

18 4013786 ARREST / NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached

1. Arrest 3. Request for Warrant 1 Juvenile W
2. N.T.A. 4. Request for Copies

OBTS Number	Agency ORI Number FL 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 0 8 - 1 1 8 1 - 0 1 0 1 1 0 5 4 1 1 1 1		
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business) Flagler Dr./Fern St. West Palm Beach, FL 33411		Location of Offense (Business Name, Address) 400 Block Kam Palm Way, Palm Beach, FL 33480		Date of Arrest 0.8.0.4.1.8 0.1.1.6		Time of Arrest 0.1.1.6	
Name (Last, First, Middle) Kretschmar, Susann		Aliases (Name, DOB, Soc. Sec. #, Etc.)		Race W - White <input checked="" type="checkbox"/> B - Black <input type="checkbox"/>		Sex M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
Date of Birth 0.0.4.5.7		Height 5'3"		Weight 115		Eye Color BRO	
Hair Color BRO		Complexion Fair		Build Med		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	

Local Address (Street, Apt. Number) (City) (State) (Zip) 400 N. Flagler Dr. West Palm Beach FL 33401		Phone () () ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1 2 3 4			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 400 N. Flagler Dr. West Palm Beach FL 33401		Phone 954 639 2324 FL DL		Address Source 1. City 2. County 3. Florida 4. Out of State 1 2 3 4			
Business Address (Name, Street) (City) (State) (Zip)		Phone () () ()		Occupation			
D/A Number, State K632 780 57 8640 FL		INS Number		Place of Birth (City, State) San, Peru		Citizenship U.S.	

Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/>		3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>	
Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/>		3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>	
Parent Name (Last) (First) (Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone () () ()		Business Phone () () ()		Notified by: (Name) (Date) (Time)		Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated	

Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property	
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	

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	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/Derv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description DUE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.19.3.101		Violation of ORD #		
Drug Activity N	Drug Type N	Amount / Unit		Offense # 18-1054		Warrant / Capias Number		Bond		
Charge Description Refusal to Submit to Testing		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.19.3.9		Violation of ORD #		
Drug Activity N	Drug Type N	Amount / Unit		Offense # 18-1054		Warrant / Capias Number		Bond		
Charge Description Refusal to sign		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 318.11.4.103		Violation of ORD #		
Drug Activity N	Drug Type N	Amount / Unit		Offense # 18-1054		Warrant / Capias Number		Bond		

Location (Court, Room Number, Address) Criminal Justice Complex 3228 Guna Club Rd. West Palm Beach, FL	
Court Date and Time Month August Day 23 Year 2018 Time 8:30 AM PM	
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) Refused to sign 8/4/18	

HOLD for other agency		Signature of Arresting Officer J. P. Rotherburg 9269		Name Verification (Printed by Arresting Officer)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) J. P. Rotherburg		(PRINT)	
Initials/Display I.D.# Pouch #		Transporting Officer I.D.# J. P. Rotherburg 9269 PBPD		Witness here if subject signed with an "X"	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4 DAY OF August 2018 AT 0116 PM
SUBJECT: Susana Kretschmar CASE NUMBER: 18-1054
AGENCY: Palm Beach PD ARRESTING OFFICER: J.P. Rothenburg

PERSONAL CONTACT

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

Kretschmar was speeding in the 400 block of Royal Palm Way and a traffic stop was conducted by Sgt. Pagan. Kretschmar was signaled to stop via emergency lights in the 400 block of Royal Palm Way, but did not stop her vehicle until she reached 501 South Flagler Drive in West Palm beach; approximately 1 mile farther.

OBSERVATION OF DRIVER:

- Bloodshot, glassy eyes
- Unsteady balance
- Needed assistance to sit in patrol vehicle
- Talkative
- Dazed

DRIVER'S STATEMENTS:

- Stated that she did not want to perform the SFST's initiall.
- Stated that she only lived not too far away

ODORS: Unknown alcoholic beverage emanating from facial area

GENERAL OBSERVATIONS

SPEECH: Slurred, slowed

ATTITUDE: Uncooperative, angry, mood swings, crying, rambling

CLOTHING: Blue pants, blue long sleeve shirt, no shoes

MEDICAL/OTHER: Lung cancer

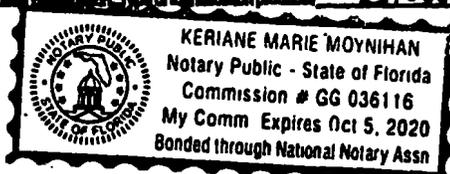
STATE OF FLORIDA
COUNTY OF PALM BEACH

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

The foregoing instrument was seen to or allowed and subscribed before me this 04 day of August 2018 at sfc. J.P. Rothenburg

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

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



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LT EYE-LACK OF SMOOTH PURSUIT
- LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- RT EYE-LACK OF SMOOTH PURSUIT
- RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

- Swayed while attempting to maintain position
- Had to be reminded not to move her head multiple times

WALK & TURN:

- Unable to follow instructions
- Unable to remain in starting position / can't keep balance
- Started too soon
- Stopped walking to steady self
- Stepped off line
- Did not complete task

ONE LEG STAND:

Did not complete task due to her unsteady balance for safety reasons

RINGER TO NOSE:

ROMBERG/ALPHABET:

- Did not keep eyes closed
- Swayed
- Incorrectly recited alphabet
- Failed to maintain position as instructed

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

 (Signature of Arresting/Investigative Officer)
 The foregoing instrument was witnessed or sworn before me this 04 day of August, 2019 at Officer J.P. Rothenburg
 who is personally known to me and/or produced identification. Type of identification produced ICMIDN

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





**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # R-105110 PBSO ZONE 1-11

AGENCY CASE # 18-1054 CRASH CASE # _____

TIME OF STOP/CRASH 0049 DATE 8/4/18 DAY Saturday

SUBJECT'S NAME Susana Kretschmar RACE W SEX F

HGT 5'3" WGT 115 DOB 10 1 04 1977

LOCATION Fern St. / Flagler Dr. West Palm Beach

ARRESTING OFFICER'S NAME & ID J.P. Rattenburg 9269 AGENCY PBPD

DIVISION: Patrol

NOTIFIED BY COMMO ✓

ARRIVAL AT FACILITY 0200

ARREST TIME 0116

BREATH RESULTS:

1. **REFUSED**
2. _____
3. _____
4. _____

TESTING OFFICER'S ID 28079 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 18-1054

ARRESTING OFFICER J.P. Rotherburg

ADDRESS 345 S. County Rd. Palm Beach FL 33480

PHONE NUMBERS (HOME) _____ (WORK) (561) 838-5454

CAN TESTIFY TO: SFST / Arrest

NAME: Sgt. Pagan

ADDRESS 345 S. County Rd. Palm Beach, FL 33480

PHONE NUMBERS (HOME) _____ (WORK) (561) 838-5454

CAN TESTIFY TO: Arrest / Behavior

NAME: Sgt. Alber

ADDRESS 345 S. County Rd. Palm Beach, FL 33480

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Arrest / Behavior

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

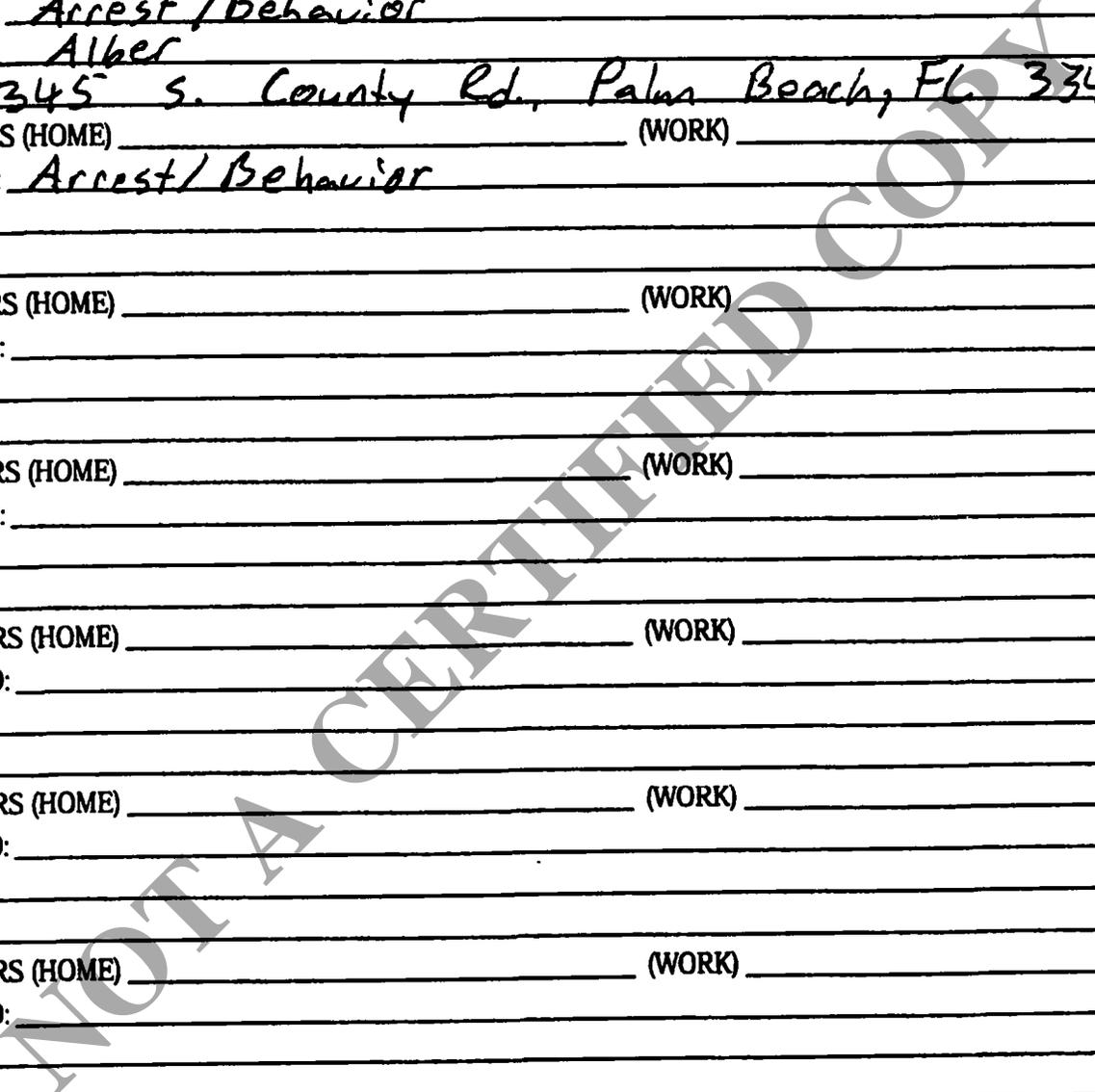
CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



TESTING FACILITY TASK REPORT

AGENCY: 1-110

SUBJECT: K. Williams CASE NUMBER: K 115110

DATE: 02/04/18 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 02:25 ENDING TIME: 02:35

BREATH TESTS RESULTS: 1) R TIME 02:31 (A.M.) P.M. 2) N/A TIME — A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: K. Williams

MAINTENANCE TECHNICIAN: J. Williams

TESTING OFFICER'S OBSERVATIONS

SPEECH: Normal

ATTITUDE: Cooperative

CLOTHING: Dark pants, white shirt

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Eyed prescription glasses

COMMENTS: Arrived at testing center. Also began 30 minute observation period at 02:25.

REFUSED

Δ refused to take test.

Also read ILC and explained

Δ stated she understood ILC and again Δ refused to take test

No other P. 110

Δ stated she understood her rights

NO C.M. A Traveler P. 110

REFUSED

SUBJECT: Kristina Marie, Sullivan CASE NUMBER: 18 1054

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) Read on 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.

SUSPECT'S SIGNATURE: (X) Read on camera

SUBJECT: Kip's 40000, Susana 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: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, J.P. Rothenburg, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 4 day of August, 20 18, at 0116 P.M. A.M.

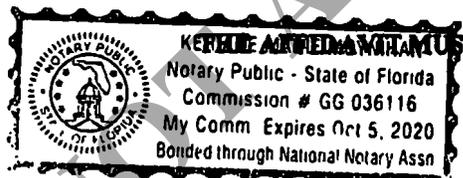
DRIVER Susana Kretschmar,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# K632 780578640 state of FL, was placed under lawful arrest for
the offense of DUI by Off. J.P. Rothenburg and
issued Citation # 3767-XDV
(Name of Arresting Officer)

That on or about the 4 day of August, 20 18, at 0231 P.M. A.M.
in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

J.P. Rothenburg
Signature of Law Enforcement Officer or
Correctional Officer



NOT BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this 04 day of August, 2018,
by Off. J.P. Rothenburg,
who is personally known to me or who has produced

Khwan as identification
Notary Public Kerwin M. M... ..

Note: Mail or hand deliver to the designated
Bureau of Administrative Reviews office,
Department of Highway Safety and Motor
Vehicles, with the driver's license, the
appropriate copy of the UTC, and the
probable cause affidavit.



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018025886	Date: 08/05/2018
	Specialist Name/ID: AM/31562