0543311 23CT16269AMB 2846

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

☐ Check if Supplement is Attached

# ARREST / NOTICE TO APPEAR
## Juvenile Referral Report

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

**ADMINISTRATIVE**

| OBTS Number | | Juvenile |
|---|---|---|
| | 1 | N |

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FL0 5 0 0 0 0 0 | PALM BEACH COUNTY SHERIFF'S OFFICE | 06-23-108877 ( ) |

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

Multiple Clearance Indicator: 01

| Location of Arrest (including Name of Business) | Location of Offense (Business Name, Address) |
|---|---|
| 1961 VIA BUENA VIDA , VILLAGE OF WELLINGTON/FL/33411 | 1961 VIA BUENA VIDA , VILLAGE OF WELLINGTON/FL/33411 |

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 09/10/2023 | 2145 | | | | | I-95 TOWING - 5310 Georgia Ave, West Palm Beach, FL 33405 – (561) 727-8757 |

**DEFENDANT**

Name (Last, First, Middle): **Broff, Jane, Susan** — Alias (Name, DOB, Soc. Sec. #, Etc.)

| Race (W - White, B - Black, I - American Indian, O -Oriental/Asian) | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|
| W | F | 12/19/1951 | 5'03 | 106 | HAZ | BLOND | MED | MED |

| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | Marital Status | Religion | Indication of: Alcohol Influence / Drug Influence | Y | N | Unk |
|---|---|---|---|---|---|---|
| NONE | Divorced | NONE | | ☐ | ☐ | ☒ |

| Local Address (Street, Apt. Number) (City) (State) (Zip) | Mobile Phone | Residence Type: 1. City 2. County 3. Florida 4. Out of State |
|---|---|---|
| 9314 Via Classico W, Wellington, FL 33411 | ( 561 ) 33 0525 | 02 |

| Permanent Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Address Source |
|---|---|---|
| , | ( ) | FL DL |

| Business Address (Name, Street) (City) (State) (Zip) | Phone | Occupation |
|---|---|---|
| | ( ) | RETIRED |

| D/L Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| B610457519590, FL | [redacted] | | NEW YORK , NY | USA |

**CO-DEF**

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

**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. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Dispense/ 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 | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| DRIVING UNDER THE INFLUENCE (PROPERTY DAMAGE) | 1 | ☐ Y ☒ N | 316.193(3)(C)(1) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| N | N | | 23-108877 | | |

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| | | ☐ Y ☐ N | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| | | | | | |

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| | | ☐ Y ☐ N | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| | | | | | |

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| | | ☐ Y ☐ N | | |

| 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 OCTOBER Day 5 Year 2023 Time 08:30 A.M. ☒ P.M. ☐

FILED PBC - GUN CLUB 2023 SEP 11 AM 7:03

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.

Jane S Broff — Signature of Defendant (or Juvenile and Parent/Custodian) — 09/10/2023 Date Signed

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 | Name Verification (Printed by Arrestee) |
|---|---|---|
| ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: | X J W Amadon | (PRINT) |
| Intake Deputy / I.D. # / Pouch # | Name of Arresting Officer (Print) / I.D. # — INV. W. AMADON 9440 | SEP 11 2023 |
| | Transporting Officer / I.D. # / Agency — INV. W. AMADON 9440 PBSO | Witness here if subject signed with an "X" |

PAGE 1 OF 1

PBSO #0148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

NOT A CERTIFIED COPY

SCANNED

# PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile:

**ADMIN**

Agency ORI Number: FL0 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 23-108877

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

Special Notes:

**DEF**

| Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth |
|---|---|---|---|---|
| Broff, Jane, Susan | | W | F | 12/19/1951 |

**CHARGES**

| Charge Description | Charge Description |
|---|---|
| DUI 316.193(3)(c)(1) | |
| Charge Description | Charge Description |

**VICTIM**

| Victim's Name (Last, First, Middle) | Race | Sex | Date of Birth |
|---|---|---|---|
| STATE OF FLA , , | | | |

| Local Address (Street, Apt Number) | (City) | (State) | (Zip) | Phone | Address Source |
|---|---|---|---|---|---|
| , | | | | ( ) | |
| **Business Address (Name, Street)** | **(City)** | **(State)** | **(Zip)** | **Phone** | **Occupation** |
| | | | | ( ) | |

**PROBABLE CAUSE STATEMENT**

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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 10 day of Sept 20 23 at 2150 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

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

**On September 10, 2023 at 2012 hours I responded to 1961 Via Buena Vida, within the Village of Wellington, Palm Beach County, Florida. While enroute PBSO dispatch advised they received multiple calls in reference to a white SUV that appeared to have been in a crash. The callers advised the car would struck a road sign and a tree before coming to a rest.**

**Upon arriving to the area I located the White Mercedes-Benz Bearing Florida tag # IE03QT located at the above mentioned address. As I entered the community, I observed the white Mercedes-Benz to have heavy damage the front exterior of the car. Once arriving, I was met by Palm Beach County Fire rescue Paramedic, whom advised that the sole occupant/ driver, who was identified by her Florida driver licenses as Jane Broff, was already placed into the rear of the Rescue truck to be treated. Rescue personnel advised they detected an odor of an unknown alcoholic beverage emitting from Broff when she spoke and from her person. While being treated by PBCFR, I attempted to speak with Broff, as I spoke to her, her speech was slow and slurred. Broff advised she didn't know where she was or couldn't describe what had taken place. I also observed Broff's eyes were bloodshot and glassy.**

**With Broff showing articulable signs of impairment, I requested a DUI unit to respond to conduct a DUI assessment. DUI Investigator Amadon#9440 responded to Wellington Regional Hospital, as this where Broff was transported by PBCFR to. While doing this, I collected two witness stated from William Baxter (W1) and Donna Baxter (W2). Both W1 and W2 observed a white female driver/ sole occupant still inside the car. I obtained sworn recorded statements from both witnesses which was captured on my PBSO body worn Camera.**

**This investigation was turned over the DUI unit for further investigation. This ends my involvement in this case.**

NOT A CERTIFIED COPY

**ADMINISTRATIVE**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Jacobs, Cody
(Signature of Arresting /Investigative Officer)

Digitally signed by Jacobs, Cody
Date: 2023.09.10 21:36:51 -04'00'

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of Sept 20 23 by D/S JACOBS 25508

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

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

PAGE 1 OF 1

DISTRIBUTION WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

PBSO 60004 REV. 04/22

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10 DAY OF SEPTEMBER 20 23, AT 2013 AM ✓ PM

SUBJECT: Broff, Jane, Susan CASE NUMBER: 23-108877

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. W. AMADON

## PERSONAL CONTACT

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

**On Sunday September 10, 2023 I responded to Wellington Regional Medical Center, located within The Village of Wellington, Palm Beach County Florida regarding motor vehicle crash that occurred nearby at 1961 Via Buena Vida, also within the Village of Wellington, with a suspected impaired driver. Upon arrival I met with D/S C. Jacobs, #25508 who provided me with a signed, sworn written supplemental probable cause affidavit stating: "On September 10, 2023 at 2012 hours I responded to 1961 Via Buena Vida, within the Village of Wellington, Palm Beach County, Florida. While enroute PBSO dispatch advised they received multiple calls in reference to a white SUV that appeared to have been in a crash. The callers advised the car would struck a road sign and a tree before coming to a rest. Upon arriving to the area I located the White Mercedes-Benz Bearing Florida tag # IE03QT located at the above mentioned address. As I entered the community, I observed the white Mercedes-Benz to have heavy damage the front exterior of the car. Once arriving, I was met by Palm Beach County Fire rescue Paramedic, whom advised that the sole occupant/ driver, who was identified by her Florida driver licenses as Jane Broff, was already placed into the rear of the Rescue truck to be treated. Rescue personnel advised they detected an odor of an unknown alcoholic beverage emitting from Broff when she spoke and from her person. While being treated by PBCFR, I attempted to speak with Broff, as I spoke to her, her speech was slow and slurred. Broff advised she didn't know where she was or couldn't describe what had taken place. I also observed Broff's eyes were bloodshot and glassy. With Broff showing articulable signs of impairment, I requested a DUI unit to respond to conduct a DUI assessment. DUI Investigator Amadon#9440 responded to Wellington Regional Hospital, as this where Broff was transported by PBCFR to. While doing this, I collected two witness stated from William Baxter (W1) and Donna Baxter (W2). Both W1 and W2 observed a white female driver/ sole occupant still inside the car. I obtained sworn recorded statements from both witnesses which was captured on my PBSO body worn Camera".**

OBSERVATION OF DRIVER:

**When I arrived at Wellington Regional Medical Center located at 10101 Forest Hill Blvd, Village of Wellington. The defendant was laying in a hospital bed within the ER. She had scrapes on the inside of her left knee. I spoke to her in the hospital bed about the crash. She told me she dropped friends off after eating dinner. She was alone in the car. The airbag went off and she had on her seatbelt. Later in my investigation, I observed the defendant to be unsteady on her feet. I observed the defendant to have a noticeable orbital sway as she stood. I observed the defendant's clothing was properly worn. The defendant's eyes were red, glassy, and bloodshot. The defendant weaved as she walked. The defendant's movements were clumsy, slow, and uncoordinated.**

DRIVER'S STATEMENTS:

**Post Miranda the defendant said she was alone in her car at the time of the crash. She is not diabetic or epileptic. She takes Cymbalta, Simvastatin, and Trazodone. She had one vodka on the rocks, and one glass of a "sparking white wine" from a shared bottle. She told me their dinner reservation was at 5:45 pm and she drank at 7pm. She ate a veal chop for dinner.**

ODORS:

**I immediately detected the odor of an unknown alcoholic beverage emanating from the defendant's breath that intensified when the defendant spoke.**

## GENERAL OBSERVATIONS

SPEECH: **slow / slurred / deliberate / noticeable accent**

ATTITUDE: **polite**

CLOTHING: **white dress / silver shoes**

MEDICAL/OTHER: **STATED NONE /**

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. W. AMADON
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of SEPTEMBER 2023 by INV. W. AMADON

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

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

SUBJECT: **Broff, Jane, Susan** CASE NUMBER 23-108877

## 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:**
**The defendant had a noticeable orbital sway during this task.**

WALK & TURN:
**The defendant was placed into the instructional stance for the Walk and Turn Task, and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling her to move. The defendant started before the instructions were complete. The defendant missed heel to toe. The defendant stepped off the line. The defendant performed an improper turn. The defendant used her arms for balance. The defendant had a noticeable orbital sway during this task.**

ONE LEG STAND:
**The defendant was placed into the instructional stance for the One Leg Stand Task, and told to remain in that position until I told them to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling her to move. The defendant put her foot down three times and stopped on her own. The defendant used her arms for balance. The defendant hopped in an attempt to maintain balance. The defendant swayed trying to maintain balance. The defendant had a noticeable orbital sway during this task.**

FINGER TO NOSE:
**The defendant was placed into the instructional stance for the Finger to Nose Task, and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant had to be reminded to keep her eyes closed. The defendant did not touch tip to tip as instructed. The defendant searched for her own nose with their finger. The defendant did not return her hand to the side of their body as instructed. The defendant had a noticeable orbital sway during this task.**

ROMBERG ALPHABET:
**The defendant was placed into the instructional stance for the Romberg Alphabet Task, and told to remain in that position until I told them to move. The defendant was given instructions and a demonstration. The defendant incorrectly recited the alphabet.**

**BREATH TEST RESULTS:** 1) 0.142 | 2) 0.139 | 3) | 4)

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. W. AMADON _____
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of SEPTEMBER 2023 by INV. W. AMADON

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

Shari O'Neal (#6212) _____

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

SUBJECT: BROFF, JANE SUSAN CASE NUMBER: 23-[illegible]877

# 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 Ino W. AMADA of the [illegible]

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 ON 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 ON CAMERA — BJC

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

SUBJECT: BRUFF, JANE SUSAN CASE NUMBER: 03-108877

# 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: Inv W Arnaiz #1441

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# 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: 80-006029 Software: 8100.27
Date of Test: 09/10/2023

Date of Last Agency Inspection: 08/11/2023
Observation Period Began: 22:19
Subject's Name: JANE S BROFF DOB: 12/19/1951 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 | 22:45 |
| Air Blank | 0.000 | 22:45 |
| Control Test | 0.079 | 22:46 |
| Air Blank | 0.000 | 22:46 |
| Subject Sample #1 | 0.142 | 22:49 |
| Air Blank | 0.000 | 22:50 |
| Air Blank | 0.000 | 22:52 |
| Subject Sample #2 | 0.139 | 22:54 |
| Air Blank | 0.000 | 22:55 |
| Control Test | 0.079 | 22:55 |
| Air Blank | 0.000 | 22:55 |
| Diagnostics Check | OK | 22:55 |

Cylinder Lot: 15922080A3
Exp: 08/05/2024

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 SHARI L O'NEAL, 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: S. O'Neal Date: 09-10-23
Signature

Sworn to (or affirmed) before me this 10 day of September, 2023

Jan W Amador — Jan. Amador #9440
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*

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# WITNESS LIST

CASE NUMBER: 23-108877

ARRESTING OFFICER: INV. W. AMADON

ADDRESS: 3228 GUN CLUB ROAD / WEST PALM BEACH / FL / 33406

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

CAN TESTIFY TO: DUI INVESTIGATION

NAME: D/S C. JACOBS #25508

ADDRESS: 3228 GUN CLUB ROAD / WEST PALM BEACH / FL / 33406

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

CAN TESTIFY TO: CRASH REPORT

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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# TESTING FACILITY TASK REPORT

AGENCY: PBSO INV. AMADON #9440

SUBJECT: BROFF, JANE S.

CASE NUMBER: 23-108877

DATE: 09-10-23

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:41 HRS

ENDING TIME: 22:58 HRS

BREATH TESTS RESULTS: 1) .142 TIME 22:49 A.M.☐ P.M.☒ 2) .139 TIME 22:54 A.M.☐ P.M.☒

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

BREATH OPERATOR: S. O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: HEAVY, SCRATCHY

ATTITUDE: CALM, COOPERATIVE,SARCASTIC, DIFFICULT, REPETITIVE

CLOTHING: DRESS- WHITE/BLOOD STAINED

MEDICAL CONDITIONS: A LOT OF THEM, D STATED ALLERGIC TO PENICILLIN

MEDICATIONS: A LOT OF THEM, D STATED

**OTHER:**

EYES: VERY RED, GLASSY, RUNNY EYE MAKEUP FROM CRYING
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.
LEGS- LEFT LEG SCRAPED FROM THE ACCIDENT.

---

**COMMENTS:**

20 MIN. OBSERVATION CONDUCTED BY A/O AMADON #9440

A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE REQUEST AT FIRST.
D HAD QUESTIONS ABOUT TAKING THE TEST AS I WAS PREPAIRING THE INSTRUMENT FOR TESTING.
A/O READ THE IMPLIED CONSENT ON CAMERA, AND BROKE IT DOWN TO THE D.
D DECIDED TO SUBMIT TO THE TEST AGAIN AFTER THE I/C WAS READ TO HER.
D HAD A LITTLE DIFFICULTY, BUT SHE EVENTUALLY BLEW CORRECTLY AFTER BEING INSRUCTED SEVERAL TIMES.
C/W READ ON CAMERA/ D REFUSED Q&A.

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

PBSO CASE # 23-108877 PBSO ZONE 8-61

AGENCY CASE # _____ CRASH CASE # 23-108863

TIME OF STOP/CRASH 2013 DATE 09/10/2023 DAY Sunday

SUBJECT'S NAME Broff, Jane, Susan RACE W SEX F

HGT 5'03 WGT 106 DOB 12/19/1951

LOCATION 1961 VIA BUENA VIDA , VILLAGE OF WELLINGTON/FL/33411

ARRESTING OFFICER'S NAME & ID INV. W. AMADON (9440) AGENCY Palm Beach County Sheriff's Office

DIVISION: DUI ENFORCEMENT

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2219

ARREST TIME 2145

BREATH RESULTS:

1). 142
2). 139
3)
4)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # ____/____

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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 | ☒ | 316.650 (b) | Other: Driver information contained in a uniform traffic citation | 3 |
| | ☐ | | Other: | |

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**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2023023834 | **Date:** 9/11/2023 |
| | **Specialist Name/ID:** J. Beck/9007 |