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1149

		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N	
ADMINISTRATION	OBTS Number	Agency ORI Number FL 0500300				Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-20-001854			
	Charge Type: Check as many as Apply.	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator	
	Location of Arrest (Including Name of Business) 1490 SW 8TH STREET BOYNTON BCH FL 33436					Location of Offense (Business Name, Address) 1490 SW 8TH STREET BOYNTON BCH FL 33436					
DEFENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) JASKY, LAUREN NICOLE					Alias (Name, DOB, Soc. Sec. #, Etc)					
	W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex F	Date of Birth 10-05-1978	Height 5-10	Weight 160LBS	Eye Color BLUE	Hair Color BLONDE	Complexion FAIR	Build MED
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) CROSS TATTOO RIGHT SHOULDER					Marital Status SINGLE	Religion NONE	Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 9738 COLORADO COURT BOCA RATON FL 33434					Phone () - ()	Residence Type 1. City 3. Florida 2. County 4. Out of State 2				
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 9738 COLORADO COURT BOCA RATON FL 33434					Phone (561) 451-1946	Address Source FL DL				
	Business Address (Street, Apt. Number) (City) (State) (Zip)					Phone () - ()	Occupation INSURANCE				
	Dtl. Number, State J200-534-78-865-0/FL		Soc. Sec. Number		INS Number		Place of Birth DETROIT, MI		Citizenship USA		
	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			
CO-DEF	<input type="checkbox"/> Parent Name (Last) (First) (Middle)		Residence Phone								
	<input type="checkbox"/> Legal Custodian										
	<input type="checkbox"/> Other										
	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						
JUVENILE	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 561-355-2526) 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	S. Sell N. N/A P. Possess	R. Smuggle B. Buy D. Deliver T. Traffic E. Use	K. Dispense/ Distribute	M. Manufacture Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description DRIVING UNDER THE INFLUENCE (REFUSAL)	Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 316.193(1)		Violation of ORD#			
Drug Activity N	Drug Type N	Amount/Unit NONE	Offense # 20-001854		Warrant/Capias Number		Bond OR.				
Charge Description POSS CONTROLLED Substance (Cocaine)	Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 893.134		Violation of ORD#				
Drug Activity P	Drug Type C	Amount/Unit 1.5 GRAMS	Offense # 20-001854		Warrant/Capias Number		Bond 3000				
Charge Description	Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#				
Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number		Bond				
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444								
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Court Date and Time		Month	Day	Year	Time	<input 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)					Date Signed						
ADMIN.	HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>			Name Verification (Printed by Arrestee) (PRINT) BU#114712					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) OFC A SHEPAUM			I.D. # 924		Page 1 OF 1			
	Inmate Deputy <i>[Signature]</i>		Pouch #		Transporting Officer OFC A SHEPAUM		I.D. # 924		Agency BBPD		
	Witness here is subject Signed with an 'X'.					Page 1 OF 1					

Acosta

JAN 11 AM 3:49

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10TH DAY OF January 2020 AT 1038 A.M P.M.

CASE #: 20-001854

DEFENDANT: JASKY, LAUREN NICOLE

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On the above date and time officers responded to 1490 SW 8th Street (Burger King) in reference to a welfare check. BBPD dispatch advised the parents of W/F Lauren Nicole Jasky were requesting a welfare check on her as Jasky had no returned home and they were concerned for her welfare. BBPD dispatch further advised that Jasky was driving a Black in color Hyundai and her parents were pinging her phone to the aforementioned location.

Upon arrival I observed a Black Hyundai bearing FL tag AGKH02 which was parked facing Northwest in the parking lot. It should be noted the vehicle was on, and there was a driver in the vehicle (Jasky). Officers knocked on the window to the vehicle, but the driver would not respond. Fearing the driver was having a medical issue and as Jasky was not responding officers did open the driver door to the vehicle. Upon touching Jaskys head, she then woke up. I did identify Jasky by her Florida DL J200534788650 and Jasky was also the sole occupant of the vehicle. While speaking with Jasky, I did observe a large bottle of what appeared to be alcohol (upon closer inspection it was Smirnoff Cucumber and Lime Vodka/pictures taken entered into ADAMS) sitting in the center console of the vehicle. While speaking further with Jasky she had an odor emanating from her body/facial area which based on my training and experience is known to be the odor of an unknown alcoholic beverage. Jasky also kept saying that she was in Boca Raton, had blood shot/glassy eyes, and was slurring her speech. BBFD did arrive on scene to check Jasky out, however she refused.

While Jasky was sitting in the driver seat, I did ask her to turn off the vehicle which she complied. As Jasky was moving around inside of the vehicle, I did observe a 2x2 baggy of a White powdery substance under Jaskys leg. Jasky also appeared to keep placing her hands under her at which time I asked her to step out of the vehicle. Upon looking at the White powdery substance it appeared to be Cocaine based on my training and experience and was tested using a SIRCHIE NARK COCAINE ID SWIPE. kit which indicated positive results for the presence of Cocaine. Jasky also gave consent to search of her vehicle which later revealed another 2x2 baggy of a White powdery substance (suspect Cocaine) which was located in the center console area. The Cocaine was later entered into BBPD evidence and had a Net Weight of 1.5 grams and a Total Package Weight of 4.4 grams.

Based on the aforementioned I felt that Jaskys ability to operate a motor vehicle was possibly impaired at which time I asked if she would consent to a series of Field Sobriety Tasks (SFST'S) in which she agreed:

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Left eye does not follow smoothly | <input checked="" type="checkbox"/> Right eye does not follow smoothly |
| <input checked="" type="checkbox"/> Left eye prior to 45 degrees | <input checked="" type="checkbox"/> Right eye prior to 45 degrees |
| <input checked="" type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input checked="" type="checkbox"/> Distinct jerking in right eye at maximum deviation |

Vertical Nystagmus in left eye

Vertical Nystagmus in right eye

WALK AND TURN:

The task was demonstrated and explained to Jasky which she stated she understood. Jasky was unable to keep her balance, and missed heel to toe. Once Jasky went to the end to complete the turn, she was extremely confused and asked questions about how to complete the task. Jasky did not know how to complete the turn, and walked more than (9) steps back, missed heel to toe, used her arms to balance, and was very confused

ONE LEG STAND:

The task was demonstrated and explained to Jasky which she stated she understood. During the task, Jasky had trouble balancing, and kept putting her foot down. Jasky counted to 5, put her foot down, stopped counting, kept her foot up and then started counting later.

FINGER TO NOSE:

The task was demonstrated and explained to Jasky which she stated she understood. Jasky was unable to touch the tip of her index finger to the tip of her nose. Jasky also got confused and in the "right, right" instruction, she did "right, left" but then went back to "right".

ROMBERG/ALPHABET:

The task was demonstrated and explained to Jasky which she stated she understood. Jasky rhymed the entire alphabet

Based on the above Jasky was taken into custody for suspicion of Driving Under the Influence (DUI). Jasky was then placed into the back of my patrol vehicle #4863 and taken to BBPD for processing. I did conduct a (20) minute observation period of Jasky beginning at 2340 hrs. During the (20) minute observation period, Jasky did not regurgitate nor did she take anything by mouth. Once the (20) minute observation period ended, Jasky was asked if she would provide a lawful test of her breath for the purposes of determining its alcohol content. Jasky refused to provide a sample of her breath at which time Jasky was read implied consent. After reading implied consent, Jasky was confused and it was read to her again at which time she advised she understood. Jasky still refused to provide a sample of her breath at which time it was taken as a REFUSAL at 0021 hrs. Jasky was then read her Miranda warnings at which time Jasky answered some of the questions but refused to answer the rest (please see Q&A for further).

Based on the aforementioned I find probable cause to charge Jasky with one count of Driving Under the Influence (D.U.I.) refusal pursuant to F.S.S. 316.193(1) and one count of Possession of a Controlled Substance While in Physical Control of a Motor Vehicle pursuant to F.S.S. 893.13(1)(A)(1). Jasky was taken to Bethesda Hospital East for medical clearance and later TOT to PBCJ.

The following instrument was sworn to before me this 10 day of January 2020

By: OFC A SHEPAUM

Sgt [Signature] #76
Notary/Police Officer (F.S.S. 117.10)

[Signature] #274
Signature of Arresting Officer

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOYNTON BEACH PD
Instrument Serial Number: 80-001190 Software: 8100.27
Date of Test: 01/11/2020

Date of Last Agency Inspection: 12/23/2019

Observation Period Began: 23:40

Subject's Name: LAUREN N JASKY

DOB: 10/05/1978 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	00:23
	Air Blank	0.000	00:23
	Control Test	0.078	00:24
	Air Blank	0.000	00:24
	Subject Sample #1	REF*	00:24
	Air Blank	0.000	00:25
	Control Test	0.075	00:25
	Air Blank	0.000	00:26
	Diagnostics Check	OK	00:26

*Subject Test Refused

Cylinder Lot: 684131
Exp: 01/23/2020

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 DENNIS CASTRO, 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] 905 Date: 01/11/20
Signature

Sworn to (or affirmed) before me this 11 day of JANUARY, 2020

[Signature] Officer A. Sheppard #924
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.

TESTING FACILITY TASK REPORT

CASE #: 20-001854

DEFENDANT: JASKY, LAUREN NICOLE

Date: 1/10/20

Video Tape #: NONE

BREATH TEST RESULTS: REFUSED

1. ___ g/210L Time ___ a.m. p.m. 3. ___ g/210L Time ___ a.m. p.m.
2. ___ g/210L Time ___ a.m. p.m. 4. ___ g/210L Time ___ a.m. p.m.

BREATH OPERATOR: OFFICER CASTRO #905

MAINTENANCE TECHNICIAN: OFFICER CASTRO #905

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, ODOR OF UNKNOWN ALOCOLIC BEVERAGE

ATTITUDE: COOPERATIVE, EMOTIONAL

CLOTHING: PINK SHIRT, BLACK PANTS, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: LAZAPRO, XANAX

OTHER: _____

COMMENTS:

DEF REFUSED TO PROVIDE SAMPLE

DEF UNDERSTOOD IMPLIED CONSENT

DEF REFUSED AGAIN TO PROVIDE SAMPLE

DEF COMPLETED PARTIAL QUESTIONS

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

I, Officer AMANDA SHEPAUM, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Boynton Beach Police Department, and I do swear
(Name of enforcement agency)

or affirm that on or about the ELEVENTH day of January, 2020, at 12:21 AM

DRIVER LAUREN NICOLE JASKY
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # J200534788650, state of FL, was placed under lawful arrest for

the offense of DUI by Officer AMANDA SHEPAUM and
(Name of Arresting Officer)

issued Citation # AAW7V0E

That on or about the ELEVENTH day of January, 2020, at 12:21 AM
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 (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this _____ day of _____, 20____
by _____
who is personally known to me or who has produced
_____ as identification.
Notary Public _____

[Signature] #76
Signature of Attesting Officer

Title Sgt
Date 1/11/2020

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.

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.

Where were you operating a motor vehicle at the time of the stop/Accident? NO IN PARKING LOT

Where were you going? TO DUFYS

What Street or Highway were you on? BOYNTON/CONGRESS

What was your direction of travel? NORTH

Where did you start from? BOCA RATON/YAMATO RD/FEDERAL HWY

What time did you start? 430

What time is it now? 830/900 PM

What is today's date? 01-20-2020

What day of the week is it? FRIDAY

What City and County are you in now? BOYNTON BEACH/PALM BEACH

When did you last eat? 100 PM

What did you eat? SOUP/GRILLED CHEESE

What have you been doing for the last three hours? SITTING IN CAR IN PARKING LOT

How much do you weigh? 160LBS

Have you been drinking? HOURS AGO

What have you been drinking? COUPLE DRINKS OF VODKA

How much? CANT

With whom? HERSELF

When did you have your first drink? REFUSED

When did you have your last drink? REFUSED

Can you feel the effects of the alcohol? REFUSED

Are you under the influence? REFUSED

Have you consumed any alcohol since the stop/accident? REFUSED

How much? REFUSED What? _____ Where? _____ When? _____

What line of work are you in? REFUSED

When did you last work? REFUSED

Do you have any physical defects or injuries? REFUSED What? _____

Are you sick or injured? D What's wrong? REFUSE

Do you limp? REFUSED

Did you receive a bump on the head recently? REFUSED

Where you in an accident today? REFUSED

Have you taken any drugs or smoked any marijuana today? R When? _____

Have you seen a doctor or dentist today? REFUSED

Who? REFUSED Why? _____

Are you taking any prescription medicines? REFUSED

What? REFUSED When? _____

Do you have? Epilepsy _____ Glass Eye _____ False teeth _____
Ear infection _____ Inner ear trouble _____ Diabetes _____

Do you have any problems with you 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? _____

CASE #: 20-001854

DEFENDANT: JASKY, LAUREN NICOLE

Arresting Officer: OFC A SHEPAUM

Address: 100 E. Boynton Beach Boulevard Boynton Beach, Fl. 33435

Phone Numbers: Home: _____ Work: (561) 742-6100

Name: OFC ACOSTA

Address: 2045 HIGH RIDGE RD

Phone Numbers: Home: _____ Work: 561-742-6100

Can testify to: THE STOP/SFSTS

Name: OFC CASTRO

Address: 2045 HIGH RIDGE RD

Phone Numbers: Home: _____ Work: 561-742-6100

Can testify to: BTO

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: _____



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: 2020001153	Date: 01/12/2020
	Specialist Name/ID: AM/31562