

20CT14639 MB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-20-126798</b>						
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1								
Location of Arrest (Including Name of Business) <b>LA MANCHA AVE AND VISCAYA AVE ROYAL PALM BCH FL 33411</b>				Location of Offense (Business Name, Address) <b>LA MANCHA AVE AND VISCAYA AVE, ROYAL PALM BEACH FL 33411</b>								
Date of Arrest <b>11/14/2020</b>	Time of Arrest <b>0257</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>PRIORITY TOWING</b>						
Name (Last, First, Middle) <b>JENKINS, CHRISTOPHER, RANDOLPH</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>		Sex <b>M</b>	Date of Birth <b>6/3/1985</b>	Height <b>510</b>	Weight <b>178</b>	Eye Color <b>BLU</b>	Hair Color <b>BLON</b>	Complexion <b>FAIR</b>	Build <b>SMALL</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>				Marital Status <b>Single</b>	Religion <b>NONE</b>	Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>						
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>107 SEGURA ST, ROYAL PALM BEACH FL 33411</b>				Phone <b>(954) 851 5747</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>						
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source <b>FLDL</b>						
Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation						
DL Number, State <b>J525116852030,</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>CULPEPPER VA</b>		Citizenship <b>US</b>				
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 355-2528) 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 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 <b>DUI</b>				Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)A</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>N/A</b>	Offense # <b>20-126798</b>	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						
Location (Court, Room Number, Address) <b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b>												
Court Date and Time Month <b>DECEMBER</b> Day <b>10</b> Year <b>2020</b> Time <b>0830</b> 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 <b>11/14/2020</b>												
Signature of Defendant (or Juvenile and Parent /Custodian)										Date Signed		
HOLD for other Agency Name:				Signature of Arresting Officer				Name Verification (Printed by Arrestee) <b>NOV 14 AM 5:37</b>				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>INV E. K. WHITE</b>				I.D. # <b>7209</b>		(PRINT)		
Intake Deputy <b>[Signature]</b>		I.D. #		Pouch #		Transporting Officer <b>INV E. K. WHITE</b>		ID # <b>7209</b>		Agency <b>PBSO</b>		
Witness here if subject signed with an "X"										PAGE <b>1 OF 1</b>		

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PROBABLE CAUSE AFFIDAVIT

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

OBTS Number Agency ORI Number Agency Name Agency Report Number
FLO 500000 PALM BEACH COUNTY SHERIFF'S OFFICE 06-20-126798

Name (Last, First, Middle) JENKINS, CHRISTOPHER, RANDOLPH Alias Race W Sex M Date of Birth 6/3/1985

Charge Description Charge Description
DUI 316.193(1)A

Victim's Name (Last, First, Middle) Local Address (Street, Apt. Number) Business Address (Name, Street)

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.
On the 14 day of NOVEMBER 2020 at 0226 A.M.

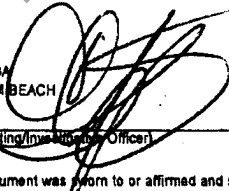
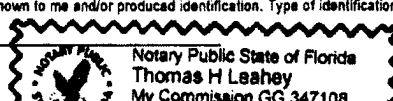
On Saturday, November 14, 2020 at approximately 0230 hours, I responded to La Mancha Avenue and Viscaya Avenue, Royal Palm Beach (Palm Beach County) Florida to assist Sergeant Kovach with a traffic stop that involved a possible drunk driver. Upon my arrival I noticed Sgt. Robert Kovach's unmarked patrol vehicle stopped behind a white Honda Accord on La Mancha facing east. The sergeant's had his emergency lights fully activated. I spoke with him and he told me as he traveled northbound on Royal Palm Boulevard he watched a white vehicle race up behind him at a high rate of speed. It began flashing its high beams as it continued to encroach on his tail gate. Sgt. Kovach told me he made a right turn onto La Mancha Ave and the vehicle passed him on the wrong side of the road. He conducted a traffic stop on the vehicle and made contact with the driver. After speaking with him the sergeant suspected the driver to have been drinking an unspecified amount of unknown alcoholic beverages. He asked for a DUI unit to respond to assess the driver further for possibly being impaired.

I made contact with the driver who was currently sitting in the driver seat of the previously mentioned vehicle. He was later identified as Christopher Randolph Jenkins by his Florida driver license. I noticed his eyes were red, watery and glossy. His cheeks were flushed, mouth dry and he slurred his speech while speaking. I could smell a strong odor of an unknown alcoholic beverage emanating from the inside of the vehicle. His movements were slow, calculated and lethargic. He was holding his cell phone out the driver side window displaying his insurance information. He was wearing white pants a maroon shirt and brown shoes. I told the driver the reason the sergeant stopped him. Moreover, I explained my suspicion of his alcoholic beverage consumption. He told me he was down the street from his home. Based on my suspicion I asked if he would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. He obliged. I asked the defendant to step out of the vehicle. Once out of the vehicle I watched the defendant sway and remain unsteady while standing. Prior to his performance I asked if he had any physical problems with his body that would inhibit him from performing light physical exercises. I also asked if he was taking medication. He reported he neither had anything wrong with him physically, not was he taking medication.

STATE OF FLORIDA COUNTY OF PALM BEACH INV E. K. WHITE (Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of NOVEMBER 2020 by INV E. K. WHITE (Print name of Arresting Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced KNOWN)

Notary Public, Clerk of Court, Officer (F.S.S. 117.10) Notary Public State of Florida Thomas H Leahey My Commission GG 347108

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 20-126798</b>			
Charge Type: Check as many as apply.		Special Notes:					
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other							
Name (Last, First, Middle) <b>JENKINS, CHRISTOPHER, RANDOLPH</b>		Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>6/3/1985</b>	
CHARGES	Charge Description <b>DUI</b>		316.193(1)A				
	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
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 <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.							
On the <u>14</u> day of <u>NOVEMBER</u> 20 <u>20</u> at <u>0226</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)							
<p><b>I escorted them to a level surface that was smooth and free from obstructions and debris. This area was well lighted by my headlights and ambient lighting in the area. I could now smell a strong odor of an unknown alcoholic beverage emanating from his breath that intensified when he spoke. I directed his attention to the white edge line on the south shoulder of the roadway. He identified with the line by placing his left foot on it when prompt to do so. The following SFSTs were explained, demonstrated and acknowledged by him prior to his performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. His deficiencies were recorded on another form in this work sheet. At the conclusion of the SFSTs, coupled with the sergeant's observation of the defendant's vehicle in motion and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant he was being placed under lawful arrest for DUI. He was searched and handcuffed (double locked and checked for tightness) prior to being seated into the rear of my patrol car. As I searched his pockets I found a receipt from "Tap 42" located in the Town Center Circle. The receipt displayed a purchase of Wynwood La Rubia Blond (2 AH HH BEER), The Prohibition, Cajun Fries, Jack Daniels and Tito's Red Bull. The defendant arrived at this establishment and 2139 hours on Friday. Back up deputies arranged for the defendant's vehicle to be towed by a tow service from PBSO's rotation list. Priority Towing responded and impounded his vehicle to their lot. Meanwhile I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted the defendant into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into his body orally or otherwise. Neither did he regurgitate. I escorted him into the testing room and asked him to provide breath samples for the purpose of determining his alcohol content. He refused. I read implied consent and allowed him to rear it. He acknowledged the "consent" and refused to give breath samples. During the process of trying to acquire breath samples the defendant inquired about speaking with an attorney. Thus no Q&amp;A was done. The defendant was booked into the main jail without incident.</b></p>							
STATE OF FLORIDA COUNTY OF PALM BEACH		 <b>INV E. K. WHITE</b> (Signature of Arresting/Investigative Officer)					
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>14</u> day of <u>NOVEMBER</u> 20 <u>20</u> by <u>INV E. K. WHITE</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u>							
Notary Public, Clerk of Court, Officer (F.S.S. 117.05)						PAGE <u>2</u> OF <u>2</u>	

ADMIN Agency ORI Number FLO 5 0 0 0 0 0 Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number 0 6 20-126798  
 Charge Type:  1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  5. Ordinance  6. Other \_\_\_\_\_ Special Notes \_\_\_\_\_

DEF. Name (Last-First, Middle) JENKINS, CHRISTOPHER R. Alias \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth 11/14/85

CHARGES Charge Description DREVE W/ INTOXICATED Charge Description \_\_\_\_\_  
 Charge Description \_\_\_\_\_ Charge Description \_\_\_\_\_

VICTIM Victim's Name (Last, First, Middle) STATE OF FL. 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 \_\_\_\_\_

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.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
 On the 14 day of NOV 2020 at 2:25 P.M. (Specifically include facts constituting cause for arrest.)

WHILE TRAVELING N/S ON ROYAL PALM BEACH BLVD. NEAR LA MANCHA AVE. IN THE VILLAGE OF ROYAL PALM IN AN UNMARKED PBSO PATROL VEHICLE A WHITE VEHICLE APPROACHED ME FROM THE REAR AT A HIGH RATE OF SPEED, NEARLY STRIKING THE REAR OF MY VEHICLE AS I TRAVELLED IN THE FAR RIGHT LANE, THE VEHICLE THEN BEGAN FLASHING ITS HIGH BEAMS AS IT CONTINUED TO TAILGATE ME, NEARLY STRIKING MY VEHICLE SEVERAL TIMES. AS I TURNED ONTO LA MANCHA AVE THE WHITE ACCORD BEARING FLH IDL R11 PASSED ME ON THE WRONG SIDE OF THE ROAD. I INITIATED A TRAFFIC STOP AND SUBSEQUENTLY IDENTIFIED THE DRIVER AS CHRISTOPHER JENKINS (SOLE OCCUPANT). I OBSERVED A MORGATE OODR OF VINK. AN ALCOHOLIC BEVERAGE FROM HIS BREATH, AS WELL AS DILATED PUPILS AND A RED, FLUSHED FACE. HE WAS UNABLE TO PROVIDE HIS REGISTRATION OF INSURANCE AS REQUESTED, ALTHOUGH THE REGISTRATION WAS IN PLAIN VIEW IN HIS HAND. AT THIS POINT DET INVESTIGATOR WHITE ARRIVED ON SCENE AND ASSUMED THE INVESTIGATION.

STATE OF FLORIDA COUNTY OF PALM BEACH  
 Sgt. [Signature] # 7433 (Signature of Arresting/Investigative Officer)  
 The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of NOV 2020 by SGT. KOVACH KNOWN / LEO  
 (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, Official (F.S. 117.10) 1209  
 PAGE 1 OF 1

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 14 DAY OF NOVEMBER 20 20, AT 0226 AM PM

SUBJECT: JENKINS, CHRISTOPHER, RANDOLPH CASE NUMBER: 20-126798

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV E. K. WHITE

**PERSONAL CONTACT**

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

**SEE PC AFFIDAVIT**

OBSERVATION OF DRIVER:

**SEE PC AFFIDAVIT**

DRIVER'S STATEMENTS:

**I LIVE RIGHT DOWN THE STREET**

ODORS:

**STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM SUBJECT'S BREATH**

**GENERAL OBSERVATIONS**

SPEECH: **SLURRED**

ATTITUDE: **COOPERATIVE, EMOTIONAL**

CLOTHING: **LOOSE AND DISHEVELED**

MEDICAL/OTHER: **NONE**

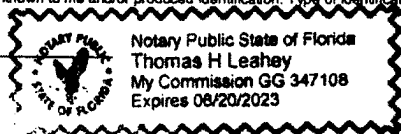
STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV E. K. WHITE  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of NOVEMBER 2020 by INV E. K. WHITE

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

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



CERTIFIED COPY

SUBJECT: JENKINS, CHRISTOPHER, RANDO CASE NUMBER 20-126798

**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:**

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. Subject showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation. I also saw an onset of Nystagmus prior to 45 degrees in both eyes. Subject swayed while performing this task.

**WALK & TURN:**

**THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK:** The defendant was unable to maintain his balance while placed in the instructional position. He swayed and showed difficulty in keeping his balance. He began the task too soon. During his performance he stepped off the line, did not touch heel to toe, asked for instructions prior to turning and took an incorrect number of steps.

**ONE LEG STAND:**

**THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK:** The defendant failed to maintain his balance while his leg/foot was elevated, he did not keep his arms by his side as instructed, he counter leaned in an effort to maintain his balance

**FINGER TO NOSE:**

**THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK:** Subject swayed while performing this task, he failed to touch the tip of his finger to the tip of his nose on all attempts, rather he slowed his approach when reaching the front of his face and searched for the tip. He made contact underneath his nose consistently

**ROMBERG ALPHABET:**

**THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK:** Subject swayed while performing this task. He failed to recite the 26 letter alphabet successfully

**BREATH TEST RESULTS:**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

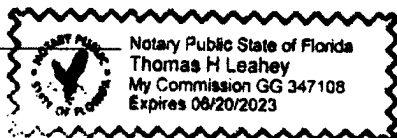
INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of NOVEMBER 2020 by INV E. K. WHITE

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

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



# 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 are glassy & bloodshot  
odor of unknown alcoholic beverage on breath

### COMMENTS:

arrived at center A/O conducted 20 minute observation period 0340 hrs.

subject refused to perform breath test

A/O read I/C & subject read I/C & subject understood I/C

subject refused to perform breath test

A/O did not read rights

A/O did not conduct Q&A

subject invoked right to counsel



**PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET**

PBSO CASE # 20-126798 PBSO ZONE 9-12

AGENCY CASE # \_\_\_\_\_ CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0226 DATE 11/14/2020 DAY Saturday

SUBJECT'S NAME JENKINS, CHRISTOPHER, RANDOLPH RACE W SEX M

HGT 510 WGT 178 DOB 6/3/1985

LOCATION LA MANCHA AVE AND VISCAYA AVE ROYAL PALM BCH FL 33411

ARRESTING OFFICER'S NAME & ID INV E. K. WHITE (7209) AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0340

ARREST TIME 0257

**BREATH RESULTS:**

1) <b>REFUSED</b>
2) <b>REFUSED</b>
3) _____
4) _____

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # n/a

NOT A CERTIFIED COPY

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
BREATH AND/OR URINE TEST

20-126798

I, INV E. K. WHITE, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 14 day of November, 20 20, at 0257  P.M.  A.M.

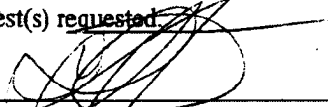
DRIVER CHRISTOPHER RANDOLPH JENKINS,  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# J525116852030, state of FLORIDA, was placed under lawful arrest for  
the offense of DUI by INV E. K. WHITE and  
(Name of Arresting Officer)  
issued Citation # A2GCVRP

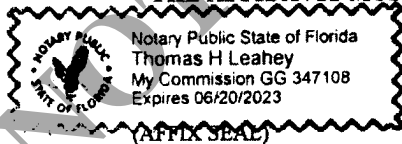
That on or about the 14 day of NOVEMBER, 20 20, at 0409  P.M.  A.M.

in Palm Beach County,

I requested that the driver submit to a  **breath and/or**  **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

  
Signature of Law Enforcement Officer or  
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title \_\_\_\_\_

Date \_\_\_\_\_

The foregoing instrument was sworn and subscribed before  
me this 14 day of NOVEMBER, 20 20,  
by INV E. K. WHITE,  
who is personally known to me or who has produced  
KNOWN as identification  
Notary Public T. Leahey

Note: Mail or hand deliver to the designated  
Bureau of Administrative Reviews office,  
Department of Highway Safety and Motor  
Vehicles, with the driver's license, the  
appropriate copy of the UTC, and the  
probable cause affidavit.

SUBJECT: Jenkins, Christopher R CASE NUMBER: 20-126798

## 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: \_\_\_\_\_

SUBJECT: Jenkins Christopher R CASE NUMBER: 20-126798

## 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



**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 checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	9
	<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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020026804	Date: 11/15/2020
	Specialist Name/ID: AM/31562