

#0489446

ARREST / NOTICE TO APPEAR Juvenile Referral Report				NR		3221				
ADMINISTRATIVE	OBTS Number	1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile N			
	Agency ORI Number <b>FL0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number (N.T.A.'s only) <b>54-17003276</b>							
Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other		Weapon Seized / Type 2 1. Yes NA 2. No NA		Multiple Clearance Indicator				
Location of Arrest (Including Name of Business) <b>N ALT A1A/CENTER ST</b>			Location of Offense (Business Name, Address) <b>N ALT A1A/CENTER ST</b>							
Date of Arrest <b>5JULY2017</b>	Time of Arrest <b>1314</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>ALL HOOKED UP TOWING</b>				
Name (Last, First, Middle) <b>MILLER, SUZANNE</b>										
Alias (Name, DOB, Soc. Sec. #, Etc.)										
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex W F	Date of Birth <b>12-29-1955</b>	Height <b>508</b>	Weight <b>175</b>	Eye Color <b>BLU</b>	Hair Color <b>BLN</b>	Complexion <b>FAIR</b>	Build <b>MED</b>		
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) <b>NA</b>				Marital Status <b>S</b>	Religion <b>NA</b>	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				
DEFENDANT	Local Address (Street, Apt. Number) <b>18385 SE VILLAGE CIR JUPITER, FL 33469</b>				Phone <b>(561) 2015460</b>	Residence Type: 1. City <input type="checkbox"/> 3. Florida <input type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/>				
CO-DEF	Permanent Address (Street, Apt. Number) <b>SAME</b>				Phone <b>( )</b>	Address Source <b>FL/DL</b>				
JUVENILE	Business Address (Name, Street)				Phone <b>( )</b>	Occupation <b>PERSONAL ASST</b>				
	DL Number, State <b>M460780559690</b>		Soc. Sec. Number [REDACTED]		INS Number	Place of Birth (City, State) <b>PADUCAH, KY</b>		Citizenship <b>US</b>		
CO-DEF	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
	Parent Name (Last) (First) (Middle)							Residence Phone <b>( )</b>		
	Address (Street, Apt. Number) (City) (State) (Zip)							Business Phone <b>( )</b>		
	Notified by: (Name)				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		
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No							Value of Property		
CODE	Drug Activity 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 A. Amphetamine	Drug Type N/A E. Heroin	B. Barbiturate C. Cocaine H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
CHARGE	Charge Description <b>D.U.I. W/ PROP DAMAGE</b>				Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(3)(c)1</b>		Violation of ORD # <b>OR</b>	
CHARGE	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>00</b>	Offense # <b>17003276</b>			Warrant / Capias Number	Bond		
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number	Bond		
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number	Bond		
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number	Bond		
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>3188 PBG Blvd PBG FL</b>								AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
	Court Date and Time Month <b>AUG</b> Day <b>09</b> Year <b>2017</b> Time <b>0830</b>									
	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					
	HOLD for other Agency Name: x		Signature of Arresting Officer x		Name Verification (Printed by Arrestee) 316.193(3)(c)1 PRINT)					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>OF.C. M. OWEN 331</b>		I.D. #					
	Intake Deputy <b>D/S. C. GILYARD #7392</b>		Transporting Officer <b>OF.C. M. OWEN 331</b>		ID #		Agency <b>JPD</b>			
	Witness here if subject signed with an -X"								PAGE <b>1 OF 1</b>	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5 DAY OF JULY 20 17, AT 1314 AM PM  
SUBJECT: MILLER, SUZANNE CASE NUMBER: 17003276  
AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: OFC. M. OWEN 331  
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
NO DRIVING PATTERN SEEN, RESPONDED TO VEHICLE CRASH INVOLVING DEF AS V1 WHO  
REAR ENDED V2. SEE LONG FORM/DIAGRAM FOR FURTHER.

NOTE: IN FLOORBOARD OF DRIVER SEAT IN DEF CAR WAS LIQUID AND ICE SPILLED. LATER ADVISED, POST MIRANDA, IT WAS MIKE'S HARD LEMONADE, WHICH CONTAINS ALCOHOL.

## OBSERVATION OF DRIVER:

SEEN AS SOLE OCCUPANT OF VEHICLE AND DRIVER. APPEARING CONFUSED. NO COMPLAINT OF INJURY. SLOW TO RETRIEVE REQUESTED DOCUMENTS (REGISTRATION/INSURANCE). SLURRED SPEECH. UNKNOWN BEVERAGE SPILLED ON DEF. AND FLOORBOARD (LATER ID AS ALCOHOL) ODOR OF UNKNOWN ALCOHOL FROM BREATH/BODY AND VEHICLE. SLURRED SPEECH. SWEaty, MESSy HAIR. CONSTRICTED PUPiLS. GLOSSy, BLOODSHOT EYES. UNSTEADy BALANCE WHEN EXITiNG VEHICLE, USED CAR FOR BALANCE NUMEROuS TIMES. AT CONCLUSION OF CRASH INVESTIGATION, MIRANDA READ ON CAMERA. OBSERVATIONS OF IMPAIRMENT CONTiNUED.

## DRiVER'S STATEMENTS:

AFTER MIRANDA AND CRASH INVESTIGATION. SLURRED SPEECH. ODOR OF ALCOHOL GREW STRONGER AS DEF SPOKE. HAD TO BE REMINDED NUMEROuS TIMES WHY SHE WAS STOPPED AT SCENE OF CRASH. HAD FORGOTTEN PREVIOUS CONVERSATIONS. STATED SHE HAD BEEN DRINKING AT 1100 HOURS THIS DATE. STATED SHE FEELS ON SCALE OF 1-10, 10 BEING EXTREMELY DRUNK, SHE STATED SHE IS A 2 OR 3.

## ODORS:

STRONG ODOR OF UNKNOWN ALCOHOL, BODY ODOR,

## GENERAL OBSERVATIONS

SPEECH: SLURRED. CONFUSED. INTERRUPTIVE. MUMBLED.

ATTITUDE: IMPATIENT. STRESSED. CONFUSED. INTERRUPTIVE. APOLEGETIC.

CLOTHING: OD GREEN SKIRT, BLACK SWEATSHIRT. FLIP FLOPS.

MEDICAL/OTHER: ADVISED PRESCRIBED NUMEROuS MEDICATIONS.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

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(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5TH day of JULY 20 17 by OFC. M. OWEN 331

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

CHARL L. O'REAL

Notary Public - State of the

Commission # 77-9637

My Comm. Exp. 11-11-18

SUBJECT: MILLER, SUZANNE

CASE NUMBER 17003276

**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:**

**UNSTEADY BALANCE. ORBITAL SWAY IN ALL DIRECTIONS, CONSTANT MOVEMENTS TO GAIN BALANCE. SEE VIDEO. COMPLAINED OF DYSLEXIA DURING HGN.**

**WALK & TURN**

INSTRUCTIONS PROVIDED AND DEMONSTRATED. TOOK LONG TIME TO GET HER INTO PROPER STANCE. INABILITY TO FOLLOW INSTRUCTIONS. HAD TO BE CORRECTED NUMEROUS TIMES ON PROPER STANCE. DID NOT COUNT STEPS. TOOK WAY MORE STEPS THAN INSTRUCTED. ALLOWED TO RESTART. USED ARMS OUTSTRETCHED FOR BALANCE. STEPPED OF LINE. DID NOT TOUCH HEEL TO TOE. DID NOT FOLLOW INSTRUCTIONS. DID NOT DO PROPER TURN. SEE VIDEO.

**ONE LEG STAND:**

INSTRUCTIONS ADVISED AND DEMONSTRATED. UNABLE TO MAINTAIN BALANCE. FOOT DOWN NUMEROUS TIMES. STOPPED DURING 30 SECOND TIME PERIOD TO ASK QUESTIONS. SEEMED UPSET COULD NOT COMPLETE. SEE VIDEO.

**FINGER TO NOSE:**

ADVISED KNOWS DIFFERENCE B/W LEFT AND RIGHT HAND. LIFTED LEFT HAND AT START WHEN RIGHT HAND WAS ADVISED. DID NOT TOUCH TIP OF FINGER TO TIP OF NOSE ON ANY ATTEMPTS. ORBITAL SWAY. OPENED EYES. DID NOT FOLLOW INSTRUCTIONS. SEE VIDEO.

**ROMBERG ALPHABET:**

RECITED ALPHABET. ORBITAL SWAY DURING. SLURRED SPEECH. SEE VIDEO.

**BREATH TEST RESULTS: 0.088**

**0.082**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

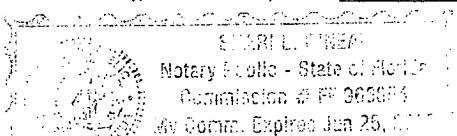
331

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5TH day of JULY 2017 by OFC. M. OWEN 331

(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)





Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY