

21CT 27B

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBT# Number 0179953		Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21-037685		
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator <input type="checkbox"/> 1				
Location of Arrest (Including Name of Business) 2854 OKEECHOBEE BV WEST PALM BEACH FL 33407				Location of Offense (Business Name, Address) 2854 OKEECHOBEE BV #N/A, WEST PALM BEACH FL 33409				
Date of Arrest 02/20/2021	Time of Arrest 2148	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle PRIORITY TOWING		
Name (Last, First, Middle) ROJAS, ILEANA, MARIA				Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 11/24/1972	Height 505	Weight 125	Eye Color BRO	Hair Color BRO	Complexion MED	Build SMALL
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status Single	Religion NCONE	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/>		
Local Address (Street, Apt. Number) 3807 EASTVIEW AVE, WEST PALM BEACH FL 33407				Phone (561) 8183380		Residence Type: 1. City 2. County 3. Florida 4. Out of State		
Permanent Address (Street, Apt. Number)				Phone		Address Source DEFENDANT		
Business Address (Name, Street)				Phone		Occupation		
D/L Number, State R-220-413-72-924-1,		Soc. Sec. Number		INS Number		Place of Birth (City, State) TRENTON NJ		Citizenship US
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<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. Barbiturates C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana D. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other
Charge Description DUI WITH PROP DAMAGE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(3)C1		Violation of ORD #		
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 21-037685	Warrant / Capias Number		Bond		
Charge Description FAILURE TO SUBMIT TO TESTING		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.1939(1)		Violation of ORD # 1		
Drug Activity N/A	Drug Type N/A	Amount / Unit N/A	Offense # 21-07685	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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) 3228 GUN CLUB RD WEST PALM BEACH FL 33406								
Court Date and Time Month MARCH Day 11 Year 2021 Time 0830 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. 02/20/2021								
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed				
HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) INVE K. WHITE		I.D. # 7209		
Intake Deputy Diana		I.D. #	Pouch #	Transporting Officer INV E. K. WHITE		I.D. # 7209		
Agency		Agency		Witnesses (if subject signed with an "X")				

J# 0179953 FEB 21 2021 P# 3092

FILED
2021 FEB 21 11:00 AM
PALM BEACH COUNTY
CLERK OF COURT
PAGE 1 of 1

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	1	Juvenile	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21-037685				
Charge Type: Check as many as apply.		Special Notes:						
<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance				
<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other				
Name (Last, First, Middle) ROJAS, ILEANA, MARIA		Alias		Race W	Sex F	Date of Birth 11/24/1972		
Charge Description DUI WITH PROP DAMAGE		316.193(3)C1		Charge Description FAILURE TO SUBMIT TO TESTING		316.1939(1)		
Victim's Name (Last, First, Middle)		Race		Sex		Date of Birth		
Local Address (Street, Apt. Number)		(City)		(State) (zip)		Phone		
Business Address (Name, Street)		(City)		(State) (zip)		Phone		

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 20 day of FEBRUARY 2021 at 2046 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On Saturday, February 20, 2021 at approximately 2035 hours, I responded to the Outback Steakhouse, located at 2854 Okeechobee Boulevard, West Palm Beach (Palm Beach County) Florida to assist Deputy Osner Joseph with a traffic crash that involved a possible drunk driver. While en route to this location it was advised there were no injuries to the people involved in the crash. Upon my arrival I noticed a white utility vehicle resting in the roadway facing north. Another white vehicle was resting against the left front side of the utility vehicle with its front side. A white Hispanic female was sitting in the driver seat of the utility vehicle. I made contact with D/S Joseph who was actively investigating the crash. He determined the utility vehicle left the parking lot of the restaurant and pulled into the path of the passenger car. As a result of it violating the right of way of the passenger car, a crash ensued, causing damage to the front side of the car and left front side of the utility vehicle. The driver and passenger wrote sworn witness statements regarding this incident. I made contact with the driver who was currently sitting in the driver seat of the previously mentioned utility vehicle. She was later identified as Ileana Maria Rojas by her Florida driver license. Her eyes were red, watery and glossy. Her cheeks were flushed, mouth dry and she slurred her speech while speaking. She was unsteady on her feet and swaying as she stood. She was talkative, overbearing and often interrupted me throughout our encounter. She was wearing a light blue pin striped shirt, blue jeans pants and black high heel shoes. She removed her shoes to perform the tasks. I told the driver I had a suspicion that she had been drinking an unspecified amount of alcoholic beverages. I explained my suspicion were prompted by the previously mentioned indicators of impairment she was exhibiting. Based on my suspicion I asked if she would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if she was impaired while operating a motor vehicle. She obliged. Prior to her performance I asked if she was injured from the crash, had any previous physical problems with her body that would inhibit her from performing light physical exercises and if she was taking medication. She explained she was not injured from the crash, nor did she have any previous injuries. She also explained she was not taking medication. She did, however, say she had anxiety issues. I escorted her to a level surface that was smooth and free from obstructions and debris. I could now smell a strong odor of an unknown alcoholic beverage emanating from her breath that intensified when she spoke. I placed a yellow strip of masking tape on the surface that formed a line. The defendant identified the tape by giving its color and by attempting to place her left foot on it when prompt to do so.

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of FEBRUARY 2021 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

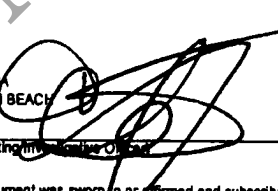
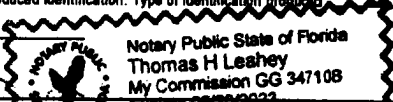
Thomas Leahey (#19183)

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

[Signature]

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
EXPIRES 07/20/2023
YELLOW - AGENCY

PAGE 1 OF 2

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	1	Juvenile	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		2. N.T.A.	4. Request for Capias			
Agency Report Number 06-21-037685		Charge Type: Check as many as apply.		Special Notes:				
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input 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) ROJAS, ILEANA, MARIA		Alias		Race W	Sex F	Date of Birth 11/24/1972		
Charge Description DUI WITH PROP DAMAGE		316.193(3)C1		Charge Description FAILURE TO SUBMIT TO TESTING		316.1939(1)		
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 <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>20</u> day of <u>FEBRUARY</u> 20<u>21</u> at <u>2046</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>								
<p>The following SFSTs were explained, demonstrated and acknowledged by her prior to her performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. Her deficiencies were recorded on another form in this work sheet. At the conclusion of the SFSTs, coupled with the driver and passenger of the non-fault vehicle's observation of the defendant's vehicle in motion when the crash occurred and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for the previously mentioned charge. I told the defendant she was being placed under lawful arrest. She was searched and handcuffed (double locked and checked for tightness) prior to being seated into the rear of my patrol car. Back up deputies arranged for the defendant's vehicle to be towed by a tow service from PBSO's rotation list. Priority Towing responded to the scene and impounded her 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 her body orally or otherwise. Neither did she regurgitate. I escorted her into the testing room and asked her to provide breath samples for the purpose of determining his alcohol content. She refused. I attempted to read her implied consent but she interrupted me throughout this process. I managed to read the consent and asked if she understood it. She began deflecting to the crash and saying it was not her fault. She also asked why was the driver of the other vehicle not arrested. Since she was overbearing and not providing an answer to the "implied consent", I deemed her a "refusal". A check of her driver license history revealed that the defendant has a prior refusal to submit dating 02/20/2000. Based on this information she is additionally being charged with Refusal to submit to Testing. Moreover since she was asking for her lawyer Q&A was not performed. The defendant was booked in the main jail for the previously mentioned charges.</p>								
STATE OF FLORIDA COUNTY OF PALM BEACH		 INV E. K. WHITE						
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>20</u> day of <u>FEBRUARY</u> 20 <u>21</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> <u>Thomas Leahy (#19183)</u> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								
							PAGE 2 OF 2	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20 DAY OF FEBRUARY 2021 AT 2046 AM PM

SUBJECT: ROJAS, ILEANA, MARIA CASE NUMBER: 21-037685

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:

NONE

ODORS:

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

GENERAL OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: VARYING MOOD SWINGS: CRYING, INATTENTIVE, INATTENTIVE AND PLAYFUL

CLOTHING: NORMAL

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 20 day of FEBRUARY 2021 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

Thomas Leahey (#19183)

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



SCANNED
FEB 21 2021

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> 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. She turned her head to assist in following the stimulus

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: Subject was unable to maintain her balance while placed in the instructional position. She swayed and ultimately abandoned the position. She was inattentive and started the task prior to allowing me to explain and demonstrate the instructions, She often spoke over me while preparing her for this task. During the task she failed to touch heel to toe, she stepped off the line, she turned improperly and failed to maintain her balance while walking

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: Subject could not maintain her balance while her leg/foot was elevated, she failed to look at her raised foot as instructed. She failed to perform this task as instructed on her first attempt. On her second attempts she failed to maintain her balance and dropped her foot on the surface.

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: The defendant did not perform this task and said she could not understand the instructions

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 failed to recite the alphabet on two attempts

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE

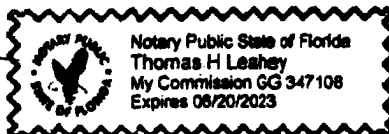
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of FEBRUARY 2021 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

Thomas Leahey (#19183)

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



SCANNED
FEB 21 2021



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

PBSO CASE # 21-037685 PBSO ZONE 3-22

AGENCY CASE # _____ CRASH CASE # 21037668

TIME OF STOP/CRASH 2046 DATE 02/20/2021 DAY Saturday

SUBJECT'S NAME ROJAS, ILEANA, MARIA RACE W SEX F

HGT 505 WGT 125 DOB 11/24/1972

LOCATION 2854 OKEECHOBEE BV WEST PALM BEACH FL 33407

ARRESTING OFFICER'S NAME & ID (7209) Inu White AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2217

ARREST TIME 2148

BREATH RESULTS:

1) **REFUSED**
2) _____
3) _____
4) _____

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

**SCANNED
FEB 21 2021**

SUBJECT: Rojas, Ileana M

CASE NUMBER: 21-037685

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.

SUSPECT'S SIGNATURE: (X) _____

SUBJECT: Rojas, Irma M CASE NUMBER: 21 037685

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: _____

SCANNED
FEB 21 2021

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

I, Investigator LE EDWARD WHITE, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of enforcement agency)

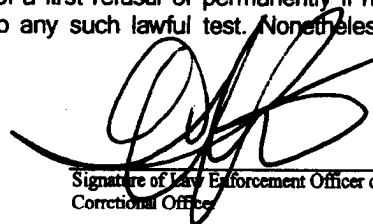
or affirm that on or about the TWENTIETH day of February, 2021, at 9:48 PM

DRIVER ILEANA MARIA ROJAS
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

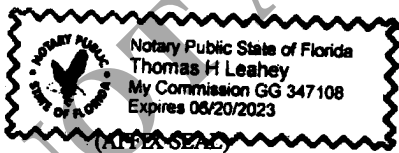
DL # R-220-413-72-924-1, state of FL, was placed under lawful arrest for
the offense of DUI by Investigator LE EDWARD WHITE and
(Name of Arresting Officer)
issued Citation # AEA7C2E

That on or about the TWENTIETH day of February, 2021, at 10:17 PM
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 (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 this 20th day of February, 2021
by Inv EK White # 7209
who is personally known to me or who has produced
Known as identification.
Notary Public T Leashey

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

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.

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #:	21-057668	ZONE:	3-22	SUSPECT:	ROJAS ILEANA	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	2-20-21 2040
EVENT TYPE:	Vehicle Crash			DEPUTY:	JOSEPH	ID#:	36169

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	Jean	FIRST NAME:	Junior	MIDDLE INITIAL:		RACE:		SEX:	M	
DATE OF BIRTH:	12/05/1987	YOUR HEIGHT:		YOUR WEIGHT:		YOUR HAIR COLOR:		YOUR EYE COLOR:	Brown	
YOUR HOME ADDRESS:	240 Kings Rd			<input type="checkbox"/> CHECK IF HOMELESS	CITY:	Delray Beach	STATE:	FL	ZIP:	33445
YOUR WORK NAME & ADDRESS:	Sams			<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:		STATE:	FL	ZIP:	33445
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:	Junior.Xian3@worldnet.att.net			
	()	1561 1785		1561 225-7085						

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	1 Junior Jean	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
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Vehicle turned ^{North} into Showman ave. I was waiting for vehicle to leave, then they ran into my vehicle. The driver of the Lexus was a white older female with a white shirt and blue jeans. She appears to be mentally altered. She was very passive aggressive and I was threaten for my life after she said we could work a deal w/out calling the cops.

PAGE 1 OF 1

READ AND SIGN	<input type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
YOUR SIGNATURE: X <i>[Signature]</i>	DATE: 02/20/21 TIME: 2130
	SIGNATURE: <i>[Signature]</i> ID: 36169

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FOR ME IF INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL)

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE # 21-032668	ZONE: 3-22	SUSPECT: ROJAS, JACANTA	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 2-20-21 2000
EVENT TYPE: Vehicle Crash		DEPUTY: JOSEPH	ID: 3616A

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Harris	FIRST NAME: Shirley	MIDDLE INITIAL:	RACE: B	SEX: F
DATE OF BIRTH: 11/09/1988 (MM/DD/YYYY)	YOUR HEIGHT: 5'5	YOUR WEIGHT: 135	YOUR HAIR COLOR: Black	YOUR EYE COLOR: Brown
YOUR HOME ADDRESS: 6533 Emerald dunes drive	<input type="checkbox"/> CHECK IF HOMELESS	CITY: West Palm Beach	STATE: FL	ZIP: 33411
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE 561-343-3869	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: Shirley Harris

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

While my boyfriend and I were waiting to turn into the parking lot behind Okeechobee Steakhouse, an unknown white vehicle (SUV - Lexus) ran directly into our vehicle (Ford - Fusion). She ~~was~~ ^{in a hurry} was waiting at the stop sign for a moment, then she drove full speed while she turned left into our lane and hit us directly on the front left driver side of our vehicle. The other driver was a female (white), blonde hair, ~~wearing a~~ ^{wearing a} tank top shirt with blue jeans.

PAGE 1 of 1

<p>READ AND SIGN</p> <p>I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:</p> <p>YOUR SIGNATURE: X <i>[Signature]</i></p>	<p><input type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10</p> <p>SWORN TO AND SUBSCRIBED BEFORE ME TODAY:</p> <p>DATE: 02-20-21 TIME: 2:30</p> <p>SIGNATURE: <i>[Signature]</i> ID: 3616A</p>
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IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

SCANNED
FEB 21 2021

WITNESS LIST

CASE NUMBER: 21-037685

ARRESTING OFFICER: INV E. K. WHITE

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS

NAME: D/S O. JOSEPH

ADDRESS: DISTRICT 3

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

CAN TESTIFY TO: CRASH INVESTIGATOR

NAME: JUNIOR JEAN

ADDRESS 240 DAVIS RD DELRAY BEACH FL 33445

PHONE NUMBERS (HOME) 561 225 7085 (WORK) _____

CAN TESTIFY TO: SEEING THE DEFENDANT'S VEHICL IN MOTION DURING THE CRASH

NAME: SHIRLEY HARRIS

ADDRESS 6533 EMERALD DUNES DRIVE WEST PALM BEACH FL 33411

PHONE NUMBERS (HOME) 561 343 3869 (WORK) 0

CAN TESTIFY TO: SEEING THE DEFENDANT'S VEHICL IN MOTION DURING THE CRASH

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: _____

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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

FEB 21 2021

TESTING FACILITY TASK REPORT

AGENCY:
SUBJECT:
DATE:
BEGINNING TIME:
ENDING TIME:
CASE NUMBER:
VIDEO DVD NUMBER:

BREATH TESTS RESULTS: 1) R TIME A.M. P.M. 2) n/a TIME A.M. P.M.
3) n/a TIME A.M. P.M. 4) n/a 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
subject objected to me wearing a protective mask on my mouth and face

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2217 hrs
subject refused to perform breath test
A/O read I/C 3x & subject interrupted during the reading of I/C & refused to answer A/O
subject refused to answer & subject stated I want my attorney present
A/O called a refusal
A/O did not read rights & subject stated - I want my attorney present
A/O did not attempt Q&A
subject invoked right to counsel

SCANNED
FEB 21 2021



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"/>		** (viii) Clinical records under the Baker Act. §394.4615(7), Fla. Stat.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2021004347	Date: 2/21/2021
	Specialist Name/ID: M. Tooks #8557

SCANNED
FEB 21 2021