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1522

2017361

ARREST / NOTICE TO APPEAR

1. Arrest
2. N.T.A.

3. Request for Warrant
4. Request for Capias
5. Juvenile Referral

1

JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2020-001889	
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
Location of Arrest (Including Name of Business) 600 NW 13TH ST				Location of Offense (Business Name, Address) 600 NW 13TH ST, BOCA RATON, FL 33486		
Date of Arrest 02/07/2020	Time of Arrest 23:00	Booking Date 02/07/2020	Booking Time 23:00	Jail Date 02/07/2020	Jail Time 23:15	Location of Vehicle WESTWAY
Name (Last, First, Middle) KARKLINS, JANETTE		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black	1 - American Indian 2 - Original/Asian	Sex W	Date of Birth 05/23/1983	Height 5'04	Weight 100	Eye Color BROWN
Hair Color BROWN		Complexion LIGHT		Build Small		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status D	Religion NONE	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) 1675 NW 4TH AVE 714, BOCA RATON, FL 33432				Phone (561) 350-2736		
Permanent Address (Street, Apt. Number) 1675 NW 4TH AVE 714, BOCA RATON, FL 33432				Phone (561) 350-2736		
Business Address (Name, Street) SPODAK DENTAL, DELRAY BEACH				Occupation Coordinator		
D/L Number, State V200420836830 / FL	Soc. Sec. Number	IHS Number		Place of Birth (City, State) MIAMI, FL, United	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
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian	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 Department and Released 2. TOT IAC 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. Smuggle D. Deliver E. Use	K. Disperse/ 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 DUI				Statute Violation Number 316.193(1A)		Violation of ORD # 316.193(1)
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description				Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description				Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant GOOD				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"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By COCCIA		Released By COCCIA
Released To PBCJ				Transported By		
Date Transported 02/28/2020				Time Transported 00:00		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) South County 200 W Atlantic Ave Delray Beach, FL 33444		
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.				Court Date and Time 03/16/2020 08:30:00		
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed 2/6/20		
HOLD for Other Agency				Signature of Arresting Officer COCCIA		Name Verification (Printed by Arrestee) COCCIA
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) COCCIA, T.
I.D.# 8161				Pouch #		I.D.# 841
Intake Deputy SPAWN				Transporting Officer COCCIA		I.D.# 841
Agency BRPD				Witness here if subject signed with an "X"		

No Photo Available

2020 FEB - 8 AM

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number Agency ORI Number FL 0500200 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 Name (Last, First, Middle) KARKLINS, JANETTE Charge Description 316.193(1) DUI Charge Description Victim's Name (Last, First, Middle) STATE OF FLORIDA, Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432 Business Address (Name, Street) (City) (State) (Zip) The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ... <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. On the <u>7</u> day of <u>February</u> , <u>2020</u> at <u>23:00</u> (Specifically include facts constituting cause for arrest.) On 02/07/2020 at approximately 2242 hours, I approached a vehicle at the intersection of W Glades Road and NW 2nd Ave (heading west on W Glades Road) that did not have on the head lights or taillights. Following behind the vehicle, I observed the vehicle swerve in and out of the two left lanes on W Glades Road at least four times. I conducted a traffic stop on a Black Lexus bearing FL tag EBFB28 at 600 NW 13th Street. I made contact with W/F Janette Karklins (DOB 05/23/1983) who was operating the black Lexus. Karklins mentioned she had some dinner at Mizner and she was headed home on 4th Ave. I noticed Karklins' eyes were glossy and red. Karklins was also slurring her words when she was speaking. I asked Karklins if she knew what road she was on and she stated she was on Dixie Highway going South. It should be noted that Karklins was currently on NW 13th Street, heading west. Karklins originally mentioned she had one glass of wine, which later changed to two glasses when I asked again. While I was speaking with Karklins, she was confused with some of my questions and was slurring her words. I asked Karklins if she would be willing to consent to some field sobriety tasks, which she stated she would. Karklins stated she was not on any medications and she did not have any injuries. The first task was the walk and turn. I explained and demonstrated the task to Karklins and she stated she understood the instructions. Karklins failed to maintain the starting position. Karklins began the task and she failed to take any heel to toe steps. Karklins walked off the line for majority of the task. Karklins used her arms for balance and failed to turn around the way she was instructed. The second task was the one leg stand. I explained and demonstrated the task to Karklins and she stated she understood the instructions. While performing the task Karklins did not count properly, she counted "1, 2, 3, 4" and stopped at four three times. She did	Agency Name BOCA RATON POLICE DEPARTMENT Agency Report Number 3 2 2020-001889 Special Notes: Race W Sex F Date of Birth 05/23/1983 Charge Description Charge Description Victim's Name (Last, First, Middle) STATE OF FLORIDA, Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432 Business Address (Name, Street) (City) (State) (Zip) Phone (561) - Address Source DEFENDANT Phone (56) - 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"/> 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. On the <u>7</u> day of <u>February</u> , <u>2020</u> at <u>23:00</u> (Specifically include facts constituting cause for arrest.) 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While performing the task Karklins did not count properly, she counted "1, 2, 3, 4" and stopped at four three times. She did
SWORN AND SUBSCRIBED BEFORE ME _____ MCINNIS, BRYAN MICHAEL NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) _____ 02/08/2020 DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER _____ COCCIA, TAYLOR (841) NAME OF OFFICER (PLEASE PRINT) _____ 02/07/2020 DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2020-001889
Charge Type: Check as many as apply <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				Special Notes:

Name (Last, First, Middle) KARKLINS, JANETTE	Alias	Race W	Sex F	Date of Birth 05/23/1983
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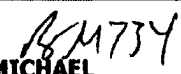
not pick her foot up the way she was instructed. Karklins put her foot down three times and did not pick up where she left off, as instructed. Karklins could not hold her foot up and she was off balance. Karklins used her arms for balance throughout the whole task. After I told Karklins she was done, she continued the task until I instructed something else.

The third task was the finger to nose, (It should be noted that the task was left, right, left, right, right, left). I explained and demonstrated the task to Karklins, which she stated she understood. While performing the task Karklins was swaying and her feet were not together, like instructed to do so. Karklins lost balance two times within this exercise and had to stop herself from falling over. Karklins did not keep her head back the full time of the task. Karklins did not do the right finger on the second to last command.

The fourth task was the Rhomberg Alphabet. Karklins mentioned she was familiar with the English Alphabet. I explained and demonstrated the instructions and Karklins mentioned she understood. Karklins started the task when she was not instructed to do so. During the task Karklins was swaying while reciting the English Alphabet. Karklins did not keep her arms by her side and her head was not back. While reciting the alphabet, Karklins was reciting it in a rhythmic manner. She did not state the alphabet correctly. Karklins confused her letters at the end of the alphabet, and she stated "WXOZ".

At this point, I placed Karklins under arrest for the violation of the Florida State Statue 316.193(1) driving under the influence. Karklins was placed in handcuffs. Karklins was transported to Boca Raton Police Department to be processed. Officer Lauckner responded to BRPD to be the Breath Technician (supplement added). While conducting the breath analysis portion of my investigation, I asked Karklins to provide a legal sample of her breath, to which she refused. I read her implied consent and again she refused at 2341 hours. Karklins advised that she wanted to talk to an attorney. I then read Karklins her constitutional warnings from the BRPD issued form, to which she advised she did not want to speak with me.

Karklins was then transported to Palm Beach County Jail.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	MCINNIS, BRYAN MICHAEL NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	
	02/08/2020 DATE	02/07/2020 DATE
		PAGE 2 OF 2

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 02/07/2020

Date of Last Agency Inspection: 01/29/2020
Observation Period Began: 23:15
Subject's Name: JANETTE KARKLINS

DOB: 05/23/1983 Sex: F

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

Results:	Test	g/210L	Time
	Diagnostics Check	OK	23:40
	Air Blank	0.000	23:40
	Control Test	0.080	23:40
	Air Blank	RFI*	23:41
	Air Blank	0.000	23:41

*RFI Detect

Cylinder Lot: 22419080A3
Exp: 10/05/2021

State of Florida, County of Palm Beach

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

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

Breath Test Operator: _____

Signature

Date: 02/07/2020

Sworn to (or affirmed) before me this 7 day of February,

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

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

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 02/07/2020

Date of Last Agency Inspection: 01/29/2020

Observation Period Began: 23:15

Subject's Name: JANETTE KARKLINS

DOB: 05/23/1983 Sex: F

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

Results:

Test	g/210L	Time
Diagnostics Check	OK	23:45
Air Blank	0.000	23:45
Control Test	0.080	23:46
Air Blank	0.000	23:46
Subject Sample #1	REF*	23:46
Air Blank	0.000	23:47
Control Test	0.080	23:47
Air Blank	0.000	23:48
Diagnostics Check	OK	23:48

*Subject Test Refused

Cylinder Lot: 22419080A3
Exp: 10/05/2021

State of Florida, County of Palm Beach,

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

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

Breath Test Operator: [Signature]

Signature

Date: 02/07/2020

Sworn to (or affirmed) before me this 7 day of February, 2020

[Signature]
Signature of Notary Public-State of Florida

Taylor Coeicia
Printed Name of Notary Public-State of Florida

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

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

I, Tauby Coccia, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Boca Raton Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 07 day of February 20 20, at 2341 P.M. A.M.

DRIVER Janette Lawkins
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# K624420836830, state of FL, was placed under lawful arrest for

the offense of 316.193(1) by Coccia 841 and
(Name of Arresting Officer)

issued Citation # AUGA23

That on or about the 07 day of February 20 20, at 2300 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] 841
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] 841
Signature of Attesting Officer

Title _____

Date _____

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this _____ day of _____, 20 _____,

by _____,

who is personally known to me or who has produced

_____ as identification

Notary Public _____

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.

BRPD Case
2020-001889
Observation Time: 2315-2335 hours
Arrest Time 23:00 hours

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 7th day of February, at AM/PM:

Subject: Janette Karklins Case Number: 2020-001889

PERSONAL CONTACT

Driving Pattern: see P.C.

Observation of Driver: see P.C.

Driver's Statement: see P.C.

Odors: see P.C.

GENERAL OBSERVATIONS

Speech: slight odor of alcoholic beverage

Attitude: Begging/calm

Clothing: white/blue striped shirt

Medical Problems: None

Medications: N/A

Other:

See P.C.

Horizontal Gaze Nystagmus:

- Left eye does not follow smoothly
- Left eye jerks at 45 degrees angle or less
- Distinct jerking left eye maximum deviation
- Right eye does not follow smoothly
- Right eye jerks at 45 degrees angle or less
- Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: Breath Refused

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 02/07/2020 (date) by ofc. Lauckner

[Signature] _____ 02/07/2020
Notary/Clerk of Court/ Officer (FSS 117.10) Date

[Signature] 041 T Corcio
Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: Ofc. COCCIA #841

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

NOT A CERTIFIED COPY



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2020-001889

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday, February, 7, 2020.
(day) (month) (date) (year)

B. The time is now approximately _____ AM/PM.

C. The following is in reference to case number 2020-001889.

D. Present at this time is ofc. Coccia & ofc. van Camp & ofc. Keener of the Boca Raton Police Department.
(Officer's Name)

E. Officer Coccia, have you arrested Janette Karklins in violation of Florida State Statute 316.193?
(Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? yes

G. Mr/Mrs/Ms. Karklins, I am required to inform you these proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

NOT A CERTIFIED COPY

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

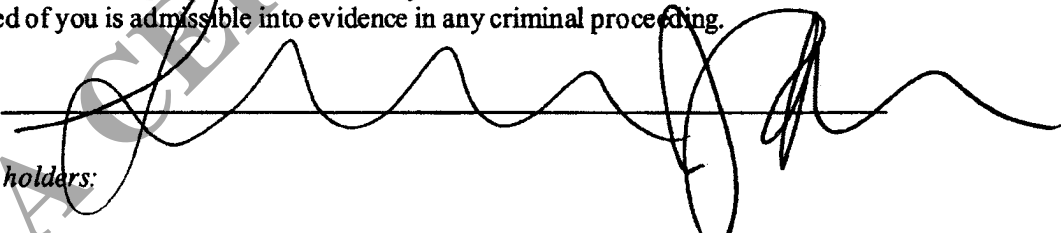
- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am Taylor Coecio of the Boca Raton Police Dept

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 Signature: 

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. ^{Kasklins} has refused to submit to a breath test.

The date is February, 7, 2020, and the time is 2341 AM/PM

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT
JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.
Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Janette Karklins

CASE #: 2020-001889 DATE: 02/07/2020

BREATH TEST RESULTS

1) TIME 2341 Refused AM/PM AM/PM
hours
2) TIME / AM/PM
3) TIME / AM/PM 4) TIME / AM/PM

BREATH OPERATOR: Ofc. Lauckner

MAINTENANCE TECHNICIAN: Ofc. Van Camp #747

TESTING OFFICER'S OBSERVATIONS

SPEECH: Okay

ATTITUDE: Pleading/Requesting Delray Beach sergeant friend

CLOTHING: White/Blue striped shirt, black pants

MEDICAL CONDITION: None

OTHER: Eyes Red/Glossy, smelled of slight ^{odor} alcoholic beverage

COMMENTS:

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

QUESTIONS AND ANSWERS

Refused

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

Refused

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? Yes No If yes, explain: _____

Are you sick or injured? Yes No If yes, explain: _____

Do you limp? Yes No Did you get a bump on the head? Yes No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? Yes No Who? _____

Are you taking any prescription medications? Yes No What? _____ When? _____

Do you have: Epilepsy? Yes No Inner ear trouble? Yes No

Glass eye? Yes No Ear infection? Yes No

False teeth? Yes No Diabetes? Yes No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 2351 AM/PM.

The date is February, 2020.
(month) (day) (year)



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"/>	(vii) 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: 2020004326	Date: 2/8/2020
	Specialist Name/ID: B Evans / 23649