER INFLUENCE</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>	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
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
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
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

Location (Court, Room Number, Address) <b>North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410</b>
Court Date and Time Month <b>1</b> Day <b>17</b> Year <b>2018</b> Time <b>10:00</b> 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 AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (or Juvenile and Parent /Custodian) **[Signature]** Date Signed **12/15/17**

HOLD for other Agency Name:	Signature of Arresting Officer <b>[Signature]</b>	Name Verification (Printed by Arrestee) <b>SCANNED</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	(PRINT) <b>DEC 15 2017</b>
Intake Deputy I.D. #	Pouch #	Name of Arresting Officer (Print) I.D. # <b>S WARREN 463</b>
Transporting Officer I.D. # <b>S WARREN 463</b>	Agency <b>PBG</b>	Witness here if subject signed with an -X" <b>1</b> OF <b>1</b>

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14 DAY OF DECEMBER 2017 AT 2157 AM PM  
SUBJECT: GREIFER, MICHELLE, L CASE NUMBER: 17007328  
AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: S WARREN 463

## PERSONAL CONTACT

~~DRIVING PATTERN: ACTUAL PHYSICAL CONTROL: PHYSICAL EVIDENCE OR STATEMENTS RELIED UPON: BRENDING VEHICLE OR VEHICLE~~

I observed the vehicle in the middle of the intersection at North Military Trail and Burns Road. The vehicle made a left and drove south on North Military Trail and failed to maintain lane control. The vehicle failed to yield to my emergency over head lights.

## OBSERVATION OF DRIVER:

When I made contact with the driver I could smell the distinct odor of an unknown alcoholic beverage. The drivers eyes were glossy, blood shot and watery. The driver was also sweating.

## DRIVER'S STATEMENTS:

The driver stated she left a holiday party. The driver stated she had 3 glasses of red wine at the party. The driver stated she was driving home from the party.

## ODORS:

I smelt the odor of an unknown alcoholic beverage on the drivers breath.

## GENERAL OBSERVATIONS

SPEECH: Quiet/Slurred

ATTITUDE: Calm

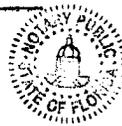
CLOTHING: Black Shirt/Black pants

MEDICAL/OTHER: No

STATE OF FLORIDA  
COUNTY OF PALM BEACH

463  
15th December 17 o/c. Warren

Notary Public, State of Florida, Commission # FF172377



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

SCANNED  
DEC 15 2017

**ROADSIDE TASKS**

**HORIZONTAL GAZE HYPERACCOM:**

- LEFT EYE LACK OF TRACKING POINT**
- RIGHT EYE LACK OF TRACKING POINT**
- LEFT EYE DISTINCT & SUSTAINED FOCUSING AT MAX DEVIATION**
- RIGHT EYE DISTINCT & SUSTAINED FOCUSING AT MAX DEVIATION**
- LEFT EYE CENTER OF REFRACTION FROM 15-45 DEGREES**
- RIGHT EYE CENTER OF REFRACTION FROM 15-45 DEGREES**

Other Observations:

**WALK & TURN:**

The driver could not maintain balance. The task was not completed in regards for the safety of the driver.

**ONE LEG STAND:**

The driver could not maintain balance. The task was not completed in regards for the safety of the driver.

**FINGER TO NOSE:**

The driver could not maintain balance. The task was not completed in regards for the safety of the driver.

**NUMBERS/ALPHABET:**

The driver failed to recite the alphabet in the correct order. The driver attempted this task several times and failed all attempts.

**BREATH TEST RESULTS:** .174 / .174

STATE OF FLORIDA  
COUNTY OF PALM BEACH

*[Signature]* 463  
The foregoing instrument was presented and sworn before me this 15 day of December, 2017, by ofc wargen

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

*[Signature]*

Samantha Palmer, Notary Public, State of Florida, Commission # FF172377



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

SCANNED  
DEC 15 2017

# TESTING FACILITY TASK REPORT

AGENCY: \_\_\_\_\_  
SUBJECT: \_\_\_\_\_ CASE NUMBER: 17-113590  
DATE: 12/14/17 - 12/15/17 VIDEO TAPE NUMBER: \_\_\_\_\_  
BEGINNING TIME: 0955 ENDING TIME: 1015  
BREATH TESTS RESULTS: 1) 014 TIME 1 A.M./P.M. 2) 014 TIME 014 A.M./P.M.  
3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: \_\_\_\_\_

MAINTENANCE TECHNICIAN: \_\_\_\_\_

TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_

ATTITUDE: \_\_\_\_\_

CLOTHING: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

OTHER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

NOT A CERTIFIED COPY

SCANNED

DEC 15 2017

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**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.

**SCANNED  
DEC 15 2017**

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

SUBJECT: Griffin, Michelle Lee CASE NUMBER: 17-1228

# 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? Yes

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? Military rd

DIRECTION OF TRAVEL? S WHERE DID YOU START? At HIA / Adminal's case

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? 12/14/17 WHAT DAY OF THE WEEK IS IT? Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County / Palm Beach Gardens

WHEN DID YOU LAST EAT? 7pm WHAT DID YOU EAT? Beard

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Holiday Party

HOW MUCH DO YOU WEIGH? 175 HAVE YOU BEEN DRINKING? yes WHAT? Red Wine

HOW MUCH? 3 glasses WHERE? Party WITH WHOM? work plus

WHEN DID YOU HAVE YOUR FIRST DRINK? 6pm AND YOUR LAST DRINK? 7:30pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? 5 drinks

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

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

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? Medical WHEN DID YOU LAST WORK? Sun 12/10/17

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? No

WERE YOU IN AN ACCIDENT TODAY? Yes

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? Yes WHAT? Yavex WHEN? As Meds

- 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? Yes

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? New York

INTERVIEWER: \_\_\_\_\_

WHITE - STATE ATTY.    YELLOW - DHSMV    PINK - CENTRAL RECORDS    GOLD - JAIL

SCANNED  
DEC 15 2017



Florida *The Sunshine State*

DRIVER LICENSE CLASS E

MICHELLE LEE  
GREIFER  
46 BERMUDA LAKE DR  
PALM BEACH GARDENS, FL 33418  
DOB: 09-13-1962 SEX: F  
EXPIRES: 09-13-2012 HGT: 5-00  
HAIR: BRN EYES: BRN

*Michelle Greifer*

ORGAN DONOR

SAFE DRIVER

Operation of a motor vehicle constitutes consent to an alcohol test and breath test.

NOT A CERTIFIED COPY

SCANNED  
DEC 15 2017