

20CT16574 MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-138224	
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	Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1
Location of Arrest (including Name of Business) 6845 PARK LANE RD LAKE WORTH FL			Location of Offense (Business Name, Address) 6845 PARK LANE RD, LAKE WORTH FL 33460			
Date of Arrest 12/18/2020	Time of Arrest 2209	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle GARDEN'S TOWING

Name (Last, First, Middle) KNABLE, JORDAN, ALEXANDRA						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W	Date of Birth 5/22/1990	Height 504	Weight 135	Eye Color BRO	Hair Color BRO	Complexion FAIR	Build SMALL			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT RIGHT WRIST						Marital Status Single	Religion NONE	Indication of Alcohol Influence Drug Influence			
Local Address (Street, Apt. Number) 16101 MAHAGONY DR, BOYNTON BEACH FL 33436			(City)	(State)	(Zip)	Phone (561) 530 9017		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2			
Permanent Address (Street, Apt. Number) 11895 GRAND ISLE LN, FT MYERS FL 33913			(City)	(State)	(Zip)	Phone		Address Source DEFENDANT			
Business Address (Name, Street) IHOP			(City)	(State)	(Zip)	Phone		Occupation			
D/L Number, State KS14421906820,		Sec. Sec. Number		INS Number		Place of Birth (City, State) NAW SALYSBURY IN		Citizenship US			

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 <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 395-2528) 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		

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 DUI WITH PROP DAMAGE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Status Violation Number 316.193(3)C1		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 20-138224	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Status 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	Status 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	Status Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				

Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600					
Court Date and Time Month JANUARY Day 14 Year 2021 Time 0830 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 12/18/2020	

HOLD for other Agency Name:		Signature of Arrestee	Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arrestee (Print) INV E. K. WHITE	(PRINT) DEC 19 2020 1:36	
Intake Deputy W. G. G...	I.D. #	Pouch #	Transporting Officer INV E. K. WHITE	ID # 7209 Agency PBSO
Witness here if subject signed with an "X"			PAGE 1 OF 1	

0520303

3451

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-20-138224
ADMIN	Charge Type: Check as many as apply.		Special Notes:	
	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 4. Traffic Misdemeanor
	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other		

NAME (Last, First, Middle) KNABLE, JORDAN, ALEXANDRA	Alias	Race W	Sex F	Date of Birth 5/22/1990
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CHARGES	Charge Description DUI WITH PROP DAMAGE	316.193(3)C1	Charge Description
	Charge Description		Charge Description

VICTIM	Victim's Name (Last, First, Middle)	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

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

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 18 day of DECEMBER 2020 at 2058 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On Friday, December 18, 2020 at approximately 2115 hours, I responded to the residence of 6845 Park Lane Road, Lake Worth (Palm Beach County) Florida to assist Community Service Aide (Csa) Jonathan Foster with a traffic crash with the driver possibly being impaired. Upon my arrival I noticed Palm Beach County Fire Rescue and back up deputies on scene. Property owners were standing in the yard of the previously mentioned residence. I met with Csa Foster who was standing with paramedics by the defendant's vehicle. Paramedics were medically assessing the defendant who was sitting in the driver seat and the sole occupant. She was later identified as Jordan Alexandra Knable by her Florida driver license. She appeared incoherent and unaware of her environment. She thought she was in Boynton Beach. Her eyes were red, watery and glossy. Her cheeks were flushed, mouth dry and she slurred her speech while speaking. I could smell a strong odor of an unknown alcoholic beverage emanating from the inside of the vehicle. Her movements were slow, calculated and lethargic. The medics checked her blood sugar level and told me it was normal. They asked if she wanted to be transported to the hospital due to her high level of intoxication. She refused transport and told them she was alright. I met with the home owner and asked if I could use their driver way to assess the driver for DUI. The driver way was smooth and free from any obstruction or debris. After gaining their permission I asked the defendant to step out of the vehicle. Once out of the vehicle I watched the her sway, lose balance and remain unsteady while walking and standing. She was wearing blue jeans, a black shirt, a sweat shirt and black flip flops. I escorted her to the front of my patrol car and explained that she was involved in a traffic crash that damaged the home owner's property. Moreover I told her I had completed my assistance with the crash and would now be conducting a criminal investigation for DUI. I explained my suspicion of her impairment was prompt by the previously mentioned indicators of impairment she was exhibiting. Based on my suspicion I asked if she would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if she was impaired while operating a motor vehicle. She obliged. Prior to her performance I asked if she had any physical problems with her body that would inhibit her from performing light physical exercises. I also asked if she was taking medication. She told me she neither has anything wrong with her physically, nor was she taking medication.

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
INV E. K. WHITE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of DECEMBER 2020 by INV E. K. WHITE
(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)

[Signature]

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023

PAGE 1 OF 2

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

ADMIN CHARGES/DIE VICTIM

OBTs Number

Agency ORI Number FLO 500000

Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number 06-20-138224

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Special Note:

Name (Last, First, Middle) KNABLE, JORDAN, ALEXANDRA

Alias

Race W

Sex F

Date of Birth 5/22/1990

Charge Description DUT WITH PROP DAMAGE 316.193(3)C1

Charge Description

Charge Description

Charge Description

Victim's Name (Last, First, Middle)

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

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

committed the below acts in my presence.

was observed by _____ who told _____

confessed to _____ admitting to the below facts.

that he/she saw the arrested person commit the below acts.

was found to have committed the below acts, resulting from my (described) investigation.

On the 18 day of DECEMBER 20 20 at 2058

A.M. P.M. (Specifically include facts constituting cause for arrest.)

During my encounter I could now smell a strong odor of an unknown alcoholic beverage emanating from her breath that intensified when she spoke. I also noticed the defendant had urinated in her clothes which left a small puddle of liquid at her feet. I placed a yellow strip of masking tape on the surface that formed a line. The defendant identified the tape by giving its color and placing her left foot on it when prompt to do so. The following SFSTs were attempted to be explained, demonstrated and acknowledged by her prior to her performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. Her deficiencies were recorded on another form in this work sheet. At the conclusion of the SFSTs, coupled with the home owner's observation of the defendant's vehicle stopped in her yard after striking her properties, to include the deputy's observation of the defendant's sitting in the driver seat of her vehicle and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for the previously mentioned charge. I told the defendant she was being placed under lawful arrest for DUI. I did a cursory search of her outer clothing. She was searched and handcuffed (double locked and checked for tightness) prior to being seated into the rear of my patrol car. I transported the defendant to Del Ray medical center for medical clearance. After her clearance I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted the defendant into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into her body orally or otherwise. Neither did she regurgitate. I escorted her into the testing room and asked her to provide breath samples for the purpose of determining her alcohol content. She initially agreed to give sampled and changed her mind. I read implied consent in which she acknowledged. I asked again if she would provide breath samples and she refused. At this time she was deemed a "Refusal". I read her Miranda Warnings and asked if she understood them. She told me she did understand her "rights". I asked if she would consent to an interview and she obliged. At the conclusion of the interview I booked her into the main jail for the previously mentioned charge.

STATE OF FLORIDA COUNTY OF PALM BEACH

[Handwritten Signature]

INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of DECEMBER 20 20 by INV E. K. WHITE

(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)

JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023

PAGE 2 OF 2

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF DECEMBER 2020, AT 2058 AM PM

SUBJECT: KNABLE, JORDAN, ALEXANDRA CASE NUMBER: 20-138224

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV E. K. WHITE

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

SEE PC AFFIDAVIT

OBSERVATION OF DRIVER:

SEE PC AFFIDAVIT

DRIVER'S STATEMENTS:

I MESSED UP

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM SUBJECT'S BREATH

GENERAL OBSERVATIONS

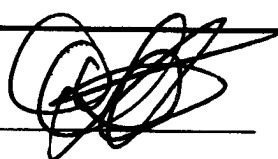
SPEECH: SLURRED

ATTITUDE: LETHARGIC, INATTENTIVE, AND COOPERATIVE-VARYING EMOTIONS

CLOTHING: URINE SOAKED

MEDICAL/OTHER: NONE

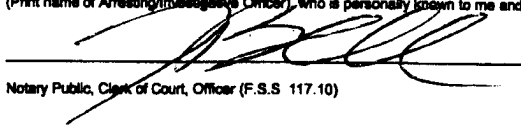
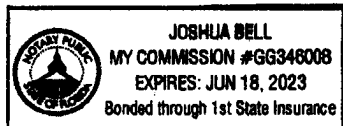
STATE OF FLORIDA
COUNTY OF PALM BEACH



INV E. K. WHITE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of DECEMBER 2020 by INV E. K. WHITE

(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)

CERTIFIED COPY

SUBJECT: KNABLE, JORDAN, ALEXANDRA CASE NUMBER 20-138224

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. Subject showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation. I also saw an onset of Nystagmus prior to 45 degrees in both eyes. Subject swayed while performing this task.

WALK & TURN:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The defendant was unable to assume and maintain her balance while placed in the instructional position. She began performing what appeared to be dance movements during my explaining of the tasks. She was inattentive and not following any instructions. Ultimately she was unable to perform this task.

ONE LEG STAND:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The defendant was unable to maintain her balance when she attempted to raise her leg/foot during my attempts to explain this task. She began the task too soon. She failed to follow my instructions and ultimately was unable to perform this task.

FINGER TO NOSE:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The defendant failed to follow my instructions. She was inattentive and did not perform this task.

ROMBERG ALPHABET:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The defendant failed to recite the alphabet successfully.

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

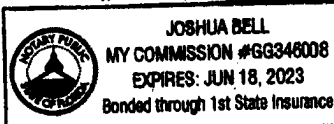
INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of DECEMBER 2020 by INV E. K. WHITE

(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: 20-138224

ARRESTING OFFICER: INV E. K. WHITE

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS

NAME: CSA JOHNATHAN FOSTER

ADDRESS: HQ

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

CAN TESTIFY TO: CRASH INVESTIGATOR

NAME: DEYANIRA BIANCHINI

ADDRESS 6845 PARK LANE RD LAKE WORTH FL 33449

PHONE NUMBERS (HOME) 561 618 2672 (WORK) _____

CAN TESTIFY TO: SEEING THE DEFENDANT SITTING IN THE DRIVER SEAT OF THE VEHICLE

NAME: ROSANNA CASTELLANOS

ADDRESS 6845 PARK LANE RD LAKE WORTH FL 33449

PHONE NUMBERS (HOME) 561 523 9762 (WORK) 0

CAN TESTIFY TO: SEEING THE DEFENDANT'S VEHICLE CRASHED INTO HER SHRUBBERY

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

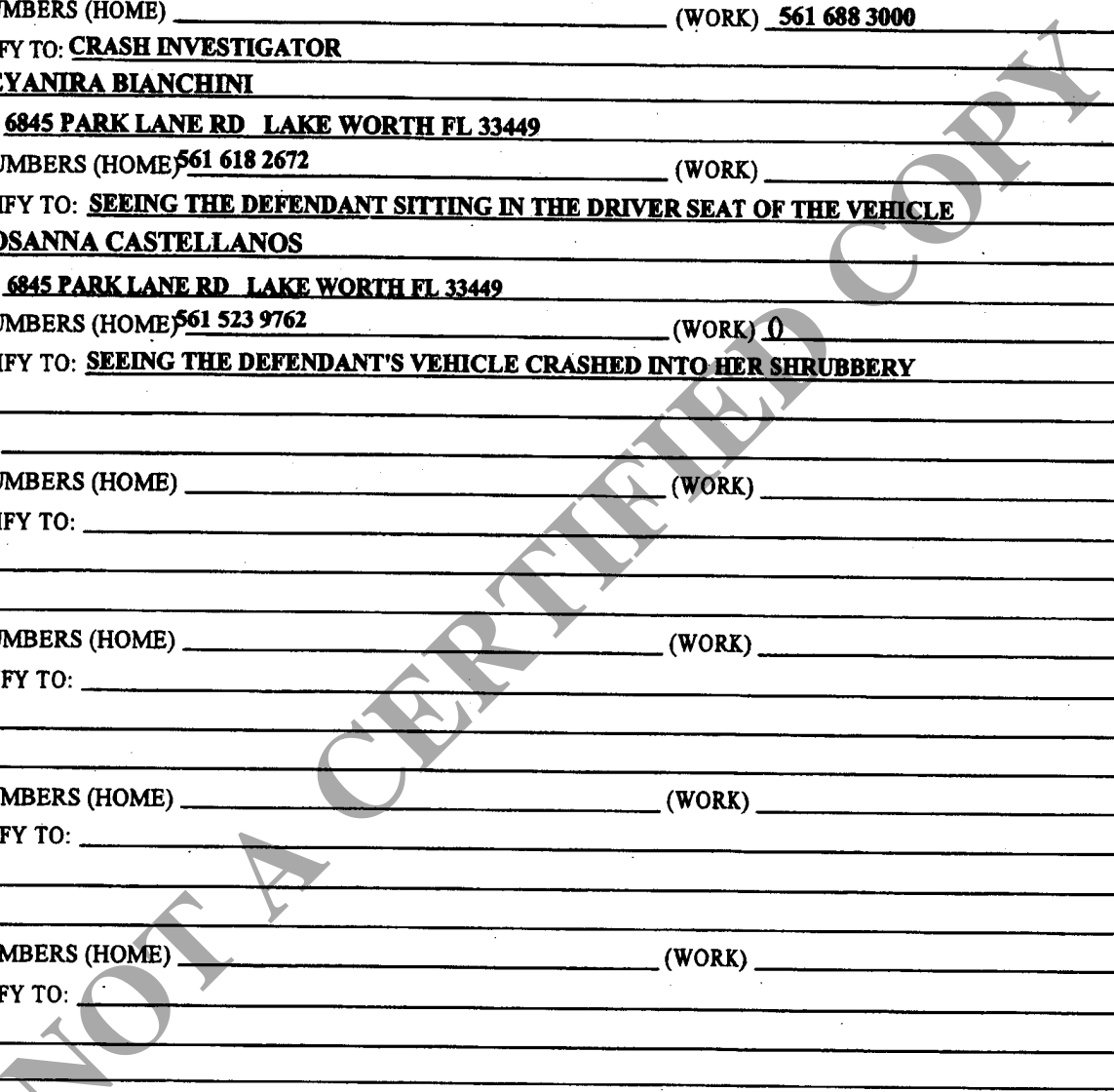
CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1) R TIME 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.

REFUSED

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

EYES: BLOODSHOT, WATERY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2321 HOURS

SUBJECT STATED SHE WOULD TAKE BREATH TEST
SUBJECT ASKED IF SHE COULD REFUSE

A/O READ I.C
SUBJECT STATED SHE UNDERSTOOD I.C AND REFUSED

A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

A/O CONDUCTED Q AND A
SUBJECT ANSWERED Q AND A

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: 80-006240 Software: 8100.27
Date of Test: 12/18/2020

Date of Last Agency Inspection: 12/11/2020
Observation Period Began: 23:21
Subject's Name: JORDAN A KNABLE

DOB: 05/22/1990 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	23:46
	Air Blank	0.000	23:46
	Control Test	0.081	23:46
	Air Blank	0.000	23:47
	Subject Sample #1	REF*	23:47
	Air Blank	0.000	23:48
	Control Test	0.080	23:48
	Air Blank	0.000	23:49
	Diagnostics Check	OK	23:49

*Subject Test Refused

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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: 12/18/20

Sworn to (or affirmed) before me this 18 day of December, 2020

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.

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

20-138224

I, INV E. K. WHITE, 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 18 day of December, 20 20, at 2209 P.M. A.M.

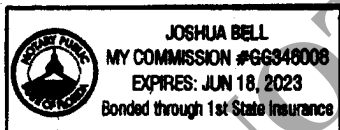
DRIVER JORDAN ALEXANDRA KNABLE
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# K514421906820, state of FLORIDA, was placed under lawful arrest for
the offense of DUI WITH PROP DAMAGE by INV E. K. WHITE and
issued Citation # A2G CXAP
(Name of Arresting Officer)

That on or about the 18 day of DECEMBER, 20 20, at 2347 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 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:

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 18 day of DECEMBER, 20 20,
by INV E. K. WHITE,

who is personally known to me or who has produced
KNOWN as identification

Notary Public 

Signature of Attesting Officer

Title _____

Date _____

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

SUBJECT: Knoble, Jordan A

CASE NUMBER: 70-138224

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 Read 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) Read on camera

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: Knoble, Jordan A CASE NUMBER: 20-13B224

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? YES

WHERE WERE YOU GOING? To my house

WHAT STREET OR HIGHWAY WERE YOU ON? Congress

DIRECTION OF TRAVEL? W WHERE DID YOU START? My house

WHAT TIME DID YOU START? NO IDEA WHAT TIME IS IT NOW? NO IDEA

WHAT IS TODAY'S DATE? It is the 15th WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? I don't know

WHEN DID YOU LAST EAT? 10 pm WHAT DID YOU EAT? chicken & salad

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Having drinks

HOW MUCH DO YOU WEIGH? 155 HAVE YOU BEEN DRINKING? YES WHAT? VODKA

HOW MUCH? 3 SHOTS WHERE? My friend's house WITH WHOM? Friend

WHEN DID YOU HAVE YOUR FIRST DRINK? NO IDEA AND YOUR LAST DRINK? NO IDEA

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? slow

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? YES ARE YOU UNDER THE INFLUENCE? YES

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? -

WHAT? - WHERE? - WHEN? -

WHAT LINE OF WORK ARE YOU IN? waitress WHEN DID YOU LAST WORK? Tuesday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? -

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? -

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? -

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? - WHY? -

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? - WHEN? -

DO YOU HAVE:

- EPILEPSY? NO
- GLASS EYE? NO
- FALSE TEETH? NO
- EAR INFECTION? NO
- INNER EAR TROUBLE? NO
- DIABETES? NO

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? -

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? -

INTERVIEWER: INV. E. K. White #7209



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: 2020029693	Date: 12/19/2020
	Specialist Name/ID: T Howard/7185