

0540620

23 LT9051-SB

419

ARREST / NOTICE TO APPEAR

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

Agency ORI Number <b>0500400</b>	Agency Name <b>Delray Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>4, 0 23-006753</b>
Charge Type: Check as many as apply <input 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 <b>UNARMED</b>	Multiple Clearance Indicator <b>1</b>
Location of Arrest (Including Name of Business) <b>1700 WEST ATLANTIC AVE, DELRAY BEACH, FL</b>		Location of Offense (Business Name, Address) <b>1700 W ATLANTIC AVE, DELRAY BEACH, FL 33445</b>
Date of Arrest <b>05/20/2023</b>	Time of Arrest <b>03:02</b>	Booking Date <b>05/20/2023</b>
Booking Time <b>03:12</b>	Jail Date	Jail Time
Location of Vehicle <b>WESTWAY TOWING</b>		
Name (Last, First, Middle) <b>JENKINS, CHRISTINA LEIGH</b>		
Alias: Alina (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>07/14/1980</b>
Height <b>5'04</b>	Weight <b>140</b>	Eye Color <b>BROWN</b>
Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>SMALL</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		
Marital Status Religion		
Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone <b>3958 REDONDO WAY, BOCA RATON, FL 33487</b>		
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone <b>3958 REDONDO WAY, BOCA RATON, FL 33487</b>		
Business Address (Name, Street) (City) (State) (Zip) Phone Occupation <b>FL DL</b>		
D/L Number, State <b>J525112807540 / FL</b>	Soc. Sec. Number	INS Number
Place of Birth (City, State) <b>ANNISTON, AL, United</b>		Citizenship <b>US</b>
Co-Defendant Name (Last, First, Middle)	Race	Sex
Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex
Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Name (Last, First, Middle) <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Legal Custodian		
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone		
Notified by: (Name) Date Time		
Relationship Date Time		
Residence Phone		
Business Phone		
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.		
School Attended Grade		
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Description of Property Value of Property		
Drug Activity S. Sell N. N/A P. Possess	S. Sell D. Deliver T. Traffic	R. Smuggle E. Use
K. Disperse/ 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 2. Other	
Charge Description <b>DUI-DAMAGE TO PERSON/PROPERTY</b>		
Statute Violation Number <b>316.193(3)(C)(1)</b>	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit
<b>N</b>		
Counts	Domestic Violence	Warrant / Capias Number
<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Bond		
Charge Description		
Statute Violation Number		
Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit
Counts	Domestic Violence	Warrant / Capias Number
	<input type="checkbox"/> Y <input type="checkbox"/> N	
Bond		
Charge Description		
Statute Violation Number		
Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit
Counts	Domestic Violence	Warrant / Capias Number
	<input type="checkbox"/> Y <input type="checkbox"/> N	
Bond		
Health / Apparent Physical Condition of Defendant		
Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Delinquency <input type="checkbox"/> Injuries		
Explain:		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By	Released By
<input type="checkbox"/> Pooled Bond <input type="checkbox"/> South County Mental Health		Released To
Transported By	Date Transported	Time Transported
		Other
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court		
but must comply with instructions on Page 2.		
Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		
Court Date and Time		
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.		
No Photo Available		
Signature of Defendant (or Juvenile and Parent/Custodian)		
Date Signed		
HOLD for Office Agency		
Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		
MAY 2 2023		
Signature of Arresting Officer		
Name of Arresting Officer (Print)		
ID.#		
1212		
Transporting Officer		
ID.#		
1212		
Agency		
DBPD		
Witness here if subject signed with an "X"		
PAGE 1 OF 1		

40

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20th DAY OF May 20 23 AT 1257  AM  PM

SUBJECT Christina Leigh Jenkins CASE NUMBER 23-006753

AGENCY Delray Beach PD ARRESTING OFFICER Mason #1212

## PERSONAL CONTACT

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

On the above date and time, I responded to the 1700 Block of West Atlantic Avenue in reference to a motor vehicle crash. Upon arrival, I observed Jenkins standing in front of her disabled vehicle (2016 White in color Jeep, FL Tag# JTD174). I then spoke with Jenkins where she stated just prior to the crash, she was driving westbound on West Atlantic Avenue when the vehicle in front of her "stopped short." As a result, the front of her vehicle struck the rear of the second vehicle (Hyundai). The driver of the Hyundai (Amanda Des Santos Reis, DOB: 09/23/1986) was able to positively identify Christina Jenkins as the driver of the white Jeep.

## OBSERVATION OF DRIVER:

The defendant appeared impaired, had slow comprehension, slurred her speech, and had red glossy eyes. She had the smell of an unknown alcoholic beverage emanating from her person.

## DRIVER'S STATEMENTS:

The defendant stated that the vehicle in front of her stopped short which caused the crash.

## ODORS:

Defendant had an odor of an unknown alcoholic beverage emanating from her breath.

## GENERAL OBSERVATIONS

SPEECH: Slurred and repeated herself numerous times

ATTITUDE: Talkative and polite at times

CLOTHING: Black shirt, black shorts, and black sandals.

MEDICAL/OTHER: N/A

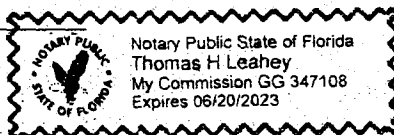
STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of May 20 23 by Officer C Mason #1212

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

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



SUBJECT: Christina Leigh Jenkins

CASE NUMBER 23-006753

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:

Refused.

WALK & TURN:

Refused.

ONE LEG STAND:

Refused.

FINGER TO NOSE:

Refused.

ROMBERG ALPHABET:

Refused.

BREATH TEST RESULTS: 

1) Refused	2)	3)	4)
------------	----	----	----

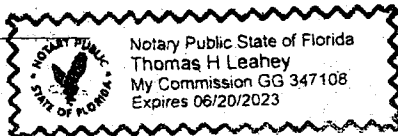
STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of May 2023 by Officer C Mason #1212

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

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



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

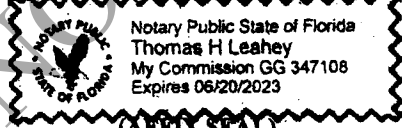
I, OFC. MASON, a duly certified Law Enforcement or Correctional Officer, am a  
(Name of Officer reading Implied Consent Warning)  
member of Delray Beach Police Department, and I do swear  
(Name of Law Enforcement Agency)  
or affirm that on or about the 20<sup>th</sup> day of May, 2023, at 0200  P.M.  A.M.  
DRIVER Christina Leigh Jenkins  
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME  
DL # SS2S112807540, state of Florida, was placed under lawful arrest for  
the offense of DUI / Damage to Property by OFC. MASON and  
(Name of Arresting Officer)  
issued citation # AHCA BTE

That on or about the 20<sup>th</sup> day of May, 2023, at 0200  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, 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. Additionally, I informed the driver that if he or she holds a Commercial Driver's License (CDL), or was operating a commercial motor vehicle, refusal will result in the disqualification of the CDL for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or Correctional Officer

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



The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

The foregoing instrument was sworn and subscribed before me this 20 day of May, 2023, by OFC. MASON #9212, who is personally known to me or who has produced keys as identification.  
Notary Public [Signature]

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.

# TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Jenkins, Christina L

CASE NUMBER: 23-070046

DATE: May 20, 2023

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0228

ENDING TIME: 0231

BREATH TESTS RESULTS: 1) R TIME 0230 A.M.  P.M.  2) n/a TIME 0 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: thick, slurred

ATTITUDE: compliant

CLOTHING: black shorts, black t-shirt, black flip flops

MEDICAL CONDITIONS: Thyroid, Anxiety, sleeping

MEDICATIONS: Levothyroxine, 2 pills names unknown

## OTHER:

eyes were glassy & bloodshot  
odor of unknown alcoholic beverage on breath

**REFUSED**

## COMMENTS:

arrived at center A/O conducted 20 observation period at 0205 hrs

subject refused to perform breath test - want my lawyer present

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

subject refused to perform breath test - I won't without Council present

A/O called refusal @ 0230

A/O read rights & subject understood rights

A/O attempted Q&A

subject invoked right to council

**REFUSED**



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

PBSO CASE # 23-070046 PBSO ZONE 4-11

AGENCY CASE # 23-6753 CRASH CASE # 23-6753

TIME OF STOP/CRASH 5/20/23 DATE 0109 DAY Saturday

SUBJECT'S NAME Jenkins Christina Leigh RACE White SEX Female  
LAST FIRST MID

HGT 504 WGT 160 lbs DOB 07/14/1980

LOCATION 1700 West Atlantic Avenue, Delray Beach FL

ARRESTING OFFICER'S NAME & ID Mason 1212 AGENCY DBPD

DIVISION: Patrol

NOTIFIED BY COMMO \_\_\_\_\_

ARRIVAL AT FACILITY 0205

ARREST TIME 0135

BREATH RESULTS:

**REFUSED**

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

# WITNESS LIST

CASE NUMBER: 23-006753

ARRESTING OFFICER: Chad Mason

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33445

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: Arrest

NAME: Amanda Dos Santos Reis

ADDRESS: 1625 NW 13TH Street #401, Boca Raton FL, 33486

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: The defendant having actual physical control of her vehicle.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

SUBJECT: Travis ... 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) \_\_\_\_\_



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

REVIEW COMPLETED BY

Booking Number: 2023013235	Date: 5/21/2023
	Specialist Name/ID: R.Castro/40259