

Rough Arrest Only ☒

ADMINISTRATION	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 1 Juvenile N		2. N.T.A. 4. Request for Capias		
	Agency ORI Number FL0500700		Agency Name RIVIERA BEACH POLICE DEPARTMENT				Agency Report Number 84- 17-00896				
DEFENDANT	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 2 N/A		
	Location of Arrest (Including Name of Business) 1100 Block West Blue Heron Blvd Riviera Beach, FL 33404		Location of Offense (Business Name, Address) 1100 Block West Blue Heron Blvd. Riviera		Date of Arrest 02/03/2017		Time of Arrest 0110		Booking Date		
CO-DEF	Name (Last, First, Middle) Hallberg Susan		Alias (Name, DOB, Soc. Sec. #, Etc.) Melanie		Race W - White B - Black		Sex W F		Date of Birth 02/09/1956		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None		Marital Status Divorced		Religion Lutheran		Indication of: Alcohol Influence Drug Influence		Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
JUVENILE	Local Address (Street, Apt. Number) 115 Tacoma Lane Apt. 3		(City) (State) (Zip) Palm Bch Shore FL 33404		Phone (952) 457-9729		Residence Type 1. City 3. Florida 2. County 4. Out of State		1		
	Permanent Address (Street, Apt. Number) 115 Tacoma Lane Apt. 3		(City) (State) (Zip) Palm Beach Shores, FL 33404		Phone		Address Source DEFENDANT				
CODE	Business Address (Street, Apt. Number) N/A		(City) (State) (Zip)		Phone		Occupation RETIRED				
	D/L Number, State T05026698405, MI		Soc. Sec. Number		INS Number		Place of Birth MINNESOTA		Citizenship USA		
CHARGE	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		
CHARGE	Parent Name (Last) (First) (Middle)		Residence Phone		Legal Custodian		Business Phone				
	Address (Street, Apt. Number) (City) (State) (Zip)		Notified by: (Name) Date Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated						
CHARGE	Released To: (Name) Relationship		FCIC/NCIC		Date Time		School Attended		Grade		
	The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address: <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)										
CHARGE	Recovery Information 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other		Drug Activity S. Sell R. Smuggle K. Dispense/ Distribute M. Manufacture 2. Other		Drug Type N. N/A A. Amphetamine E. Heroin		B. Barbiturate C. Cocaine M. Marijuana O. Opium/Deriv. S. Synthetic		P. Paraphernalia/ Equipment Z. Other		
	Charge Description DRIVING UNDER THE INFLUENCE		Counts 1 Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 316.193 (1)		Violation of ORD #				
CHARGE	Drug Activity N Drug Type N Amount/Unit N/A		Offense # 17-00895		Warrant/Capias Number		Bond				
	Charge Description		Counts Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD #				
CHARGE	Drug Activity Drug Type Amount/Unit		Offense #		Warrant/Capias Number		Bond				
	Charge Description		Counts Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD #				
CHARGE	Drug Activity Drug Type Amount/Unit		Offense #		Warrant/Capias Number		Bond				
	Charge Description		Counts Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD #				
CHARGE	Drug Activity Drug Type Amount/Unit		Offense #		Warrant/Capias Number		Bond				
	Charge Description		Counts Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD #				
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BLVD. PALM BEACH GARDENS, FL 33410		Court Date and Time Month MARCH Day 8TH Year 2017 Time 08:30 AM P.M.						
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side.		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.								
ADMIN.	Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		Signature of Arresting Officer XDC [Signature]		Name Verification (Printed by Arrestee) (PRINT)				
	HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Intake Deputy I.D. #		Pouch #		Name of Arresting Officer (Print) OFC. D. EDWARDS		I.D. # 6261		
						Transporting Officer OFC. D. EDWARDS		I.D. # 6261		Agency RBPD	
						Witness here is subject signed with an "X".				PAGE 1 OF 1	

DISTRIBUTION: 1st WHITE - COURT 2nd WHITE - RECORDS GREEN - STATE ATTY. YELLOW - CID PINK - JAIL (Rough Arrest) GOLD - DEFENDANT (If not in State of Florida)

SCANNED
FEB 05 2017

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3RD DAY OF FEBRUARY 2017, AT 0055
SUBJECT: SUSAN HALLBERG CASE NUMBER# 17-00896
AGENCY: RIVIERA BEACH POLICE ARRESTING OFFICER OFC. D. EDWARDS

PERSONAL CONTACT

ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENT PUTTING DEFT, BEHIND THE WHEEL OF THE VEHICLE

DRIVING PATTERN:

DID NOT OBSERVE.

OBSERVATION OF DRIVER:

I made contact with the driver Susan M. Hallberg (W/F 02/09/1956). Hallberg had a strong odor of an alcoholic beverage emanating from her facial area, as well her slurred speech while responding to questions asked of her. Hallberg was unable to stand in one possession while speaking to Officers on scene and only was concerned about her cat that exit the vehicle when she came to a stop.

DRIVER'S STATEMENTS;

Hallberg admitted she consumed wine prior to operating her vehicle and that she was sorry.

ODORS: Strong odor of an alcoholic beverage emanating from the facial area of Hallberg.

GENERAL OBSERVATIONS

SPEECH: Slurred, could not finish a complete sentence.

ATTITUDE: Compliant, very apologetic

CLOTHING: Gray sweater, black pants (Loose fitting)

MEDICAL PROBLEMS:

LEFT KNEE PAIN

MEDICATIONS: N/A

OTHER: N/A

SUBJECT SUSAN HALLBERG

CASE NUMBER 17-00896

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☐

LEFT EYE DOES NOT FOLLOW SMOOTHLY

☐

RIGHT EYE DOES NOT FOLLOW SMOOTHLY

☒

LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS

☒

RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS

☒

DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION

☒

DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION

CAN NOT DO, WHY? _____

WALK AND TURN:

Hallberg placed her left leg on the yellow line and was unable to place her right leg in front of the other. Hallberg was not able to walk a straight line and keep her arms at her sides.

CAN NOT DO, WHY? _____

ONE LEG STAND;

Not administered.

CAN NOT DO WHY? Left knee pain.

FINGER TO NOSE:

Completed task without any error.

CAN NOT DO WHY? _____

ROMBERG/ALPHABET:

Not administered.

CAN NOT DO WHY? _____

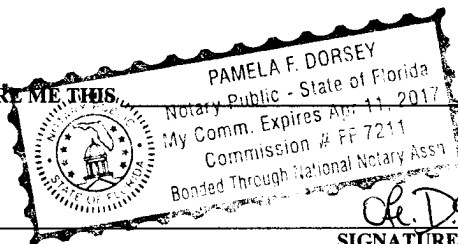
BREATH TEST RESULTS: _____

STATE OF FLORIDA

COUNTY OF PALM BEACH

THE FOLLOWING WAS NOTARIZED OR SWORN BEFORE ME THIS _____

BY: _____



(DATE)

NOTARY/CLERK OF COURT OFFICER (F.S. 117.10)

SIGNATURE OF ARRESTING OFFICER De. D. A. 6261

PBSO #0128B REV. 09/93 WHITE STATE ATTY YELLOW DHSMV PINK CENTRAL RECORDS GOLD JAIL

SCANNED
FEB 05 2017

SUBJECT: Hallberg, Dora 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.

SUSPECT'S SIGNATURE: (X) _____

SCANNED

Hallberg, John

CASE NUMBER:

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? 20 WHERE? NY WITH WHOM?

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT?

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____


DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY?

WERE YOU IN AN ACCIDENT TODAY?

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? WHO? WHY?

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

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? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? **SCANNED**

INTERVIEWER: _____ FEB 05 2017

SCANNED
FEB 05 2017

TESTING FACILITY TASK REPORT

AGENCY: PCPD
SUBJECT: Hullberg, Susan CASE NUMBER: 17-024837
DATE: 2/3/17 VIDEO TAPE NUMBER: 62-73
BEGINNING TIME: 01:00 ENDING TIME: 02:01
BREATH TESTS RESULTS: 1) 0.177 TIME 1:04 A.M./P.M. 2) 0.175 TIME 2:00 A.M./P.M.
3) — TIME — A.M./P.M. 4) — TIME — A.M./P.M.

BREATH OPERATOR: P. [unclear]

MAINTENANCE TECHNICIAN: [unclear]

TESTING OFFICER'S OBSERVATIONS

SPEECH: clear

ATTITUDE: calm

CLOTHING: Blue jeans, white shirt, black shoes

MEDICAL CONDITIONS: N

MEDICATIONS: Blue [unclear]

OTHER: Dehydrated, no food or drink since [unclear]

D has no indication of alcohol
Bev on Breath.

COMMENTS: Audi D [unclear] Alcobacod

A [unclear] Breath from D D [unclear]

D given initial A provided Sample

D given results A [unclear] results to D

A/D proceeded with [unclear] D [unclear]

SCANNED

FEB 05 2017