

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency Name Jupiter Police Department		Report Number (N.T.A.'s only) 17-004947
Agency ORI Number 0501700	Charge Type: <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		
Location of Arrest (Including Name of Business) 322 N CENTRAL BLVD JUPITER FL 33458		Location of Offense (Business Name, Address) 322 N CENTRAL BLVD, JUPITER, FL 33458	
Date of Arrest 10/17/2017	Time of Arrest 20:41	Booking Date	Booking Time

Name (Last, First, Middle) SOLOVIC, SUSAN L		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black	Sex M F	Date of Birth 01/06/1958	Height 5'06	Weight 150	Eye Color BROWN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status M	Religion OTHER	Complexion FAIR	Build Medium
Local Address (Street, Apt. Number) 179 ROSALIA CT, JUPITER, FL 33478		Phone (314) 560-1468		Residence Type: 1. City 3. Florida 2. County 4. Out of State I	
Permanent Address (Street, Apt. Number) 179 ROSALIA CT, JUPITER, FL 33478		Phone (314) 560-1468		Address Source VERBAL	
Business Address (Name, Street) London, MO		Phone		Occupation Self Employed	
D/L Number, State T204004010 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) FREDERICK-TOWN,	Citizenship US	

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
Name (Last, First, Middle)			Residence Phone			
Address (Street, Apt. Number)			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			

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 (Phone 355-2526) informed of any change of address.

Property Crime? Yes No

Description of Property: _____ Value of Property: _____

Drug Activity N. N/A P. Possess	S. Sell B. Bury T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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. Synthetic	U. Unknown Z. Other
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Charge Description DUI-DAMAGE TO PERSON/PROPERTY	Statute Violation Number 316.193(3)(C)(1)	Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit
Offense # 17-004947	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	Bond	

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	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By
Transported By	Date Transported	Time Transported

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) North County PALM BEACH GARD	No Photo Available
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time 11/22/2017 08:30:00	
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.		2017 OCT 18 AM 5:25
Signature of Defendant (or Juvenile and Parent/Custodian) <i>Susan Solovic</i>		
Date Signed 10-17-17		

HOLD for Other Agency	Signature of Arresting Officer <i>Christopher Fandrey</i>	Name Verification (Printed by Arrestee) SUSAN SOLOVIC
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest	Name of Arresting Officer (Print) FANDREY, CHRISTOPHER	I.D. # 1182
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Transporting Officer <i>Thomas</i>	I.D. # Agency 340 JPD
Pouch #	Witness here if subject signed with an "X".	

0492635

SCANNED

OCT 18 2017

1615

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17th DAY OF October 20 17, AT 2041 AM PM
SUBJECT: Solovic Susan L CASE NUMBER: 17-004947
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)

On 10/17/17 at approximately 2000hrs I was dispatched to 322 N Central Blvd (Palm Beach County Fire Rescue Sta 19) Jupiter FL in reference to a crash. Upon arrival I observed a blue 2017 Mercedes SUV against a metal car port support pole in the rear parking lot of the fire station. Upon my arrival I made contact with Captain J. Hofstrand of the PBCFR who stated that he observed the vehicle make a U-Turn in the parking lot and subsequently crashed into the pole. Capt. Hofstrand stated that the driver a W/F Susan L. Solovic 1/6/58 was driving and was the sole occupant of the vehicle. Capt. Hofstrand and other fire fighters had Solovic exit the vehicle and ensured she was ok prior to police arrival. PBCFR Fire Fighter A. Tozzi stated in a sworn written statement that Solovic spontaneously stated "I Known I am drunk" while she was speaking to rescue.

OBSERVATION OF DRIVER:

Upon making contact with Solovic, who was seated at the fire station upon arrival, I immediately noticed the strong and overwhelming odor of an unknown alcoholic beverage coming from her person. Ofc. Raleigh #308 asked Solovic to come out side to the parking lot to which Solovic complied. Ofc. Raleigh advised Solovic that she would be conducting the traffic crash investigation to which I stood near Ofc. Raleigh for officer safety. Solovic had slurred repetitive speech. Solovic had red bloodshot glassy eyes and was swaying while standing still. Upon Ofc. Raleigh completing her crash investigation Solovic was advised that the crash investigation was over and that I would be conducting a criminal investigation for DUI based on my observations of her. Solovic was read Miranda from a preprinted JPD issued card to which Solovic stated she understood her rights as she was a lawyer.

DRIVER'S STATEMENTS:

Solovic was unsure of where she was coming from and then later stated Publix. Solovic wasnt sure what day of the week it was but knew it was October and then stated it was Tuesday. Solovic stated she took medications for fibromyalgia. Solovic stated that she had injuries when asked but wasnt able to elaborate and stated "I can do what ever you want me to do." Solovic stated that she had been drinking vodka earlier in the night but was unsure of how much she had to drink. Solovic stated she was drinking at home.

ODORS:

Strong and distinct odor of an unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: repetitive

ATTITUDE: upset, calm, mood changes

CLOTHING: tan/black shirt, black pants, no shoes

MEDICAL/OTHER: fibromyalgia, and a skin condition

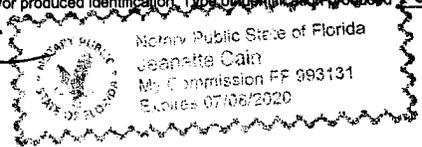
STATE OF FLORIDA
COUNTY OF PALM BEACH

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

The foregoing instrument was sworn to or affirmed and subscribed before me this 17th day of October 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

J Cain #2109
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SCANNED
OCT 18 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 DEGREES

Other Observations:

Solovic was continually moving her head making it difficult at times to conduct HGN. Solovic had noticeable vertical nystagmus.

WALK & TURN:

Solovic failed to maintain the starting position and continued to move from the starting position and failed to listen to instructions. Solovic stated she understood the instructions. Solovic missed heel to toe on each step and utilized her arms to balance. Solovic stepped off line several times. Solovic got to the 10th step and made an improper turn. Solovic paused and asked if I wanted her to go back. Solovic was asked if she remembered the instructions and then continued walking. Solovic used arms for balance, missed heel to toe on each step, and stepped off line.

ONE LEG STAND:

Solovic stated that she understood the instructions. Solovic moved her feet for balance prior to beginning the task. Solovic placed her foot down several times and then asked if she could restart. Solovic refused to allow me to reread the instructions several times. Solovic stated she was a ballerina and could do this. Solovic again placed her foot down several times and the task was stopped for the safety of Solovic.

FINGER TO NOSE:

Solovic stated that she understood the instructions. Solovic failed to keep her eyes closed throughout the task. Solovic did not use only her index finger. Solovic touched her whole hand on her nose each time. When given two rights Solovic brought up her left hand and then brought it down before using her right hand. Solovic was swaying while standing still.

ROMBERG ALPHABET:

Solovic stated that her highest level of education was a lawyer and knew the English Alphabet from A-Z. Solovic stated she understood the instructions. Solovic failed to keep her arms down by her side. Solovic failed to keep her head tilted back and eyes closed. Solovic incorrectly stated the alphabet several times and said she couldnt do it. Solovic was then asked if she could count from 1-100 to which she stated yes. She was asked to recite 34-64 and incorrectly counted and repeated several numbers several times.

BREATH TEST RESULTS: Refused Refused

STATE OF FLORIDA
COUNTY OF PALM BEACH

C Fandrey #340

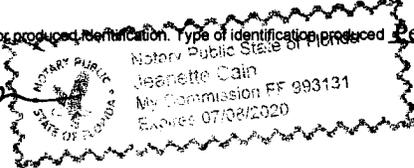
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OCT 18 2017

D.U.I. PROBABLE CAUSE AFFIDAVIT

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COUNTY OF PALM BEACH

C Fandrey #340

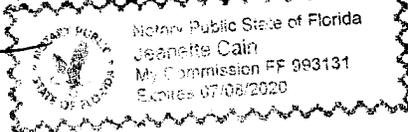
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Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



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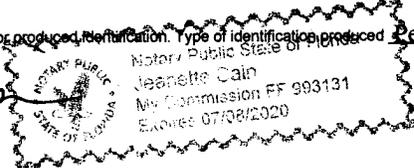
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Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED
OCT 18 2017

TESTING FACILITY TASK REPORT

3

AGENCY: JUPITER PD

SUBJECT: SOLOVIC, SUSAN L.

CASE NUMBER: 17-140602

DATE: OCT. 17th, 2017

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 22:35 hrs.

ENDING TIME: 22:38 hrs.

BREATH TESTS RESULTS: 1) **REFUSED** TIME: 22:37 A.M./P.M. (P.M.) 2) _____ TIME _____ A.M./P.M.
 3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: J. CAIN #2109

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: repetitive questions though answered

ATTITUDE: talkative, indifferent

CLOTHING: tbl pants tan/bk House no shoes

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: bnf/brn 59 YOA

COMMENTS: Eyes: Red + glassy

20 MIN. OBSERV DONE BY ARRESTING OFFICER.

Said yes then no to b/f.

A/O read the Implied Consent.
Stated she understood T/C and again No.

Rights read by A/O/ refused to answer any questions

SCANNED

OCT 18 2017

SUBJECT: Susan L. Sider CASE NUMBER: 17-001947

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: _____

SCANNED
OCT 18 2017

SUBJECT: Susan Solove CASE NUMBER: 17-60194

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 _____ **REFUSED**

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 OR CAMERA**

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.

**SCANNED
OCT 18 2017**

SUSPECT'S SIGNATURE: (X) _____ **READ OR CAMERA**

WITNESS LIST

CASE NUMBER: 17-004947

ARRESTING OFFICER: C Fandrey #340

ADDRESS: 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME): _____ (WORK) 561-746-6201

CAN TESTIFY TO: SEE PC

NAME: Ofc. Raleigh #308

ADDRESS: 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: Crash report/female search

NAME: Ofc. Harris #356

ADDRESS 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: Assisting on scene

NAME: Anthony M. Tozzi Jr

ADDRESS 322 N Central Blvd Jupiter FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-712-6555

CAN TESTIFY TO: Crash at fire station

NAME: Joseph Hofstrand

ADDRESS 322 N Central Blvd Jupiter FL 33458

PHONE NUMBERS (HOME) _____ (WORK) 561-712-6555

CAN TESTIFY TO: Crash at fire station

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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