

ARREST / NOTICE TO APPEAR

2017 OCT 20 04:55 AM XMB

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

1

JUVENILE

ADMI NIST RATI ON	OBTS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4 17-005551		Location of Offense (Business Name, Address) 4050 S US HIGHWAY 1, JUPITER, FL 33477	
DEF END ANT	Charge Type: Check as many <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		If Weapon Seized Enter Type NONE		Multiple Clearance Indicator		Date of Arrest 11/20/2017		Time of Arrest 00:24	
	Location of Arrest (Including Name of Business) 4050 S US HIGHWAY 1 JUPITER FL		Booking Date		Booking Time		Jail Date		Jail Time	
J U V E N I L E	Name (Last, First, Middle) DENECKE, REGINA MARTHA		Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: DENECKE, REGINA MARTHA		Race W - White B - Black W		Sex F		Date of Birth 09/23/1965	
	Height 5'03		Weight 140		Eye Color BROWN		Hair Color BROWN		Complexion FAIR	
	Build Thin		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCAR BOTH CHEST/SCARS FROM SURGERY; TATT L CHEST/		Marital Status S		Religion OTHER		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 1501 MARINA ISLE WAY 205, JUPITER, FL 33477		(City) (State) (Zip)		Phone (561) 358-3941		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1		Address Source FL DL	
	Permanent Address (Street, Apt. Number) 1501 MARINA ISLE WAY 205, JUPITER, FL 33477		(City) (State) (Zip)		Phone (561) 358-3941		Occupation Tech		Business Address (Name, Street) LASER SURGERY CTR,	
C O D E F	D/L Number, State D520733658430 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) GERMANY, Germany		Citizenship US	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
I N T A K E	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
	Parent <input type="checkbox"/> Other: _____ Legal Custodian <input type="checkbox"/>		Name (Last, First, Middle)		Residence Phone		Address (Street, Apt. Number)		(City) (State) (Zip)	
	Business Phone		Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
	Released To: (Name)		Relationship		Date		Time			
C O D E	The above address was 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's Office (Phone 355-2526) informed of any change of address.		School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
	Value of Property		Drug Activity		Drug Type		Amount / Unit		Offense #	
	Counts		Domestic Violence		Warrant / Capias Number		Statute Violation Number 316.193(1)		Violation of ORD #	
C H A R G E	Charge Description DUI - DRIVING WHILE UNDER INFLUENCE		Drug Activity		Drug Type N		Amount / Unit		Offense # 17-005551	
	Counts		Domestic Violence		Warrant / Capias Number		Statute Violation Number		Violation of ORD #	
	Bond		Charge Description		Drug Activity		Drug Type		Amount / Unit	
C H A R G E	Charge Description		Drug Activity		Drug Type		Amount / Unit		Offense #	
	Counts		Domestic Violence		Warrant / Capias Number		Statute Violation Number		Violation of ORD #	
	Bond		Charge Description		Drug Activity		Drug Type		Amount / Unit	
I N T A K E	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By	
	Released By		Released To		Transported By		Date Transported		Time Transported	
	Other		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed	
N O T I C E T O A P P E A R	INSTRUCTION NO. 1 - Mandatory appearance in court		INSTRUCTION NO. 2 - You need not appear in Court		Location (Court, Room) North County PALM BEACH GARD		Court Date and Time 12/20/2017 08:30:00		No Photo Available	
	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
	Signature of Arresting Officer		Name Verification (Printed by Arrestee)		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		Name Verification (Printed by Arrestee)	
A D M I N	Hold for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed	
	Intake Deputy		I.D. #		Pouch #		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	

SCANNED

2017 NOV 20 11 08 AM

NOV 22 2017

1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19 DAY OF November 20 17, AT 0024 AM PM

SUBJECT: Denecke Regina M CASE NUMBER: 17-005551

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: C Fandrey #340

PERSONAL CONTACT

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

Ofc. Jurac #387 observed a white Kia bearing FL Tag REGINA0 driving through the parking lot of 4050 S US Highway 1. Ofc. Jurac stated that he observed the vehicle pulling into a parking spot and backing up and pulling forward several times. Ofc. Jurac stated that he observed the vehicle driving slowly and continually stopping in the parking lot and eventually started to drive towards the bank. Ofc. Jurac stated that he turned on his overhead red and blue emergency lights and siren several times attempting to stop the vehicle. Ofc. Jurac then stated the vehicle began to back up and nearly crash into his patrol car. Ofc. Jurac stated he then made contact with the driver and sole occupant of the vehicle, who was positively identified as W/F Regina M. Denecke (9/23/1965), and observed red bloodshot glassy eyes and the odor of an unknown alcoholic beverage coming from her person. For further see Ofc. Jurac's Supplemental Probable Cause Affidavit.

OBSERVATION OF DRIVER:

Upon making contact with Denecke, who was still seated in the drivers seat, I immediately observed the strong and distinct odor of an unknown alcoholic beverage coming from her person. I noticed that Denecke had red bloodshot glassy eyes and was mumbling. Denecke had soft speech and was extremely repetitive and continually asked the same questions several times. Denecke was swaying while standing still.

DRIVER'S STATEMENTS:

Denecke stated that she was coming from Uncle Eddies which is a restaurant in the same plaza that she was eventually stopped in. Denecke stated she had two beers through the night and stated several times that she was not drunk. Denecke stated that she was going through cancer treatment. Denecke stated she was ok to be driving.

ODORS:

Odor of an unknown alcoholic beverage coming from her person which grew stronger as I spoke with her.

GENERAL OBSERVATIONS

SPEECH: slow mumbled repetitive

ATTITUDE: Cooperative upset mood changes

CLOTHING: black shirt, black pants black heels

MEDICAL/OTHER: Cancer

STATE OF FLORIDA
COUNTY OF PALM BEACH

C Fandrey #340

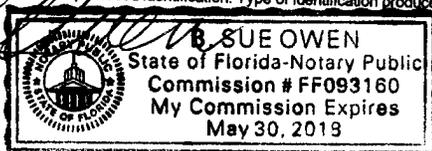
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of November 20 17 by C Fandrey #340

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

S. Owen 3184

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



SCANNED
NOV 22 2017

SUBJECT Denecke

Regina

CASE NUMBER 17-005551

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:

Denecke was swaying while standing still and continued to move her head during HGN task.

WALK & TURN:

Denecke was unable to maintain the starting position and continued to begin early. Denecke stated that she understood the instructions. Denecke missed heel to toe each and every time and stepped off the line several times. Denecke took the wrong number of steps and made an improper turn. Denecke stopped and was unsure of what to do next. Denecke was reexplained the instructions and again did not maintain the starting position. Denecke missed heel to toe on each step and took too many steps. Denecke used her arms for balance. Denecke made an improper turn and did not walk back.

ONE LEG STAND:

Denecke stated she understood the instructions. Denecke was swaying while standing still. Denecke began early and did not maintain the starting position. Denecke placed her foot down several times and did not lift her foot off of the ground approximately 6 inches. Denecke was hopping and used her hands for balance. Denecke was reexplained the instructions several times and stated she understood. Denecke again placed her foot down several times while attempting the task. Denecke hopped to maintain her balance.

FINGER TO NOSE:

Denecke stated she understood the instructions but closed her eyes early. Denecke made slow exaggerated movements. Initially Denecke lifted her land hand up about half way and did not touch her nose. Eventually Denecke did touch her nose. Denecke completed the task.

ROMBERG ALPHABET:

Denecke stated she undertood the instructions and knew her ABCs. Denecke was not able to complete A-Z and then stated she could count 1-100. Denecke was asked to count 37-57. Denecke started at 37 and incorrectly counted to well over 67.

BREATH TEST RESULTS: **Refused** **Refused** **Refused**

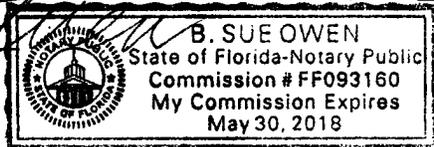
STATE OF FLORIDA
COUNTY OF PALM BEACH

C Fandrey #340
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of November, 20 17 by C Fandrey #340

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

S. Owen 3184
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SCANNED
NOV 22 2017