

0487023

ARREST / NOTICE TO APPEAR

3516

OBTS Number		ARREST / NOTICE TO APPEAR																	
Agency ORI Number		Agency Name		17-CT-6555						1. Arrest		3. Request for Warrant							
0501700		Jupiter Police Department		17-001793						2. N.T.A.		4. Request for Capias							
Charge Type:		<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		If Weapon Seized		Multiple Clearance Indicator									
Check as many as apply.		<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		Enter Type NONE		01									
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)																	
1260 W INDIANTOWN RD, JUPITER FL		1299 W INDIANTOWN RD/N DELAWARE BLVD, JUPITER, FL																	
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle							
04/12/2017		23:18		04/12/2017		23:28													
Name (Last, First, Middle) BROOKS, VIVIAN LYNN Alias: _____																			
Race		W - White	I - American Indian	Sex	W	Date of Birth	08/03/1957	Height	5'04	Weight	135	Eye Color	BLUE	Hair Color	BLONDE /	Complexion	LIGHT	Build	Medium
Scars, Marks, Tattoo, Unique Physical Features (Location, Type, Description)																			
Marital Status		M		Religion															
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Residence Type:									
235 SANTA LUCIA DR, WEST PALM BCH, FL 33405										1. City		3. Florida							
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		2. County		4. Out of State							
235 SANTA LUCIA DR, WEST PALM BCH, FL 33405																			
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Address Source		Occupation							
D/L Number, State		B620872577830 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship									
								MIAMI, FL		US									
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested		<input type="checkbox"/> 3. Felony		<input type="checkbox"/> 5. Juvenile					
										<input type="checkbox"/> 2. At Large		<input type="checkbox"/> 4. Misdemeanor							
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested		<input type="checkbox"/> 3. Felony		<input type="checkbox"/> 5. Juvenile					
										<input type="checkbox"/> 2. At Large		<input type="checkbox"/> 4. Misdemeanor							
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____										Residence Phone									
<input type="checkbox"/> Legal Custodian																			
Address (Street, Apt. Number)		(City)		(State)		(Zip)		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 <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							
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:										Property Crime?		Description of Property		Value of Property					
Drug Activity		S. Sell	R. Smuggle	K. Disperses/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown								
N. N/A		B. Buy	D. Deliver	C. Cocaine	M. Marijuana	A. Amphetamine	E. Heroin	O. Opium/Deriv.	S. Synthetic	Z. Other									
P. Possess		T. Traffic	E. Use																
Charge Description DUI - DRIVING WHILE UNDER INFLUENCE										Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number				Bond								
N		/	17-001793	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N														
Charge Description										Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number				Bond								
		/			<input type="checkbox"/> Y <input type="checkbox"/> N														
Charge Description										Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number				Bond								
		/			<input type="checkbox"/> Y <input type="checkbox"/> N														
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"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail										Explain:									
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										PROPERTY - Received By		Released By		Released To					
Transported By										Date Transported	Time Transported	Other		2017 APR 13 AM 7:30					
/ : :																			
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Location (Court, Room)		North County		PALM BEACH GARDEN		No Photo Available			
										Court Date and Time		05/17/2017 00:00:00							
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.										Date Signed		4/13/17							
Signature of Defendant (or Juvenile and Parent/Custodian)																			
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		Name Verification (Printed by Arrestee)		APR 13 AM 8:39											
				(PRINT)															
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print)		I.D. #															
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		BORROWS, ANDREW		1138															
Intake Delay		Pouch #	Transporting Officer	I.D. #	Agency														
			PFC BORROWS	380	JPD														
										Witness here if subject signed with an "X".									

SCANNED

APR 14 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 17-001793		Special Notes:		
Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony		1. Misdemeanor 2. Traffic Misdemeanor		3. Ordinance 4. Traffic Misdemeanor				
Name (Last, First, Middle) BROOKS, VIVIAN LYNN		Alias				Race W	Sex F	Date of Birth 08/03/1957
Charge Description DUI 316.193(1)		Charge Description						
Charge Description		Charge Description						
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 resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody . . .</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____</p> <p><input type="checkbox"/> confessed to _____ that he/she saw the arrested person committ the below acts.</p> <p><input type="checkbox"/> 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>12</u> day of <u>April</u>, <u>2017</u> at <u>23:00</u> (Specifically include facts constituting cause for arrest.)</p>								
<p>On the above date at approximately 2300 hours, I responded to the area of 1261 West Indiantown Road in the Town of Jupiter, Palm Beach County, Florida, in reference to conducting a DUI investigation.</p> <p>Upon my arrival, I made contact with MPO Salvemini, who advised me of the following: he made a traffic stop of a 2013 Nissan bearing Florida License Plate 986YDK after it made a u-turn on a solid red arrow. The vehicle's driver, Vivian Brooks, had bloodshot glassy eyes, slurred speech, and the odor of an unknown alcoholic beverage on her breath.</p> <p>Upon my arrival, Brooks was still in her vehicle. I walked up to the vehicle and asked Brooks to exit and walk to the front of my vehicle. I asked Brooks how much she'd had to drink and Brooks replied "two wines". I clarified that meant two glasses of wine. I noted that Brooks had slurred speech, an odor of an unknown alcoholic beverage on her breath, blood shot, glassy eyes, and ptosis. I advised Brooks that I was conducting a DUI investigation. Brooks at first refused to participate in roadsides. I advised Brooks of Taylor Warnings and explained the purpose of the roadsides. Brooks agreed to participate.</p> <p>I first conducted Horizontal Gaze Nystagmus. Please note I am a certified Drug Recognition Expert (IACP 26842). I observed all six standardized clues of horizontal gaze nystagmus: Lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and onset of HGN prior to 45 degrees. Brooks was swaying during the task. Brooks became impatient during the exercise.</p> <p>I asked Brooks about her medical conditions. Brooks advised that she has COPD, asthma, and scoliosis. When I asked Brooks about his Scoliosis, she advised that it causes her spine to be curved but does not otherwise affect her. I then asked Brooks to perform</p>								

SWORN AND SUBSCRIBED BEFORE ME			
			
		SHARI L. O'NEAL	
		Notary Public - State of Florida	
		Commission # FF 966854	
		My Comm. Expires Jun 25 2022	
		Bonded through National Notary Assn	
NOTARY PUBLIC / CLERK OF COURT (OPTIONAL)		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
04/13/2017		BORROWS, ANDREW (1138)	
DATE		NAME OF OFFICER (PLEASE PRINT)	
		04/13/2017	
DATE			
PAGE 1 OF 3			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

SCANNED
APR 14 2017

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

1

JUVENILE

OBTS Number

A
D
M
I
N
I
C
E
D
E
F
Agency ORI Number

FL 0501700

Agency Name
JUPITER POLICE DEPARTMENTAgency Report Number
5 4 17-001793

Special Notes:

N
Charge Type:
Check as many as apply:
 1. Felony
 3. Misdemeanor
 5. Ordinance
 2. Traffic Felony
 4. Traffic Misdemeanor
 6. OtherD
E
F
Name (Last, First, Middle)
BROOKS, VIVIAN LYNN

Alias

Race Sex Date of Birth
W F 08/03/1957

the walk and turn task. Brooks started the task early and appeared to be practicing. Brooks had general difficulty following my instructions. Brooks lost her balance from the starting position three times. Upon completion of my instructions, Brooks advised that her scoliosis prevents her from keeping her balance. I terminated the task. I asked Brooks if she could stand on one foot, and she advised that her scoliosis would prevent her from doing that as well. I then decided to complete the seated roadside battery due to Brooks' claimed health problems.

I located a nearby bench and relocated my patrol vehicle. I then started the seated battery of SFSTs. I started with the seated finger to nose task. Brooks performance is documented as follows:

L1: Brooks used the pad of her finger to touch the tip of her nose. R2: Brooks used the pad of her finger to touch the tip of her nose. L3: Brooks used the pad of her finger to touch the tip of her nose. R4: Brooks used the pad of her finger and missed the tip of her nose. R5: Brooks at first used the wrong hand before correcting herself and then used the pad of her finger to touch the tip of her nose. L6: Brooks used the pad of her finger and missed the tip of her nose.

E
C
A
U
S
I then had Brooks complete the Palm Pat exercise. Brooks did not speed up and I had to remind her to do so. Brooks then ceased to count properly, just saying "one two" without any relation to what she was doing with her hands. I also noted that Brooks rolled her hands more than once after speeding up.

E
S
T
A
T
E
M
E
N
I then had Brooks complete the Hand Coordination Exercise. Brooks attempted to start early more than one time. Brooks counted four steps but only took three. Brooks clapped three times but then placed her hands on her lap. Brooks then started to count with "one" but corrected herself and counted back to eight while stepping back. Brooks then repeated the task several more times, doing it differently each time before I stopped her.

E
N
T
At that time, I determined that I had probable cause to arrest Brooks for DUI. I secured her in handcuffs, which I checked for spacing and double locked. I then secured Brooks in the rear of my patrol vehicle. Brooks became very upset and stated she was having problems breathing. I asked Brooks if she needed medical attention and she advised that she did. I transported Brooks to the Jupiter Medical Center for medical clearance. After medical clearance, I transported Brooks to the Palm Beach County Breath Alcohol Testing Facility.

At approximately 0122 hours (nearly three hours after my initial contact with Brooks), I requested a breath sample from Brooks. Brooks asked what the consequences were for refusing. I read Brooks Implied Consent from a prepared text. Brooks advised that she understood and agreed to provide a sample. Brooks provided two breath samples of .041 and .040. I requested a sample of urine. At first, Brooks refused. I explained that

ADMINISTRATIVE
A
D
M
I
N
I
C
E
D
E
F
SWORN AND SUBSCRIBED BEFORE ME

S. O'Neal
NOTARY PUBLIC / CLERK OF COURT / OFFICER
04/13/2017
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn

CENTRAL RECORDS

COURT

STATE ATTORNEY

JAIL

CRIME ANALYSIS
SCANNED

P.I.O.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BORROWS, ANDREW (1138)
NAME OF OFFICER (PLEASE PRINT)
04/13/2017
DATE

PAGE
2 OF 3

APR 14 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
A D M I	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 17-001793					

N	Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony	3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	Special Notes:				
---	---	---	---	----------------	--	--	--	--

D E F	Name (Last, First, Middle) BROOKS, VIVIAN LYNN	Alias	Race W	Sex F	Date of Birth 08/03/1957			
-------------	--	-------	------------------	-----------------	------------------------------------	--	--	--

Implied Consent still applied. Brooks agreed to provide a sample of urine. I then read Implied Consent from a prepared text. I then read Brooks her Miranda Rights from a prepared text. She advised that she wished to have a lawyer present before answering any questions. Brooks later provided a urine sample (0135 hours).

I then completed my paperwork and booked Brooks into the Palm Beach County Jail, where I charged her with DUI per FSS 316.193(1).

I kept possession of Brooks' urine sample until I returned to the Jupiter Police Department where I placed it into evidence for future analysis.

P
R
O
B
A
B
L
E

C
A
U
S
E

S
T
A
T
E
M
E
N
T

NOT A CERTIFIED COPY

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME <i>Sharri L. O'Neal</i>	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 177.107)	SHARI L. O'NEAL Notary Public - State of Florida My Commission # FF 956854 My Comm. Expires Jun 25 2020 Bonded through National Notary Assn	SIGNATURE OF ARRESTING/INVESTIGATING OFFICER <i>Andrew Borrows</i>	BORROWS, ANDREW (1138)	NAME OF OFFICER (PLEASE PRINT)	04/13/2017	PAGE 3 OF 3
	DATE 04/13/2017	DATE 04/13/2017						

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.



SCANNED

APR 14 2017

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

SCANNED

APR 14 2017

SUBJECT: VIVIAN Brooks

CASE NUMBER:

17-001793

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

SCANNED

APR 14 2017

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: Vivian Brooks CASE NUMBER: 17-001793

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: TFC A. Barrows

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED

APR 14 2017