

16 CT 19881

0482078

ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1 Juvenile N							
OBTS Number		Agency ORI Number FLO - 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-16-142555						
ADMINISTRATIVE	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	Multiple Clearance Indicator 01						
	Location of Arrest (Including Name of Business) SAME AS OFFENSE		Location of Offense (Business Name, Address) 11900 BLOCK OF W. FOREST HILL BLVD., WELLINGTON, FL, 33414									
Date of Arrest 10/22/2016		Time of Arrest 2341	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle BASSCO Towing					
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.) APPLE, URSULA, FRANCES										
Race W - White 1 - American Indian B - Black 0- Oriental/Asian		Sex W	Date of Birth 12/31/1943	Height 5-3	Weight 112	Eye Color BROWN	Hair Color BLONDE	Complexion LIGHT	Build SMALL			
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)				Marital Status SINGLE	Religion PROTESTANT		Indication of: Y Alcohol Influence N Drug Influence Unk.					
Local Address (Street, Apt. Number) 15440 46TH LANE SOUTH, WELLINGTON, FL, 33414		(City) (772)		(State) 979-0016	Phone (772) 979-0016	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1						
Permanent Address (Street, Apt. Number) SAME AS LOCAL		(City)		(State)	(Zip)	Phone () SAME AS ABOVE	Address Source DRIVER LICENSE					
Business Address (Name, Street)		(City)		(State)	(Zip)	Phone ()	Occupation UNEMPLOYED					
DL Number, State A140846439710 FL		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]	Place of Birth (City, State) BAYRESHZELL, GERMANY		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				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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		Grade				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property				
Drug Activity S. Sell N. N/A P. Possess		R. Smuggle B. Buy T. Traffic		K. Dispense/ Distribute D. Deliver E. Use		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 DUI				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 16-14255			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		Oct 26 AM 3:30 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		Oct 26 AM 3:30 Bond				
Location (Court, Room Number, Address) PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB ROAD, WEST PALM BEACH, FL, 33406												
Court Date and Time Month NOVEMBER Day 17TH Year 2016 Time 8:30 AM <input checked="" type="checkbox"/>								5:30 PM <input type="checkbox"/>				
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 (X) Ursula Frances Apple										Date Signed SCANNED		
Signature of Defendant for Juvenile and Parent Counterpart												
HOLD for other Agency Name: X		Signature of Arresting Officer				Name Verification (Printed by Arrestee) OCT 24 2016						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) D/S ADAM AVEY 9347				(PRINT)						
Intake Deputy CP. Darden		I.D. # 476	Pouch #	Transporting Officer D/S ADAM AVEY #9347	ID #	PBSO	PAGE 1 OF 1					
Witness here if subject signed with an -X"												

		PROBABLE CAUSE AFFIDAVIT				I Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		Juvenile	
ADMIN	OBTS Number									1	
	Agency ORI Number	Agency Name	PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number		16142555		
Charge Type Check as many as apply		<input type="checkbox"/> 1 Felony	<input checked="" type="checkbox"/> 3 Misdemeanor	<input type="checkbox"/> 5 Ordinance	Special Notes						
		<input type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 6 Other							
DEF	Name (Last, First, Middle)	Alias				Race	Sex	Date of Birth			
	APPLE, URSULA F					W	MF	12/31/1943			
CHARGES	Charge Description	Charge Description									
	DRIVING WHILE UNDER THE INFLUENCE										
	Charge Description	Charge Description									
VICTIM	Victim's Name (Last, First, Middle)					Race	Sex	Date of Birth			
	STATE OF FLORIDA										
	Local Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone	Address Source					
	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation					
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> was observed by <u>D/S STOUPIS</u> who told <u>D/S AVEY</u></p> <p><input type="checkbox"/> confessed to <input checked="" type="checkbox"/> that he/she saw the arrested person commit the below acts.</p> <p>admitting to the below facts.</p> <p>On the <u>22ND</u> day of <u>OCTOBER</u> <u>2016</u> at <u>11:00</u> <input type="checkbox"/> A.M <input checked="" type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p>											
<p>On October 22nd 2016 at approximately 23:00, I observed a vehicle driving east bound on Forest Hill Blvd, across from the Town Center of Wellington. The vehicle was being operated without its lights on, and was actively swerving within its lane.</p> <p>Upon stopping the vehicle, a sharp swerve was made by the driver to the left, before pulling over to the right side of the roadway. I made contact with the driver, who was later identified as Ursula F. Apple.</p>											
PROBABLE CAUSE STATEMENT	<p>I approached Apple on the passenger side of the vehicle, in which she did not immediately acknowledge that I had come to her window. I tapped on the window to alert Apple I was there, and she still did not acknowledge me, and continued looking out the drivers side window. After another few taps on the window and saying "Ma'am, please roll down your window", Apple finally noticed I was at her passenger side window and put the back passenger side window down. I asked Apple to please put the front passenger window down, to which she could not find the button and seemed to be having difficulty doing so. I then went to the drivers side window and tapped for Apple to put that window down, in which she again put the back drivers side window down and stated she could not put the front windows down because she couldn't find the button.</p> <p>I immediately noticed Apple's glassy eyes and slurred speech as she stated she was first coming from Boca, and then coming from a bar "just down the street". Apple's movements were slow and lethargic, which led me to ask Apple if she had been drinking this evening to which she replied "No". I also asked Apple if she had any medical issues or on any medication for those issues to which she replied "No". I noticed there was a strong odor of ladies perfume in the vehicle, and Apple had difficulty finding her ID, but once finding it, was able to provide me with her proof of insurance and vehicle registration.</p>										
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>(Signature of Arresting /Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>22nd</u> day of <u>October</u> <u>2016</u> by <u>D/S Stoupis</u></p> <p>(Print name of Arresting /Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced</p> <p>Personally Known</p> <p>Notary Public, Clerk of Court, Officer (F.S.S.) 117.10</p>										
	<p>SCANNED</p> <p>OCT 24 2016</p> <p>PAGE 1 OF 1</p>										

CBTS Number		PROBABLE CAUSE AFFIDAVIT			Arrest	3 Request for Warrant	1	Juvenile	
					2 NTA	4 Request for Capias			
ADMIN	Agency ORI Number	Agency Name	Agency Report Number			16142555			
	FLO. 5.0.0.0.0.0	PALM BEACH COUNTY SHERIFF'S OFFICE							
Charge Type		<input type="checkbox"/> 1 Felony	<input checked="" type="checkbox"/> 3 Misdemeanor	<input type="checkbox"/> 5 Ordinance	Special Notes				
Check as many as apply		<input type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 6 Other					
DEF	Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth		
	Apple, Ursula F				WF		12/31/13		
CHARGES	Charge Description		Charge Description						
	AU								
Victim	Charge Description		Charge Description						
VICTIM	Victim's Name (Last, First, Middle)					Race	Sex	Date of Birth	
Local Address (Street, Apt Number)		(City)	(State)	(Zip)	Phone	Address Source			
					()				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation			
					()				
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by <u>D/S STOUPIS</u> who told <u>D/S Avey</u></p> <p><input type="checkbox"/> confessed to <input type="checkbox"/> that he/she saw the arrested person commit the below acts.</p> <p>admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>12nd</u> day of <u>October</u> 20 <u>14</u> at <u>11:00</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
<p>Tasked Apple if she was alright to which she blankly stared at me and stated "Yes". I once again noticed Apple's glassy eyes and slurred speech and I advised Apple the reason I stopped her was because she was swerving within her lane and was operating her vehicle without her light on to which she replied "Oh, they aren't on?" I advised 8TF6, D/S Avey to meet me at the call because I believed there was enough Probable Cause to begin roadside testing on Apple due to my observations.</p>									
PROBABLE CAUSE STATEMENT									
ADMINISTRATIVE	<p>SCANNED</p> <p>OCT 24 2016</p> <p>D/S STOUPIS</p> <p>Personally Known</p> <p>PAGE 1 OF 1</p>								
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>(Signature of Arresting Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>22nd</u> day of <u>OCTOBER</u> 20 <u>16</u> by <u>D/S STOUPIS</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced</p> <p>Notary Public, Clerk of Court, Officer (F.S.S.) 117.10</p>									

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22ND DAY OF OCTOBER 20 16, AT 2259 AM PM

SUBJECT: APPLE, URSULA, FRANCES CASE NUMBER: 16-142555

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: ADAM AVEY

PERSONAL CONTACT

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

On Saturday, October 22, 2016 at approximately 2305 hours, I responded to the area of South Shore Blvd. and W. Forest Hill Blvd. located within the village limits of Wellington, Palm Beach County, Florida, in reference to a traffic stop conducted by D/S Amanda Stoupis #22091. Prior to my arrival, D/S Stoupis advised over the Palm Beach County Sheriff's Office (PBSO) two-way radio system that the driver was possibly impaired. Upon arrival, I saw a white Jeep utility vehicle (Florida license plate #ESPG42 attached) stopped facing in an easterly direction on W. Forest Hill Blvd. in a right turn lane which takes traffic into a plaza on the south side of the road. There was a white female in the driver seat who was identified by Florida driver license as Ursula Apple (DOB: 12/31/1943). There were two marked PBSO patrol vehicles parked behind Ursula's vehicle facing in an easterly direction with the lights activated. When I exited my patrol vehicle, I met with D/S Stoupis who told me the following: She stopped Ursula for driving without headlights on and weaving within her lane. She conducted the traffic stop and made a passenger side approach. The driver exhibited slow and lethargic movements, had glassy eyes, spoke with slurred speech, exhibited a heavy odor of perfume, and fumbled through her documents. See the roadside video and/or offense report for further information.

OBSERVATION OF DRIVER:

After speaking with D/S Stoupis, I made contact with Ursula as she remained in the driver seat of her vehicle. Ursula was the only occupant. I could smell the strong odor of perfume coming from Ursula's vehicle when I spoke with her as she sat inside. When I had Ursula exit her vehicle and walk to my car, I noticed that she was wearing high-heeled shoes. As Ursula walked back to my car, she lost her balance and almost fell over. Ursula had to use a patrol car for support. When I asked Ursula medical related questions, she had trouble maintaining her balance and had to use me for support. Ursula spoke with slurred speech, had glassy eyes, and had a dazed look on her face. See the roadside video and/or offense report for further information.

DRIVER'S STATEMENTS:

As I spoke with Ursula, I introduced myself and asked her where she was coming from. During my conversation with Ursula as she sat in her vehicle, she told me the following: She was coming from Backstreet Grill, met with some professional people, and had two drinks. The drinks were vodka with club soda, cranberry, and lime. She started drinking at about 8:00. She had no medical issues and took blood pressure medication. See the roadside video and/or offense report for further information.

ODORS:

Unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative, mood swings at times (upset/crying at times)

CLOTHING: White striped shirt, gray pants, high-heeled shoes

MEDICAL/OTHER: Takes blood pressure medication and has mild hearing problems. No other medical problems to note. **ALL ROADSIDE CONTACT ON AUDIO/VIDEO VIA MY IN-CAR VIDEO SYSTEM.**

STATE OF FLORIDA
COUNTY OF PALM BEACH

ADAM AVEY

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of October 20 16 by SCANNED

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

Notary Public - State of Florida

Commission # FF 966854

My Comm. Expires Jun 25, 2020

Bonded through National Notary Assn.

SUBJECT: APPLE, URSULA, FRANCES

CASE NUMBER 16-142555

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:

Explained and demonstrated on video. Equal pupil size and equal tracking. Ursula had a hard time following the stimulus (a red pen light) at times, took her eye off the stimulus, and moved her head during the task. VGN was also present. See roadside video and/or offense report for further information.

WALK & TURN

Explained and demonstrated on video. Ursula did not maintain the instructional stance, missed heel-to-toe, stepped off the line, made an improper turn, and stopped walking during the task to ask me if she had to take more steps. See the roadside video and/or offense report for further information.

ONE LEG STAND:

Explained and demonstrated on video. The task was timed using a stopwatch application for 30 seconds. Ursula had to restart the task, put her foot down multiple times, raised her foot well over six inches, stopped counting in the manner shown, and had a difficult time maintaining her balance during the task as she stepped out of the instructional stance. See the roadside video and/or offense report for further information.

FINGER TO NOSE:

Explained and demonstrated on video. The task was conducted in the order of left, right, left, right, right, left. Ursula opened her eyes during the task, touched her left nostril on the first right, touched the bridge of her nose on the last right, and swayed in small circular motions by approximately one or two inches during the task. See the roadside video and/or offense report for further information.

ROMBERG ALPHABET:

Explained and demonstrated on video. Performed without issue. The Modified Rhomberg Balance was also conducted. The task was timed using a stopwatch application. Ursula opened her eyes at approximately 21 seconds. See the roadside video and/or offense report for further information.

BREATH TEST RESULTS: .164 and .162

STATE OF FLORIDA
COUNTY OF PALM BEACH

ADAM AVEY

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of October 2016 by _____

(Print name of Arresting/Investigative Officer), who is personally known to me and/or whose identification is known to me and/or whom I have produced and/or whom I have been shown to be known

Notary Public - State of Florida

Commission # FF 966854

My Comm. Expires Jun 25, 2020

Bonded through National Notary Assn

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

SCANNED

OCT 24 2016

WITNESS LIST

16-14255

CASE NUMBER:

ARRESTING OFFICER: **ADAM AVEY**

ADDRESS: 3228 GUN CLUB ROAD, WEST PALM BEACH, FL, 33406

PHONE NUMBERS (HOME): _____ (WORK) 5616883000

CAN TESTIFY TO: THE FACTS

NAME: D/S AMANDA STOUPIS #22091

ADDRESS: PBSO DISTRICT 8

PHONE NUMBERS (HOME) _____ (WORK) 5616883000

CAN TESTIFY TO: THE FACTS

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: _____

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: _____

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: _____

SCANNED

OCT 24 2016

TESTING FACILITY TASK REPORT

AGENCY: PSO 1012 Avery #4247

SUBJECT: Apple, Ursula Flores

CASE NUMBER: 16-142555

DATE: 10-23-16

VIDEO TAPE NUMBER: 61552

BEGINNING TIME: 003211.3

ENDING TIME: 0100hrs

BREATH TESTS RESULTS: 1) .162 TIME 0044 A.M./P.M. 2) .164 TIME 0047 A.M./P.M.
3) TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR: S. Jivat #6212

MAINTENANCE TECHNICIAN: DT J. V. M. #6212

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slur

ATTITUDE: Calm, Cooperative, Polite, Trusting, Attentive

CLOTHING: Shirt - Gray & White / Striped Pants - Gray No Shoes

MEDICAL CONDITIONS: Hypertension

MEDICATIONS: Med. for Hypertension

OTHER: Eyes: Red & Glassy

Odor of unknown alcoholic beverage.

COMMENTS: 20 min. observation done by A/o Avery #4247

A/o requested the breath test.

D submitted to the breath test.

D completed the test correctly.

CIV read off Cuvier.

Q&P conducted.

SCANNED

OCT 24 2016

SUBJECT: Apple, Ursula

CASE NUMBER: 16-142555

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.

SCANNED

SUSPECT'S SIGNATURE: (X) Read on BAT Video OCT 24 2016

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? East Hill Blvd.

DIRECTION OF TRAVEL? E WHERE DID YOU START? Backstreet Grill

WHAT TIME DID YOU START? 10:20 WHAT TIME IS IT NOW? Don't know

WHAT IS TODAY'S DATE? 10-22-16 WHAT DAY OF THE WEEK IS IT? Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? Wellington, Florida

WHEN DID YOU LAST EAT? 2:30 WHAT DID YOU EAT? Two fish sandwich

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? at Backstreet Grill during work

HOW MUCH DO YOU WEIGH? 110 HAVE YOU BEEN DRINKING? Yes WHAT? Water, beer, wine & some juice

HOW MUCH? 2 WHERE? Backstreet Grill WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:45 AND YOUR LAST DRINK? 8:30

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Fast

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? Probably yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? N/A

WHAT? N/A WHERE? N/A WHEN? N/A

WHAT LINE OF WORK ARE YOU IN? Real Estate Sales WHEN DID YOU LAST WORK? June 2014

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? N/A

ARE YOU SICK OR INJURED? No WHAT'S WRONG? N/A

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? N/A

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? N/A WHY? N/A

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? blood pressure WHEN? This morning

DO YOU HAVE: epilepsy? No

glass eye? No

false teeth? No

ear infection? No

inner ear trouble? No

diabetes? No

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? Reading glasses

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? N/A

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? NASCANNED

INTERVIEWER: ots A. Avey

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

NOT A CERTIFICATE

SCANNED
OCT 24 2016

PALM BEACH COUNTY SHERIFF'S OFFICE

3228 GUN CLUB ROAD

WEST PALM BEACH, FL 33406-3001

- WRITTEN WARNING
 NOTICE OF ILLEGAL OR FAULTY EQUIPMENT

Date/Time: SATURDAY 10/22/2016 11:09 PM

VIOLATOR

First Name: **URSULA** Middle: **FRANCES**
Last: **APPLE** DOB: **12/31/1943**
Address: **15440 46TH LN S**
City: **WELLINGTON** State: **FL** Zip: **33414**
Telephone: **DL #** Race: **W** Sex: **F** Hgt: **503**
Type: **E** DL State: **FL** Lic. Expires: **2021**
Diff. Addr. on DL: **N**

REGISTRATION

Yr. Veh: **2014** Veh. Tag: **ESPG42**
Color: **WHI** Yr. Tag Expires: **16** State: **FL**
Make: **JEEP** Style: **UT**

LOCATION

Upon a Public Street or Highway or Other Location Namely:
SOUTH SHORE BLVD/FOREST HILL

VIOLATION

Did unlawfully commit the following Offense
OPERATING A VEHICLE WITHOUT LIGHTS

NOTE: FOR EQUIPMENT VIOLATIONS PLEASE FOLLOW INSTRUCTIONS ON THE
FOOTER

THIS IS A WARNING ONLY
THIS IS NOT A CITATION AND NO FINE IS ASSESSED

I HEREBY ACKNOWLEDGE RECEIPT OF THIS WARNING AND UNDERSTAND THAT
THIS WARNING IS ISSUED IN LIEU OF A UNIFORM TRAFFIC CITATION.

SIGNATURE
OF DRIVER **X**

D/S: **STOUPIS**I.D.#: **22091****CERTIFICATION OF CORRECTION**

I CERTIFY THAT THE EQUIPMENT ON THE VEHICLE DESCRIBED HEREIN AS
INDICATED HAS BEEN TESTED AND, OR CORRECTED, AND UPON THIS DATE
COMPLIES WITH THE REQUIREMENTS OF THE TRAFFIC LAWS OF FLORIDA.

DATE **20** HOURS **20**
 A.M. P.M.

SIGNED **Party Making Correction**

Address: _____

IMPORTANT. This Notification With Proper Certification Above is To Be Mailed Or
Delivered To The Officer Indicated Within 48 Hours.

PALM BEACH COUNTY SHERIFF'S OFFICE
P.O. BOX 24681
WEST PALM BEACH, FL 33416-4681

**FAILURE TO COMPLY WITH THIS NOTICE COULD RESULT IN A NON-CRIMINAL
INFRACTION BEING ISSUED.**

SCANNED
OCT 24 2016