

0517745

50-2020-CT-009168-ASB NR

883

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 20-092537		
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 01		
	Location of Arrest (Including Name of Business) 7371 FLAVOR PICT RD BOYNTON BEACH, FL 33437				Location of Offense (Business Name, Address) 7371 FLAVOR PICT RD BOYNTON BEACH, FL 33437				
	Date of Arrest 07/30/2020	Time of Arrest 1843	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
Name (Last, First, Middle) ROSENDORF, BARBARA, SUE						Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 04/27/1959	Height 5'0	Weight 102	Eye Color BLU	Hair Color BLND	Complexion FAIR	Build THIN	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status DIVORCED	Religion JEWISH	Indication of Alcohol Influence Drug Influence 1. City 2. County 3. Florida 4. Out of State 2			
Local Address (Street, Apt. Number) 5655 ROYAL LAKE CIR BOYNTON BEACH, FL 33437		City (State) (Zip) FL 33437		Phone (954) 648-4974		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2			
Permanent Address (Street, Apt. Number) 5655 ROYAL LAKE CIR BOYNTON BEACH, FL 33437		City (State) (Zip) FL 33437		Phone (954) 648-4974		Address Source FL DL			
Business Address (Name, Street) ()		City (State) (Zip) ()		Phone ()		Occupation			
DL Number, State R253-077-59-647-0		Soc. Sec. Number ()		INS Number ()		Place of Birth (City, State) NEW YORK, NY		Citizenship US	
Co-Defendant Name (Last, First, Middle)				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 Legal Custodian Other: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle)		Residence Phone ()		Business 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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property		School Attended Grade			
Drug Activity N. N/A S. Sell B. Buy P. Possess		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 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) A		Violation of ORD #		Bond	
Drug Activity N		Drug Type N	Amount / Unit	Offense # 20-092537	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Bond	
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 #		Bond	
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 #		Bond	
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
Location (Court, Room Number, Address) SOUTH COUNTY COURT HOUSE 200 W ATLANTIC AVE DELRAY BEACH, FL.									
Court Date and Time Month August Day 24th Year 2020 Time 8:30 AM <input checked="" type="checkbox"/> PM									
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)						Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer X [Signature]			Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) JESUS PUJOL			I.D. # 8530		(PRINT)		
Intake Deputy [Signature]		ID # 8530		Agency PBSO		PAGE 1		OF 1	

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA
3 Request for Warrant
4 Request for Capias

1

Juvenile

OBTS Number	Agency ORI Number FLO. 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 20-092537
Charge Type	Check as many as apply		Special Notes SUPPLEMENTAL PC	
<input type="checkbox"/> 1 Felony	<input checked="" type="checkbox"/> 2 Traffic Felony	<input checked="" type="checkbox"/> 3 Misdemeanor	<input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other

Name (Last, First, Middle) ROSENDORF, BARBARA	Alias	Race W	Sex F	Date of Birth 04/27/1959
Charge Description DUI	Charge Description			
Charge Description	Charge Description			

Victim's Name (Last, First, Middle) STATE OF FLORIDA	Race	Sex	Date of Birth
Local Address (Street, Apt Number)	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)

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
 committed the below acts in my presence.
 confessed to _____ admitting to the below facts.
 was observed by _____ who told _____
 that he/she saw the arrested person commit the below acts.
 was found to have committed the below acts, resulting from my (described) investigation.

On the 30 day of JULY 20 20 at 6:07 A.M P.M (Specifically include facts constituting cause for arrest.)
 ON JULY 30, 2020, AT APPROXIMATELY 1800 HRS, WHILE ON ROUTINE PATROL IN MY MARKED PBSO PATROL CAR, ASSET #69680, IN UNINCORPORATED BOYNTON BEACH, FLORIDA. I OBSERVED A BLACK HYUNDAI SONATA, LICENSE PLATE GBKX56, TRAVELING NORTHBOUND ON HAGAN RANCH RD, CONDUCT A WIDE RIGHT TURN ONTO FLAVOR PICT RD. THE BLACK HYUNDAI FAILED TO MAINTAIN THEIR TRAVEL LANE, NEARLY STRIKING A VEHICLE TRAVELING WEST BOUND ON FLAVOR PICT WHICH WAS STOPPED AT THE RED LIGHT LOCATED AT HAGAN RANCH. I INITIATED A TRAFFIC STOP DUE TO THE MOVING VIOLATION, STOPPING AT VEHICLE AT 7371 FLAVOR PICT RD. I MADE CONTACT WITH THE DRIVER OF THE VEHICLE, IDENTIFIED BY HER FLORIDA DRIVER'S LICENSE AS BARBARA ROSENDORF AND ADVISED HER OF THE REASON FOR THE STOP. WHILE CONDUCTING THE TRAFFIC STOP, DISPATCH ADVISED THE VEHICLE MATCHED THE DESCRIPTION OF A POSSIBLE DUI BOLO. D/S PUJOL RESPONDED TO THE SCENE.

PROBABLE CAUSE STATEMENT

NOTA CERTA

STATE OF FLORIDA COUNTY OF PALM BEACH	30	JULY	20	20	by	PERSONALLY KNOWN
(Signature of Arresting/Investigative Officer)	The foregoing instrument was sworn to or affirmed and subscribed before me this					(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced
(Signature of Notary Public)						PERSONALLY KNOWN
Notary Public Clerk or Commissioner (F.S.S. 117.10)						PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30TH DAY OF JULY 20 20 AT 1808 AM PM
SUBJECT: ROSENDORF, BARBARA, SUE CASE NUMBER: 20-092537
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S JESUS PUJOL

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
ON JULY 30, 2020, AT APPROXIMATELY 1800 HRS, D/S L.UBER WAS ON ROUTINE PATROL IN HIS MARKED PBSO PATROL CAR, ASSET #69680, IN UNINCORPORATED BOYNTON BEACH, FLORIDA. DURING THIS TIME HE OBSERVED A BLACK HYUNDAI SONATA, LICENSE PLATE GBKX56, TRAVELING NORTHBOUND ON HAGAN RANCH RD, CONDUCT A WIDE RIGHT TURN ONTO FLAVOR PICT RD. THE BLACK HYUNDAI FAILED TO MAINTAIN THEIR TRAVEL LANE, NEARLY STRIKING A VEHICLE TRAVELING WEST BOUND ON FLAVOR PICT WHICH WAS STOPPED AT THE RED LIGHT LOCATED AT HAGAN RANCH. HE INITIATED A TRAFFIC STOP DUE TO THE MOVING VIOLATION, STOPPING AT VEHICLE AT 7371 FLAVOR PICT RD. HE MADE CONTACT WITH THE DRIVER OF THE VEHICLE, IDENTIFIED BY HER FLORIDA DRIVER'S LICENSE AS BARBARA ROSENDORF AND ADVISED HER OF THE REASON FOR THE STOP. WHILE CONDUCTING THE TRAFFIC STOP, DISPATCH ADVISED THE VEHICLE MATCHED THE DESCRIPTION OF A POSSIBLE DUI BOLO. D/S PUJOL RESPONDED TO THE SCENE.

OBSERVATION OF DRIVER:

Upon making contact with Barbara I observed she had slurred speech, blood shot eyes and the odor of an unknown alcoholic beverage emitting from her person.

DRIVER'S STATEMENTS:

Barbara stated she was headed home from the beach and admitted to have drank three glasses of wine.

ODORS:

Strong odor of an unknown alcoholic beverage emitting from her person.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Mood swings, cooperative at times.

CLOTHING: Bikini with black bottom beach cover.

MEDICAL/OTHER: None.

STATE OF FLORIDA
COUNTY OF PALM BEACH

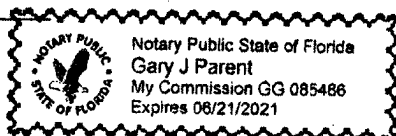
D/S JESUS PUJOL

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of July 20 2020 by D/S Jesus Pujol

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

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



FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006478 Software: 8100.27
Date of Test: 07/30/2020

Date of Last Agency Inspection: 07/17/2020

Observation Period Began: 19:36

Subject's Name: BARBARA S ROSENDORF

DOB: 04/27/1959 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	20:05
	Air Blank	0.000	20:05
	Control Test	0.080	20:05
	Air Blank	0.000	20:06
	Subject Sample #1	0.197	20:08
	Air Blank	0.000	20:09
	Air Blank	0.000	20:10
	Subject Sample #2	VNM*	20:13
	Air Blank	0.000	20:14
	Air Blank	0.000	20:16
	Subject Sample #3	REF**	20:18
	Air Blank	0.000	20:19
	Control Test	0.076	20:19
	Air Blank	0.000	20:20
	Diagnostics Check	OK	20:20

*Volume Not Met (0.170 - Breath Sample Not Reliable to Determine Breath Alcohol Level)
**Subject Test Refused

Cylinder Lot: 28719080A1
Exp: 12/05/2021

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I GARY J PARENT, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 07/30/20
Signature

Sworn to (or affirmed) before me this 30 day of JULY, 2020

Signature of Notary Public-State of Florida D/S J. PUSOL
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SUBJECT: ROSENDORF, BARBARA, SUE

CASE NUMBER 20-092537

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:

WALK & TURN:

During the walk Barbara started the exercise too soon, missed her heel-to-toe, stepped off the line, used her arms to balance herself, made an improper turn and took the incorrect number of steps.

ONE LEG STAND:

During the one leg stand Barbara swayed while balancing, used her arms to balance and put her foot down before 30 seconds.

FINGER TO NOSE:

During the finger to nose Barbara could not keep her eyes closed, her finger did not touch her nose and she used the wrong hand for test.

ROMBERG ALPHABET:

During the ROMBERG alphabet Barbara did not keep her eyes closed and incorrectly recited alphabet incorrectly.

BREATH TEST RESULTS: 1) .197 2) .170 VNM 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

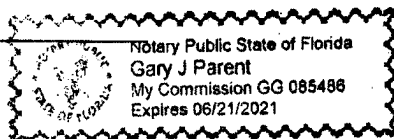
D/S JESUS PUJOL

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 30th day of July 20 2020 by D/S Jesus Pujol

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

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



WITNESS LIST

CASE NUMBER: 20-092537

ARRESTING OFFICER: D/S JESUS PUJOL

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

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: PLEASE REFER TO PC AND INCIDENT REPORT.

NAME: D/S LARRY UBER

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

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: PLEASE REFER TO SUPP. PC AND INCIDENT REPORT.

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT: CASE NUMBER:

DATE: VIDEO DVD 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:

Eyes watery and bloodshot, odor of an unknown alcoholic beverage on breath.

REFUSED

COMMENTS:

Arrived at Center A/O began the 20 minute observation period at 1936 hrs.

Subject stated she would take the test. After coming up to provide the second sample subject would not blow properly A/O read I/C subject stated she understood I/C. When subject was brought up to provide the next sample she again would not follow instructions. Subject just kept stating she isn't good at "Blow Jobs". A/O called a refusal.

A/O read rights.
Subject stated she didn't understand rights.

A/O did not attempt Q&A.

REFUSED



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020018160	Date: 7/31/2020
	Specialist Name/ID: B Evans / 23649