

21CT - 4994

2707

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1

Juvenile N

OBTS Number

Agency ORI Number

FLO 500000

Agency Name

PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only)

06-21049187

Charge Type:  
Check as many as apply.

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

Weapon Seized / Type  
2. Yes  
1. No NA

Multiple Clearance Indicator  
01

Location of Arrest (Including Name of Business)

S MILITARY TRAIL / BELVEDERE RD WEST PALM BEACH FL, 33409

Location of Offense (Business Name, Address)  
600 BLOCK S MILITARY TRAIL

WEST PALM BEACH FL, 33409

Date of Arrest

03/27/2021

Time of Arrest

0733

Booking Date

Booking Time

Jail Date

Jail Time

Location of Vehicle

ALL FLORIDA TOWING

Name (Last, First, Middle)  
RODRIGUEZ

JACQUELINE

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race

W - White I - American Indian  
B - Black O - Oriental/Asian

W

Sex

F

Date of Birth

10/28/1976

Height

5'03

Weight

180

Eye Color

BROWN

Hair Color

BROWN

Complexion

MED

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Local Address (Street, Apt. Number)

5500 CANON WAY, APT A

(City) (State) (Zip)  
WEST PALM BEACH FL, 33415

Marital Status

SINGLE

Religion

UNKNOWN

Indication of Alcohol Influence  
1. Yes  
2. No  
3. Florida  
4. Out of State

Permanent Address (Street, Apt. Number)

Business Address (Name, Street)

DL Number, State

R362420768881, FL

Soc. Sec. Number

INS Number

Place of Birth (City, State)

COLOMBIA

Citizenship  
NON US

Co-Defendant Name (Last, First, Middle)

Co-Defendant Name (Last, First, Middle)

Parent  
Legal Custodian  
Other

Address (Street, Apt. Number)

Notified by: (Name)

Released To: (Name)

The above address provided by defendant and / or defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.  
Yes, by: (Name) No: (Reason)

Property Crime?

Yes No

Description of Property

School Attended

Grade

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. Amphetamines

B. Barbiturates

C. Cocaine

E. Heroin

H. Hallucinogen

M. Marijuana

O. Opium/Derv.

P. Paraphernalia/ Equipment

S. Synthetics

U. Unknown

Z. Other

Charge Description

DUI

Counts

1

Domestic Violence

Y N

Statute Violation Number

316.193(1)(A) AT

Violation of ORD #

Drug Activity

N

Drug Type

N

Amount / Unit

N/A

Offense #

21049187

Warrant / Copies Number

Bond

Charge Description

Drug Activity

N

Drug Type

N

Amount / Unit

N/A

Offense #

Statute Violation Number

Warrant / Copies Number

Bond

Charge Description

Drug Activity

N

Drug Type

N

Amount / Unit

N/A

Offense #

Statute Violation Number

Warrant / Copies Number

Bond

Charge Description

Drug Activity

N

Drug Type

N

Amount / Unit

N/A

Offense #

Statute Violation Number

Warrant / Copies Number

Bond

Location (Court Room Number, Address)

PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996

Court Date and Time

Month

Day

Year 2020

Time 8:30

AM X

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)

03/27/2021

Date Signed

HOLD for other Agency

Name:

Dangerous

Suicidal

Resisted Arrest

Other

Signature of Arresting Officer

Name of Arresting Officer (Print)

D/S A. TEJEDA

I.D. #

31814

Transporting Officer

D/S A. TEJEDA

ID #

31814

Agency

PBSO

Name Verification (Printed by Arresting Officer)

(PRINT)

SCANNED

MAR 28 2021

Witness here if subject signed with an X

PAGE 1

OF 1

0464803

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27TH DAY OF MARCH 20 21, AT 0715  AM  PM

SUBJECT: RODRIGUEZ JACQUELINE CASE NUMBER: 21049187

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S A. TEJEDA

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
ON SATURDAY, MARCH 27TH, 2021 AT APPROXIMATELY 0715 HOURS, WHILE CONDUCTING STATIONARY LASER TRAFFIC ENFORCEMENT IN THE 600 BLOCK OF S MILITARY TRAIL IN UNINCORPORATED WEST PALM BEACH, WITHIN PALM BEACH COUNTY FL I OBSERVED A BLACK HONDA CIVIC, BEARING FL TAG: IMKY24 TRAVELING NORTHBOUND INT HE NUMBER 1 (INSIDE) LANE. I OBSERVED THE VEHICLE TO BE TRAVELING AT SPEEDS FASTER THEN NORMAL. I THEN USED MY PBSO ISSUED LASER, STALKER XLR LIDAR S/N: LP003398 AND POINTED IT TO THE FRONT HOOD OF THE HONDA CIVIC WHICH SHOWED THAT THE VEHICLE WAS TRAVELING 73 MILES PER HOUR. IT SHOULD BE NOTED THAT THE POSTED SPEED LIMIT IN THAT AREA IS 40 MILES PER HOUR. D/S DEVITO-VARGAS AND I THEN GOT BEHIND THE VEHICLE IN OUR MARKED PBSO PATROL CARS AND ACTIVATED OUR OVERHEAD RED AND BLUE LIGHTS AND SIREN TO INITIATE A TRAFFIC STOP ON THE VEHICLE. THE VEHICLE CAME TO A FINAL STOP IN THE NUMBER 1 WESTBOUND TURN LANE. UPON MAKING CONTACT WITH THE DRIVER AND SOLE OCCUPATN OF THE VEHICLE, I MADE CONTACT WITH JACQUELINE RODRIGUEZ WHO WAS TOLD WHY SHE WAS STOPPED TO WHICH SHE BEGAN VERBALLY ARGUING AND BECAME VERBALYL AGRESSIVE AND UNCOOPERATIVE. RODRIGUEZ STATED THAT SHE HAD ALREADY BEEN PULLED OVER EARLIER IN THE NIGHT AND ALREADY RECEIVED A TICKET FOR SPEEDING. RODRIGUEZ HAD GLASSY BLOOD SHOT EYES AND HER SPEECH WAS SLIGHTLY SLURRED.

### OBSERVATION OF DRIVER:

GLASSY AND BLOODSHOT EYES. SLURRED SPEECH AND TAKING TIME TO ANSWER QUESTIONS.

### DRIVER'S STATEMENTS:

SHE WAS AT RUMBASS NIGHTCLUB FOR A BIRTHDAY PRTY LAST NIGHT AND WAS ON HER WAY HOME.

### ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HER PERSON.

## GENERAL OBSERVATIONS

SPEECH: SLOW SLURRED SPEECH

ATTITUDE: UNCOOPERATIVE

CLOTHING: CLEAN DRESS

MEDICAL/OTHER: All ROADSIDES CAPTURED ON IN-CAR VIDEO

STATE OF FLORIDA  
COUNTY OF PALM BEACH

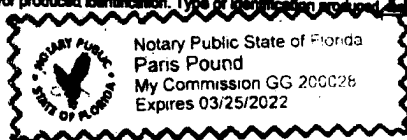
D/S A. TEJEDA

Signature of Arresting/Investigative Officer

This foregoing instrument was sworn to or affirmed and subscribed before me this 27TH day of MARCH 2021 by D/S A. TEJEDA

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)



SCANNED  
MAR 28 2021

# TESTING FACILITY TASK REPORT

AGENCY: PBSO  
SUBJECT: RODRIGUEZ, JACQUELINE  
CASE NUMBER: 21-049187  
DATE: Mar 27, 2021  
VIDEO DVD NUMBER: N/A  
BEGINNING TIME: 08:07  
ENDING TIME: 08:11

BREATH TESTS RESULTS: 1) R TIME 08:09 A.M.  P.M.  2) N/A TIME N/A A.M.  P.M.   
3) N/A TIME N/A A.M.  P.M.  4) N/A TIME N/A A.M.  P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: LOUD, PROFANITY, MAD, UPSET

CLOTHING: BLACK DRESS, BLACK SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY AND BLOODSHOT

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 07:45 HRS.

SUBJECT: REFUSED TO ANSWER FORMAT QUESTIONS

SUBJECT: REFUSED TO ANSWER IF SHE WOULD TAKE TEST

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND REFUSED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

A/O: ATTEMPTED O&A

SUBJECT: REFUSED QUESTIONS

SCANNED  
MAR 28 2021

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

I, Deputy Sheriff ANTHONY TEJEDA, 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 TWENTY-SEVENTH day of March, 2021, at 8:22 AM

DRIVER JACQUELINE RODRIGUEZ  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # R362420768881, state of FL, was placed under lawful arrest for

the offense of DUI by Deputy Sheriff LE ANTHONY TEJEDA and  
(Name of Arresting Officer)

issued Citation # AEA7E3E

That on or about the TWENTY-SEVENTH day of March, 2021, at 8:00 AM  
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:

The foregoing instrument was sworn and subscribed before me this 27 day of MARCH, 2021

by [Signature]  
who is personally known to me or who has produced as identification.

Notary Public [Signature]

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 ITC and the probable cause affidavit.

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

# 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: MIS H Tejeda 01514

**SCANNED**





**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: 2021007376	Date: 03/28/2021
	Specialist Name/ID: C. Denzel/8691

**SCANNED**  
MAR 28 2021