

04444107 18CT1/711 420

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0500800</b>	Agency Name <b>West Palm Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>9 4 2018-0011021</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>	JUVENILE	
D E F E N D A N T	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Location of Arrest (including Name of Business) <b>S/B N INTERSTATE 95/OKEECHOBEE BLVD</b>		Location of Offense (Business Name, Address) <b>1400 OKEECHOBEE BLVD, WEST PALM BEACH, FL 33401</b>			
	Date of Arrest <b>07/01/2018</b>	Time of Arrest <b>02:53</b>	Booking Date <b>07/01/2018</b>	Booking Time <b>03:11</b>	Jail Date	Jail Time	
	Name (Last, First, Middle) <b>HURSKY, GINA MARIE</b>				Alias (Name, DOB, Soc. Sec. #, Etc.) <b>SHEEHANS TOWING</b>		
C O D E	Race W - White B - Black I - American Indian O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/30/1986</b>	Height <b>6'01</b>	Weight <b>130</b>	Eye Color <b>Brown</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status <b>S</b>	Religion <b>Catholic</b>	Complexion <b>Light</b>	Build <b>Thin</b>
	Local Address (Street, Apt. Number) <b>14148 ASTER AVE, WELLINGTON, FL 33414</b>			(City)	(State)	(Zip)	Phone <b>(912) 678-5881</b>
	Permanent Address (Street, Apt. Number) <b>14148 ASTER AVE, WELLINGTON, FL 33414</b>			(City)	(State)	(Zip)	Phone <b>(912) 678-5881</b>
	Business Address (Name, Street)			(City)	(State)	(Zip)	Phone <b>(912) 678-5881</b>
J U V E N I L E	D/L Number, State <b>H620293867300 / FL</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>Cleveland, Ohio</b>		Citizenship <b>USA</b>	
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
	Parent Other: _____ Name (Last, First, Middle)		Residence Phone				
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone	
C H A R G E	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
	Released To: (Name)		Relationship	Date	Time		
	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				School Attended	Grade	
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		
	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other
C H A R G E	Charge Description <b>DUI-DAMAGE TO PERSON/PROPERTY</b>		Statute Violation Number <b>316.193(3)(C)(1)</b>		Violation of ORD #		
	Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense #	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Warrant / Capias Number		Bond <b>OR</b>				
C H A R G E	Charge Description <b>CRASH - LEAVING SCENE W/O GIVING INFO</b>		Statute Violation Number <b>316.061(1)</b>		Violation of ORD #		
	Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense #	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Warrant / Capias Number		Bond <b>OR</b>				
I N T A K E	Charge Description		Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
	Warrant / Capias Number		Bond				
N O T I C E T O A P P E A R	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:				
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By	Released To	
	Transported By		Date Transported <b>11 : : :</b>	Time Transported	Other		
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) <b>Criminal Justice CRIMINAL JUSTICE COMPLEX</b>		No Photo Available		
			Court Date and Time <b>08/02/2018 08:30:00</b>				
	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.						
A D M I N	Signature of Defendant (or Juvenile and Parent/Custodian) <b>HANDWRITTEN UNCOOPERATIVE</b>		Date Signed <b>7/1/18</b>				
	HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Rostered Arrest <input type="checkbox"/> Other		Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee) <b>[Signature]</b>		
	Intake Deputy <b>DS COLLINS 7022</b>		Name of Arresting Officer (Print) <b>DILLARD, DANIEL</b>		I.D. # <b>01843</b>		
Pouch #		Transporting Officer <b>D. MATHURA</b>		I.D. # <b>2086</b>			
		Agency <b>WPB PD</b>		Agency <b>ANNEX</b>			
				PAGE <b>1 OF 1</b>			

COURT  STATE ATTORNEY  AGENCY  CENTRAL RECORDS

JUL 1 AM 5:37

# DUI PROBABLE CAUSE AFFIDAVIT

On the 1st Day of July, 2018 at 0046 HRS A.M. P.M.

Subject: Hursky, Gina Case Number: 2018-0011021

Agency: West Palm Beach Police Department Arresting Officer: Inv. D. Dillard #1843

## Personal Contact

<b>Driving Pattern</b>	Actual physical control (physical evidence putting the driver behind the wheel)
<p>I responded to a 2 vehicle crash involving a WPBPD police vehicle and a red Toyota Solara. The police vehicle X-041 was located in the outside westbound lane in the 1400 Blk. of Okeechobee Blvd. with heavy damage to the left rear. The Toyota was located just South of the southbound Okeechobee Blvd. southbound on ramp to N. Interstate 95. The Toyota had heavy damage to the right front fender and passenger door. I made contact with Ofc. Donde who was operating X-041. He stated he was on a traffic stop and out with a violator when he observed the Toyota approach his vehicle striking the left rear. The vehicle continued toward I-95. He could not pursue the vehicle due to his vehicle being disabled from the crash. I made contact with Ofc. Hall who was the first to pull up on the Toyota pulled over on the side of the road. Ofc. Hall stated when he approached the Toyota the driver was sitting in the driver seat almost naked and leaning over the passenger John Arnold. Ofc. Hall stated the vehicle ignition was still on and he had the driver turn the vehicle off and remove the keys. I made contact with Arnold who refused to give a statement on video. He stated him and the driver were at a function at the Harriett Himmel Theatre. He stated they both had been drinking alcohol and got into an argument. Arnold left and went to the car. He stated he was sitting in the car when he was approached by the driver who told him to get out of her seat which was the driver seat. He stated he got out and got in the passenger seat as the driver got into the driver seat. Arnold stated she started the vehicle and started driving the vehicle and exited the garage. He stated the driver was speeding down Okeechobee Blvd. at a rate that put him in fear. He stated the vehicle struck a curb and she kept going until coming to a stop on I-95 after he begged her to stop. When told the vehicle struck a police car Arnold stated he never saw the police car or the collision but he was distracted by looking down and being in fear. The driver was identified as Gina Hursky by FL DL.</p>	

<b>Observation of Driver</b>
<p>Upon making contact with the driver she was standing on the passenger side of the vehicle. I was advised by FTO Erhardt that the driver urinated on herself and had been allowed to urinate by the wall as well. I could smell the strong and distinct odor of an unknown alcoholic beverage emitting from the driver the odor became stronger off of her breath as she spoke to me. The drivers eyes were bloodshot and glassy. The drivers speech was slurred and she was very talkative and rambled going off on tangents. The driver was very unsteady on her feet and had difficulty walking and standing still.</p>

<b>Drivers Statements:</b>
<p>I advised the driver the crash investigation was complete and I was now conducting a crash investigation. The driver immediately stated she was not driving. Post Miranda the driver stated John was driving the vehicle. She stated her and John were at a function and that he drove to and was also driving from. I asked the driver where she was sitting when Ofc. Hall arrived and she stated in the driver seat because that is where they were supposed to switch seats. I asked the driver where she was driving to when she left the garage. The driver stated she was driving to the house in Lake Worth to check on her dogs. The driver stated she was at the function for 3 hours and had 2 glasses of wine and 2 vodka sprites. The driver again stated she wasn't driving.</p>

<b>Odors:</b>
<p>Strong and distinct odor of an unknown alcoholic beverage.</p>

## General Observations

<b>Speech:</b> slurred and rambling
<b>Attitude:</b> mood swings, calm, crying, and angry
<b>Clothing:</b> White & black shirt/blue jeans/no shoes
<b>Medical Problems/Medications:</b> unknown
<b>Other:</b> I asked the driver to submit to roadside exercises. The driver stated she did not want to. I advised the driver of Taylor warnings and asked again if she would submit. The driver stated she needed a minute. The driver then asked to use her phone to make a call which was granted. I asked again if the driver would submit to the exercises. The driver stated she was trying to figure out if she would do the exercises which would put her in trouble or walk home. I advised the driver walking home was not an option. The driver told me she could walk home even if it was 10 miles away and there wasn't "shit" I could do about it. At that point the driver was placed into handcuffs.

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# DUI PROBABLE CAUSE AFFIDAVIT

Subject: Hursky, Gina Case Number: 2018-0011021

## Roadside Tasks

<b>Horizontal Gaze Nystagmus</b>	
<input type="checkbox"/> Left Eye Does Not Follow Smoothly	<input type="checkbox"/> Right Eye Does Not Follow Smoothly
<input type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less	<input type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less
<input type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation	<input type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation
Not Conducted	

<b>Walk and Turn Task</b>
Not Conducted

<b>One Leg Stand</b>
Not Conducted

<b>Finger To Nose</b>
Not Conducted

<b>Romberg Balance</b>
Not Conducted

## Breath Results from Instrument

1st Result **Refused** 2nd Result **Refused** 3rd Result  If Applicable

State of Florida  
County of Palm Beach  
The Following Instrument was notarized or sworn before me this 7/1/18 (DATE)

Personally Known  Produced Identification  Notary Public

[Signature] Notary / Clerk of Courts / Officer (FSS: 117.10)  
[Signature] Signature of Arresting Officer

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**West Palm Beach Police Department  
Breath Testing Facility Report**



Defendant: Hursky, Gina Marie Case #: 20180011021  
 Arresting Officer: Dillard, D.#1843 Date: July 1st, 2018

Breath Test Results: \_\_\_\_\_ g/210L \_\_\_\_\_ Time \_\_\_\_\_ g/210L \_\_\_\_\_ Time  
 \_\_\_\_\_ g/210L \_\_\_\_\_ Time \_\_\_\_\_ g/210L \_\_\_\_\_ Time  
*Note: Times are in Military Time*

Breath Operator: Ofc. R. Secord #1639  
 Maintenance Technician: Ofc. R. Secord #1639

**Testing Officer Observations:**

Speech: \_\_\_\_\_  
 Attitude: Negative, banging head on holding cell door.  
 Clothing: \_\_\_\_\_  
 Medical Conditions: \_\_\_\_\_  
 Medications: Multiple medications located in purse. See OIR  
 Other: Abusive language, threatening, upset at situation.

Arrival Time at Facility/ Time Twenty (20) Minute Observation Started: 0311

**Comments:**

Upon arriving to the booking facility at the West Palm Beach Police Department, the defendant was banging her head against the steel holding cell door. She was screaming and yelling at the officers because she wanted to make a phone call. She was verbally abusive towards all of the officers in the area.

While she was talking her speech was very slurred and slow. She was not understanding of the situation and due to her high level of intoxication would not listen or comprehend what was being said.

X   
 Ofc. Secord, R. #1639

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SUBJECT: Hursky, Gina

CASE NUMBER: 2018-0011021

## 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.

OR

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

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

I am Inv. R. Secord #1639 of the West Palm Beach Police Department. 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.

SUBJECTS SIGNATURE: \_\_\_\_\_ On Video

## 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 can not 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.

SUBJECTS SIGNATURE: \_\_\_\_\_ Not Conducted

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DEFENDANT: Hursky, Gina

CASE NUMBER: 2018-0011021

### 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 OPERATION 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 FROM? \_\_\_\_\_

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(3) HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGHT? \_\_\_\_\_ 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 YOUR 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? \_\_\_\_\_ WHEN? \_\_\_\_\_

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 CORRECTABLE 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. R. Secord #1639

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**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2018021786	Date: 07/02/2018
	Specialist Name/ID: WATSON/6665

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