

ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1 Juvenile N				
ADMINISTRATION	OBTS Number Agency ORI Number FL0500700	Agency Name RIVIERA BEACH POLICE DEPARTMENT	Agency Report Number 84- 17-00896						
	Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	Weapon Seized/Type 1. Yes 2. No	1 N/A Multiple Clearance Indicator				
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	Booking Time	Jail Date	Jail Time				
Name (Last, First, Middle) Hallberg		Alias (Name, DOB, Soc. Sec. #, Etc.) Susan Melanie							
Race W - White B - Black I - American Indian O - Oriental/Asian		Sex W F	Date of Birth 02/09/1956	Height 5'3"	Weight 110 lb.	Eye Color Hazel	Hair Color Blonde	Complexion Light	Build Light
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None									
Local Address (Street, Apt. Number) 115 Tacoma Lane Apt. 3		(City) Palm Bch Shore			(State) (Zip) FL 33404	Phone (952) 457-9729	Residence Type 1. City 3. Florida 2. County 4. Out of State		
Permanent Address (Street, Apt. Number) 115 Tacoma Lane Apt. 3		(City) Palm Beach Shores, FL 33404			(State) (Zip)	Phone	Address Source DEFENDANT		
Business Address (Street, Apt. Number) N/A		(City)			(State) (Zip)	Phone	Occupation RETIRED		
D/L Number, State T05026698405, MI		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth MINNESOTA	Citizenship St. Paul USA		
CO-DEF	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			
JUVENILE	Parent Legal Custodian Other		(First) (Middle)				Residence Phone		
	Address (Street, Apt. Number)		(City) (State) (Zip)			Business Phone			
Notified by: (Name)				Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated			
Released To: (Name)		Relationship		FCIC/NCIC		Date	Time		
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)						School Attended			Grade
No: (Reason)									
CODE	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 N. N/A P. Possesses	R. Smuggle B. Buy T. Traffic	K. Dispense/ D. Deliver E. Use	M. Manufacture/ Distribute 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. Synthetic
CHARGE	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 #	
	Drug Activity N	Drug Type N	Amount/Unit N/A	Offense # 17-00895			Warrant/Capias Number	Bond	
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD #	
	Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capias Number	Bond	
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD #	
	Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capias Number	Bond	
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD #	
	Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capias Number	Bond	
NOTICE TO APPEAR	Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BLVD. PALM BEACH GARDENS, FL 33410						
	Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side.		Court Date and Time Month MARCH Day 8TH Year 2017 Time 08:30 AM P.M.						
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) Date Signed									
ADMIN.	HOLD for other Agency			Signature of Arresting Officer XO. D. EDWARDS		Name Verification (Printed by Arrestee) (PRINT) 6261			
	Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			Name of Arresting Officer (Print) OFC. D. EDWARDS		I.D. # 6261			
	Intake Deputy I.D. #			Pouch #	Transporting Officer OFC. D. EDWARDS	I.D. # 6261	Agency RPBD	Witness here is subject signed with an "X".	

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
 LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS
 DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION

RIGHT EYE DOES NOT FOLLOW SMOOTHLY
 RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS
 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:

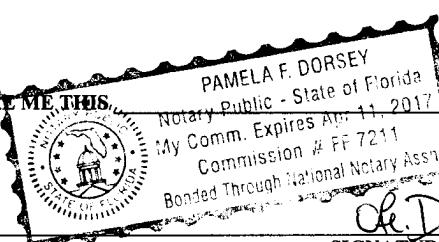
STATE OF FLORIDA

COUNTY OF PALM BEACH

THE FOLLOWING WAS NOTARIZED OR SWORN BEFORE ME THIS

BY: _____

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



SIGNATURE OF ARRESTING OFFICER

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

SCANNED
FEB 05 2017

SUBJECT: Halligan, John

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

FEB 05 2017

SUBJECT: Hallberg, John

CASE NUMBER: _____

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? _____

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? _____ WHERE? _____ 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? _____

INTERVIEWER: _____

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: Hillberg, Steven CASE NUMBER: 17-634837

DATE: 2/13/17 VIDEO TAPE NUMBER: 62-73

BEGINNING TIME: 0130 ENDING TIME: 0241

BREATH TESTS RESULTS: 1) 177 TIME 14 A.M./P.M. 2) 175 TIME 20 A.M./P.M.
3) TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR: P. D. B.

MAINTENANCE TECHNICIAN: J. W. B.

TESTING OFFICER'S OBSERVATIONS

SPEECH: Normal

ATTITUDE: Normal

CLOTHING: Normal

MEDICAL CONDITIONS: N

MEDICATIONS: None

OTHER: None

D brie alcohol and no signs of alcohol
seen on breath

COMMENTS: Alcohol detected in alcohol D
Alcohol detected in alcohol D
D given and D given and alcohol
D given and D given and alcohol
D given and D given and alcohol

SCANNED
FEB 05 2017