

#0489446

NR

3221

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FL0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 54- 17003276	
	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 <input checked="" type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No NA	
	Location of Arrest (Including Name of Business) N ALT A1A/CENTER ST				Location of Offense (Business Name, Address) N ALT A1A/CENTER ST			
	Date of Arrest 5JULY2017	Time of Arrest 1314	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle ALL HOOKED UP TOWING	
DEFENDANT	Name (Last, First, Middle) MILLER, SUZANNE						Alias (Name, DOB, Soc. Sec. #, Etc.)	
	Race W - White 1 - American Indian	Sex W	Date of Birth 12-29-1955	Height 508	Weight 175	Eye Color BLU	Hair Color BLN	Complexion FAIR
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NA				Marital Status S	Religion NA	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Drug Influence <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 18385 SE VILLAGE CIR JUPITER, FL 33469				Phone (561) 2015460		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
	Permanent Address (Street, Apt. Number) SAME				Phone ()		Address Source FL/DL	
	Business Address (Name, Street) ()				Phone ()		Occupation PERSONAL ASST	
	D/L Number, State M460780559690		Soc. Sec. Number ()		INS Number ()		Place of Birth (City, State) PADUCAH, KY	
	Citizenship US							
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large
CO-DEF	Parent Legal Custodian Other: Name (Last) (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 / 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						Description of Property	
	Value of Property							
	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/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
	Charge Description D.U.I. W/ PROP DAMAGE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(3)(c)1		Violation of ORD # OR	
Drug Activity N		Drug Type N	Amount / Unit 00	Offense # 17003276	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
CHARGE	Location (Court, Room Number, Address) 3188 PGB Blvd PGBG FL							
	Court Date and Time Month AUG Day 09 Year 2017 Time 0830 AM <input checked="" type="checkbox"/> PM							
NOTICE TO APPEAR	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) (Signature) Date Signed							
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer (Signature)		Name Verification (Printed by Arrestee) (Signature)			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) OFC. M. OWEN 331		I.D. #			
	Intake Deputy D/S. C. GILYARD		Transporting Officer OFC. M. OWEN 331		Agency JPD			
	I.D. # #7392		Pouch #		Witness here if subject signed with an -X"			

D/S. C. GILYARD #7392

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

JUL 5 PM 2017

JUL 10 2017

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

(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 _____

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



SHARI L. O'NEAL
Notary Public - State of Florida
Commission # 0596000
My Comm. Expires 08/31/2020

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

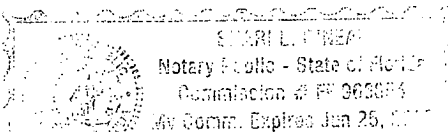
STATE OF FLORIDA
COUNTY OF PALM BEACH

(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)





Florida

The Sunshine State

SUZANNE

MILLER

1035 SE VILLAGE CIR

JUPITER, FL 33469-1750

DOB: 12-29-1955 SEX: F

HEIGHT: 5' 0" WEIGHT: 110 LBS

HAIR: BRN EYES: BRN

SSN: 12-34-5678

EXPIRATION: 12-31-2017

ISSUANCE: 12-26-2017

Suzanne Miller

ORGAN DONOR

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

NOT A CERTIFIED COPY