

0517617

50-2020-MM-05179-AMB

1026

ARREST / NOTICE TO APPEAR

ADMI	Agency ORI Number 0501700	Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 5 4 20-002518	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE				
STRA	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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Location of Arrest (Including Name of Business) 18323 FLAGSHIP CIR Jupiter FL 33458		Location of Offense (Business Name, Address) 18323 FLAGSHIP CIR, JUPITER, FL 33458		If Weapon Seized Enter Type NONE	Multiple Clearance Indicator				
ATION	Date of Arrest 07/22/2020	Time of Arrest 21:11	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
DEF	Name (Last, First, Middle) ROHATENSKY, JACQUELINE DEUPREE		Alias (Name, DOR, Soc. Sec. #, Etc.)								
END	Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 12/31/1976	Height 5'03	Weight 165	Eye Color BLUE	Hair Color BLONDE /	Complexion LIGHT	Build Medium		
ANT	Local Address (Street, Apt. Number) 706 WARREN DR, JUPITER, FL 33458		(City)	(State)	(Zip)	Phone	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>				
	Permanent Address (Street, Apt. Number) 706 WARREN DR, JUPITER, FL 33458		(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State				
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Address Source Occupation				
	D/L Number, State R352424769710 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) Jupiter, FL		Citizenship US					
	Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor						
	Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor						
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	Name (Last, First, Middle)					Residence Phone				
	<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)					Business Phone				
	Notified by: (Name)	Date	Time	JUVENTILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated							
	Released To: (Name)	Relationship	Date	Time							
	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.					School Attended	Grade				
	<input type="checkbox"/> Yes, by: _____	<input type="checkbox"/> No	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property			Value of Property				
	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Struggle D. Deliver E. Use	K. Disperses/ 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. Synthetic	U. Unknown Z. Other
	Charge Description DISORDERLY CONDUCT - DISORDERLY INTOXICATION	Statute Violation Number 856.011	Violation of ORD #								
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond			
		N			1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		OR			
	Charge Description	Statute Violation Number	Violation of ORD #								
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond			
						<input type="checkbox"/> Y <input type="checkbox"/> N					
	Charge Description	Statute Violation Number	Violation of ORD #								
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond			
						<input type="checkbox"/> Y <input type="checkbox"/> N					
	Health / Apparent Physical Condition of Defendant	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries									
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian	<input type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By	Released By	Released To					
	Transported By	Date Transported	Time Transported	Other							
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Location (Court, Room) North County PALM BEACH GARD					Court Date and Time 08/26/2020 08:30:00				
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.							No Photo Available			
	Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed					
	HOLD for Other Agency	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) TAPPIN KEVIN	I.D. # 1212	(PRINT)			PAGE			
	Intake Deputy DS Collins 9622	LD #	Pouch #	Transporting Officer 367 JPP	LD #	Agency	Witness here if subject signed with an "X":				

TAPPIN, Kevin #1212

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number: FL 0501700 Agency Name: JUPITER POLICE DEPARTMENT Agency Report Number: 5 | 4 | 20-002518

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): ROHATENSKY, JACQUELINE DEUPREE Race: W Sex: F Date of Birth: 12/31/1976

Charge Description: 856.011 DISORDERLY CONDUCT - DISORDERLY INTOXICATION

Charge Description: (Empty)

Victim's Name (Last, First, Middle): BEARD, TIMOTHY ALAN Race: W Sex: M Date of Birth: 11/27/1960

Local Address (Street, Apt. Number): 18323 FLAGSHIP CIR, JUPITER, FL 33458 Phone: (561) 719-3400 Address Source: DL

Business Address (Name, Street): BEARDS GARAGE, 512 NORTH OLD DIXIE HWY Phone: (561) 746-6530 Occupation: OWNER

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 22 day of July, 2020 at 21:11 (Specifically include facts constituting cause for arrest.)

On 7/22/2020, at 2056 hours, I was dispatched to 18323 Flagship Cir, in reference to a disturbance call. While enroute, Northcom advised that a white female was banging on his neighbor's door and she was driving her car on her neighbor's front yard.

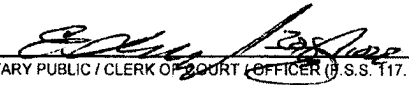
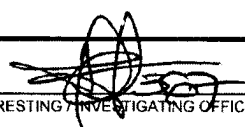
Upon arrival, I made contact with the female, who was identified as Jaqueline Rohatensky (W/F, DOB 12/31/1976) in front of the aforementioned address. Rohatensky appeared to be intoxicated because she had bloodshot glassy eyes, her speech was slurred and the odor of an unknown alcoholic beverage was coming from her breath as he spoke to me. Rohatensky stated that her boyfriend, "Tim" was a drug dealer, he was a "Womanizer", a murder and an abuser.

I made contact with the resident of 18323 Flagship Cir, Timothy Beard (W/M, DOB 11/27/1960). Beard was sworn in for a video recorded statement.

Beard stated he was laying on his couch and at approximately 2030 hours, his ex-girlfriend, Rohatensky called him numerous times but he did not answer. Beard advised that Rohatensky showed up at his residence and she was banging and yelling at his front door. Beard stated his neighbor called the police because of the disturbance that Rohatensky was causing.

Based on the investigation, Beard's statements and the totality of circumstances, I found probable cause to charge Rohatensky with disorderly intoxication contrary to F.S.S 856.11. Rohatensky was placed in handcuffs in the rear which were checked for proper spacing and double-locked for safety. Rohatensky was placed in the rear seat of my patrol vehicle (#1616) and then transported to the Jupiter Police Department for processing. While in the station Rohatensky became very uncooperative and she would not answer my questions to complete the arrest paperwork.

SWORN AND SUBSCRIBED BEFORE ME. NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) DATE: 07/22/2020. SIGNATURE OF ARRESTING / INVESTIGATING OFFICER: TAPPIN, KEVIN (1212) NAME OF OFFICER (PLEASE PRINT) DATE: 07/22/2020. PAGE 1 OF 2

OBTS Number _____	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 20-002518				
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 _____				Special Notes: 		
Name (Last, First, Middle) ROHATENSKY, JACQUELINE DEUPREE		Alias 	Race W	Sex F	Date of Birth 12/31/1976	
<p>Later, Rohatensky was transported to the Palm Beach County Jail without incident.</p> <p>This encounter was captured on my Body-Worn Camera and it should be noted that the above narrative is a summary of the footage and not purported to be verbatim.</p>						
<p style="font-size: 48px; opacity: 0.3; transform: rotate(-30deg);">NOT A CERTIFIED COPY</p>						
P R O B A B L E C A U S E S T A T E M E N T	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 07/22/2020 DATE </div> <div style="width: 45%;">  _____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER TAPPIN, KEVIN (1212) NAME OF OFFICER (PLEASE PRINT) 07/22/2020 DATE </div> </div>					
A D M I N I S T R A T I V E						PAGE 2 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

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: 2020017576	Date: 7/23/2020
	Specialist Name/ID: B Evans / 23649