

0523691

21CT 9030

pt 3316

ADMINISTRATIVE	OBTS Number		Arrest / Notice to Appear Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1 <input type="checkbox"/> Juvenile <input type="checkbox"/>		
	Agency ORI Number FLO 502700		Agency Name PALM SPRINGS POLICE DEPARTMENT				Agency Report Number 82- 21-14271				
	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		
	Location of Arrest (Including Business Name) 10TH AVE. N. & S. CONGRESS AVE. PALM SPRINGS, FL 33461		Location of Offense (Business Name, Address) 10TH AVE. N. & S. CONGRESS AVE. PALM SPRINGS, FL 33461		Date of Arrest 6/2/21		Time of Arrest 01:57 HRS		Booking Date		
DEFENDANT	Name (Last, First, Middle) YURKUS, JORDAN, ELIZABETH		Alias								
	Race: W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 05/16/1990		Height 5'06		Weight 135 LBS		
	Eye Color BLUE		Hair Color BLONDE		Complexion MED		Build MED				
	Scars, Marks, Tattoos, Unique Physical features (Location, Type, Description) RIGHT ARM TATTOO				Marital Status SINGLE		Religion NONE		Indication Of Alcohol Influence YES Drug Influence UNK		
	Local Address (Street, Apt, Number) (City) (State) (Zip) 3281 SAPPHERE RD LAKE WORTH, FL 33462				Phone 219-309-9943		Residence Type: 1 City 3 Florida 2 County 4 Out of State 2				
	Permanent Address (Street, Apt, Number) (City) (State) (Zip) 3281 SAPPHERE RD LAKE WORTH, FL 33462				Phone 219-309-9943		Address Source DEFENDANT				
	Business Address (Street, Apt, Number) (City) (State) (Zip) AMBROSIA TREATMENT CENTER				Phone		Occupation ADMISSIONS COORDINATOR				
	D/L Number, State Y622425906760. FLORIDA		Social Security Number		INS Number		Place of Birth (City, State) NILES, IL		Citizenship U.S.		
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other Name (Last, First, Middle)		Residence Phone								
	<input type="checkbox"/> Legal Custodian		Business Phone								
	Local Address (Street, Apt, Number) (City) (State) (Zip)										
	Notified by: (Name)		Date		Time		Juvenile Disposition: 1. Handled/Processed within 2. TOT HRS/DYS 3. Incarcerated				
	Released To: (Name)		Relationship		Date		Time				
	The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes by: <input type="checkbox"/>		School Attended		Grade						
CODE	Drug Activity S Sell R. Smuggle K. Dispense/ M. Manufacture Z. Other N. N/A B. Buy D. Deliver Distribute Produce Cultivate		Drug Type N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown P. Possess T. Traffic E. Use A. Amphetamine C. Cocaine M. Marijuana Equipment Z. Other O. Opium/Deriv S. Synthetic								
	Charge Description DUI - PROPERTY DAMAGE		Counts 1		Domestic Violence No		Statute Violation Number 316.193 (3) (c) (1)		Violation of ORD #		
CHARGE	Drug Activity N		Drug Type N		Amount / Unit 0/0		Offense Number 21-14271		Warrant / Capias Number		
	Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #		
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense Number		Warrant / Capias Number		
	Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #		
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense Number		Warrant / Capias Number		
	Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #		
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense Number		Warrant / Capias Number		
	Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #		
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense Number		Warrant / Capias Number		
	Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #		
NOTICE TO	<input type="checkbox"/> Instruction No 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) Palm Beach County Criminal Justice Complex 3228 Gun Club Rd. West Palm Beach, FL 33406								
	<input type="checkbox"/> Instruction No 2 You need not appear in Court but must comply with instructions on Reverse side.		Court Date and Time Month: 07 Day: 08 Year: 2021 Time: 08:30 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.								
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) gab Date Signed 6/2/21											
ADMIN.	HOLD for other agency		Signature of Arresting Officer OKC. Jg 103		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) OFC. KUBIAK		I.D.# 103		(PRINT) JUN 2 2021 7:05				
	Intake Deputy Dunne 625 I.D.#		Pouch #		Transporting Officer OFC. KUBIAK		I.D.# 103		Agency PSPD		
									Witness (if not subject signed with X) JUN 03 2021		

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2ND DAY OF JUNE 20 21, AT 00:42 Hours ☒ AM ☐ PM
SUBJECT: YURKUS JORDAN E CASE NUMBER: 21-14271

AGENCY: Palm Springs Police Department ARRESTING OFFICER: Ofc. Kubiak #103

PERSONAL CONTACT

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

Careless operation of a motor vehicle that caused a crash. The driver of Vehicle 2 stated the defendant made a wide left turn on to 10th Ave. N. from S. Congress Ave. and crashed into his vehicle. Vehicle 2 driver stated she was the only occupant of her vehicle.

OBSERVATION OF DRIVER:

Excessive movement in vehicle, failed to follow simple instructions and could not stand still while outside of vehicle.

Face: sweating

Eyes: bloodshot & watery

Coordination: slow

Actions: crying

Walking: excessive, kept trying to walk to her purse for her "vape" after being told not to do so.

DRIVER'S STATEMENTS:

Stated she left home and was driving home. Sentences did not make sense at times and she kept asking for her "vape" on multiple occasions. While begging to have her vape, she stated "I promise ill be the perfect student".

ODORS:

Alcoholic beverage coming from her breath as she spoke.

GENERAL OBSERVATIONS

SPEECH: incoherent initially and low.

ATTITUDE: cooperative, emotional, confused, talkative, sarcastic, dazed

CLOTHING: clean

MEDICAL/OTHER: Unknown

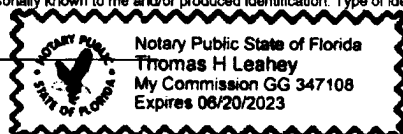
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2nd day of June 20 21 by Ofc. Kubiak #103

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED

JUN 03 2021

SUBJECT:YURKUS

JORDAN

CASE NUMBER 21-14271

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:

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS:

1) VNM

2) REFUSAL

3)

4)

STATE OF FLORIDA

COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2nd

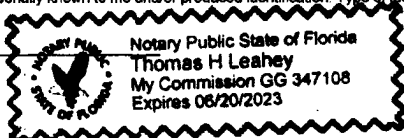
day of June

20 21

by Ofc. Kubiak #103

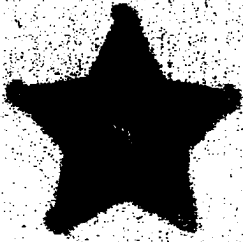
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Police Identification

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED

JUN 03 2021



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

PBSO CASE # 21-07/660

PBSO ZONE 1-3/

AGENCY CASE # 21-14271

CRASH CASE # 2021-14271

TIME OF STOP/CRASH 00:42 Hours DATE 06/02/2021

DAY Wednesday

SUBJECT'S NAME YURKUS

JORDAN

E

RACE W

SEX F

HGT 5'06

WGT 135 LBS

DOB 05/16/1990

LOCATION 10TH AVENUE NORTH AND SOUTH CONGRESS AVE. PALM SPRINGS, FL 33461

ARRESTING OFFICER'S NAME & ID Ofc. Kubiak #103

AGENCY Palm Springs Police Dept.

DIVISION: Road Patrol

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 02:18

ARREST TIME 01:57

BREATH RESULTS:

1)	<u>REFUSED</u>
2)	<u>REFUSED</u>
3)	
4)	

TESTING OFFICER'S ID 19183

PBSO VIDEOTAPE # N/A

SCANNED

JUN 03 2021

TESTING FACILITY TASK REPORT

AGENCY: PSPD

SUBJECT: Yurkus, Jordan E

CASE NUMBER: 21-071660

DATE: Jun 2, 2021

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0241

ENDING TIME: 0255

BREATH TESTS RESULTS: 1) VNM TIME 0249 A.M. ☒ P.M. ☐ 2) R TIME 0254 A.M. ☒ P.M. ☐
3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: talkative, repetitive, fidgety

CLOTHING: blue jeans, tie dye t-shirt, black slip ons

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
VNM was .233

REFUSED

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0218 hrs

subject agreed to perform breath test - would not follow instructions

A/O read I/C 3X & subject understood I/C

subject agreed to perform breath test - would not follow instructions

A/O called refusal

A/O read rights & subject would not answer

A/O did not conduct Q&A

subject invoked right to counsel

REFUSED

SCANNED
JUN 03 2021

**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: 06/02/2021

Date of Last Agency Inspection: 05/14/2021

Observation Period Began: 02:18

Subject's Name: JORDAN E YURKUS

DOB: 05/16/1990 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	02:44
Air Blank	0.000	02:45
Control Test	0.080	02:45
Air Blank	0.000	02:46
Subject Sample #1 VNM*		02:49
Air Blank	0.000	02:50
Air Blank	0.000	02:51
Subject Sample #2 REF**		02:54
Air Blank	0.000	02:55
Control Test	0.073***	02:55
Air Blank	0.000	02:56

*Volume Not Met (0.233 - Breath Sample Not
Reliable to Determine Breath Alcohol Level)

**Subject Test Refused

***Control Outside Tolerance

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 THOMAS E LEANEY, 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: T Leaney

Signature

Date: 06/02/21

Sworn to (or affirmed) before me this 02 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.
PURA notary public in and for the State of Florida, Commission Expires 06/02/2021

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

SCANNED
JUN 03 2021

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

I, OFC. KUBIAK #103, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PALM SPRINGS POLICE DEPT., and I do swear
(Name of law enforcement agency)

or affirm that on or about the 2ND day of JUNE, 20 21, at 0254 ☐ P.M. ☒ A.M.

DRIVER JORDAN ELIZABETH YURKUS,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# Y622425906760, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by OFC KUBIAK #103 and
(Name of Arresting Officer)

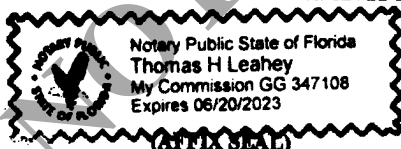
issued Citation # A5BJ06E

That on or about the 2ND day of JUNE, 20 21, at 0157 ☐ 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.

OFC. [Signature] #103
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 02 day of JUNE, 20 21,

by OFC K Kubiak #103,

who is personally known to me or who has produced

Rhain as identification

Notary Public T Leahey

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

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.

SCANNED
JUN 03 2021

SECRET 11-11-71

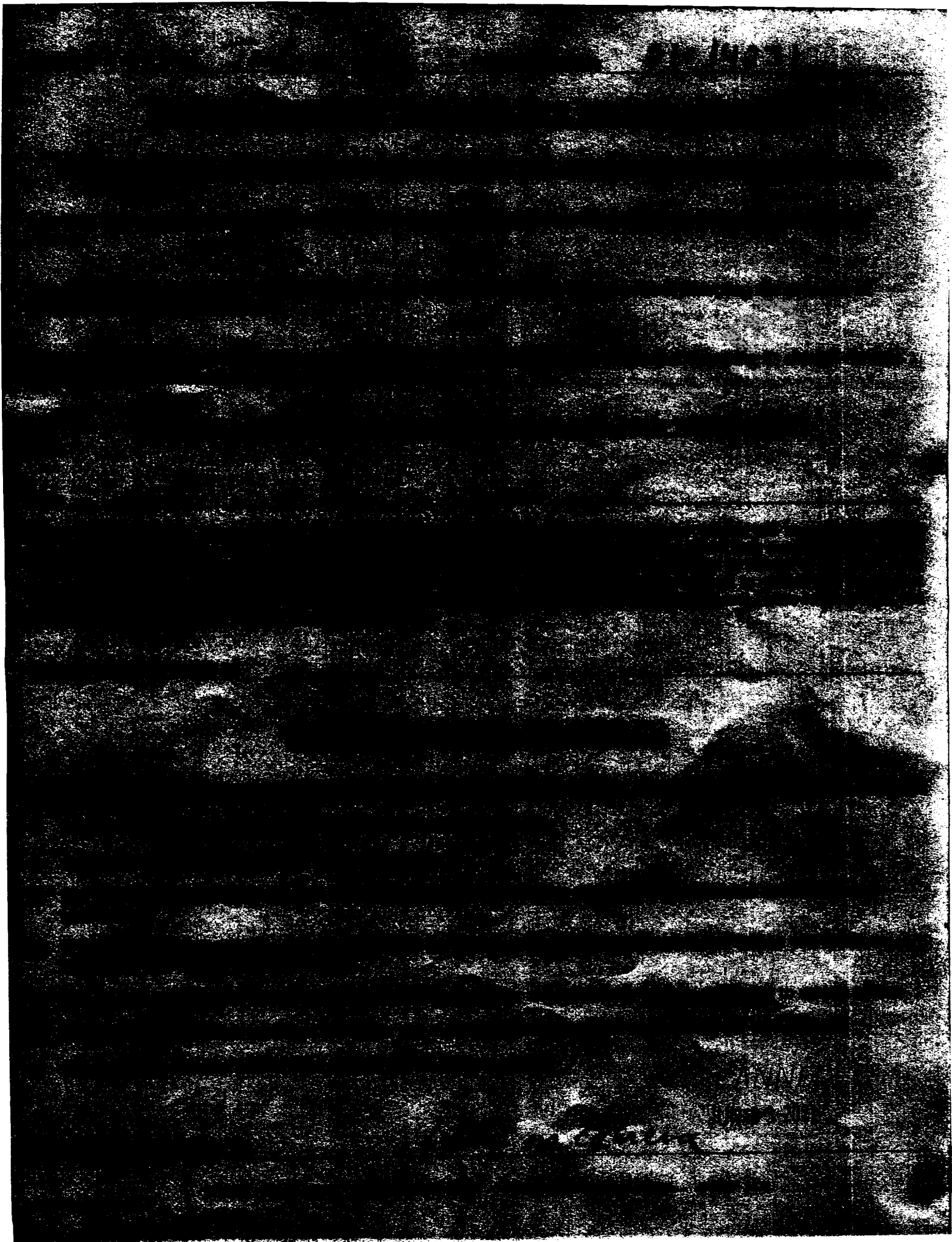
SCANNED

JUN 29 2021

SECRET

WHERE?

SECRET



WITNESS LIST

CASE NUMBER: 21-14271

ARRESTING OFFICER: Ofc. Kubiak #103

ADDRESS: 230 Cypress Lane Palm Springs, Florida 33461

PHONE NUMBERS (HOME): 561-968-8243 (WORK) 561-968-8243

CAN TESTIFY TO: FACTS

NAME: Ofc. Saintilmon #112

ADDRESS: 230 Cypress Lane Palm Springs, Florida 33461

PHONE NUMBERS (HOME) 561-968-8243 (WORK) 561-968-8243

CAN TESTIFY TO: FACTS

NAME: Sgt. Fequiere #115

ADDRESS 230 Cypress Lane Palm Springs, Florida 33461

PHONE NUMBERS (HOME) 561-968-8243 (WORK) 561-968-8243

CAN TESTIFY TO: FACTS

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

JUN 03 2021



**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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021013375	Date: 6/3/21
	Specialist Name/ID: A. Pinkney/7796

SCANNED
JUN 03 2021