

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N
OBTS Number						
Agency ORI Number FLO 502600		Agency Name Palm Beach Gardens Police Department				
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 N		Multiple Clearance Indicator 1		
Location of Arrest (Including Name of Business) 5343 NORTHLAKE BLVD PBG		Location of Offense (Business Name, Address) Same as Arrest 5343 Northlake Blvd, PBG				
Date of Arrest 02/12/2017	Time of Arrest 2224	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFFS TOWING
Name (Last, First, Middle) MILLER, ROSEMARY OLIVIA		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex W	Date of Birth 06/09/1962	Height 5-08	Weight 150	Eye Color HAZEL	Hair Color BROWN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Marital Status M	Religion NONE	Indication of: Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
Local Address (Street, Apt. Number) (City) (State) (Zip) 14333 BROKEN WING LN PBG FL 33418		Phone (561) 2140795		Residence Type: 1. City <input checked="" type="checkbox"/> 3. Florida 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/>		
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Same as Local Address		Phone () Same		Address Source		
Business Address (Name, Street) (City) (State) (Zip) ()		Phone ()		Occupation		
D/L Number, State M460734627090		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) NEW YORK, NY
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	
Parent Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Residence Phone ()		Business Phone ()		
Address (Street, Apt. Number) (City) (State) (Zip) [REDACTED]		Notified by: (Name) [REDACTED]		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 S. Sell B. Buy P. Possess R. Smuggle D. Deliver T. Traffic 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		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #
Drug Activity N	Drug Type N/A	Amount / Unit N/A	Offense #	Warrant / Capias Number		Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond
Location (Court, Room Number, Address) North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410						
Court Date and Time Month MARCH Day 15 Year 2017 Time 1000 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>						
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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						
Signature of Defendant (or Juvenile and Parent / Custodian) [Signature]				Date Signed FEB 13 2017		
HOLD for other Agency Name: [Signature]		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) [Signature]		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) YACINTHE, W. #460		(PRINT) FEB 13 AM 1:08 PAGE		
Intake Deputy SPAWN 8101		Transporting Officer YACINTHE, W		Witness here if subject signed with an "X" <input type="checkbox"/> OF		

SCANNED

FEB 13 2017

3339

0485285

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12 DAY OF FEB 20 17, AT 2208 AM PM
SUBJECT: MILLER, ROSEMARY OLIVIA CASE NUMBER: 17-000927
AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: YACINTHE, W. #460

PERSONAL CONTACT

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

The vehicle was in the center lane traveling west bound. The vehicle failed to maintain a single lane, swerving into the left lane, over correcting and then swerving into the right lane. The vehicle nearly struck 2 separate vehicles. The vehicle was traveling at a rate of 30mph in a 50mph zone in the center lane disrupting the flow of traffic and causing several other vehicle to drive around.

OBSERVATION OF DRIVER:

Upon my approach, the driver was lethargic and slow moving. The driver had a hard time focusing on the task of gathering her license, registration, and proof of insurance. The driver

DRIVER'S STATEMENTS:

The driver stated she was "tired," when asked why she was swerving. The driver advised she had been sleeping while a friend drove her to pick up her vehicle from the Duffy's location on Northlake BLVD. Shortly after the SFSTs the driver stated she had been drinking and shouldn't have drove her vehicle.

ODORS:

I detected the odor of an unknown alcoholic beverage emanating from the driver's breathe.

GENERAL OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: GOOD/ COOPERATIVE

CLOTHING: DISHOVELED

MEDICAL/OTHER: NONE

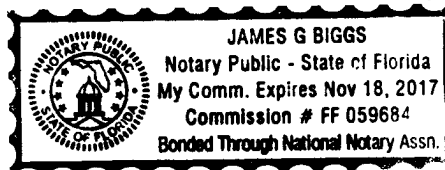
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20____ by _____

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

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



SCANNED
FEB 13 2017

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 DEGREESOther Observations:WALK & TURN:

Subject failed to display heel toe steps on every step. Subject did not complete the walk and turn, subject went one direction failing to count out loud the steps and essentially gave up on the task.

ONE LEG STAND:

After reading the instructions to the subject, the subject began the task then promptly stated "I'm not gonna lie, I just can't do it." The subject could not complete the task.

FINGER TO NOSE:

Not administered.

ROMBERG/ALPHABET:

Not administered.

BREATH TEST RESULTS: (1) .168 (2) .171

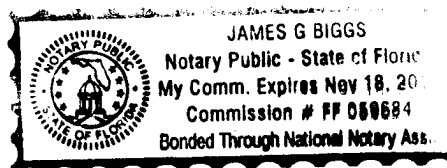
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this _____ day of _____, 20____ by _____

who is personally known to me and/or produced identification. Type of identification produced _____

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



SCANNED
FEB 13 2017

TESTING FACILITY TASK REPORT

AGENCY: PBG-YACINTHE

SUBJECT: MILLER, ROSEMARY O

CASE NUMBER: 17-039009

DATE: Feb 12, 2017

VIDEO DVD NUMBER: 62125

BEGINNING TIME: 2323

ENDING TIME: 2343

BREATH TESTS RESULTS: 1) .168 TIME 2330 A.M. ☐ P.M. ☒ 2) .171 TIME 2333 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 TECHNICAN: D/S J Karkleck #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE, POLITE

CLOTHING: BLUE SHIRT, BLUE JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY, BLOODSHOT RED
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

THE ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2300
SUBJECT ADVSIED SHE WOULD SUBMIT, THEN ASKED WHAT HAPPENS IF SHE DOESNT SUBMIT
IMPLIED CONSENT WAS READ TO SUBJECT THEN EXPLAINED
SUBJECT ADVISED SHE WOULD SUBMIT
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY
RESULTS WERE GIVEN
MIRANDA WAS READ
SUBJECT SUBMITTED TO THE QUESTIONS ASKED

SCANNED
FEB 13 2017

WITNESS LIST

CASE NUMBER: 17-000927

ARRESTING OFFICER: YACINTHE, W. #460

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): (561) 799-4445 (WORK) _____

CAN TESTIFY TO: The events that took place

NAME: Kelly, A. #422

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL, 33410

PHONE NUMBERS (HOME) (561) 799-4445 (WORK) _____

CAN TESTIFY TO: The events that took place

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

FEB 13 2017

SUBJECT: John Doe CASE NUMBER: 17-00000

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) _____

SCANNED

FEB 13 2017

SUBJECT: MILWAUKEE MAN CASE NUMBER: 17-00007

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? Y

WHERE WERE YOU GOING? TO WORK

WHAT STREET OR HIGHWAY WERE YOU ON? WISCONSIN

DIRECTION OF TRAVEL? W WHERE DID YOU START? 1000

WHAT TIME DID YOU START? 10:00 WHAT TIME IS IT NOW? 10:00

WHAT IS TODAY'S DATE? 1/11/17 WHAT DAY OF THE WEEK IS IT? MONDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? WISCONSIN

WHEN DID YOU LAST EAT? 10:00 WHAT DID YOU EAT? 10:00

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? 10:00

HOW MUCH DO YOU WEIGH? 10:00 HAVE YOU BEEN DRINKING? 10:00 WHAT? 10:00

HOW MUCH? 10:00 WHERE? 10:00 WITH WHOM? 10:00

WHEN DID YOU HAVE YOUR FIRST DRINK? 10:00 AND YOUR LAST DRINK? 10:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? 10:00

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? 10:00 ARE YOU UNDER THE INFLUENCE? 10:00

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? 10:00 HOW MUCH? 10:00

WHAT? 10:00 WHERE? 10:00 WHEN? 10:00

WHAT LINE OF WORK ARE YOU IN? 10:00 WHEN DID YOU LAST WORK? 10:00

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? 10:00 WHAT? 10:00

ARE YOU SICK OR INJURED? 10:00 WHAT'S WRONG? 10:00

DO YOU LIMP? 10:00 DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? 10:00

WERE YOU IN AN ACCIDENT TODAY? 10:00

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? 10:00 WHEN? 10:00

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? 10:00 WHO? 10:00 WHY? 10:00

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? 10:00 WHAT? 10:00 WHEN? 10:00

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? 10:00

DO YOU TAKE INSULIN? 10:00 IF SO, WHEN WAS YOUR LAST INJECTION? 10:00

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? 10:00 WHERE? 10:00

INTERVIEWER: 10:00

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED

FEB 13 2017