

0514265 21CT9431 NB

3741

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1		Juvenile		N	
Agency ORI Number <b>FLO 5 0 2 6 0 0</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>				Agency Report Number <b>78 - 21002447</b>							
Charge Type: Check as many as apply.		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 <input type="checkbox"/>	
Location of Arrest (Including Name of Business) <b>ALT A1A/RCA BLVD, PBG, FL</b>		Location of Offense (Business Name, Address) <b>10000-BLK ALT A1A, PBG, FL</b>											
Date of Arrest <b>06/07/2021</b>		Time of Arrest <b>04:42</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle <b>KAUFF'S TOWING AND RECOVERY</b> <b>4701 EAST AVENUE, WPB, FL 33407</b>	
Name (Last, First, Middle) <b>KURYNKA, JENNIFER, LYNN</b>												Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian		W		Sex F		Date of Birth <b>8/1/1983</b>		Height <b>4'11</b>		Weight <b>121</b>		Eye Color <b>HAZ</b>	
Hair Color <b>BRO</b>		Complexion <b>LGT</b>		Build <b>SMALL</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TAT LOWER BACK INSIDE L LEG, OUTSIDE R LEG</b>		Marital Status <b>SINGLE</b>		Religion <b>NONE</b>		Indication of: Alcohol Influence <input checked="" type="checkbox"/> Drug Influence <input checked="" type="checkbox"/>	
Local Address (Street, Apt. Number) <b>914 9TH CT, PALM BEACH GARDENS, FL 33410</b>		(City)		(State)		(Zip)		Phone <b>(561) 633-2669</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		1	
Permanent Address (Street, Apt. Number) <b>914 9TH CT, PALM BEACH GARDENS, FL 33410</b>		(City)		(State)		(Zip)		Phone		Address Source <b>VERBAL</b>			
Business Address (Name, Street) <b>PALM BEACH GARDENS, FL 33410</b>		(City)		(State)		(Zip)		Phone		Occupation			
D/L Number, State <b>K652432837810 FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>PALM BEACH GARDENS, FL</b>		Citizenship <b>US</b>					
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		Residence Phone					
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone					
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated							
Released To: (Name)		Relationship		Date		Time							
The above address provided by [ ] 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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade									
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property									
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine	
B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other							
Charge Description <b>DRIVING UNDER THE INFLUENCE</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(1)(A)</b>		Violation of ORD #					
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Location (Court, Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 PH: (561) 662-6700</b>													
Court Date and Time Month <b>JULY</b> Day <b>7</b> Year <b>2021</b> Time <b>10:00</b>													
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED TO. I UNDERSTAND THAT IF 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) <b>[Signature]</b>													
Date Signed <b>06/07/2021</b>													
HOLD for other Agency Name:		Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arresting Officer) <b>[Signature]</b>		Name of Arresting Officer (Print) <b>OFC. ANDREW FLINK</b>		I.D. # <b>514</b>		Agency <b>PBPGD</b>		PAGE <b>1</b> OF <b>1</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		I.D. #		Pouch #		Transporting Officer <b>OFC. A. FLINK</b>		ID # <b>514</b>		Agency <b>PBPGD</b>	
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)													

FILED  
JUN 8 2021  
NORTH COUNTY COURTS  
CLERK  
JUN 8 2021  
CLERK

# D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 7TH day of JUNE 2021 at 0432 ☒ AM ☐ PM

Subject: KURYNKA, JENNIFER, LYNN Case Number: 21002447

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: OFC. ANDREW FLINK 514

## PERSONAL CONTACT

### DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

On 06/07/2021 at approximately 0430 hours, This Officer was on patrol, in the area of 10000 block of Alt A1A, PBC, FL, when a vehicle was observed traveling at an increased rate of speed north bound in the inside through lane. Body worn camera and in car video were activated upon traffic stop. This Officer's initial visual estimation of the vehicle, was approximately 60 MPH in a posted 45 MPH zone. Using RADAR Stalker DS22X (DS001317), forward antenna (KC006606) this Officer received a steady tone and reading of 61 MPH climbing up to 65 MPH and holding steady. The RADAR calibration was last checked on 05/27/2021 and was due on 11/27/2021. Prior to this tour of duty on this date, this Officer ensured the RADAR was in working order, to confirm the accuracy of the unit. At the end of this tour of duty, this Officer did the same. This Officer received RADAR/LIDAR certification on 05/31/2008, in Cannon AFB, NM. This Officer entered the same lane behind the vehicle and observed the vehicle drifting within the lane, touching and going on the outside solid white line multiple times. This Officer initiated a traffic stop on the vehicle, a Nissan sedan (1F281W/FL) on Alt A1A just south of RCA Blvd, PBC, FL. The vehicle was slow to come to a stop and did not do so, until this Officer activated the audible sirens. This Officer made contact with the driver and lone occupant, identified via Florida Identification Card photo, Jennifer Kuryнка (OF), while she was still in the driver seat with the vehicle on and running.

### OBSERVATION OF DRIVER:

Kuryнка had a flushed red face, was sweating, slurred speech, bloodshot eyes, and the obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. Kuryнка also had difficulty finding her driver license, eventually giving this Officer a cut Florida ID Card.

### DRIVER STATEMENTS:

Kuryнка was very apologetic for speeding, which she was unaware that she was doing. Kuryнка said she had worked earlier in the night at "Uncle Mick's" and said she was on her way back, to pick up her bar back. Kuryнка denied consuming alcoholic beverages on this night.

ODORS: Unknown alcoholic beverage

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Compliant, upset.

CLOTHING: Black tank-top, black pants, black sneakers

MEDICAL/OTHER: None stated.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 7th day of June 20 21 by  
OFC. ANDREW FLINK 514 who is ☒ personally known to me or ☐ produced

  
Notary Public, Clerk of Court, Officer (FSS 117.10)



JOSHUA BELL  
MY COMMISSION #GG346008  
EXPIRES: JUN 18, 2023  
Bonded through 1st State Insurance

STAMP

SCANNED  
JUN 09 2021

# D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: **KURYNKA, JENNIFER, LYNN**

Case Number: **21002447**

## ROADSIDE TASKS

### HORIZONTAL GAZE NYSTAGMUS:

#### LEFT EYE

- ☒ Lack of Smooth Pursuit  
☒ Distinct & Sust. Nystag. at Max. Deviation  
☐ Onset of Nystagmus Prior to 45 Degrees

#### RIGHT EYE

- ☒ Lack of Smooth Pursuit  
☒ Distinct & Sust. Nystag. at Max. Deviation  
☐ Onset of Nystagmus Prior to 45 Degrees

### Other Observations:

Kurynka had to be told multiple times to follow the stimulus, as she would anticipate its movement and look at this Officer's face. Throughout the exercise, Kurynka was swaying back and forth

### Walk and Turn

During the instructions, Kurynka lost her balance and stepped out of the starting position multiple times. During the first set of steps, Kurynka missed heel-to-toe multiple times and raised her arms more than six inches from her sides. Through the attempt, Kurynka was guiding to her left and ended up walking next to the line. Kurynka also paused multiple times to regain balance. Kurynka conducted an improper turnaround, by way of pivoting on both feet. During the return set, Kurynka again missed heel-to-toe on multiple steps and raised her arms more than six inches from her sides. Kurynka again guided to the side of the line, walking along the side of it.

### One Leg Stand

During the exercise, Kurynka raised her left foot. Kurynka was initially not looking down at her raised foot and had to be reminded to do so. Throughout the exercise, Kurynka was swaying and placed her foot down multiple times. Kurynka also raised her raised arms more than six inches from her sides.

BREATH RESULTS: 1) <sup>000</sup> REF @ <sup>0551</sup> 2) <sup>000</sup> @ <sup>0554</sup> 3) <sup>Ref</sup> @ <sup>0556</sup> 4) - @ -

STATE OF FLORIDA  
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 7th day of June 2021 by  
OFC. ANDREW FLINK 514 who is ☒ personally known to me or ☐ produced

Notary Public, Clerk of Court, Officer (FSS 117.10)



JOSHUA BELL  
MY COMMISSION #GG346008  
EXPIRES: JUN 18, 2023  
Bonded through 1st State Insurance

STAMP

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JUN 09 2021



**PALM BEACH GARDENS POLICE DEPARTMENT  
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 21-073413 PBSO Zone: 3-13

Agency Case #: 21002447 Crash Case #: \_\_\_\_\_

**Incident Information:**

Time of Stop/Crash: 0432 Date of Incident: 06/07/2021 Day: MONDAY

Location of Incident: 10000-BLK ALT A1A, PBG, FL

**Arrest Information:**

Time of Arrest: 04:42 Date of Arrest: 06/07/2021 Day: MONDAY

Location of Arrest: ALT A1A/RCA BLVD, PBG, FL

Subject's Name: (L) KURYNKA, (F) JENNIFER, (M) LYNN

DOB: 8/1/1983 Race: W Sex: F Height: 4'11 Weight: 121 Hair BRO Eye HAZ

Address: 914 9TH CT, PALM BEACH GARDENS, FL 33410 Phone: (561) 633-2669

Arresting Officer's Name: OFC. ANDREW FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC - DUI

**Breath Results**

- 1) .000 at 0551 hrs.
- 2) .000 at 0554 hrs.
- 3) - at - hrs.
- 4) - at - hrs.

URINE Refused

**REFUSED**

Breath Test Operator: BELL, JOSHUA 8656

**PBSO**

**---BAT Use---**

BAT Notified: YES

Arrival Time at BAT: 0521

Subject Arrest Time: 04:42

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# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: KURYNKA, JENNIFER LYNN

CASE NUMBER: 21-073413

DATE: Jun 7, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0546

ENDING TIME: 0600

BREATH TESTS RESULTS: 1) .000 TIME 0551 A.M. ☒ P.M. ☐ 2) .000 TIME 0554 A.M. ☒ P.M. ☐  
3) N/A TIME XX A.M. ☐ P.M. ☐ 4) N/A TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET, COOPERATIVE

CLOTHING: BLACK SLEEVELESS SHIRT, BLACK PANTS, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: BLOODSHOT

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0521 HOURS

SUBJECT STATED SHE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED SHE UNDERSTOOD I.C, SUBJECT STATED SHE WOULD TAKE BREATH TEST

TECH READ BREATH TEST

SUBJECT STATED SHE UNDERSTOOD BREATH TEST RESULTS

A/O REQUESTED A URINE SAMPLE

SUBJECT STATED SHE WOULD NOT PROVIDE A URINE SAMPLE

A/O ASKED IF SUBJECT REMEMBERED AND UNDERSTOOD I.C

SUBJECT STATED SHE REMEMBERED AND UNDERSTOOD I.C

SUBJECT AGAIN STATED SHE WOULD NOT PROVIDE A URINE SAMPLE

REFUSAL TIME 0556 HOURS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED Q AND A

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JUN 09 2021  
**REFUSED**

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006476 Software: 8100.27  
Date of Test: 06/07/2021

Date of Last Agency Inspection: 05/14/2021

Observation Period Began: 05:21

Subject's Name: JENNIFER L KURYNKA

DOB: 08/01/1983 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	05:49
	Air Blank	0.000	05:50
	Control Test	0.079	05:50
	Air Blank	0.000	05:50
	Subject Sample #1	0.000	05:51
	Air Blank	0.000	05:51
	Air Blank	0.000	05:53
	Subject Sample #2	0.000	05:54
	Air Blank	0.000	05:54
	Control Test	0.079	05:55
	Air Blank	0.000	05:55
	Diagnostics Check	OK	05:55

Cylinder Lot: 22620080A2  
Exp: 10/05/2022

State of Florida, County of Palm Beach

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

I JOSHUA J BELL, 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: 06/07/21

Sworn to (or affirmed) before me this 07 day of JUNE, 2021

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.

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SUBJECT: Kurynka, Jennifer Lynn CASE NUMBER: 21002447

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

~~OR~~

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

~~OR~~

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am \_\_\_\_\_ of the \_\_\_\_\_.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) \_\_\_\_\_

## CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on camera

SUBJECT: Kurynka, Jennifer Lynn CASE NUMBER: 21002447

## 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? 1

WHERE WERE YOU GOING? to work

WHAT STREET OR HIGHWAY WERE YOU ON? 101st

DIRECTION OF TRAVEL? W WHERE DID YOU START? at home

WHAT TIME DID YOU START? 7:00 WHAT TIME IS IT NOW? 7:15

WHAT IS TODAY'S DATE? 5-10-2021 WHAT DAY OF THE WEEK IS IT? 1

WHAT COUNTY AND CITY ARE YOU IN NOW? 1st

WHEN DID YOU LAST EAT? at home WHAT DID YOU EAT? at home

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? at home

HOW MUCH DO YOU WEIGH? 150 HAVE YOU BEEN DRINKING? 1 WHAT? at home

HOW MUCH? at home WHERE? at home WITH WHOM? at home

WHEN DID YOU HAVE YOUR FIRST DRINK? at home AND YOUR LAST DRINK? at home

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? at home

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? at home ARE YOU UNDER THE INFLUENCE? at home

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? at home HOW MUCH? at home

WHAT? at home WHERE? at home WHEN? at home

WHAT LINE OF WORK ARE YOU IN? at home WHEN DID YOU LAST WORK? at home

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? at home WHAT? at home

ARE YOU SICK OR INJURED? at home WHAT'S WRONG? at home

DO YOU LIMP? at home DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? at home

WERE YOU IN AN ACCIDENT TODAY? at home

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? at home WHEN? at home

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? at home WHO? at home WHY? at home

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? at home WHAT? at home WHEN? at home

DO YOU HAVE:   
EPILEPSY? at home   
GLASS EYE? at home   
FALSE TEETH? at home   
EAR INFECTION? at home   
INNER EAR TROUBLE? at home   
DIABETES? at home

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? at home

DO YOU TAKE INSULIN? at home IF SO, WHEN WAS YOUR LAST INJECTION? at home

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? at home WHERE? at home

INTERVIEWER: CFC. A. Flink #514

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED  
JUN 09 2021



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

I, **OFC. ANDREW FLINK**, a duly certified Law Enforcement Officer or Correctional Officer,  
 (Name of Officer reading Implied Consent Warning)

am a member of **PALM BEACH GARDENS POLICE DEPARTMENT**, and I do swear  
 (Name of law enforcement agency)

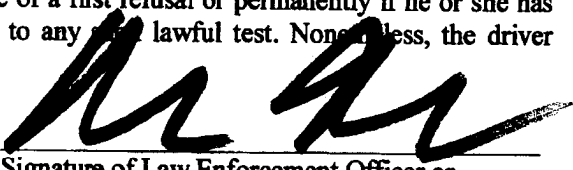
or affirm that on or about the **7TH** day of **JUNE**, 20 **21**, at **04:42** ☐ P.M. ☒ A.M.

DRIVER **JENNIFER LYNN KURYNKA**  
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **K652432837810**, state of **FL**, was placed under lawful arrest for  
 the offense of **DRIVING UNDER THE INFLUENCE** by **OFC. ANDREW FLINK** and  
 issued Citation # **A56HJME**  
 (Name of Arresting Officer)

That on or about the **7TH** day of **JUNE**, 20 **21**, at **0556** ☐ P.M. ☒ A.M.  
 in **PALM BEACH** County,

I requested that the driver submit to a **breath and/or X 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 lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

  
 Signature of Law Enforcement Officer or  
 Correctional Officer

**THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)**



The foregoing instrument was sworn and subscribed before  
 me this **7th** day of **June**, 20 **21**,  
 by **OFC. ANDREW FLINK**,  
 who is personally known to me or who has produced

as identification  
 Notary Public 

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date **06/07/2021**

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.

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**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2021013838	<b>Date:</b> 06/08/2021
	<b>Specialist Name/ID:</b> T Howard/7185