

1778

Marsy's Law CVI FL Const. Art.1 § 16(b) **ARREST / NOTICE TO APPEAR** Check if Supplement is Attached

Juvenile Referral Report

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

ADMINISTRATIVE

OBTs Number: _____ Agency Name: **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number: **06-24026808**

Agency ORI Number: **FLO: 51000000**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance 4. Traffic Misdemeanor 6. Other

Location of Arrest (including Name of Business): **S Dixie Hwy and 6th Ave S, Lake Worth Beach, FL, 33460** Location of Offense (Business Name, Address): **S Dixie Hwy and 6th Ave S, Lake Worth Beach/ FL/ 33460**

Date of Arrest: **01/20/2024** Time of Arrest: **02:59** Booking Date: **01/20/2024** Booking Time: _____ Jail Date: _____ Jail Time: _____ Location of Vehicle: **S Dixie Hwy and 6th Ave S, Lake Worth Beach, FL, 33460**

DEFENDANT

Name (Last, First, Middle): **Jansing, Carol** Alias (Name, DOB, Soc. Sec. #, Etc.): _____

Race: **W - White** Sex: **F** Date of Birth: **6/28/1964** Height: **5'09"** Weight: **170** Eye Color: **Green** Hair Color: **Blonde** Complexion: **Fair** Build: **Medium**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **N/A** Marital Status: **Single** Religion: **NONE** Indication of Alcohol Influence Drug Influence: 1. City 2. County 3. Florida 4. Out of State 1

Local Address (Street, Apt. Number) (City) (State) (Zip): **1601 N Dixie Hwy Apt 207, Lake Worth Beach/ FL/ 33460** Mobile Phone: **(516) 633-2720** Residence Type: 1. City 2. County 3. Florida 4. Out of State 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): _____ Phone: _____ Address Source: **Verbal**

Business Address (Name, Street) (City) (State) (Zip): _____ Phone: _____ Occupation: **Dog Groomer**

D/L Number, State: **J525100647281,** Soc. Sec. Number: _____ INS Number: _____ Place of Birth (City, State): **Tallahassee, FL** Citizenship: **USA**

CO-DEF

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

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

JUVENILE

Parent Name (Last) (First) (Middle): _____ Residence Phone: _____

Legal Custodian Name (Last) (First) (Middle): _____ Business Phone: _____

Address (Street, Apt. Number) (City) (State) (Zip): _____

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 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 (561) 355-6511) informed of any change of address.

Yes, by: (Name) _____ No (Reason) _____

Property Crime? Yes No Description of Property _____ Value of Property _____

CHARGE

Drug Activity: **N** S. Sell: _____ R. Smuggle: _____ K. Dispense/Distribute: _____ M. Manufacture/Produce/Cultivate: _____ Z. Other: _____ Drug Type: **N** B. Barbiturate: _____ H. Hallucinogen: _____ P. Paraphernalia/Equipment: _____ U. Unknown: _____

Charge Description: **Driving Under the Influence** Counts: **1** Domestic Violence: Y N Statute Violation Number: **316.193(1)a** Violation of ORD #: _____

Drug Activity: **N** Drug Type: **N** Amount / Unit: _____ Offense #: **24026808** Warrant / Capias Number: _____ Bond: _____

Charge Description: _____ Counts: _____ Domestic Violence: Y N Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Warrant / Capias Number: _____ Bond: _____

Charge Description: _____ Counts: _____ Domestic Violence: Y N Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Warrant / Capias Number: _____ Bond: _____

Charge Description: _____ Counts: _____ Domestic Violence: Y N Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Warrant / Capias Number: _____ Bond: _____

NOTICE TO APPEAR

Location (Court, Room Number, Address): **Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600**

Court Date and Time: **Month February Day 8 Year 2024 Time 08:30 A.M. 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: **01/20/2024**

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature: _____

ADMIN

HOLD for other agency: _____ Signature of Arresting Officer: **M Reid** 41477 Name Verification (Printed by Arrestee): _____

Dangerous Resisted Arrest Suicidal Other: _____ Name of Arresting Officer (Print): **M Reid** I.D. #: **41477** (PRINT)

Inmate Deputy: **Beville** I.D. #: **18312** Pouch #: _____ Transporting Officer: **M. Reid** I.D. #: **41477** Agency: **PBSO** Witness here if subject signed with an "X" _____

PAGE: **1** OF **1**

FILED PBC - GUN CLUB - 24 JAN 21 AM 8:30

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

ADMIN	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-24026308	
	Charge Type: Check as many as apply:		Special Notes:		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 <input type="checkbox"/>			
DEE	Name (Last, First, Middle) Jansing Carol		Alias		Race W	Sex F	Date of Birth 06/28/1964	
	CHARGES							
VICTIM	Victim's Name (Last, First, Middle) State of Florida		Race		Sex		Date of Birth	
	Local Address (Street, Apt. Number) (City) (State) (zip) Phone		Address Source					
	Business Address (Name, Street) (City) (State) (zip) Phone		Occupation					
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>20</u> day of <u>January</u> 20<u>24</u> at <u>0239</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>								
<p><input type="checkbox"/> Marsy's Law CVI FL. Const. Art.1 § 16(b)</p> <p>On 01/20/2024 at approximately 0239 hours, I responded to there area of 6th Ave S/ S Dixie Hwy, City of Lake Worth Beach, FL, 33460, in reference to a traffic stop.</p> <p>Upon arrival, I observed a white in color Kia bearing Fl tag#45CCII stopped in the far right travel lane in the southbound lanes. The vehicle was running and the lights were on and the brake lights were on. Due to these factors, I positioned my marked patrol vehicle directly in front of the vehicle with my front push bumper in front of the vehicle to prevent the vehicle rolling away.</p> <p>I stepped out of my vehicle and approached the vehicle and observed a white female, identified as Carol Jansing via her FL DL. She was in the driver seat of the vehicle behind the steering wheel and her eyes were closed. I approached the passenger side window and knocked several times to garner a response. Jansing was slow in her response when I asked her to roll down the passenger window.</p> <p>I eventually made contact with her on her driver side when she opened her car door and I observed her eyes to be bloodshot, and a strong smell of suspected alcoholic beverage emanating from her breath.</p> <p>Deputy Reid #41477 arrived on scene and the investigation was turned over to him.</p>								
<p>STATE OF FLORIDA COUNTY OF PALM BEACH D/S Z. Roys Roys, Zachary P. Digitally signed by Roys, Zachary P. Date: 2024.01.20 03:16:41 -05'00' (ID #) 37952 (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>20</u> day of <u>Janary</u> 20<u>24</u> by <u>D/S Z. Roys</u> 37952 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known</u></p> <p>M. Reid #41477 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>								
ADMINISTRATIVE							PAGE 1 OF 1	

NOTARIZED COPY

PROBABLE CAUSE AFFIDAVIT

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Capias

1

Juvenile

OBTS Number	Agency ORI Number		Agency Name	Agency Report Number
	FLO 5 0 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE	24026808
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 checked="" type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Jansing, Carol		W	F	6/28/1964
Charge Description	Charge Description			
Driving Under the Influence	316.193(1)a			

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State of Florida,			
Local Address (Street, Apt Number)	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) 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 20 day of January 20 24 at 02:39 A.M P.M (Specifically include facts constituting cause for arrest.)

Marsy's Law CVI
 FL. Const. Art. 1 § 16(b)

On January 20, 2024 at approximately 02:47 hours I was dispatched to the area of S Dixie Hwy and 6th Ave S to assist with a traffic stop. When I arrived on scene Deputy Z. Roys # 37952 was on scene and advised that a female driver of a white in color Kia bearing FL tag#45CCII was found what looked like to be sleeping in the driver seat in physical control of the vehicle. See Deputy Z. Roys's supplement probable cause affidavit.

I approached the female which she was identified by her Florida driver's license as Carol Jansing sitting in the driver's seat of her Kia still in physical control of her vehicle. I asked Carol if she was doing okay and she advised that she was not. I then asked her if she had any kind of medical issue. Carol advised that she had cardiac issues. I asked her if she took any medications for that and she said yes but did not know the name of the medication. I then asked Carol if she was diabetic or if there was any other medical issues that she may have that would affect her from driving. Carol advised no. I advised her if she needed any kind of medical attention she said no.

As I was speaking to Carol I could smell a strong odor of alcohol emitting from Carol and her eyes were glossy. Her speech was slurred as she spoke. I then asked Carol if she would be willing to perform some field sobriety exercises because I do believe that she is driving under the influence of drugs and or alcohol. Carol stated "No" I then spoke with Carol to explain to her that if she refused that I would have to make my determination on what I am observing. Carol stated that she understood and said that she will not be performing field sobriety exercises. I then told Carol to step out of the vehicle. Carol complied and I then explained to Carol that since she did not want to perform field sobriety exercises that she would be placed under arrest. Carol was placed under arrest at 02:59 hours and transported to the Palm Beach County Jail without incident. Carol was then asked to provide a sample of her breath which she refused and I then read Carol implied consent where she refused again at 04:05 hours.
 Carol was booked in to Palm Beach County Jail without incident.

STATE OF FLORIDA
 COUNTY OF PALM BEACH
 M Reid
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of January 20 24 by M. Reid

(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
 JOSHUA BELL
 Notary Public - State of Florida
 Commission # HH 418882
 My Comm. Expires Jul 9, 2027
 National Notary Assn.

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20 DAY OF January 2024 AT 02:39 AM PM
SUBJECT: Jansing, Carol, CASE NUMBER: 24026808

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: M Reid

PERSONAL CONTACT

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

The driver was sleeping behind the wheel of the vehicle with the vehicle running and vehicle in drive. The vehicle was on a S Dixie Hwy a major roadway in the middle of the road.

OBSERVATION OF DRIVER:

Driver had a strong odor of alcohol coming from her person and glassy eyes and slurred speech. The driver was very slow to answer questions and did not know where she was going or coming from. Took her along time to answer back all of my questions.

DRIVER'S STATEMENTS:

Driver stated that she was not having any kind of medical issues and would not answer if she was drinking.

ODORS:

strong odor of alcohol.

GENERAL OBSERVATIONS

SPEECH: was very slurred

ATTITUDE: her moods were changing from apologetic to crying to not understanding what was going on.

CLOTHING: orderly

MEDICAL/OTHER: Just cardiac issues but advised does not take any medication that would affect her driving.

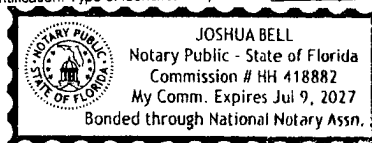
STATE OF FLORIDA
COUNTY OF PALM BEACH

M Reid
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of January 2024 by M Reid

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

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



SUBJECT: Jansing, Carol, CASE NUMBER 24026808

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

WALK & TURN:
REFUSED

ONE LEG STAND:
REFUSED

ROMBERG ALPHABET:
REFUSED

ROMBERG ALPHABET:
REFUSED

BREATH TEST RESULTS:

NOT A CERTIFIED COPY

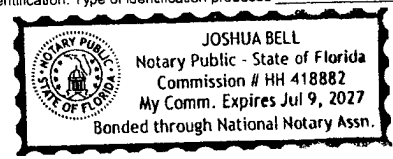
STATE OF FLORIDA
COUNTY OF PALM BEACH

M Reid
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of January 2024 by M Reid

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

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





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

PBSO CASE # 24026808 PBSO ZONE 14-41

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 02:39 DATE 01/20/2024 DAY Saturday

SUBJECT'S NAME Jansing, Carol, RACE W SEX F

HGT 5'09" WGT 170 DOB 6/28/1964

LOCATION S Dixie Hwy and 6th Ave S

ARRESTING OFFICER'S NAME & ID M Reid (41477) AGENCY Palm Beach County Sheriff's Office

DIVISION: Patrol

NOTIFIED BY COMMO _____

ARRIVAL AT FACILITY 03:33

ARREST TIME 02:59

BREATH RESULTS:

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # _____

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 24026808

ARRESTING OFFICER: M Reid

ADDRESS: 3228 Gun Club Rd

PHONE NUMBERS (HOME): _____ (WORK) 561-901-4488

CAN TESTIFY TO: Physical control of vehicle and impairment

NAME: D. Roys 37952

ADDRESS: 3228 Gun Club Rd

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

CAN TESTIFY TO: Physical control of vehicle and impairment

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: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: JANSING, CAROL CASE NUMBER: 24-026808

DATE: Jan 20, 2024 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0358 ENDING TIME: 0416

BREATH TESTS RESULTS: 1) R TIME 0405 A.M. P.M. 2) XX TIME XX A.M. P.M.

3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: REPETITIVE, EMOTIONAL

CLOTHING: MAROON TEE SHIRT, BLACK CAPRI'S, BLACK FLIP FLOPS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:
EYES: BLOODSHOT, GLASSY

COMMENTS:
ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0333 HOURS

SUBJECT STATED SHE WOULD NOT TAKE BREATH TEST

A/O READ I.C AND EXPLAINED
SUBJECT STATED SHE UNDERSTOOD I.C
SUBJECT AGAIN STATED SHE WOULD NOT TAKE BREATH TEST

REFUSAL TIME 0405 HOURS

A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

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

SUBJECT: _____

CASE NUMBER: _____

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) _____

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

SUBJECT: _____ CASE NUMBER: _____

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: _____

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

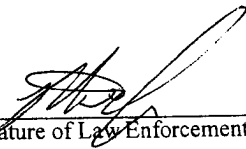
STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

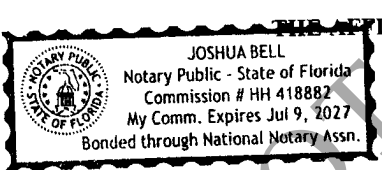
I, Deputy MICHAEL REID JR, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
 am a member of Palm Beach County Sheriffs Office, and I do swear
(Name of enforcement agency)
 or affirm that on or about the TWENTIETH day of January, 2024, at 5:20 AM

DRIVER CAROL JANSING
(Type or Print) FIRST MIDDLE OR MAIDEN LAST
 DL # J525100647281, state of FL, was placed under lawful arrest for
 the offense of DUI by Deputy MICHAEL REID and
(Name of Arresting Officer)
 issued Citation # AIKUY2E.

That on or about the TWENTIETH day of January, 2024, at 4:05 AM
 in Palm Beach County,

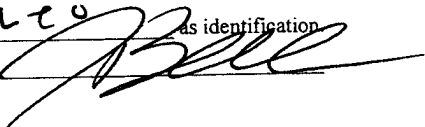
I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., 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, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.


 Signature of Law Enforcement Officer or Correctional Officer



THIS AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)

The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)
 The foregoing instrument was sworn and subscribed before
 me this 20 day of January, 2024
 by D/S Reid
 who is personally known to me or who has produced
Know LCO 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.



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input checked="" type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	7-8
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<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"/>	(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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2024001824	Date: 1/21/2024
	Specialist Name/ID#: ANGELA PINKNEY/7796