

0432221

2020CT005390 AMB

1013

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1

Juvenile

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-20057299</b>	
Charge Type: Check as many as apply.		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 <input type="checkbox"/>	
Location of Arrest (Including Name of Business) <b>S MILITARY TRL / BOYNTON BEACH BLVD BOYNTON, FL 33437</b>		Location of Offense (Business Name, Address) <b>S MILITARY TRL / BOYNTON BEACH BOYNTON FL 33437</b>					
Date of Arrest <b>04/10/2020</b>	Time of Arrest <b>01:44</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>PRIORITY TOWING</b>	
Name (Last, First, Middle) <b>FINKELSTEIN JENNIFER H</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race <b>W - White   - American Indian</b>	Sex <b>W F</b>	Date of Birth <b>10/15/1992</b>	Height <b>5'6</b>	Weight <b>120</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATOO, RIGHT/LEFT SIDE RIB AREA,</b>		Marital Status <b>SINGLE</b>	Religion <b>JEWISH</b>	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) <b>10835 PALM LAKE AVE #101</b>		(City) <b>BOYNTON BEACH, FL</b>	(State) <b>FL</b>	(Zip) <b>33437</b>	Phone ( )	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>FL DL</b>	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation	
D/L Number, State <b>F524428928750</b>		Soc. Sec. Number	INS Number		Place of Birth (City, State) <b>TAMPA, FL</b>		Citizenship <b>US</b>
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	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"/>		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	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: <input type="checkbox"/>		Residence Phone					
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone		
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handed/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.				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
Charge Description <b>D.U.I.</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>316.193 (1)(a)</b>		Violation of ORD #	
Drug Activity <b>U</b>	Drug Type <b>U</b>	Amount / Unit	Offense # <b>20057299</b>	Warrant / Capias Number		Bond	
Charge Description <b>DUI - REFUSAL TO SUBMIT</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>		Violation of ORD #	
Drug Activity <b>U</b>	Drug Type <b>U</b>	Amount / Unit	Offense # <b>20057299</b>	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) <b>PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX - 3228 GUN CLUB RD WEST PALM BEACH FL, 33406</b>							
Court Date and Time Month <b>July</b> Day <b>2</b> Year <b>2020</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/> PM							
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I 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)				Date Signed <b>04/10/2020</b>			
HOLD for other Agency Name:		Signature of Arresting Officer <b>R Soriano 9418</b>		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>Corporal R Soriano</b>		I.D. # <b>#9418</b>		(PRINT)	
Inmate Deputy <b>Diana 690</b>		Transporting Officer <b>CPL SORIANO</b>		ID # <b>9418</b>		Agency <b>PBSO</b>	
DISTRIBUTION: WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10TH DAY OF APRIL 20 20, AT 00:09  AM  PM

SUBJECT: FINKELSTEIN JENNIFER H CASE NUMBER: 20057299

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Corporal R Soriano

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On Friday, April 10th, 2020 at approximately 01:04 hours, I responded to a traffic crash involving a possible impaired driver, located at the intersection of South Military Trail and Boynton Beach Boulevard, in unincorporated Palm Beach County (Palm Beach County). Upon my arrival, I observed several marked Palm Beach County Sheriff's Office (PBSO) with their emergency lights activated. On S Military trail, I observed a black Mazda 3 bearing Florida tag# "NAHF68" in the #2 south bound lanes facing west. The vehicle appeared to have damage to the front driver side front quarter panel and front wheel. The driver side wheel was crushed into towards the engine compartment. Directly in front, I observed a black Mercedes-Benz GLC 300 bearing Florida tag# "CZS W24". The Mercedes had damage to both passenger side front and rear doors. I met with the driver of the Mercedes who was identified as Sandra Methelus Sanon. Sanon stated she was making a left hand turn from Boynton Beach Blvd onto S. Military Trail. As she entered the #2 southbound lane, the black Mazda 3 was traveling eastbound and entered a right turn lane to also go south on S. Military trail. The Mazda struck a concrete island and struck the Mercedes on the passenger side. After the crash, Sanon looked back and observed a white female wearing gray shirt and black pants. Sanon stated the driver then moved the car once more before it came to final rest. Sanon pointed out the driver of the Mazda 3 who was seated on the sidewalk. I had Sanon raise her right hand and swore her in via in car camera (video statement).

## OBSERVATION OF DRIVER:

I approached the driver of the Mazda 3 who was wearing a gray shirt, black pants and black sandals. I identified the driver as Jennifer Hannah Finkelstein by her Florida driver's license. While speaking with Finkelstein, I asked her if she knew why deputies were on scene. She answered "yes" and stated she was involved in a crash. I observed Finkelstein's eyes appeared red and glossy and while speaking to her, I detected a strong odor of an unknown alcoholic beverage coming from her breath. I explained to Finkelstein that I was summoned to the scene because the primary deputy investigating the crash was under the suspicion she may have consumed an unspecified amount of an unknown alcoholic beverage which may have impaired her ability to operate a vehicle safely. I read Finkelstein her constitutional rights and she stated she did not want to answer any questions and wanted a lawyer. I asked Finkelstein if she was willing to submit to standardized field sobriety tasks (SFST's) to help me disprove their suspicion that she may have been impaired. Finkelstein stated she did not want to submit to SFST's and at this time, I read her Taylor Warnings. Once she understood Taylor Warnings, she stated she understood and did not want to submit to SFST's. At this time I placed Finkelstein into PBSO handcuffs, which were double locked and checked for proper fit. She was searched by a female deputy and secured into the rear of my patrol car. While on scene, Investigator White #7209 was informed that Finkelstein's mother arrived on scene prior to deputies and took items out of Finkelstein's vehicle. The mother who was later identified as Beth Finkelstein later said the items she took were groceries and a week old empty beer can. Upon examination of the beer cans, Investigator White discovered two Modelo beer cans which were cold to the touch and inside a 12 pack Modelo beer can box. Based on the above, probable cause was established for DUL.

## DRIVER'S STATEMENTS:

Refer to the above.

## ODORS:

Obvious odor of an unknown alcoholic beverage

## GENERAL OBSERVATIONS

SPEECH: slow

ATTITUDE: calm, compliant, upset

CLOTHING: wearing black pants, gray shirt and black sandals

MEDICAL/OTHER: NONE

STATE OF FLORIDA  
COUNTY OF PALM BEACH

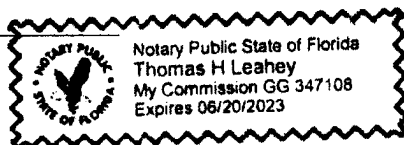
Corporal R Soriano

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of April 20 20 by Corporal R Soriano

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

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



**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |  |  |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

**HGN:** Finkelstein stated she did not want to participate in SFST's. She was read Taylor Warnings and after understanding, she stated she did not want to participate and task was not conducted.

**WALK & TURN:**

Finkelstein stated she did not want to participate in SFST's. She was read Taylor Warnings and after understanding, she stated she did not want to participate and task was not conducted.

**ONE LEG STAND:**

Finkelstein stated she did not want to participate in SFST's. She was read Taylor Warnings and after understanding, she stated she did not want to participate and task was not conducted.

**FINGER TO NOSE:**

Finkelstein stated she did not want to participate in SFST's. She was read Taylor Warnings and after understanding, she stated she did not want to participate and task was not conducted.

**ROMBERG ALPHABET:**

Finkelstein stated she did not want to participate in SFST's. She was read Taylor Warnings and after understanding, she stated she did not want to participate and task was not conducted.

**BREATH TEST RESULTS:**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

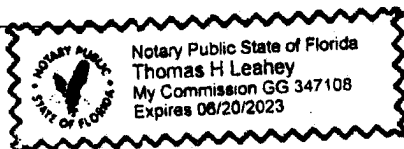
**Corporal R Soriano**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of April 2020 by Corporal R Soriano

(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)



# WITNESS LIST

CASE NUMBER: 20057299

ARRESTING OFFICER: Corporal R Soriano

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: FACTS OF CASE AND INVESTIGATING SUCH CASE

NAME: INVESTIGATOR WHITE #7209

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: FACTS OF CASE

NAME: SANDRA SANON

ADDRESS 5229 CEDAR LAKE RD BOYNTON BEACH, FL 33437

PHONE NUMBERS (HOME) 678-557-2331 (WORK) \_\_\_\_\_

CAN TESTIFY TO: WITNESS

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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NAME: \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M.  P.M.  2)  TIME  A.M.  P.M.   
3)  TIME  A.M.  P.M.  4)  TIME  A.M.  P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

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

# REFUSED

## COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0210 hrs

subject refused to perform breath test

A/O read I/C twice & subject stated she understood I/C

subject refused to provide breath test

A/O read rights on scene & subject stated he understood rights

A/O attempted Q&A

subject declined to answer questions

# REFUSED



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

PBSO CASE # 20057299 PBSO ZONE 6-32

AGENCY CASE # 20057299 CRASH CASE # 20057287

TIME OF STOP/CRASH 00:09 DATE 04/10/2020 DAY \_\_\_\_\_

SUBJECT'S NAME FINKELSTEIN JENNIFER H RACE W SEX F  
LAST FIRST MID

HGT 5'6 WGT 120 DOB 10/15/1992

LOCATION S MILITARY TRL / BOYNTON BEACH BLVD BOYNTON, FL 33437

ARRESTING OFFICER'S NAME & ID CPL SORIANO 9418 AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD-DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 02:10

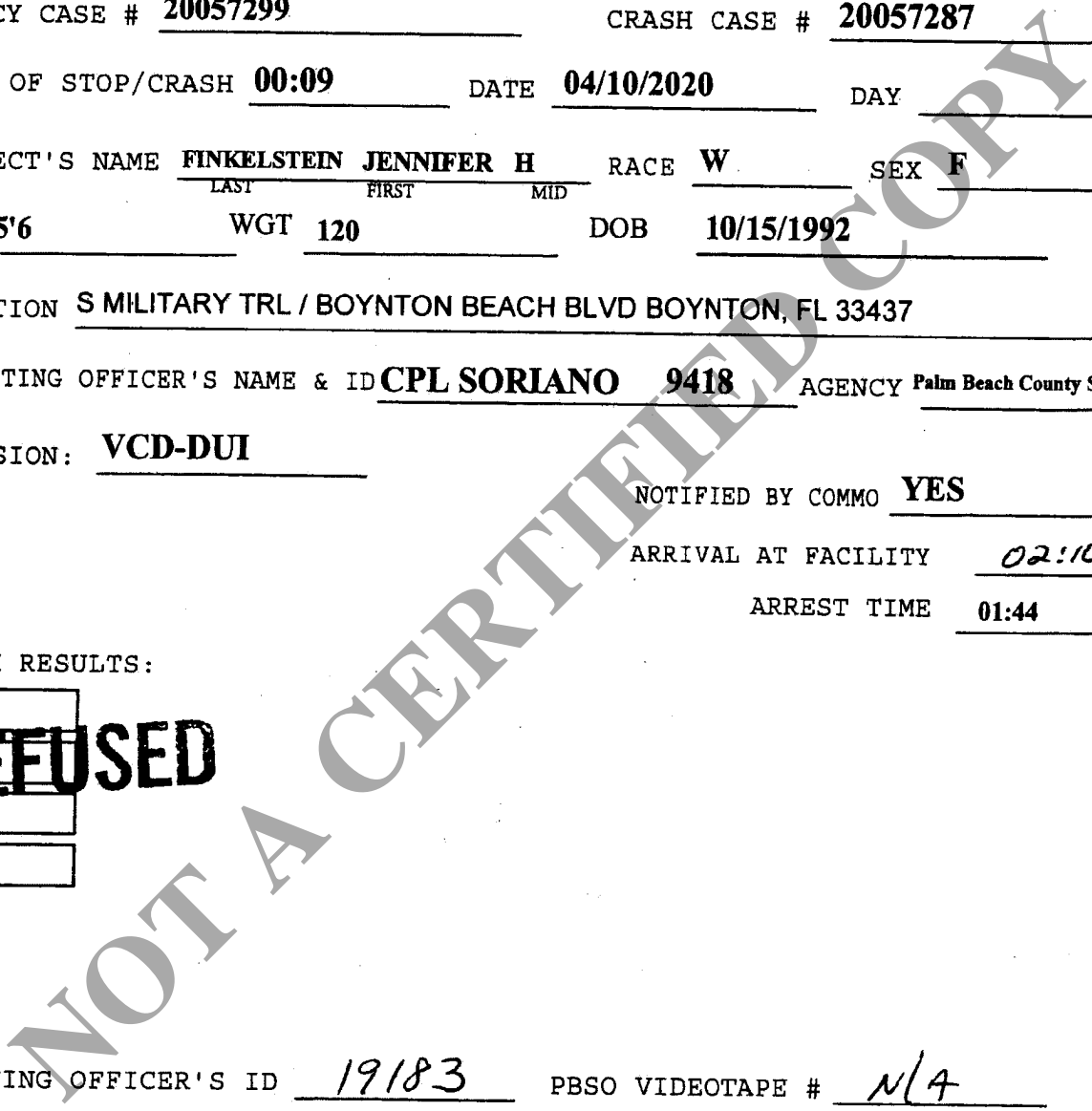
ARREST TIME 01:44

BREATH RESULTS:

- 1)
- 2)
- 3)
- 4)

**REFUSED**

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



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

I, Corporal R Soriano, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 10TH day of APRIL, 20 20, at 01:44 P.M. A.M.

DRIVER JENNIFER H FINKELSTEIN
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

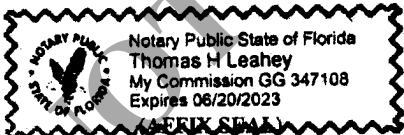
DL# F524428928750, state of FLORIDA, was placed under lawful arrest for
the offense of D.U.I. by Corporal R Soriano and
issued Citation # A2GCKNP
(Name of Arresting Officer)

That on or about the 10TH day of APRIL, 20 20, at 02:35 P.M. A.M.
in PALM BEACH County,

I requested that the driver submit to a X 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]
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 10th day of April, 20 20,

Signature of Attesting Officer

by Corporal R Soriano,
who is personally known to me or who has produced
known as identification

Title

Date

Notary Public [Signature]

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

SUBJECT: Fringsheim, Travis Lee H CASE NUMBER: 90 057249

## 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 Travis Lee Fringsheim #3418 of the 1650

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) [Signature]

## 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) [Signature]

WHITE - STATE ATTY.    YELLOW - DHSMV    PINK - CENTRAL RECORDS    GOLD - JAIL

SUBJECT: Finkelstein, Jennifer H CASE NUMBER: 20-057299

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



**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: 2020010237	Date: 4/10/2020
	Specialist Name/ID: Gammage/5660



FLORIDA DUI UNIFORM TRAFFIC CITATION **A2GCKNP**

COUNTY OF Palm Beach  (1) F.H.P.  (2) P.D.  (3) S.O.  (4) OTHER  
 CITY (IF APPLICABLE) \_\_\_\_\_ AGENCY NAME \_\_\_\_\_  
 AGENCY # \_\_\_\_\_

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIED THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

**COMPLAINT**  
(RETAINED BY COURT)

DATE OF WEEK: 04 MONTH: 10 YEAR: 2020 TIME: 2:35 P.M.  
 NAME: Renifer H. Finkelstein  
 STREET: 10835 Palm Lake Ave #101  
 CITY: Boynton Bch STATE: FL ZIP CODE: 33437  
 TELEPHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: 10 DAY: 15 YEAR: 92 SEX: F HEIGHT: 5'06  
 DRIVER LICENSE NUMBER: F524428928750  
 CLASSIFICATION: FL  YES  NO  
 COMMERCIAL VEHICLE:  YES  NO  
 PLACARDED HAZARDOUS MATERIAL:  YES  NO  
 2 OR MORE PASSENGERS:  YES  NO  
 MOTORCYCLE:  YES  NO  
 COMPANION CITATIONS:  YES  NO  
 FT. \_\_\_\_\_ MILES \_\_\_\_\_ OF ROAD: \_\_\_\_\_

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGE, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO A POINT WHERE ABILITY TO DRIVE WAS IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF 0.15  
 COMMENTS PERTAINING TO OFFENSE: (Only one offense each class)

AGGRESSIVE DRIVER  PASSENGER < 18 YEARS  STATE STATUTE  SECTION 316.193  
 YES  NO  YES  NO  YES  NO  YES  NO  YES  NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.  
7/2/20 0800  
 COURT AT: 3228 GOLF CLUB RD A2GCKNP  
WPD, FL 33406

ARREST DELIVERED TO \_\_\_\_\_ DATE \_\_\_\_\_  
 I AGREE AND PROMISE TO COMPLY WITH THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY BE CAUSED BY A BREAST OR UNDERSTANDING BY BREASTPUMPING IS NOT AN EXERCISE OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY TO UNDERSTAND THIS CITATION, CONTACT THE CLERK OF THE COURT.  
 X SIGNATURE OF VIOLATOR: [Signature]

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:  
 DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.  
 REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED?  YES  NO REASON \_\_\_\_\_  
 ELIGIBLE FOR PERMIT?  YES  NO REASON \_\_\_\_\_

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.  
 AT THE District Boyerche Lake BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

RAV. - SIGNATURE OF OFFICER: [Signature] BADGE NO. 9418 I. D. NO. DUF-11  
 HSMV 75904 (Rev. 7/13)

NOT A CERTIFICATE



# FLORIDA UNIFORM TRAFFIC CITATION

In the court designated below the undersigned certifies that he/she has just and reasonable grounds to believe and does believe that on:

Citation #: **ADBLWCE**

County: **PALM BEACH**

County Code: **06**

City:

City Code: **00**

Date/Time: **Fri 04/10/2020 03:12 AM**

Agency Type: **SO**

## VIOLATOR

First Name: **JENNIFER**

Middle: **HANNAH**

Last: **FINKELSTEIN**

DOB: **10/15/1992**

Address: **10835 PALM LAKE AVE#101**

City: **BOYNTON BEACH**

State: **FL**

Zip:

Telephone:

Race: **W**

Sex: **F**

Hgt: **506**

DL #: **F524428928750**

DL State: **FL**

Lic. Expires: **2022**

CDL: **N**

Ethnicity: **NH**

Class: **E**

Diff. Addr. on DL: **N**

## REGISTRATION

Yr. Veh: **2017**

Veh. Tag: **NAHF68**

Color: **BLK**

Trailer Tag:

Make: **MAZD**

Yr. Tag Expires: **20**

State: **FL**

Style: **4D**

Comm. Mtr. Veh.: **N**

Plac. Haz. Mat: **N**

>= 16 Passengers: **N**

Motorcycle: **N**

## LOCATION

Upon a Public Street or Highway or Other Location Namely:

**S MILITARY TRL / BOYNTON BEACH BLVD**

**PBC**

Located

Ft.

Miles S

Of Node

## VIOLATION

Did unlawfully commit the following Offense, in violation of State Statute,  
**DUI- REFUSAL TO SUBMIT TO TESTING** 316.1939(1)

Speed - Enhanced Penalty Zone: **N**

Unlawful Speed:

Posted Speed:

Crash: **N**

Prop. Dam.: **N**

Prop. Dam. Amt.:

Aggressive Driv: **N**

Injury: **N**

Ser. Injury: **N**

Fatal: **N**

Red Light/Stop Sign: **N**

Companion Citation Number(s):

Driving Under the Influence of Alcoholic Beverages, Chemical, or Controlled

Substances, Driving/Actual Physical Control While Impaired, or

Driving/Actual Physical Control with Unlawful Blood/Urine Alcohol Level Bal: **REFUSAL**

## COURT INFORMATION

Criminal Violation, Court Required

**PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX**

**3228 GUN CLUB ROAD**

Court Date: **07/02/2020**

**WEST PALM BEACH, FL 33406**

Court Time: **8:30 AM**

Civil Penalty:

Arrest Delivered To: **MAIN PBSO JAIL**

On: **04/10/2020**

## SIGNATURE

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

Signature of Defendant: *[Handwritten Signature]*

Signature of Officer: *[Handwritten Signature]*

I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE

Officer name: **CPL. R. SORIANO**

Officer ID: **9418**

Case number: **20057295** Troop/Unit: **VCD-DUI WEST COUNTY**

Agency Name: **PALM BEACH SHERIFF'S OFFICE**

Agency #: