0279551

1239

TEQUESTA POLICE DEPARTMENT
357 TEQUESTA DR. TEQUESTA FL, 33469

2019019507ANB

REPORT NUMBER
TPD92ARR901007

ARREST REPORT

Report Date / Time	Agency Case/Offense Number	OCA Number (Originating Agency Case Number)	OBTS Number (Offender Based Transaction System)	Jail Booking Number	Other Number
10/21/2019 01:32 AM	TPD19OFF000323				TPD19CAD009652

LOCATION OF OCCURRENCE

County	Address		
PALM BEACH	S US HIGHWAY 1 , TEQUESTA VILLAGE, FL 33469		
Range of Occurrence Date/Time		Latitude	Longitude
10/20/2019 11:01 PM to 10/20/2019 11:01 PM			

PERSON: SUSPECT

First Name	Middle Name	Last Name	Suffix	Date of Birth	Age	Race	Sex	Height	Weight	Hair	Eyes
FALLON	VIBEKE	SJOSTEN		07/15/1984	35	W	F	508	165	RED	GRN

Master Name Index Number	Place of Birth	Nation	SSN	Driver's License or Other ID	State	Class or Type
	WPB, FL		[redacted]	S235258847550	FL	

Address	City	County	State	Zip Code	Phone
1858 MY PLACE LN	WEST PALM BEACH	PALM BEACH	FL	33417	

CHARGES

Counts	Charge Number	Charge
1	316.193.1	TRAFFIC OFFENSE

Charge Degree	Charge Level	General Offense Code	Hate Crime	Domestic Violence	Bond Amount
	MISDEMEANOR	PRINCIPAL	☐	☐	$0.00

DUI ALCOHOL OR DRUGS

Counts	Charge Number	Charge
1	316.1939.1[illegible]	TRAFFIC OFFENSE

Charge Degree	Charge Level	General Offense Code	Hate Crime	Domestic Violence	Bond Amount
FIRST DEGREE	MISDEMEANOR	PRINCIPAL	☐	☐	$0.00

REFUSE TO SUBMIT DUI TEST AFTER LIC SUSP

Counts	Charge Number	Charge
1	318.14.3	RESIST OFFICER

Charge Degree	Charge Level	General Offense Code	Hate Crime	Domestic Violence	Bond Amount
SECOND DEGREE	MISDEMEANOR	PRINCIPAL	☐	☐	$0.00

REFUSE TO ACCEPT SIGN CITATION OR POST BOND

PROBABLE CAUSE

See DUI PC Affidavit

LEO BOND

Bond Amount $ _____ ☐

COURT APPEARANCE INFORMATION

Court	Court Phone	Court Date & Time
(CIRCUIT) NORTH COUNTY COURTHOUSE	(561) 624-6650	11/14/2019 08:30 AM

Court Address: 3188 PGA BLVD, PALM BEACH GARDENS, FL 33410

Instructions:

ARREST INFORMATION

Arrest Date / Time	Residency	Injured	Extent of Injury	Resist Arrest
10/20/2019 11:13 PM	Within state	None	N/A	No

Prior Arrests	Arrest Jurisdiction	Alcohol	Drugs
Yes	Unknown	Yes	Yes

ARREST LOCATION

County	Address
PALM BEACH	S US HIGHWAY 1 , TEQUESTA VILLAGE, FL 33469

ARREST DELIVERED TO

Jail / Booking Facility	Location	Phone
PALM BEACH COUNTY CORRECTIONS	3228 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406	(561) 688-4556

ARRESTING OFFICER

Officer Call Number: 1219 Officer Name: W. HOYSRADT Officer Signature: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____ A.D., _____ by _____ who is __ personally known to me or has produced _____ as identification.

_____ __Notary Public __LEO __CO Commission No: _____ My Commission Expires: _____
Signature

2019 OCT 21 AM 5:21

OCT 21 AM 2:50

TPD19OFF000323

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

I, **OFC. HOYSRADT #1219** , a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of **TEQUESTA PD** , and I do swear
(Name of law enforcement agency)

or affirm that on or about the **21** day of **OCTOBER** , 20 **19** , at **12:38** ☑ P.M ☑ A.M.

DRIVER **FALLON** **SJOSTEN** ,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **S235-258-84-755-0** , state of **FLORIDA** , was placed under lawful arrest for

the offense of **DRIVING UNDER THE INFLUENCE** by **OFC. HOYSRADT #1219** and
(Name of Arresting Officer)

issued Citation # **A561J4E** .

That on or about the **20** day of **OCTOBER** , 20 **2019** , at **11:13** ☑ 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 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 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 CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege 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.

#1219
Signature of Law Enforcement Officer or Correctional Officer

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

Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 20[illegible]
Bonded through National Notary [illegible]

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 21 day of October, 20 19 ,

by **OFC. HOYSRADT #1219** ,

who is personally known to me or who has produced ID 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.

HSMV-BAR1001 (REV. 10/2016)

SUBJECT: FALLON SJOSTEN CASE NUMBER TPD19OFF000323

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:

WALK & TURN:
REFUSED

REFUSED

FINGER TO NOSE:
REFUSED

ROMBERG ALPHABET:
REFUSED

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

OFC. HOYSRADT #1219
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of October 2019 by OFC. HOYSRADT #1219

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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966354
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn.

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20 DAY OF OCTOBER 20 19, AT 11:01 PM ✓ AM PM

SUBJECT: SJOSTEN FALLON CASE NUMBER: TPD19OFF000323

AGENCY: TEQUESTA POLICE DEPARTMENT ARRESTING OFFICER: OFC. HOYSRADT #1219

PERSONAL CONTACT

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

Vehicle was traveling 58/45 south bound on US Highway 1, upon turning around on the vehicle its speed increased to 66/45. Vehicle began to cross into the bike lane and abruptly corrected, this occurred multiple times. When I initiated the traffic stop the vehicle began to slow and travel approximately 25-30 mph, passed multiple turn offs and stopping locations. The vehicle indicated and began to turn onto Alt A1A from US Highway 1. Vehicle turned off signal and continued up the bridge and came to rest on the bridge in the middle of the road.

OBSERVATION OF DRIVER:

AVOIDS EYE CONTACT, ANGRY, EMOTIONAL, ADMITTED TO DRINKING.

DRIVER'S STATEMENTS:

DRIVER (FALLON SJOSTON) STATED SHE JUST SAVED HER FRIEND FROM OVERDOSING AND WAS GOING TO BRING FOOD TO HER DAD WHO HAS CANCER. SJOSTON STATED SHE HATED ME MULTIPLE TIMES. SJOSTON USED AGGRESSIVE, PROFANE AND INSULTING LANGUAGE TOWARDS ME WHILE TRANSPORTING AND WITHIN THE BAT.

ODORS:

UNKNOWN ALCOHOLIC BEVERAGE EMENATING FROM VEHICLE AND BREATH OF SUBJECT

GENERAL OBSERVATIONS

SPEECH: **SLURRED, CONFUSING SPEECH,THICK-TONGUED**

ATTITUDE: EMOTIONAL, MOOD CHANGES, BELLIGERENT, UNCOOPERATIVE, ABUSIVE LANGUAGE, TALKATIVE, PROFANITY, COMBATIVE, INSULTING, FIGHTING,AGGRESSIVE

CLOTHING: **WHITE TANK TOP WITH CHERRIES ON IT, RED SHORTS, NO SHOES**

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

OFC. HOYSRADT #1219
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of October 20 19 by OFC. HOYSRADT #1219

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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2020
Bonded through National Notary

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

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

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

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

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

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

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 detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and 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 fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S 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)_____

SUBJECT: **SJOSTEN, FALLON,** CASE NUMBER: **TPD19OFF000323**

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 detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence o chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST

I am **OFC. HOYSRADT #1219** of the **TEQUESTA PD**

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen 18 months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: _____ **SJOSTEN, FALLON,**

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: _____ **SJOSTEN, FALLON,**

WITNESS LIST

CASE NUMBER: TPD19OFF000323

ARRESTING OFFICER: OFC. HOYSRADT #1219

ADDRESS: 357 TEQUESTA DRIVE, TEQUESTA, FL, 33469

PHONE NUMBERS (HOME): ______ (WORK) (561)768-0500

CAN TESTIFY TO: ROADSIDE BEHAVIOR, ARREST, TRANSPORT TO BAT, JAIL INTAKE

NAME: CPL. FRANKLIN

ADDRESS: 357 TEQUESTA DRIVE, TEQUESTA, FL, 33469

PHONE NUMBERS (HOME) ______ (WORK) (561)768-0500

CAN TESTIFY TO: DRIVING PATTERN

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: ______

TESTING FACILITY TASK REPORT

AGENCY: TPD Ofc. [illegible]

SUBJECT: [illegible] V

CASE NUMBER: 19-123925

DATE: 10-21-19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: [illegible]

ENDING TIME: [illegible]

BREATH TESTS RESULTS: REFUSED 1) ________ TIME [illegible] A.M./P.M. 2) ________ TIME ________ A.M./P.M.

3) ________ TIME ________ A.M./P.M. 4) ________ TIME ________ A.M./P.M.

BREATH OPERATOR: S. O'Neil #6212

MAINTENANCE TECHNICIAN: J. [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, Loud

*ATTITUDE: Agitated, Upset, [illegible], Resistant, Vulgar, Uncooperative

CLOTHING: Shirt - White/Multi, Pant [illegible] Shoes - Red No [illegible]

MEDICAL CONDITIONS: —

MEDICATIONS: — Face - Flushed

OTHER: Eyes: Bloodshot, Glassy, Watery from crying
* Disrespectful, mood swings, [illegible]
Strong odor of alcoholic beverage [illegible]

COMMENTS: 20 min observation done by A/O [illegible]
D was very vulgar and profane.
She was very disrespectful to everyone.
D was uncooperative on and off camera.
D would [illegible]
[illegible]
AO requested the breath test.
D refused the request.
I read Implied Consent on camera.
D understood I/C was read.
I [illegible] after the I/C was read.
[illegible] on camera.
[illegible]
D [illegible] on camera.

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

PBSO #0129A REV.11/02

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	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019034172	**Date:** 10/21/2019
	Specialist Name/ID: LaToya Rouse#6673

FLORIDA DUI UNIFORM TRAFFIC CITATION A56IJ4E

COMPLAINT

COUNTY OF: PALM BEACH
CITY (IF APPLICABLE): TEQUESTA VILLAGE
☐(1) FHP ☒(2) P.D. ☐(3) S.O. ☐(4) OTHER
AGENCY NAME: TEQUESTA POLICE DEPARTMENT
AGENCY #:

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON: COMPLAINT (RETAINED BY COURT)

DAY OF WEEK	MONTH	DAY	YEAR		
Mon	10	21	2019	12:33	☒ A.M. ☐ P.M.

NAME (PRINT) FIRST: FALLON MIDDLE: VIBEKE LAST: SJOSTEN
STREET: 1858 MY PLACE LN — IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ▶
CITY: WEST PALM BEACH STATE: FL ZIP CODE: 33417
TELEPHONE NUMBER: DATE OF BIRTH MO 07 DAY 15 YR 1984 RACE W SEX F HGT 508

DRIVER LICENSE NUMBER: S 2 3 5 2 5 8 8 4 7 5 5 0
STATE: FL CLASS: E CDL LICENSE: ☐Y ☒N YR. LICENSE EXP.: 2021 COMMERCIAL VEHICLE: ☐YES ☒NO

YR. VEHICLE	MAKE	STYLE	COLOR	PLACARDED HAZARDOUS MATERIAL
2012	NISS	4D	DBL	☐YES ☒NO

VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG EXPIRES	≥ 16 PASSENGERS
JEEC48		FL	2020	☐YES ☒NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: US HWY 1, BEACH RD. S/B — MOTORCYCLE: ☐YES ☒NO
COMPANION CITATION(S): ☐YES ☒NO
FT. _____ MILES _____ ☐N ☐S ☐E ☐W OF NODE _____

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF _____.

COMMENTS PERTAINING TO OFFENSE (Only one offense each citation) — RE-EXAM: ☐YES ☒NO

☐ AGGRESSIVE DRIVER	PASSENGER < 18 YEARS	STATE STATUTE	SECTION SUB-SECTION
	☐YES ☒NO		316.193

CRASH	DAMAGE TO OTHER PROPERTY	INJURY TO ANOTHER	SERIOUS BODILY INJURY TO ANOTHER	FATAL
☐YES ☒NO	☐YES $ _____ ☒NO	☐YES ☒NO	☐YES ☒NO	☐YES ☒NO

THIS IS A CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE: 11/14/2019 TIME: 8:30 AM A56IJ4E
COURT AND LOCATION: NORTH COUNTY COURTHOUSE
3188 PGA BLVD
PALM BEACH GARDENS, FL 33410

ARREST DELIVERED TO: PALM BEACH COUNTY CORRECTIONS DATE: 10/21/2019

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

☐ DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

☒ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? ☒YES ☐NO REASON _____

ELIGIBLE FOR PERMIT? ☐YES ☒NO REASON NO

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE Lauderdale Lakes BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE RIGHT SIDE.

OFFICER W. HOYSRADT		1219	TPD
RANK - SIGNATURE OF OFFICER		BADGE NO.	ID NO.	TROOP UNIT

HSMV 75904 (Rev. 10/14)

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT $_____ OR CASH DEPOSIT OF $ _____ _____ SIGNATURE OF PERSON GIVING BAIL _____ SIGNATURE OF PERSON TAKING BAIL
	FINE IN THE AMOUNT OF $_____ RECEIVED AS REQUIRED BY COURT SCHEDULE. _____ SIGNATURE OF CLERK
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE) PLEA: _____ FINDING: _____ ADJUDICATION: _____ SENTENCE: FINE _____ COST _____ JAILED _____ DAYS DRIVER IMPROVEMENT SCHOOL _____ OTHER _____ DRIVER LICENSE SUSPENDED OR REVOKED FOR ____DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR ____DAYS RECOMMEND RE-TEST _____ _____ SIGNATURE OF JUDGE
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF $ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE ⟶

A5U2KZE

FLORIDA UNIFORM TRAFFIC CITATION

COUNTY OF: PALM BEACH (6)
☐(1) FHP ☒(2) P.D. ☐(3) S.O. ☐(4) OTHER
TEQUESTA POLICE DEPARTMENT
CITY OF (IF APPLICABLE): TEQUESTA VILLAGE (92)

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON
COMPLAINT (RETAINED BY COURT)

DAY OF WEEK	MONTH	DAY	YEAR	
MON	10	21	2019	01:41 ☒ A.M. ☐ P.M.

NAME (PRINT) FIRST: FALLON MIDDLE: VIBEKE LAST: SJOSTEN
STREET: 1858 MY PLACE LN — IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ▶
CITY: WEST PALM BEACH STATE: FL ZIP CODE: 33417

TELEPHONE NUMBER	DATE OF BIRTH MO	DAY	YEAR	RACE	SEX	HGT
	07	15	1984	W	F	508

DRIVER LICENSE NUMBER: S235258847550

STATE	CLASS	CDL LICENSE	YR. LICENSE EXP.	COMMERCIAL VEHICLE
FL	E	☐YES ☒NO	2021	☐YES ☒NO

YR. VEHICLE	MAKE	STYLE	COLOR	PLACARDED HAZ. MATERIAL
2012	NISS	4D	DBL	☐YES ☒NO

VEHICLE LICENSE NO	TRAILER TAG NO.	STATE	YEAR TAG EXPIRES	≥ 15 PASSENGERS
JEEC48		FL	2020	☐YES ☒NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: US HWY 1, BEACH RD. S/B
MOTORCYCLE ☐YES ☒NO
COMPANION CITATION(S) ☐YES ☒NO

FT_____ MILES_____ ☐N ☐S ☐E ☐W OF NODE____

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.

☐UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH
(☐INTERSTATE ☐SCHOOL ZONE ☐CONSTRUCTION WORKERS PRESENT)
SPEED MEASUREMENT DEVICE:

☐CARELESS DRIVING
☐VIOLATION OF TRAFFIC CONTROL DEVICE
☐FAILURE TO STOP AT A TRAFFIC SIGNAL
☐IMPROPER LANE CHANGE OR COURSE
☐NO PROOF OF INSURANCE
☐VIOLATION OF RIGHT-OF-WAY
☐CHILD RESTRAINT
☐SAFETY BELT VIOLATION
☐IMPROPER OR UNSAFE EQUIPMENT
☐EXPIRED TAG SIX (6) MONTHS OR LESS
☐EXPIRED TAG MORE THAN SIX (6) MONTHS
☐IMPROPER PASSING
☐EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS
☐EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS
☐NO VALID DRIVER LICENSE
☐DRIVING WHILE LICENSE SUSPENDED OR REVOKED
☐DRIVING UNDER THE INFLUENCE
☐Passenger Under 18 Yrs
BAL _____

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:
REFUSE TO SUBMIT TO BAL TEST. REFUSAL OF STANDARDIZED FIELD SOBRIETY TASKS AND BREATH ANALYSIS TEST.
RE-EXAM ☐YES ☒NO
DL SEIZED ☐YES ☒NO

☐AGGRESSIVE DRIVING	IN VIOLATION OF	SECTION	SUB-SECTION
	STATE STATUTE	316.1939(1)	

CRASH	PROPERTY DAMAGE	INJURY TO ANOTHER	SERIOUS BODILY INJURY TO ANOTHER	FATAL
☐YES ☒NO	☐YES $ _____ ☒NO	☐YES ☒NO	☐YES ☒NO	☐YES ☒NO

☒ CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
☐ INFRACTION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
☐ INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

A5U2KZE

CIVIL PENALTY IS $ _____
COURT INFORMATION DATE 11/14/2019 TIME 8:30 AM
NORTH COUNTY COURTHOUSE
COURT
3188 PGA BLVD
LOCATION
PALM BEACH GARDENS, FL 33410 (561) 624-6650

ARREST DELIVERED TO _____ DATE _____

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES AN APPEARANCE IN COURT)

OFFICER W. HOYSRADT 1219 TPD
RANK - NAME OF OFFICER BADGE NO. ID NO. TROOP / UNIT
☒ I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE
HSMV 75901 (REV. 07/12)

COMPLAINT

CASE NO_____ DOCKET NO_____ PAGE NO_____

DATE COURT ACTION AND OTHER ORDERS

BAIL FIXED AT $_____ OR CASH DEPOSIT OF $_____

_____
SIGNATURE OF PERSON GIVING BAIL

_____
SIGNATURE OF PERSON TAKING BAIL

FINE IN THE AMOUNT OF $_____ RECEIVED AS REQUIRED BY COURT SCHEDULE

_____
SIGNATURE OF CLERK

CONTINUANCE TO _____ REASON_____

CONTINUANCE TO _____ REASON_____

BOND ESTREATED _____

WARRANT ISSUED _____

VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED

VIOLATOR ARRAIGNED ON _____ (DATE)

PLEA:_____

FINDING:_____

ADJUDICATION:_____

SENTENCE: FINE_____ COST_____

JAILED_____ DAYS

DRIVER IMPROVEMENT SCHOOL_____

OTHER_____

DRIVER LICENSE SUSPENDED OR REVOKED FOR ____ DAYS

RECOMMEND DRIVER LICENSE SUSPENSION FOR ____ DAYS

RECOMMEND RE-TEST_____

_____
SIGNATURE OF JUDGE

TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):

APPEAL BOND OF $_____

VIOLATOR'S FINGERPRINT
WHEN APPLICABLE