

20-MM 3638 RH

12-10-20

IN THE CIRCUIT/COUNTY COURT IN THE FIRST JUDICIAL CIRCUIT IN AND FOR SANTA ROSA COUNTY, FLORIDA
ARREST REPORT SANTA ROSA COUNTY SHERIFFS OFFICE

REPORT NO: SRSO55ARR012242

Jail Booking No	Offense No SRSO20OFF010099	Other No SRSO20CAD103006	OBTS 5701147067
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[SUSPECT]

Last First Middle Title Race Sex DOB Age Hgt Wgt
SIEGRIST **JOY** **HELENE** **W** **F** **4/11/1953** **67** **504** **0**

Eyes Hair MNI Number SSN I.D. No. St Type OCA / Agency ID
 SRSO20MNI014143 **[REDACTED]** **S262428536310** **FL** **U**

Birth Location: City: County: State: Nation: Citizenship:
Address

230 LINGER LN SUN CITY CENTER FL 33573

Occupations (Current/Last Known is Listed First)

* none found in MNI *

Aliases (Last, First Middle Title DOB)

* none found in MNI *

Street Names

* none found in MNI *

SCANNED

2020 NOV 11 2 41 PM
DONALD G. SIMMONS
CLERK OF COURT
SANTA ROSA COUNTY
FLORIDA

[INCIDENT INFORMATION]

Occurred Date Range: 11/5/2020 19:00 to 11/5/2020 19:08 Lat / Long
 No. Di Street Apt/Lot City ST Zip (GEO)
 1421 TIGER PARK LN GULF BREEZE FL 32563 1 - 01 - CNTY -

[CHARGES]

316.193.1a

DUI-UNLAW BLD ALCH

DUI INFLUENCE OF ALCOHOL OR DRUGS

Counts	Level	Degree	GOC	UCR	NCIC	AON	Bond Amount
1	Misdemeanor	Second	Principal	5400		5407	\$500.00

843.02

RESIST OFFICER

OBSTRUCT WO VIOLENCE

Counts	Level	Degree	GOC	UCR	NCIC	AON	Bond Amount
1	Misdemeanor	First	Principal	9000		4801	\$1,000.00

[STATEMENT OF PROBABLE CAUSE / NARRATIVE]

On 11/05/2020, I was dispatched to 1421 Tiger Park Lane (Lowe's) in reference to a vehicle stuck in a ditch. Upon my arrival, I observed a blue Ford F150 VA tag: UUD5908 in a ditch between Walmart and Lowe's. I approached the driver's door of the vehicle identified myself. I observed a white female driver later identified as Joy Helene Siegrist (W/F DOB: 04/11/1953). I could see that Joy had glassy eyes. I also noticed Joy's speech was slow. I asked her for her driver's license, registration, and proof of insurance. She would look for her purse for a few seconds, forget what she was doing, and I would have to remind her. This happened multiple times. Joy appeared to be falling asleep as we talked. I asked Joy where she was coming from, and she stated Chesapeake, Virginia. I asked Joy if she had anything to drink tonight, she stated "no."

Based on my observations, I asked Joy to exit the vehicle to conduct a DUI investigation. Joy refused to exit the vehicle. Joy stated she believes she can drive out of the ditch. I gave Joy the lawful command not to start or move the vehicle. Joy stated "ok" and started the vehicle. I continued to tell Joy multiple times to turn off and exit the vehicle. Joy made eye contact with me, stated, "ok," put the vehicle in reverse, and began to drive away. I ran to the driver's side door, forced it into park, pulled Joy from the driver's seat, and detained her. I asked Joy if she would be willing to perform field sobriety tasks to dispel my belief that she is impaired, she stated, "No."

Based on Joy driving her vehicle into a ditch, her glassy eyes, speech, and refusal to perform field sobriety

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tasks. I determined her ability to operate a motor vehicle to be impaired.

I placed Joy Helene Siegrist (W/F DOB: 04/11/1953) under arrest for driving under the influence of drugs or alcohol and resisting arrest without violence at 1954 hours.

I transported Joy to the Santa Rosa County Jail. Upon our arrival, I began my observation time at 2035 hours after the 20 minute observation period. I requested Joy submit to a breath test, Joy refused. I read implied consent from my department issued card at 2035 hours, and she refused again to submit to a breath test. Due to her refusal, I seized her DL Joy was given a total bond of \$1500.00.

Joy Helene Siegrist (W/F DOB: 04/11/1953) was charged with Driving under the influence of drugs or alcohol Per F.S.S 316.193.1 and Obstruct without violence FSS 843.02

Joy was issued Florida DUI Citations# AAFB4NE for driving under the influence of drugs or alcohol.

This incident occurred in Santa Rosa County, Florida.

I hereby swear (or affirm) that the facts established on this affidavit are true and correct to the best of my knowledge and belief.

Signature (Arresting Officer) SIMMONS, JUSTIN LOUI 220 ID/SSN

Subscribed and sworn to (or affirmed) before me this 5 day of November A.D., 2020 by J. Simmons (who is personally known to me or has produced Self as identification.

Signature Notary Public LEO X CO

Commission No: F.S. 117.10 My Commission Expires

[PHYSICAL EVIDENCE] [NO PHYSICAL EVIDENCE LISTED]

[ARREST INFORMATION]

Arrested 11/5/2020 19:54 Residency Within state Injured None Extent of Injury N/A Resist Yes
Arrested Prior Unknown Arrest Jurisdiction Within jurisdiction Alcohol Unknown Drugs Yes
No. 1421 Di Street TIGER PARK LANE A/L City GULF BREEZE ST FL Zip 32563 Lat / Long
Arresting Officer 220 SIMMONS, JUSTIN LOUI Unit SHF/CHF/MAJ/OPS/PATROL/D1 (GEO) - - - Officer Type
Reporting Officer 220 SIMMONS, JUSTIN LOUI Unit SHF/CHF/MAJ/OPS/PATROL/D1 Original Offense Jurisdiction SRSO
Forward to for approval

[WEAPONS]

Type Feature Description

IN THE CIRCUIT/COUNTY COURT IN THE FIRST JUDICIAL CIRCUIT IN AND FOR SANTA ROSA COUNTY, FLORIDA

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SANTA ROSA COUNTY SHERIFFS OFFICE

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- None
- ROR
- Cash
- Pro

Bond Set by Judge	<input type="checkbox"/> None	<input type="checkbox"/> ROR/Sign
_____	<input type="checkbox"/> Cash	<input type="checkbox"/> PTR
	<input type="checkbox"/> Any	<input type="checkbox"/> Property
	<input type="checkbox"/> Pro	<input type="checkbox"/> Work Release
	<input type="checkbox"/> Drug Patch / Alcohol Monitor	<input type="checkbox"/> House Arrest / GPS
<input type="checkbox"/> Purge	_____	
<input type="checkbox"/> SC	_____	

Return Court: COUNTY _____ Date: _____ Time: _____

Instructions: _____

[ADDITIONAL PERSONS]

COURT DISPOSITION: _____

(right index)

- No Bill / Petition
- Issue Warrant
- Prosecution Approved

Signature of Assistant State Attorney _____ Date _____

STATE OF FLORIDA vs.
SIEGRIST, JOY HELENE
Defendant/Minor Child

CASE NO. _____

APPLICATION FOR CRIMINAL INDIGENT STATUS

- I AM SEEKING THE APPOINTMENT OF THE PUBLIC DEFENDER OR
- I HAVE A PRIVATE ATTORNEY OR AM SELF-REPRESENTED AND SEEK DETERMINATION OF INDIGENCE STATUS FOR COSTS

Notice to Applicant: The provision of a public defender/court appointed lawyer and costs/due process services are not free. A judgment and lien may be imposed against all real or personal property you own to pay for legal and other services provided on your behalf or on behalf of the person for whom you are making this application. There is a \$50.00 fee for each application filed. If the application fee is not paid to the Clerk of the Court within 7 days, it will be added to any costs that may be assessed against you at the conclusion of this case. If you are a parent/guardian making this affidavit on behalf of a minor or tax-dependent adult, the information contained in this application must include your income and assets.

1. I have _____ dependents. (Do not include children not living at home and do not include a working spouse or yourself.)
2. I have a take home income of \$ _____ paid weekly bi-weekly semi-monthly monthly yearly
(Take home income equals salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court ordered support payments)

3. I have other income paid weekly bi-weekly semi-monthly monthly yearly: (Check "Yes" and fill in the amount if you have this kind of income, otherwise check "No.")
- | | | | |
|---------------------------|---|---|---|
| Social Security benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ | Veterans' benefit | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ |
| Unemployment compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ | Child support or other regular support from | |
| Union funds | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ | family members/spouse | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ |
| Workers compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ | Rental income | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ |
| Retirement/pensions | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ | Dividends or interest | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ |
| Trusts or gifts | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ | Other kinds of income not on the list | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ |

4. I have other assets: (Check "yes" and fill in the value of the property, otherwise check "No")
- | | | | |
|--|---|--------------------------------------|---|
| Cash | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ | Savings | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ |
| Bank account(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ | Stocks/bonds | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ |
| Certificates of deposit or money market accounts | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ | *Equity in homestead real estate | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ |
| *Equity in motor vehicles | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ | *Equity in non-homestead real estate | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ |
| *Equity in boats/other tangible property | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ | | |
- *include expectancy of an interest in such property

5. I have a total amount of liabilities and debts in the amount of \$ _____
6. I receive: (Check "Yes" or "No.")
- | | | | |
|--|--|------------------------------------|--|
| Temporary Assistance for Needy Families- Cash Assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Supplemental Security Income (SSI) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Poverty-related veterans' benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

7. I have been released on bail in the amount of \$ _____, Cash Surety Posted by: Self Family Other

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 27.52, F.S. commits a misdemeanor of the first degree, punishable as provided in s. 775.082, F.S. or s. 775.083, F.S. I attest that the information I have provided on this Application is true and accurate.

11. 05 20
Signed on _____
04 11 1953
Year of Birth: _____
Last four digits of Driver's License or ID Number _____

Joy Siegrist
Signature of applicant for indigent status
Print full legal name: SIEGRIST, JOY HELENE
Address: 1 Kennedy Dr.
City, State, Zip: Northampton, Va
Phone number: _____
E-mail Address: 23782

CLERK DETERMINATION

_____ Based on the information in this Application, I have determined the applicant to be () Indigent () Not Indigent
_____ The Public Defender is hereby appointed to the case listed above until relieved by the Court.

Dated this _____ day of _____, 20_____
Clerk of the Circuit Court, by Deputy Clerk

This form was completed with the assistance of: _____
Clerk/Deputy Clerk/Other authorized person

APPLICANTS FOUND NOT INDIGENT MAY SEEK REVIEW BY ASKING FOR A HEARING TIME. Sign here if you want the judge to review the clerk's decision of not indigent. _____

W



SANTA ROSA COUNTY SHERIFFS OFFICE

SIEGRIST, JOY HELENE

Booking Information



High Profile Suicidal Escape Risk Hold For:



Booking #: SRSO20JBN005206 **MNI:** SRSO20MNI014143 **Cell:** SRSO*ACR*X*006*003
Address: 1 KENNEDY DR PORT SMITH, VA 23702
Phone: (914)260-4411 **DOB:** 04/11/1953 **BIRTHPLACE:** HATTIESBURG, MISSISSIPPI
CITIZENSHIP: UNITED STATES **FBI POB:** MS **MARITAL STATUS:** Unmarried
RACE: W **SEX:** F **HGT:** 5'04" **WGT:** 131 **HAIR:** DBR **EYES:** BLU **SSN:** ██████████
FBI: **SID:** **DL:** S262428536310 **STATE:** VA
OBTS: 5701147067

Occupation: PHYSICIAN **Employer:** SELF EMPLOYED **Phone:**

Booked: 11/5/20 20:25 **Booked By:** SCHULTZ, KURT ARNOLD
Released: **Searched By:** SLOAN, WENDY LEANN
Photo By: BRASWELL, KIEFER JOSEPH
Print By: BRASWELL, KIEFER JOSEPH

esr

Inmate Signature

Officer Signature

FIRST APPEARANCE

BOND MODIFICATION

FUGITIVE WARRANT PROBATION VIOLATION FILED CASE NOT FILED FELONY MISDEMEANOR BENCH WARRANT

IN THE FIRST JUDICIAL CIRCUIT IN AND FOR SANTA ROSA COUNTY, FLORIDA

Date November 6, 2020

Time 1:43pm

STATE OF FLORIDA
VS

JOY HELENE SIEGRIST

CASE NO. _____

Charge(s) DUL RWOV

I. Defendant arrested by Florida HP; Gulf Breeze PD; Milton PD; SRC Sheriff's Office; upon warrant;
 upon capias; other _____
Having reviewed: sworn complaint, Affidavits information filed by the state attorney, warrant, there is
PROBABLE CAUSE to believe that defendant has committed, and defendant shall be held to answer for, the offenses except for _____

II. Having found probable cause, the court has now advised the defendant of:

- The charge. Defendant given copy of complaint. Yes No Reason _____
- His right to communicate with counselor or the public defender.
- His right to remain silent and that anything he says may be used against him
- His right to private counsel or the public defender.

Public Defender appointed with FEE: Yes No Private Attorney: _____

WAIVER:

I have been given the advice by the Court as above set forth, which includes my right to counsel, and I hereby waive my right to counsel at this hearing and understand that this, my waiver of counsel, is limited to first appearance only and that it shall in no way be construed to be a waiver of counselor for subsequent proceedings.

Dated this November 6, 2020

DEFENDANT

III. BOND SET AT: _____

- Defendant held w/out bond ROR to Pretrial Release Program (report w/in 24 hours)
- VFOSC Hold:** Yes No **GPS:** Active Passive PBM WAM Drug Patch
- Exclusion Zone(s): _____ ft @ Victim's Home Work _____

SPECIAL CONDITIONS:

- Do not engage in any criminal activity Do not consume any alcohol
- Do not commit any acts or threats of violence Do not use/possess any illegal drugs. D/T ___x/week
- Have **No Contact**, direct or indirect, with victim(s) Do not operate a motor vehicle w/out valid D/L
- Have **No Violent Contact** with victim(s) Not leave Santa Rosa/Escambia/Okaloosa/Walton Co., FL
- Abide by any DVI/ Injunction for Protection Make/Keep appointment w/ Public Defender upon release
- Do not possess/carry any weapons or firearms Hook up any electronic monitor(s)/drug patch at release
- 1x visit to residence w/LEO to retrieve personal effects Other _____

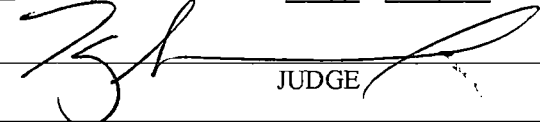
WARNING: A WARRANT OR CAPIAS FOR RE-ARREST WILL BE ISSUED FOR ANY VIOLATION OF THE ABOVE CONDITIONS ANY VIOLATIONS MAY ALSO BE PUNISHABLE AS CONTEMPT OF COURT.

The violation of any condition of release shall immediately be reported to the sentencing Judge.

Bound over to: Circuit Court returnable _____ at 9:00 a.m

County Court returnable 12-10-20 at 8:30 a.m.

County VOP returnable _____ at 8:00 a.m.



JUDGE

Plea of: _____ sentenced to: _____