

20193657MB

NH

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1

Juvenile
N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000				Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06- 20-043724											
	Charge Type: Check as many as apply		1. Felony <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/>		6. Other <input type="checkbox"/>		Weapon Seized / Type 2 1. Yes 2. No NONE		Multiple Clearance Indicator 1					
	Location of Arrest (including Name of Business) 6th Ave and Grove St Lake Worth Beach Fl 33461						Location of Offense (Business Name, Address) 6th Ave and Grove St. Lake Worth Beach Fl 33461															
DEFENDANT	Date of Arrest 02/28/2020		Time of Arrest 21:41		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle Sisters Towing									
	Name (Last, First, Middle) Jessica E Swinford												Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 11/05/1990		Height 5'7		Weight 160		Eye Color Green		Hair Color Blonde		Complexion Light		Build Large					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Puzzle on neck, Florida on left arm, multiple on fingers												Marital Status Single		Religion CHRISTIAN		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
	Local Address (Street, Apt. Number) 127 W. Mango Rd				(City) Lake Worth Beach Fl		(State) FL		(Zip) 33467		Phone (561) 356-1654		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2									
	Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Address Source FLORIDA DRIVER LICENSE									
	Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation Waitress									
	D/L Number, State S516-425-90-905-0				Soc. Sec. Number		INS Number		Place of Birth (City, State) West Palm Beach Florida		Citizenship Yes											
	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									
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Address (Street, Apt. Number) OR #2										(City)		(State)		(Zip)		Residence Phone ()		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. <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													
CHARGE	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 A. Amphetamine		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 DRIVING UNDER THE INFLUENCE W/ Property				Counts 2		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(3)(C)(I)				Violation of ORD #									
	Drug Activity N		Drug Type N		Amount / Unit Refusal		Offense # 20-043724		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	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										
NOTICE TO APPEAR	Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406																					
	Court Date and Time Month March Day 26 Year 2020 Time 08:30 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 WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED																						
Signature of Defendant (or Juvenile and Parent /Custodian)										Date Signed 02/28/2020												
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer [Signature]				Name Verification (Printed by Arrestee) (PRINT)													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Name of Arresting Officer (Print) INV. M. Smith				I.D. # 9621													
	I.D. # 9601				Pouch #				Transporting Officer INV. M. Smith				I.D. # 9621				Agency PBSO					
Witness here if subject signed with an "X"																						
MAR 11 2020 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)																						

0515181 / 1379

REC'D
GUN CLUB
MAR 11 2020
8:42

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE # 20043706	ZONE: 14-13	SUSPECT: Jessica Esquivel	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 2-28-20/2011
EVENT TYPE: 594	DEPUTY: D/S Valentin		ID#: 31847

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Grams		FIRST NAME: Charity		MIDDLE INITIAL: R	RACE: W	SEX: F
DATE OF BIRTH: 09/24/86 <small>(MM/DD/YYYY)</small>	YOUR HEIGHT: 5'4"	YOUR WEIGHT: 170	YOUR HAIR COLOR: brun	YOUR EYE COLOR: green		
YOUR HOME ADDRESS: 4728 Clemens St			<input type="checkbox"/> CHECK IF HOMELESS	CITY: Lake worth	STATE: FL	ZIP: 33463
YOUR WORK NAME & ADDRESS: New Directions Behavioral Health			<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (813) 312-7533	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL: CharityRGrams@gmail.com		<input type="checkbox"/> CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: Charity Grams	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
------------------------------------	--

I was driving west bound on 6th Ave and noticed a silver honda civic driving erratically, swerving between lanes. The traffic slowed in front and she swerved lanes again and ran into the back of the black toyota. She then proceeded to open the door of her car and rolled out onto the ground. She was wearing a pink long sleeve shirt and dark pants. Her car then rolled backward without her in it and rolled into the front of my vehicle.

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: **X** *[Signature]*

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
 DATE: **2-28-20** TIME: **[Signature]**
 SIGNATURE: **[Signature]** ID: **31847**

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS IN MY FAMILIARITY WITH MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
ADMIN	OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	
		Agency Report Number 06-20-043724		Special Notes SUP PC	
	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"/> 6. Other
		<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		
DEF	Name (Last, First, Middle) Swinford Jessica Elizabeth		Alias	Race W	Sex F
	Date of Birth 11/05/1990				
CHARGES	Charge Description DUI PROP DAM	316.193.3(C)1	Charge Description		
	Charge Description	Charge Description			
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA		Race	Sex	Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (zip) Phone () ()		Address Source		
	Business Address (Name, Street) (City) (State) (zip) Phone () ()		Occupation GOVERNMENT		
<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 28TH day of FEB 2020 at 08:11 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On February 28, 2020 at approximately 2011 hours, I was dispatched to the area of Grove Street and 6th Ave S in reference to a vehicle crash.</p> <p>Upon my arrival, I observed multiple vehicles blocking the westbound lanes of 6th Ave S. The silver Volkswagen Atlas (SUV) bearing FL tag of Y91RTJ was blocking the inside lane with minor front end damage. The silver Honda Civic (Sedan) bearing FL tag of 382QGG was directly in front of the Volkswagen and had minor rear end damage and extensive front end damage. The third vehicle involved was a blue Toyota Camry bearing the FL tag of 893QBQ which was just west of the other vehicles blocking the outside lane (number 2 lane) with its front two wheels on the sidewalk facing westbound and the two rear tires which were still in the outside lane.</p> <p>While I was conducting my crash investigation, I spoke with all drivers involved. The driver of the silver Honda Civic was identified as Jessica Elizabeth Swinford, by her Florida driver license (S516425909050). Jessica was the sole occupant of the vehicle. Upon making contact with the driver outside of her vehicle, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area. This odor intensified as I spoke to Jessica. Jessica had glassy, glazed, and blood shot eyes. Jessica's speech was slurred, slow, thick, and at times difficult to understand. While speaking with Jessica she had an obvious sway. Jessica was wearing a pink long sleeve shirt, blue sweat pants, and sandals.</p> <p>Jessica Elizabeth Swinford showed signs of possible impairment so I requested a DUI Unit to conduct an assessment. This affidavit is for supplemental purposes only.</p>					
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S VALENTIN		
	(Signature of Arresting/Investigative Officer)				
	The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of FEB 20 20 by D/S VALENTIN				
	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)				
	MAR 01 2020				
					PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28th DAY OF February 20 20 AT 21:41 AM PM
SUBJECT: Swinford Jessica E CASE NUMBER: 20-043724
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. M. Smith
PERSONAL CONTACT

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

On 02/28/2020 at approximately 20:33hrs, I was dispatched to the scene of a motor vehicle crash without injuries at the intersection of 6th Avenue S and Grove Street, which is located in Lake Worth Beach, Florida.

I arrived at the scene at approximately 21:04hrs. After my independent crash investigation, based on physical evidence, and witness statements, I determined that, at approximately 20:11hrs, the defendant, did indeed rear end V2 which was properly traveling in their lane. V1 then rolled into V3 (See PBSO crash case #20-043706)

Witness Charity Grams, identified the defendant, to me, as the driver of the silver Honda Civic at the time of the crash. Grams completed a written sworn statement as to the events which transpired surrounding the crash.

D/S Valentin #31847 relayed to me that Jessica Swinford had articulable indicators of impairment, so he called for a DUI Unit to conduct a possible DUI investigation. D/S Valentin provided me with a written sworn supplemental Probable Cause Affidavit.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by their Florida Driver License as Jessica Swinford, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area. This odor intensified as I spoke to Swinford. Swinford had glassy, glazed, and blood shot eyes. Swinford's speech was slurred, slow, thick, and at times difficult to understand. Swinford's movements were slow and deliberate. Swinford was lethargic in her movements with poor coordination. Swinford had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to her. Swinford was wearing a pink t-shirt, black pants, and brown flip flops. All the clothing appeared clean.

DRIVER'S STATEMENTS:

Swinford stated that she was traveling east bound when in fact she was traveling west.

Post Miranda Swinford stated that she had opened a bottle of wine and took a sip while in her vehicle.

ODORS:

obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area.

GENERAL OBSERVATIONS

SPEECH: speech was slurred, slow, thick, and at times difficult to understand

ATTITUDE: Argumentative, Irritated, Loud, Moody, Uncooperative

CLOTHING: pink t-shirt, black pants, and brown flip flops

MEDICAL/OTHER: See BAT report

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. M. Smith

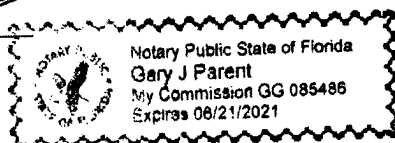
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of February 202020 by INV. M. Smith

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

Gary Parent (#7906)

Notary Public, Clerk of Court, Officer (F.S.S. 117.14)



SUBJECT Swinford

Jessica

CASE NUMBER

20-043724

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Swinford would sway roughly in a side to side front to back pattern throughout the task. Swinford did touch the tip of the pen as directed to positively identify the point to be tracked. Swinford was reminded numerous times to track the pen with her eyes only. Swinford failed to keep her head still while tracking the stimulus.

WALK & TURN:

During the instructional portion of the task I observed Swinford to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Swinford could not maintain her balance while listening to instructions. Swinford stepped out of the instructional stance during the demonstration to catch her balance. Swinford started the task before being instructed to do so. I explained and demonstrated the instructional position a second time. Swinford refused to complete the task. I explained Swinford of her Taylor warnings and asked if she would like to continue with the tasks at which that time she agreed to complete, After she was reminded several times of the instructional position she refused to perform the task.

ONE LEG STAND:

Declined to perform

FINGER TO NOSE:

Declined to perform

ROMBERG ALPHABET:

Declined to perform

BREATH TEST RESULTS: **Refused**

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. M. Smith

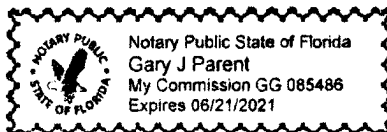
(Signature of Arresting/Investigative Officer)

The foregoing interview was sworn to and affirmed and subscribed before me this 28th day of February 2020 by INV. M. Smith

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

Gary Parent (#7909)

Notary Public, Clerk of Court, Officer (F.S. § 47.10)



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

I, INV. M. Smith, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 28th day of February, 2020, at 21:46 P.M.

DRIVER Jessica E Swinford
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S516-425-90-905-0, state of FLORIDA, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE W/ Property by INV. M. Smith and
(Name of Arresting Officer)

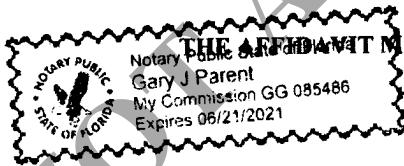
issued Citation # A2GD5MP

That on or about the 28 day of February, 2020, at 22:26 P.M.

in PALM BEACH County,

I requested that the driver submit to a Xbreath 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 of Law Enforcement Officer or
Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 28th day of February, 2020,

by INV. M. Smith,

who is personally known to me or who has produced

PERSONALLY KNOWN LEO as identification

Notary Public Gary Parent (#7909)

HSMV-BAR1001 (REV. 10/2016)

CANNED
MAR 01 2020

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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date 02 / 28 / 2020

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.

TESTING FACILITY TASK REPORT

AGENCY: PCSO

SUBJECT: SW 1500, JESSICA E CASE NUMBER: 20-047724

DATE: 02/20/20 VIDEO TAPE NUMBER: 1/A

BEGINNING TIME: 2224 ENDING TIME: 2234

BREATH TESTS RESULTS: 1) A TIME 2225 A.M./P.M. 2) N/A TIME — A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: G. P. ...

MAINTENANCE TECHNICIAN: K. ...

TESTING OFFICER'S OBSERVATIONS

SPEECH: ...

ATTITUDE: ...

CLOTHING: ...

MEDICAL CONDITIONS: ...

MEDICATIONS: ...

OTHER: EYES GUMMY

REFUSED

Δ STATE SHE IS MORE HIGH THAN FROM WORK (G+2)

COMMENTS: ARRIVED AT CENTER AT 2201 HRS. ...

Δ ... WOULD NOT TAKE TEST

ALL REAS ...

Δ STATE SHE UNDERSTOOD ...

ALL REAS RECHES ...

REFUSED

Δ STATE SHE UNDERSTOOD ...

SCANNED

ALL COMMENTS Q+A
MAR 01 2020

Δ ...

SUBJECT: JANICA E CASE NUMBER: 20-097724

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) Janica E

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.

SCANNED

MAR 01 2020

SUSPECT'S SIGNATURE: (X) Janica E

SUBJECT: Sumner, James E CASE NUMBER: 20-047724

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?	_____
DABETES?	_____

SCANNED

MAR 31 2020

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: _____

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

WITNESS LIST

CASE NUMBER: 20-043724

ARRESTING OFFICER: INV. M. Smith

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

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-3000

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO

NAME: D/S Valentin #31847

ADDRESS: 3228 Gun Club Rd West Palm Beach Fl 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: Supplemental Probable Cause, Crash Investigation

NAME: Charity Grams

ADDRESS 4728 Clemens St Lake Worth Beach FL 33463

PHONE NUMBERS (HOME) _____ (WORK) 561-319-7533

CAN TESTIFY TO: Sworn Witness Statement, Description of driver.

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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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED
MAR 01 2020



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

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	539.001(8)(1), 539.003	Other: Pawn Broker Information	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

COAINED

REVIEW COMPLETED BY

Booking Number: 2020008834 MAR 01 2020	Date: 2/29/2020 Specialist Name/ID: M. Tooks #8557
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