0533507 JJCT 122722 928

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number			
Agency ORI Number: 0501700	Agency Name: Jupiter Police Department	Agency Report Number (N.T.A.'s only): 5 4 22-002987	

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

If Weapon Seized — Enter Type: UNARMED

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
454 W INDIANTOWN RD	454 W INDIANTOWN RD, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/03/2022	16:40					

DEFENDANT

Name (Last, First, Middle): JANSKY, PATRICIA ANN — Alias:

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	03/03/1987	5'01	110	GREEN	BROWN	FAIR	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATT R THIGH / HURRIANE; TATT F FOOT / FLOWER

Marital Status: S — Religion: OTHER

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk; Drug Influence ☒

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
8259 SE WINDHAM ST, HOBE SOUND, FL 33455	(772) 634-4327	3

Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
8259 SE WINDHAM ST, HOBE SOUND, FL 33455	(772) 634-4327	VERBAL

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
		None

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
J520681875830 / FL	[redacted]		PALM BEACH	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian — 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 Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) — Relationship — Date — Time

The above address was provided by ☐ defendant and/or ☐ 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. ☐ Yes, by: ☐ No.

School Attended — Grade

Property Crime? ☐ Yes ☒ No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A; P. Possess; S. Sell; B. Buy; T. Traffic; R. Smuggle; D. Deliver; E. Use; K. Disperses/ 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. Synthetic; U. Unknown; Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI - NORMAL FACULTIES IMPAIRED	316.193(1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By — Released By — Released To

Transported By — Date Transported — Time Transported — Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court
but must comply with instructions on Page 2.

Location (Court, Room): North County PALM BEACH GARD

Court Date and Time: 09/07/2022 08:30:00

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.

SCANNED

X Patricia Jansky

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

No Photo Available

ADMIN

HOLD for Other Agency: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer

Name of Arresting Officer (Print): GELINA, PHILIP — I.D. #: 0961

Name Verification (Printed by Arrestee) (PRINT): X Patricia Jansky

Witness here if subject signed with an "X"

Intake Deputy: DS Downie 8033 — I.D. # — Pouch # — Transporting Officer: P. GELINA — I.D. # — Agency

PAGE 1 OF 1

DISTRIBUTION: ☒ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS

Gelina 0961

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3rd DAY OF August 20 22, AT 1523 AM ✓PM

SUBJECT: Patricia Ann Jansky CASE NUMBER: 22002987

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: Philip Gelina #0961

PERSONAL CONTACT

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

I was reported that a vehicle was driving in a careless manner on Interstate 95 and W Indiantown Road. The vehicle cut off several cars and was unable to stay in her lane. The witness followed the vehicle eastbound on W Indiantown Road. The vehicle made a right turn into the Burger King parking lot where it crashed into some bushes when it made a right turn into the lot. I was able to locate the vehicle in the drive through. While watching the driver, she moved forward and onto the roadway raised curb. She dropped back to the travel lane. As she exited the travel lane, she took the turn too wide and drove onto another curb and side swiped a tree. I pulled her over in the travel lane. Note: The second drive off the roadway was captured on my BWC.

OBSERVATION OF DRIVER:

She was polite and emotional at times. She was repetitive and on subjects (job interview date). She seemed slow in moving around. She was unsteady on her feet and tripped on herself at one point. She stated she had a masters degree and was going to an exam

DRIVER'S STATEMENTS:

I had two vodka and cranberry juice today along with her new prescription medication (Valvanse, Conolopin, Zyprelxa, Almtrigine). On a scale of 1 to 10 being drunk, she said she was a 2 or 3. When asked if she should be driving, she shook her head no. This was captured on my BWC also.

ODORS:

noticeable odor of an unknown alcoholic beverage that became stonger when she spoke

GENERAL OBSERVATIONS

SPEECH: **Slurred and incohherant at times**

ATTITUDE: **good, polite. Said I was destroying her life**

CLOTHING: **Gray t shirt, White shorts, Black flip flops**

MEDICAL/OTHER: **ADHD, BiPolar**

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) 0961

The foregoing instrument was sworn to or affirmed and subscribed before me this 3rd day of August 20 2020 by Philip Gelina #0961

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

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

PARIS POUND
MY COMMISSION # HH 202850
EXPIRES: March 25, 2026
Bonded Thru Notary Public Underwriters

SUBJECT: Patricia Ann Jansky CASE NUMBER 22002987

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:
eyes were blood shot and glassy. She was confused about her scheduled realitor test apt weather today or tommorow at 5 pm.

WALK & TURN

She stated she understood the directions. She had a hard time staying in instruction position. She removed her flip flops and did the task. She walked up 9 steps and stopped. She was confused on what to do on the way back. She walked back 9 steps and stepped off the line at the last step. She put her hands in her pockets after repeatidly being told to keep her hands down at her sides.

ONE LEG STAND:

She stated she understood the directions. She had a hard time staying in instruction position. She removed her flip flops and did the task. She lifted her right foot off the ground and did not point her foot. She did not look down or count out loud. Put hands in pockets. She bent her knee and put her foot back. She attempted again and used her right foot again. She put foot down at 17 and stopped. Again her hands were in her pocket.

FINGER TO NOSE:

She stated she understood the directions. The first time, she lifted her left finger and did not put it back down. I restated the instructions again. 1L left side of nose. 1R was lower left nostril. the other were good. She delayed bringing down all her fingers after touching the nose. Started with the wrong finger when we did the third right.

ROMBERG ALPHABET:

She stated she understood the directions. She said the alphabet well just put hands in the pockets.

BREATH TEST RESULTS: .188 and .190

STATE OF FLORIDA
COUNTY OF PALM BEACH

0961
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3rd day of August 20 2020 by Philip Gelina #0961

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

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

PARIS POUND
MY COMMISSION # HH 202850
EXPIRES: March 25, 2026
Bonded Thru Notary Public Underwriters

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: JANSKY, PATRICIA A

CASE NUMBER: 22-094604

DATE: Aug 3, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 17:32

ENDING TIME: 18:29

BREATH TESTS RESULTS: 1) .206 TIME 17:41 A.M.☐ P.M.☒ 2) .210 TIME 17:44 A.M.☐ P.M.☒

3) .188 TIME 18:15 A.M.☐ P.M.☒ 4) .190 TIME 18:19 A.M.☐ P.M.☒

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: CLEAR

ATTITUDE: TALKATIVE, UPSET

CLOTHING: WHITE SHORTS, GRAY / RED T-SHIRT , BLACK SANDALS

MEDICAL CONDITIONS: BIPOLAR / ADHD

MEDICATIONS: CLONAZEPAM

OTHER:

EYES: GLASSY AND BLOODSHOT
SUBJECT: STATED SHE HAD VODKA AND CRANBERRY IN Q&A
SUBJECT: ODOR OF UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 17:03 HRS.

SUBJECT: ASKED WHAT HAPPENS IF SHE DOES NOT TAKE TEST

A/O: READ I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

TECH: CLEARED OUT TESTING ROOM, ALSO ADDED ANOTHER FAN INSTRUMENT READ "CONTROL OUTSIDE TOLERANCE"

SUBJECT: REFUSED TO BLOW CORRECTLY, ALSO WAS TALKATIVE AROUND THE INSTRUMENT

SECOND VIDEO START TIME 18:11

A/O: STATED SUBJECT AGREED TO TAKE TEST AGAIN

COMMENTS CONTINUED:

SUBJECT: PROVIDED TWO VALID BREATH SAMPLE

TECH: READ TEST RESULTS

SUBJECT: STATED SHE DID NOT UNDERSTAND TEST RESULTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

SUBJECT: JANSKY, PATRICIA A CASE NUMBER: [illegible]

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 determining 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 refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your ***breath, urine*** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS SIGNATURE: (X)_____

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X)_____ READ BY CARRIER

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

SUBJECT: [illegible] A CASE NUMBER: 22C2157

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? _____
- DIABETES? _____

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: _____

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: 80-006478 Software: 8100.27
Date of Test: 08/03/2022

Date of Last Agency Inspection: 07/15/2022
Observation Period Began: 17:03
Subject's Name: PATRICIA A JANSKY DOB: 03/03/1987 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	17:36
Air Blank	0.000	17:37
Control Test	0.079	17:37
Air Blank	0.000	17:38
Subject Sample #1	0.206	17:41
Air Blank	0.000	17:41
Air Blank	0.000	17:43
Subject Sample #2	0.210	17:44
Air Blank	0.000	17:45
Control Test	0.074*	17:45
Air Blank	0.000	17:46

*Control Outside Tolerance

Cylinder Lot: 08622080A1
Exp: 06/05/2024

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 PARIS D POUND, 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: _____ Date: 08/03/22
Signature

Sworn to (or affirmed) before me this 3rd day of AUGUST, 2022

_____ OFC. P. GELINA
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.

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

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: 80-006478 Software: 8100.27
Date of Test: 08/03/2022

Date of Last Agency Inspection: 07/15/2022
Observation Period Began: 17:49
Subject's Name: PATRICIA A JANSKY DOB: 03/03/1987 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	18:13
Air Blank	0.000	18:14
Control Test	0.077	18:14
Air Blank	0.000	18:15
Subject Sample #1	0.188	18:15
Air Blank	0.000	18:16
Air Blank	0.000	18:18
Subject Sample #2	0.190	18:19
Air Blank	0.000	18:20
Control Test	0.078	18:20
Air Blank	0.000	18:21
Diagnostics Check	OK	18:21

Cylinder Lot: 08622080A1
Exp: 06/05/2024

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 PARIS D POUND, 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: _____ Date: 08/03/22
Signature

Sworn to (or affirmed) before me this 3rd day of August, 2022

_____ OFC. P. GELINA
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.

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

WITNESS LIST

CASE NUMBER: 22002987

ARRESTING OFFICER: Philip Gelina #0961
ADDRESS: 196 Military trail, Jupiter Florida 33458
PHONE NUMBERS (HOME): 5613392649 (WORK) 5617466201
CAN TESTIFY TO: facts in pc

NAME: Ofc. John Okeefe
ADDRESS: 196 Military trail, Jupiter Florida 33458
PHONE NUMBERS (HOME) ____ (WORK) 5617466201
CAN TESTIFY TO: Roadside tasks

NAME: Ofc. Barry Partelo
ADDRESS 196 Military trail, Jupiter Florida 33458
PHONE NUMBERS (HOME) ____ (WORK) 5617466201
CAN TESTIFY TO: Company with boyfriend while roadside task were preformed.

NAME: Lena Bryght
ADDRESS ____
PHONE NUMBERS (HOME) 5617140054 (WORK) ____
CAN TESTIFY TO: driving pattern

NAME: John Giglitti
ADDRESS ____
PHONE NUMBERS (HOME) 7726316236 (WORK) ____
CAN TESTIFY TO: driving pattern

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
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022020000	**Date:** 8/4/2022
	Specialist Name/ID: Chantel Daniels/30347