

048/477		16CT 18485		96																	
OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile											
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-16-132803																	
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		Multiple Clearance Indicator <input type="checkbox"/> 01																	
Location of Arrest (Including Name of Business) ATLANTIC AVE/LYONS RD DELRAY BEACH, FL 33446		Location of Offense (Business Name, Address) ATLANTIC AVE/LYONS RD DELRAY BEACH, FL 33446																			
Date of Arrest 09/28/2016		Time of Arrest 2125		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) BENEDIX, JUSTINE, DANIELA												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 02/16/1972		Height 5'5		Weight 123		Eye Color HAZ		Hair Color BRN		Complexion FAIR		Build SLIM					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) BOTH LEGS AND BACK												Marital Status DIVORCED		Religion NONE		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.					
Local Address (Street, Apt. Number) 403 NW 68TH AVE #407		(City) PLANTATION		(State) FL		(Zip) 33317		Phone (954) 275-5139		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3											
Permanent Address (Street, Apt. Number) 403 NW 68TH AVE #407		(City) PLANTATION		(State) FL		(Zip) 33317		Phone (954) 275-5139		Address Source FL DL											
Business Address (Name, Street) ()		(City) ()		(State) ()		(Zip) ()		Phone ()		Occupation											
D/L Number, State B532-424-72-556-0		Soc. Sec. Number ()		INS Number ()		Place of Birth (City, State) LONG ISLAND, NY		Citizenship													
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											
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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		Grade													
Released To: (Name) ()		Relationship ()		Date ()		Time ()															
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended ()		Grade ()																	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property ()		Value of Property SEP 28 PM 11:33																	
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. Synthetics		U. Unknown Z. Other	
Charge Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit		Offense # 16-132803		Warrant / Capias Number		Bond OR											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number SEP 28 PM 11:56		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Location (Court, Room Number, Address) SOUTH COUNTY COURT HOUSE 200 W ATLANTIC AVE DELRAY BEACH, FL		Court Date and Time Month Oct Day 24TH Year 2016 Time 8:30AM AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>																			
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) (Signature)												Date Signed SEP 29 2016									
HOLD for other Agency Name:		Signature of Arresting Officer X		Name (Verify with Defendant / Arrestee) SCANNED		(PR) SEP 29 2016		PAGE 1 OF 1													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S JESUS PUJOL		I.D. # 8530		Witness here if subject signed with an "X"													
Intake Deputy WBF0020		I.D. #		Pouch #		Transporting Officer D/S JESUS PUJOL 8530		Agency PBSO													

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 3/97

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28th DAY OF Sept. 20 16, AT 8:40 AM ☒ PM
SUBJECT: BENEDIX, JUSTINE, DANIELA CASE NUMBER: 16-132803
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S PUJOL 8530

PERSONAL CONTACT

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

I responded to the area of Atlantic Ave and Lyons Rd. unincorporated Delray Beach, Fl. in reference to a crash, reference PBSO case #16-132800. During my course of investigation the driver of vehicle 1, Justine Benedix displayed signs of impairment. Once I completed my crash investigation I advised Justine that I had done so and was now going to conduct a DUI investigation. The driver of vehicle 2, Darras Konstantina advised she observed Justine sitting in the driver seat behind the wheel after the impact.

OBSERVATION OF DRIVER:

When I made contact with Justine she was standing by the driver's doorway of her black in color Ford Focus bearing Fl. tag EQQY27.

DRIVER'S STATEMENTS:

Justine stated she had not drank any alcohol today but later admitted to had having a few beers.

ODORS:

Justine had a very strong odor of an unknown alcoholic beverage emitting from her person.

GENERAL OBSERVATIONS

SPEECH: Normal

ATTITUDE: Corporative

CLOTHING: Tang top, blue jeans, sandles

MEDICAL/OTHER: None.

STATE OF FLORIDA
COUNTY OF PALM BEACH

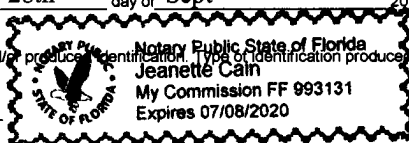
D/S PUJOL 8530

Signature of Arresting/Investigative Officer

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of Sept 20 16 by D/S Jesus Pujol 8530

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

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



SCANNED
SEP 29 2016

SUBJECT: BENEDIX, JUSTINE, DANIELA

CASE NUMBER 16-132803

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

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS:

1)

2)

3)

4)

STATE OF FLORIDA

COUNTY OF PALM BEACH

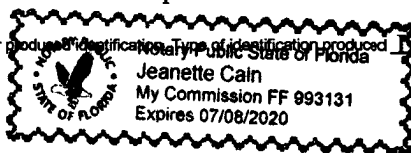
D/S PUJOL 8530

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of Sept 20 16 by D/S Jesus Pujol 8530

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

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



SCANNED

SEP 29 2016

WITNESS LIST

CASE NUMBER: **16-132803**

ARRESTING OFFICER: **D/S PUJOL 8530**

ADDRESS: **3228 GUN CLUB RD WEST PALM BEACH FL 33446**

PHONE NUMBERS (HOME): _____ (WORK) **561-688-3000 PUJOLJ@PBSO.ORG**

CAN TESTIFY TO: **PLEASE REFER TO PC AND INCIDENT REPORT**

NAME: **KONSTANTINA, DARRAS**

ADDRESS: **9815 WATERMILL CIR APT B BOYNTON BEACH FL 33437**

PHONE NUMBERS (HOME) _____ (WORK) **PLEASE REFER TO INCIDENT REPORT**

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

SEP 29 2016

TESTING FACILITY TASK REPORT

9

AGENCY: PBSO
 SUBJECT: BENEDIX, JUSTINE DANIELA CASE NUMBER: 16-132803
 DATE: SEPT. 28th, 2016 VIDEO TAPE NUMBER: 61452
 BEGINNING TIME: 22:15 ENDING TIME: 22:24 hrs.
 BREATH TESTS RESULTS: 1) REFUSED TIME 22:17 A.M./P.M. P.M. 2) _____ TIME _____ A.M./P.M.
 3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: J. CAIN #2109
 MAINTENANCE TECHNICIAN: INV. J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred
 ATTITUDE: reserved
 CLOTHING: lt. blue jeans, yellow t-shirt, flip flop
 MEDICAL CONDITIONS: said none
 MEDICATIONS: said none
 OTHER: blonde hair 44 YOA
Odor of unknown alcoholic beverage
Eyes: Glassy
 COMMENTS: _____

20 Min. observ done by arresting d/s

Said no to b/t request.

DS read the Implied Consent to Δ.
 Stated she understood I/C and again - NO.
 DS accepted refusal.

Rights read / answered questions.
 Said it was Thurs. Sept. 29th.

Last ate 12:30 - 1 pm.
 Drank beers - 3 - @ Ale House & other place.

SCANNED
 SEP 29 2016

SUBJECT: NEMEDIX, JUSTINE DANIELACASE NUMBER: 16-132803

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? 1st St

DIRECTION OF TRAVEL? ✓ WHERE DID YOU START? 1st St

WHAT TIME DID YOU START? 10:00 PM WHAT TIME IS IT NOW? 11:00 PM

WHAT IS TODAY'S DATE? 9/29/2016 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? San Diego

WHEN DID YOU LAST EAT? 10:00 PM WHAT DID YOU EAT? nothing

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? nothing

HOW MUCH DO YOU WEIGH? 120 HAVE YOU BEEN DRINKING? yes WHAT? beer

HOW MUCH? 3 WHERE? at home WITH WHOM? alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 10:00 PM AND YOUR LAST DRINK? 11:00 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? by drinking

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? no ARE YOU UNDER THE INFLUENCE? no

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? no HOW MUCH? no

WHAT? no WHERE? no WHEN? no

WHAT LINE OF WORK ARE YOU IN? no WHEN DID YOU LAST WORK? no

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? no WHAT? no

ARE YOU SICK OR INJURED? no WHAT'S WRONG? no

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

WERE YOU IN AN ACCIDENT TODAY? no

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? no WHEN? no

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? no WHO? no WHY? no

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? no WHAT? no WHEN? no

DO YOU HAVE:

✓	EPILEPSY?	<u>no</u>
✓	GLASS EYE?	<u>no</u>
✓	FALSE TEETH?	<u>no</u>
✓	EAR INFECTION?	<u>no</u>
✓	INNER EAR TROUBLE?	<u>no</u>
✓	DIABETES?	<u>no</u>

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? no

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? no WHERE? no

INTERVIEWER: 1/3

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: BENEDIX, JUSTINE DANIELA CASE NUMBER: 16-132803

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 _____

REFUSED

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) _____ **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**

SCANNED
SEP 29 2016