

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF November 20 16, AT 8:27 AM PM
SUBJECT: Fredey, Patricia CASE NUMBER: 16-153924

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D.Carrillo #15494

PERSONAL CONTACT

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

Patricia crashed into the rear of another vehicle while the other vehicle was stopped at the red light. See PBSO case 16-153897.

OBSERVATION OF DRIVER:

Patricia was sleeping in the driver seat with the door open. I tried speaking to Patricia but she could not make any words out. She was slouched over the center console sleeping. Patricia's movements were very slow and she had a hard time picking up items. Her eyes were very watery. Patricia's responses to anything I asked her were inconsistent. She had a hard time locating her FL Drivers License, registration and proof of insurance. She gave up looking for them, never located them, and went back to sleep.

DRIVER'S STATEMENTS:

Patricia stated she went out with her friends for a couple of drinks after work. She stated she was also taking medication for depression, but said it did not effect her coordination or ability to operate a car.

ODORS:

Strong Odor of an Alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: **slurred and mumbled**

ATTITUDE: **very calm**

CLOTHING: **Black Shirt, Red/Violet pants, Tan sandals**

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

D.Carrillo #15494

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of November 20 16 by D/S D.Carrillo

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

Cpl. M.Lopez 6680

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

SCANNED

NOV 21 2016

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:**

Too unstable on her feet to complete the task. Difficulty following instructions even after being explained repeatedly.

WALK & TURN:

I attempted to get Patricia to stand on a line in a heel to toe position and was physically unable to do it. She also could not maintain either foot on the line and constantly used her arms for balance. Too unstable on her feet to complete the task, therefore, task was not conducted.

ONE LEG STAND:

I attempted to get Patricia to stand on a line in a heel to toe position and was physically unable to do it. She also could not maintain either foot on the line and constantly used her arms for balance. Too unstable on her feet to complete the task, therefore, task was not conducted.

FINGER TO NOSE:

I attempted to get Patricia to stand on a line in a heel to toe position and was physically unable to do it. She also could not maintain either foot on the line and constantly used her arms for balance. Too unstable on her feet to complete the task, therefore, task was not conducted.

ROMBERG ALPHABET:

BREATH TEST RESULTS: 1) Refused 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

D.Carrillo #15494

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of November 2016 by D/S D.Carrillo

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

Cpl. M.Lopez 6680

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

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WITNESS LIST

16-153924

CASE NUMBER: _____

ARRESTING OFFICER: **D.Carrillo #15494**

ADDRESS: PBSO District 6

PHONE NUMBERS (HOME): _____ (WORK) **5616884860**

CAN TESTIFY TO: See report and PC

NAME: **M.Lopez 6680**

ADDRESS: PBSO District 6

PHONE NUMBERS (HOME): _____ (WORK) **5616884860**

CAN TESTIFY TO: See Report and PC

NAME: **D/S. Cimoch 16044**

ADDRESS: PBSO

PHONE NUMBERS (HOME): _____ (WORK) **5616883000**

CAN TESTIFY TO: _____

NAME: **Bauman, Andrew C.**

ADDRESS: **683 Bluejay Rd. Delray Beach, FL 33444**

PHONE NUMBERS (HOME): **732-330-6526** (WORK) _____

CAN TESTIFY TO: See Report and PC

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: _____

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NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: _____

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TESTING FACILITY TASK REPORT

AGENCY: PBSO-CARRILLO

SUBJECT: FREDEY, PATRICIA

CASE NUMBER: 16-153924

DATE: Nov 18, 2016

VIDEO DVD NUMBER: 61674

BEGINNING TIME: 2333

ENDING TIME: 2344

BREATH TESTS RESULTS: 1) REF TIME 2335 A.M. P.M. 2) XX TIME XX A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICIAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUSHED MOUTH

ATTITUDE: UPSET, SOMEWHAT COOPERATIVE

CLOTHING: BLACK TANK TOP, RED AND WHITE PANTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY, RED
SUBJECT UNSTEADY ON FEET

COMMENTS:

THE ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2310
SUBJECT REFUSED THE TEST INITIALLY
SUBJECT WAS READ IMPLIED CONSENT AND ADVISED SHE UNDERSTOOD
SUBJECT REFUSED THE TEST ONCE AGAIN
MIRANDA WAS READ AND UNDERSTOOD
SUBJECT SUBMITTED TO THE QUESTIONS ASKED

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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 or the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am DIS Carrillo of the P350

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 REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

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SUBJECT'S SIGNATURE: (X) Read on Camera

BJECT: Frederick, Patricia A

CASE NUMBER: 16-153924

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

AT STREET OR HIGHWAY WERE YOU ON? No idea

IRECTION OF TRAVEL? W WHERE DID YOU START? East

AT TIME DID YOU START? 8:00 pm WHAT TIME IS IT NOW? No idea

AT IS TODAY'S DATE? Nov, 18 2016 WHAT DAY OF THE WEEK IS IT? Friday

AT COUNTY AND CITY ARE YOU IN NOW? Palm Beach

EN DID YOU LAST EAT? 6:00 pm. WHAT DID YOU EAT? Shrimp, Chicken, Fritters, App.

AT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Nothing, hanging with friend, eat, home

W MUCH DO YOU WEIGH? 150-160 lbs HAVE YOU BEEN DRINKING? yeah WHAT? wine, cognac

W MUCH? couple WHERE? Hurricane My. WITH WHOM? co workers

EN DID YOU HAVE YOUR FIRST DRINK? 6:15 pm AND YOUR LAST DRINK? 7:00 pm.

W DID YOU CONSUME YOUR LAST TWO DRINKS? Skipped it

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

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

AT? WHERE? WHEN?

AT LINE OF WORK ARE YOU IN? None WHEN DID YOU LAST WORK? 5:00 pm.

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

DO YOU SICK OR INJURED? No WHAT'S WRONG? —

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

RE YOU IN AN ACCIDENT TODAY? No

DE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? —

DE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? — WHY? —

DO YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? — WHEN? —

YOU HAVE: EPILEPSY? —

GLASS EYE? —

FALSE TEETH? —

EAR INFECTION? —

INNER EAR TROUBLE? —

DIABETES? —

YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? Contact

YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? —

DE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? Mass. SCANNED

VIEWER: D/S D. Carrillo ID# 15494

NOV 21 2016

WITNESS VICTIM OTHER



CASE #:	16-153924	ZONE:	6-12	SUSPECT:	Patricia Frederex	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	11/18/16 2027
EVENT TYPE:	DUI		DEPUTY:		Carriollo		ID#:
							15494

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:		MIDDLE INITIAL:	RACE:	SEX:
Baumann	Andrew		C	White	M
DATE OF BIRTH:	(MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
8/2/1990	6'2	160	brown	brown	
YOUR HOME ADDRESS:	<input type="checkbox"/> CHECK IF HOMELESS		CITY:	STATE:	ZIP:
683 Bluejay Rd			Delray Beach	FL	33444
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:	STATE:	ZIP:
Sentry Hard Assets 2500 N Military Tr.			Roca Raton		33431
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE	
188833021475	173219303840	11			

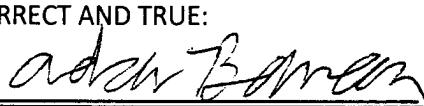
WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

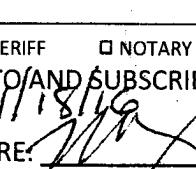
YOUR NAME:	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...		
1 Andrew Baumann			
<p>I was stopped at the Red light on Hypoloxo & congress heading west on congress. When a middle aged woman in a red Kia Sorento slammed into the back of my car, I then asked her to pull into the CVS parking lot, where I realize she was intoxicated and called the police. She remained in car when the police arrived</p>			

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X 

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10
 SWORN TO/AND SUBSCRIBED BEFORE ME TODAY:
 DATE: 11/18/16 TIME: 2100
 SIGNATURE:  ID 6060

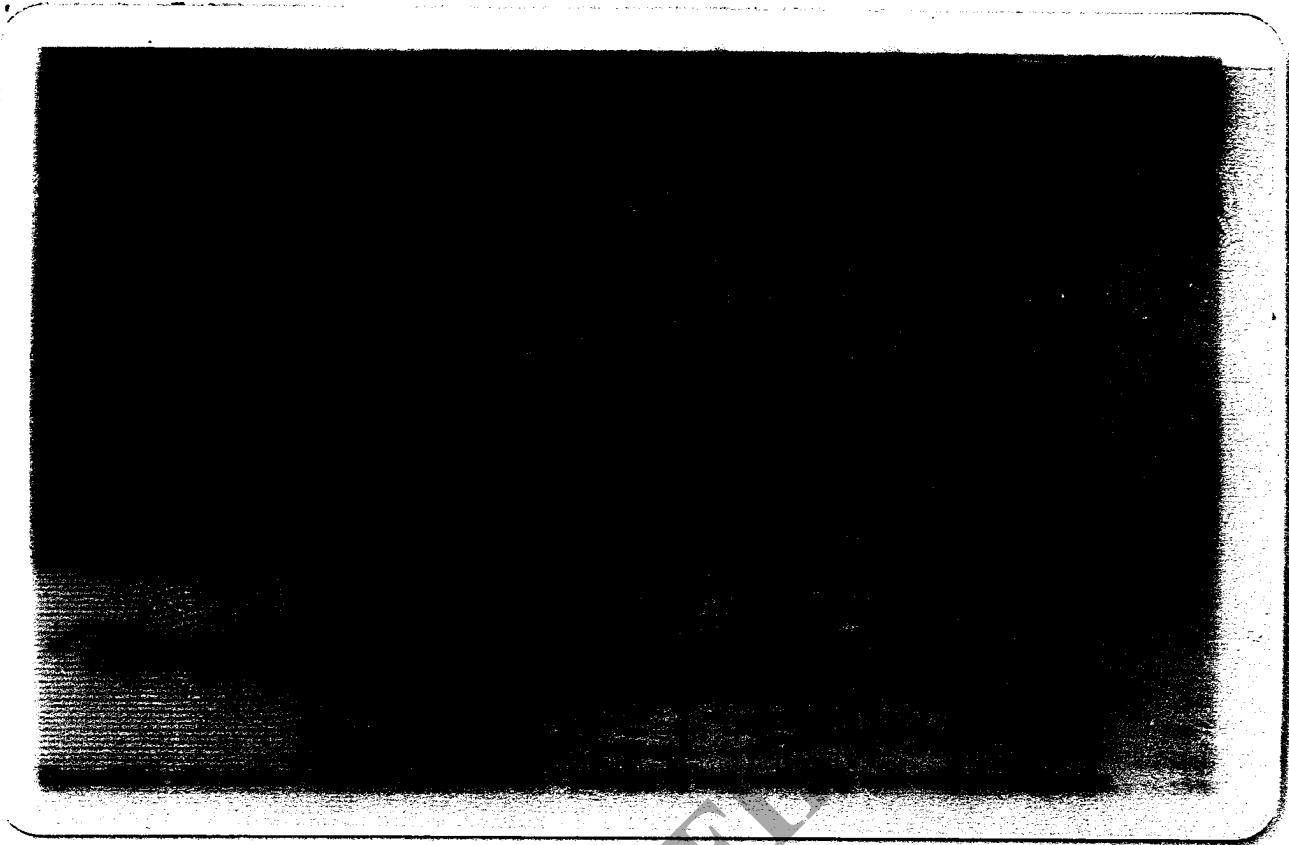
IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

DO NOT WISH TO PROSECUTE WITH

SCANNED

NOV 21 2015



NOT A CERTIFICATE

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