

Marsy's Law CVI FL Const. Art. 1 § 18(b)

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached  
1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

01

Juvenile

OBTS Number \_\_\_\_\_

Agency ORI Number: FLO: 5 0 0 0 0 0 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 0 6 24039636

Charge Type:  1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  5. Ordinance  6. Other

Location of Arrest (including Name of Business): LANTANA RD/ LAWRENCE RD LAKE WORTH, FL 33467 Location of Offense (Business Name, Address): LANTANA RD/ LAWRENCE RD LAKE WORTH, FL 33467

Date of Arrest: 03/02/24 Time of Arrest: 0342 Booking Date: \_\_\_\_\_ Booking Time: \_\_\_\_\_ Jail Date: \_\_\_\_\_ Jail Time: \_\_\_\_\_ Location of Vehicle: \_\_\_\_\_

Name (Last, First, Middle): Ronckovitz Corinne Elizabeth Alias (Name, DOB, Soc. Sec. #, Etc): \_\_\_\_\_

Race:  White  American Indian  Black  Oriental/Asian Sex: F Date of Birth: 06/22/1999 Height: 5'06 Weight: 110 Eye Color: BROWN Hair Color: BROWN Complexion: PALE Build: SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): \_\_\_\_\_ Marital Status: Single Religion: Christianity Indication of Alcohol Influence:  Y  N  Unk

Local Address (Street, Apt. Number): 7522 Greenville Cir Lake Worth, FL 33467 (City) (State) (Zip) Mobile Phone: 5614451706 Residence Type:  1. City  2. County  3. Florida  4. Out of State 1

Permanent Address (Street, Apt. Number): \_\_\_\_\_ (City) (State) (Zip) Phone: \_\_\_\_\_ Address Source: FL DL

Business Address (Name, Street): \_\_\_\_\_ (City) (State) (Zip) Phone: \_\_\_\_\_ Occupation: SERVER

D/L Number, State: R521105997220, FL Soc. Sec. Number: \_\_\_\_\_ INS Number: \_\_\_\_\_ Place of Birth (City, State): FREDERICKSBERG/ VIRGINIA Citizenship: USA

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

Parent  Legal Custodian  Other: \_\_\_\_\_ 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 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) \_\_\_\_\_ School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Property Crime?  Yes  No Description of Property: \_\_\_\_\_ Value of Property: \_\_\_\_\_

CODE: Drug Activity N/A, S. Sell, R. Smuggle, K. Dispense/Distribute, M. Manufacture/Produce/Cultivate, Z. Other, Drug Type N/A, B. Barbiturate, H. Hallucinogen, P. Paraphernalia/Equipment, U. Unknown, N. Possess, T. Traffic, D. Deliver, E. Use, A. Amphetamine, C. Cocaine, O. Opium/Deriv., S. Synthetic

Charge Description: D.U.I. 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 #: \_\_\_\_\_ 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: \_\_\_\_\_

Location (Court, Room Number, Address): South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996

Court Date and Time: Month: APRIL Day: 02 Year: 2024 Time: 0830 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: 03/02/24

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.

HOLD for other agency: \_\_\_\_\_ Signature of Arresting Officer: J. WHITE I.D. #: 38632 Name Verification (Printed by Arrestee): \_\_\_\_\_

Dangerous  Resisted Arrest  Suicidal  Other: \_\_\_\_\_ Name of Arresting Officer (Print): J. WHITE I.D. #: 38632 Agency: PBSO (PRINT)

Inmate Deputy: Bouille I.D. #: 1834 Pouch #: \_\_\_\_\_ Transporting Officer: J. WHITE I.D. #: 38632 Agency: PBSO

Witness here if subject signed: \_\_\_\_\_



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

PBSO CASE # 24039636 PBSO ZONE ATL

AGENCY CASE # N/A CRASH CASE # N/A

TIME OF STOP/CRASH 0325 DATE 03/02/2024 DAY Saturday

SUBJECT'S NAME Ronckovitz Corinne Elizabeth  
LAST FIRST MID

DOB 06/22/1999 HGT 5'06 WGT 110 RACE W SEX F

LOCATION LANTANA RD/ LAWRENCE RD LAKE WORTH, FL 33467

ARRESTING OFFICER'S NAME & ID J. WHITE 38632 Palm Beach County Sheriff's Office  
AGENCY

DIVISION: Road Patrol

NOTIFIED BY COMMO 0346

BREATH RESULTS:

ARRIVAL AT FACILITY 0404

ARREST TIME 0342

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

**REFUSED**

Bell 0656  
 BAT TECH. OFFICER NAME & ID

PBSO VIDEOTAPE #

SCANNED  
 MAR 03 2024

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2nd DAY OF February 20 24, AT 0325

AM  PM

SUBJECT: Ronckovitz Corinne Elizabeth CASE NUMBER: 24039636

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: J. WHITE 38632

## PERSONAL CONTACT

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

**Observed 2020 Black Acura ILX (FL Tag-IVKN04) stop pass the stop bar at the intersection of Lantana/ Congress Ave. Observed the vehicle swerve into the bike lane nearly striking the sidewalk 3 times near the intersection of Lantana Rd/ Lawrence Rd. Stop was conducted.**

## OBSERVATION OF DRIVER:

**Driver had glossy eyes/ slurred speech/ and an odor of an unknown alcoholic beverage on her breath.**

## DRIVER'S STATEMENTS:

**Ronckovitz stated that she did not have anything to drink due to her boss not allowing them to drink.**

**Ronckovitz stated [REDACTED] Driver stated she is sad due to loss of her boss.**

## ODORS:

**Unknown alcoholic beverage/ heavy perfume**

## GENERAL OBSERVATIONS

**SPEECH:** slurred/slow/ repetitive

**ATTITUDE:** Crying

**CLOTHING:** No pants/ pants in back seat were wet

## MEDICAL/OTHER:

STATE OF FLORIDA  
COUNTY OF PALM BEACH

*J. White*

**J. WHITE**

**38632**

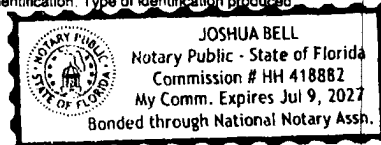
Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2nd day of February 20 24 by J. WHITE 38632

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

**KNOWN**

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



*Stamp*  
**MAR 03 2024**

SUBJECT: Ronckovitz Corinne CASE NUMBER 24039636

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS / LIGHTED PEN STIMULUS TASK: SFST**

- 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**

Refused or Could not complete due to safety, medical or injury related reasons

**ONE LEG STAND: REFUSED**

Refused or Could not complete due to safety, medical or injury related reasons

**FINGER TO NOSE: REFUSED**

Refused or Could not complete due to safety, medical or injury related reasons

**ROMBERG ALPHABET: REFUSED**

Refused or Could not complete due to safety, medical or injury related reasons

**BREATH TEST RESULTS:** 1) NA 2) NA 3) NA 4)

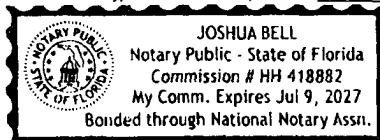
STATE OF FLORIDA  
COUNTY OF PALM BEACH

*J. White* J. WHITE 38632  
Signature of Arresting/Investigative Officer)

the foregoing instrument was sworn to or affirmed and subscribed before me this 2nd day of February, 2024 by J. WHITE 38632

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

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



SCANNED  
MAR 03 2024

# WITNESS LIST

CASE NUMBER: **24039636**

ARRESTING OFFICER: **J. WHITE**

ADDRESS: **3228 GUN CLUB RD, WEST PALM BEACH, FL 33406**

PHONE NUMBERS (HOME): [REDACTED] (WORK)

CAN TESTIFY TO: **DRIVING PATTERN/ DRIVER CONDITION**

NAME: **D/S M. IVANOVIC**

ADDRESS: **3228 GUN CLUB RD, WEST PALM BEACH, FL 33406**

PHONE NUMBERS (HOME) **5616883000** (WORK)

CAN TESTIFY TO: **ODOR/ REFUSAL**

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

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CAN TESTIFY TO:

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PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NOT A CERTIFIED COPY

SCANNED  
MAR 03 2024

# TESTING FACILITY TASK REPORT

AGENCY: PBSO  
SUBJECT: RONCKOVITZ, CORINNE ELIZABETH CASE NUMBER: 24-039636  
DATE: Mar 2, 2024 VIDEO DVD NUMBER: N/A  
BEGINNING TIME: 0428 ENDING TIME: 0439

**REFUSED**

BREATH TESTS RESULTS  
1) R TIME 0432 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 TECHNICAN: J. KARLECKE #6467

### TESTING OFFICER'S OBSERVATIONS

SPEECH: SLOW, SLURRED  
ATTITUDE: EMOTIONAL  
CLOTHING: BLACK TEE HSIRT, BLACK PANTS, BLACK SLIDES  
MEDICAL CONDITIONS: UNKNOWN  
MEDICATIONS: ADDERALL, ZOLOFT, ATIVAN, ABILIFY

**OTHER:**  
EYES: BLOODSHOT, GLASSY

### COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0404 HOURS  
SUBJECT STATED SHE WOULD NOT TAKE BREATH TEST  
A/O READ I.C  
SUBJECT STATED SHE UNDERSTOOD I.C  
SUBJECT AGAIN STATED SHE WOULD NOT TAKE BREATH TEST  
REFUSAL TIME 0432 HOURS  
A/O READ RIGHTS  
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS  
A/O CONDUCTED Q AND A  
SUBJECT ANSWERED Q AND A

**REFUSED**

SCANNED  
MAR 03 2024

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

SCANNED  
MAR 03 2014

SUBJECT: Black IV 12, Colton E CASE NUMBER: 24-0510-36

# 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) Read (A) Camera

## 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.

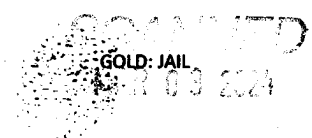
SUSPECT'S SIGNATURE: (X) Read (A) Camera

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL



SUBJECT: Ronckovitz, Corinne E CASE NUMBER: 24-039636

### 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? YES

WHERE WERE YOU GOING? Atlantis

WHAT STREET OR HIGHWAY WERE YOU ON? Lantana

DIRECTION OF TRAVEL? NA WHERE DID YOU START? Clematis

WHAT TIME DID YOU START? 2:45 WHAT TIME IS IT NOW? 2:45

WHAT IS TODAY'S DATE? March 27 WHAT DAY OF THE WEEK IS IT? Sat

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm beach County, Lake worth

WHEN DID YOU LAST EAT? Monday WHAT DID YOU EAT? salad

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? work

HOW MUCH DO YOU WEIGH? 112 HAVE YOU BEEN DRINKING? NO 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? Bar tender WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? blind WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? No WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? Right last night

WERE YOU IN AN ACCIDENT TODAY? No

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?	<u>Yes</u>
INNER EAR TROUBLE?	_____
DIABETES?	_____

xolan  
adavan  
abilify  
adderall  
marijuana

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? \_\_\_\_\_

INTERVIEWER: D/S J. White #38632

**STATE OF FLORIDA**  
**AFFIDAVIT OF REFUSAL TO SUBMIT TO**  
**BREATH TEST**

I, Deputy JOSHUA WHITE, 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

or affirm that on or about the SECOND day of March, 2024, at 4:47 AM

DRIVER CORINNE ELIZABETH RONCKOVITZ,  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # R521105997220, state of FL, was placed under lawful arrest for

the offense of DUI by Deputy JOSHUA WHITE and  
(Name of Arresting Officer)

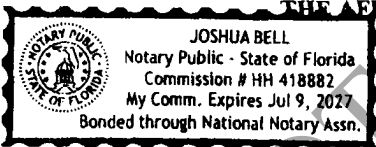
issued Citation # AIKV0LE

That on or about the SECOND day of March, 2024, at 4:32 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]  
 Signature of Law Enforcement Officer or Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
 me this 2 day of March, 2024,

by D/S J. White  
 who is personally known to me or who has produced

Known as identification.  
 Notary Public [Signature]

The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
 Signature of Attesting Officer  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

[Stamp]  
3.11.24



# 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 checked="" type="checkbox"/>	119.071(2)(e)	Confession	6
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	3-4
	<input checked="" 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	8
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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

**REVIEW COMPLETED BY**

Booking Number: 2024005769	Date: 3/3/2024
	Specialist Name/ID#: J. Gaines/ 44177

ORGANIZED  
MAR 03 2024