23CT16894 MB

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

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 | Juvenile: N

OBTS Number

ADMINISTRATIVE

Agency ORI Number: FL0 5 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06-23111358

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: NONE | Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): POWERLINE ROAD & SW 18TH STREET, BOCA RATON, FL 33433

Location of Offense (Business Name, Address): POWERLINE ROAD & SW 18TH STREET, BOCA RATON, FL 33433

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/18/2023	23:11					WEST WAY TOWING

DEFENDANT

Name (Last, First, Middle): SMITH, JENNIFER, HOPE

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	7/11/1969	5'02"	120	BROWN	BROWN	LIGHT	MEDIUM

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): TATTOOS - LEFT ANKLE

Marital Status: Divorced | Religion: JEWISH | Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☒ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): 6021 OLD COURT RD APT 1102, BOCA RATON, FL 33433

Mobile Phone: (917) 549-9943

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

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

Phone: ( )

Address Source: DEFENDANT - FL D/L

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( )

Occupation: PERSONAL TRAINER

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S530428697510, FL	[redacted]		LONG ISLAND, NY	U.S.

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 ☐ 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) 355-6311) 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, 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 #
D.U.I.	01	☐ Y ☒ N	316.193(3)(C)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	23111358		

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

FILED PBC - GUN CLUB
'23 SEP 19 AM 7:33

Court Date and Time: Month OCTOBER Day 12TH Year 2023 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: 09/18/2023

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: X | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): INV. A. SENTMANAT | I.D. #: 24968

Intake Deputy: Bonilla 19211 | I.D. # | Pouch #

Transporting Officer: INV. A. SENTMANAT | I.D. #: 24968 | Agency: 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

0543526

1264

PROBABLE CAUSE AFFIDAVIT

OBTS Number

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

1

Juvenile

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 23-111348

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SMITH JENNIFER HOPER		W	F	07/11/1969

CHARGES

D.U.I.	316.193(1)

VICTIM

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

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 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

☐ 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 commited the below acts, resulting from my (described) investigation.

On the 18TH day of SEPTEMBER 2023 at 10:13 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

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

I RESPONDED TO THE AREA OF SW 18TH ST AND PWERLINE RD LOCATED IN UNINCORPORATED BOCA RATON, FL. 33433 IN REFERENCE TO A CAR ACCIDENT. UPON ARRIVAL, I MADE CONTACT WITH THE DRIVER OF ONE OF THE VEHICLES INVOLVED IN THE ACCIDENT WHO WAS POSITIVELY IDENTIFIED BY HER FL. DRIVERS LICENSE AS JENNIFER SMITH. SMITH AT THAT TIME WAS SITTING IN THE DRIVERS SEAT OF A 2022 BLACK JEEP CHEROKEE BEARING FL. TAG AY3-6GQ. WHILE SPEAKING WITH SMITH, I OBSERVED A STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMITTING FROM HER BREATH AS HER SPEECH WAS SLOW AND SLURRED. SMITH ALSO HAD A HARD TIME FOLLOWING MY INSTRUCTIONS AS WELL AS ANSWERING SIMPLE QUESTIONS. D/S SENTMANAT #24968 FROM OUR TRAFFIC UNIT WAS NOTIFIED IN REFERENCE TO MY FINDINGS AND RESPONDED TO THE SCENE IN ORDER TO CONDUCT A D.U.I. INVESTIGATION.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

BS M. JOHNSON (ID#) 7655
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18TH day of SEPTEMBER 20 23 by 7655

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

Inv. A. Sentmanat 24968

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

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18TH DAY OF SEPTEMBER 20 23, AT 22:13 AM ✓PM

SUBJECT: SMITH, JENNIFER, HOPE CASE NUMBER: 23111358

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. A. SENTMANAT

PERSONAL CONTACT

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

On Monday September 17, 2023 at approximately 2220hrs I responded to Powerline Road and SW 18th Street, Boca Raton, FL 33433 in reference to a D.U.I. investigation a the at-fault driver involved in a traffic crash (PBSO #23111358) that may be impaired. Upon arrival I spoke with D/S M. Johnson #7655 that advised the following: I RESPONDED TO THE AREA OF SW 18TH ST AND PWERLINE RD LOCATED IN UNINCORPORATED BOCA RATON, FL. IN REFERENCE TO A CAR ACCIDENT. UPON ARRIVAL, I MADE CONTACT WITH THE DRIVER OF ONE OF THE VEHICLES INVOLVED IN THE ACCIDENT WHO WAS POSITIVELY IDENTIFIED BY HER FL. DRIVERS LICENSE AS JENNIFER SMITH. SMITH AT THAT TIME WAS SITTING IN THE DRIVERS SEAT OF 2022 BLACK JEEP CHEROKEE BEARING FL. TAG AY3-6GQ. WHILE SPEAKING WITH OLIVERO, I OBSERVED A STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMITTING FROM HER BREATH AND HER SPEECH WAS SLOW AND SLURRED.

OBSERVATION OF DRIVER:

Upon making contact with the defendant who was seated in the driver seat of her vehicle. I immediately smelled an obvious odor of an unknown alcoholic beverage coming from within the vehicle. I observed the defendant's eyes to be glassy, watery, and red. I also observed the defendant to have a slow and slurred speech. The defendant was asked to step out of her vehicle and speak with me in front of my patrol car, as she stepped out of her car she staggered to the side and had an unstable balance. I also observed the defendant to have a sway as she stood normally without walking. While walking towards my vehicle she began "drifting" towards the side of the road. While she was speaking with me she I smelled a strong odor of an unknown alcoholic beverage coming from her breath. While at the side of the road there were times that I was conecrned she was going to stumble and fall. After being secured in the backseat of my marked unit the interior of my vehicle had a strong odor of an unknown alcoholic beverage.

DRIVER'S STATEMENTS:

The defendant stated she has no physical defects or injuries. She stated she has no medical conditions. She later stated she was taking a prescribed medication called Lexapro. She stated she has not hit her head recently. She stated she was on her way home, from an unknown business. She stated that she did not have any problems with her feet, legs, and back. She stated she had only drank one glass of wine and that was at 2145hrs. Later during Q&A she said that she had drank two to four Tito's with soda and that the last drink was about ten minutes before the accident.

ODORS:

An obvious odor of an unknown alcoholic beverage coming from her breath which intensified as she spoke with me.

GENERAL OBSERVATIONS

SPEECH: **Slow, slurred, thick and at times difficult to understand.**

ATTITUDE: **Cooperative**

CLOTHING: **Green shirt, blue jeans, and white sneakers.**

MEDICAL/OTHER: **Lexapro (taken in the mornings).**

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. A. SENTMANAT 24968
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of SEPTEMBER 2023 by INV. A. SENTMANAT

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

Thomasina Miller (#41017)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 339641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

SUBJECT: SMITH, JENNIFER, HOPE CASE NUMBER 23111358

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 was placed into the instructional stance for Horizontal Gaze Nystagmus. She verbally identified the red stimulus that I was holding up. She was told to follow the stimulus with her eyes only and not to move her head. I checked her eyes for equal pupil size, equal tracking, and resting nystagmus. I observed a lack of smooth pursuit in both eyes. I observed distinct and sustained nystagmus at maximum deviation in both eyes. I observed onset of nystagmus prior to 45 degrees in both eyes. She was reminded several times not to move her head. I did not observe any vertical nystagmus in neither eye. She swayed from side to side throughout this process.

WALK & TURN:

I explained and demonstrated the instructions for the Walk & Turn to her. She stated she understood the instructions and had no questions for me. She failed to maintain the instructional stance by separating her feet to help steady herself. She swayed from side to side. She did not walk heel to toe, stepped off the line, stopped to steady herself, her feet crossed over each other, made an improper turn. She used her arms to assist in balance.

ONE LEG STAND:

I explained and demonstrated the instructions for the One Leg Stand to her. She stated she understood the instructions and had no questions for me. She swayed from side to side. She lowered the foot several time, did not count out loud, and did not look down at her foot. She hopped and and was not able to maintain her foot in the air.

FINGER TO NOSE:

I explained and demonstrated the instructions for the Finger to Nose task to her. She stated she understood the instructions and had no questions for me. She failed to maintain the instructional stance by separating her feet to help steady herself. She missed all attempts with both the right and left hand. She used the pad of his fingers, touched under the nose, to the side of the nose, or the bridge of the nose. I had asked several times to drop the hand the moment she touches the tip of the nose.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the Rhomberg Alphabet task to her. She stated she understood the instructions and had no questions for me. She failed to maintain the instructional stance by separating get feet to help steady herself. She swayed from side to side. She did not keep her eyes closed as instructed. She did not correctly recite the Alphabet as instructed.

BREATH TEST RESULTS: | 1) VNM | 2) .177 | 3) .172 | 4) |

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. A. SENTMANAT
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of SEPTEMBER 2023 by INV. A. SENTMANAT

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

Thomasina Miller (#41017)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 339641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 23111358

ARRESTING OFFICER: INV. A. SENTMANAT

ADDRESS: CID/DUI

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3400

CAN TESTIFY TO: FACTS OF THE CASE AND DUI INVESTIGATION.

NAME: D/S JOHNSON #7655

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

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3400

CAN TESTIFY TO: SIGNS OF IMPAIREMENT FROM THE DRIVER.

NAME: ESQUIABRO, ANTHONY

ADDRESS 3048 NW 27TH TERRACE, BOCA RATON j FL 33434

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: WHEEL WITNESS AND VICTIM OF THE CRASH.

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

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: _____

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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

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: SMITH, JENNIFER .H.

CASE NUMBER: 23-111358

DATE: Sep 19, 2023

VIDEO DVD NUMBER:

BEGINNING TIME: 00:44

ENDING TIME: 01:14

BREATH TESTS RESULTS: 1) VNM TIME 00:52 A.M. ☒ P.M. ☐ 2) .177 TIME 00:57 A.M. ☒ P.M. ☐

3) .172 TIME 01:02 A.M. ☒ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: T. MILLER #41017

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: ANXIOUS

CLOTHING: GREEN SHIRT, BLUE JEANS, WHITE SNEAKERS

MEDICAL CONDITIONS: ANXIETY

MEDICATIONS: LEXAPRO

OTHER:

EYES: GLASSY

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:18 HRS.

SUBJECT: AGREED TO TAKE TEST.

SUBJECT: REFUSED TO FOLLOW TECH INSTRUCTIONS KEPT STOPPING AND BLOWING.

A/O: READ I/C.
SUBJECT: STATED SHE UNDERSTOOD I/C AND AGREED TO TAKE TEST.

A/O: READ RIGHTS.
SUBJECT: STATED SHE UNDERSTOOD RIGHTS.

TECH: READ TEST RESULTS.
SUBJECT: ACKNOWLEDGE SHE UNDERSTOOD TEST RESULTS.

A/O: CONDUCTED Q & A.
SUBJECT: ANSWERED QUESTIONS.

NOT A CERTIFIED COPY

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)_____ (and on tape)

NOT A CERTIFIED COPY

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Don't know name

DIRECTION OF TRAVEL? Don't Know WHERE DID YOU START? Restaurant Sushi

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? Yes about 11 pm

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? Boca Raton Palm Beach County

WHEN DID YOU LAST EAT? Couple hour ago WHAT DID YOU EAT? Sushi

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Feeling Terrible

HOW MUCH DO YOU WEIGH? 130 HAVE YOU BEEN DRINKING? Yes WHAT? Toto's w/ Sofia

HOW MUCH? 3 or 4 WHERE? See Video WITH WHOM? My family

WHEN DID YOU HAVE YOUR FIRST DRINK? NO AND YOUR LAST DRINK? Before accident

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? —

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yeah ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? —

WHAT? — WHERE? — WHEN? —

WHAT LINE OF WORK ARE YOU IN? Teach Yoga WHEN DID YOU LAST WORK? Today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? —

ARE YOU SICK OR INJURED? No WHAT'S WRONG? —

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? —

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? — WHY? —

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Lexapro WHEN? AM

DO YOU HAVE:

EPILEPSY?	N
GLASS EYE?	N
FALSE TEETH?	N
EAR INFECTION?	N
INNER EAR TROUBLE?	N
DIABETES?	N

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? —

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? Connecticut New Jersey New York

INTERVIEWER: Inv. A. Sentmanat #24960

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

PBSO #0129C REV. 8/93

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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: 80-006240 Software: 8100.27
Date of Test: 09/19/2023

Date of Last Agency Inspection: 09/15/2023
Observation Period Began: 00:18
Subject's Name: JENNIFER H SMITH DOB: 07/11/1969 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	00:47
Air Blank	0.000	00:48
Control Test	0.080	00:48
Air Blank	0.000	00:49
Subject Sample #1	VNM*	00:52
Air Blank	0.000	00:53
Air Blank	0.000	00:54
Subject Sample #2	0.177	00:57
Air Blank	0.000	00:58
Air Blank	0.000	00:59
Subject Sample #3	0.172	01:02
Air Blank	0.000	01:02
Control Test	0.078	01:03
Air Blank	0.000	01:03
Diagnostics Check	OK	01:03

*Volume Not Met (0.130 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 15922080A5
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 THOMASINA E MILLER, 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: Thomasina Miller Date: 09/19/23
Signature

Sworn to (or affirmed) before me this 19 day of September, 2023

Inv. C. Sett 24968 Inv. A. Sentmanat
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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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	4-7
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023024658	**Date:** 9/19/2023
	Specialist Name/ID: T.Howard/7185