

048/477

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

14CT 18485

96

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

1

Juvenile

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR		Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1										
	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-16-132803</b>		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01												
DEFENDANT	Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other		Location of Arrest (Including Name of Business) <b>ATLANTIC AVE/LYONS RD DELRAY BEACH, FL 33446</b>		Location of Offense (Business Name, Address) <b>ATLANTIC AVE/LYONS RD DELRAY BEACH, FL 33446</b>																
	Date of Arrest <b>09/28/2016</b>		Time of Arrest <b>2125</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle								
CO-DEF	Name (Last, First, Middle) <b>BENEDIX, JUSTINE, DANIELA</b>												Alias (Name, DOB, Soc. Sec. #, Etc.)								
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W F		Date of Birth <b>02/16/1972</b>		Height <b>5'5</b>		Weight <b>123</b>		Eye Color <b>HAZ</b>		Hair Color <b>BRN</b>		Complexion <b>FAIE</b>						
JUVENILE	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) <b>BOTH LEGS AND BACK</b>						Marital Status <b>DIVORCED</b>		Religion <b>NONE</b>		Indication of: Y N Alcohol Influence Drug Influence										
	Local Address (Street, Apt. Number) <b>403 NW 68TH AVE #407</b>						(City) <b>PLANTATION</b>		(State) <b>FL</b>		(Zip) <b>33317</b>		Phone <b>(954) 275-5139</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>3</b>						
Permanent Address (Street, Apt. Number) <b>403 NW 68TH AVE #407</b>						(City) <b>PLANTATION</b>		(State) <b>FL</b>		(Zip) <b>33317</b>		Phone <b>(954) 275-5139</b>		Address Source <b>FL DL</b>							
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone ( )		Occupation							
D/L Number, State <b>B532-424-72-556-0</b>			Soc. Sec. Number			INS Number			Place of Birth (City, State) <b>LONG ISLAND, NY</b>			Citizenship									
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		Indication of: 1. Arrested 3. Felony 2. At Large 4. Misdemeanor 5. Juvenile									
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		Indication of: 1. Arrested 3. Felony 2. At Large 4. Misdemeanor 5. Juvenile									
Parent Name (Last) (First) (Middle) Legal Custodian Other:												Residence Phone ( )									
Address (Street, Apt. Number) (City)						(State)						(Zip)						Business Phone ( )			
Notified by: (Name)						Date 01		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 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 <b>SEP 28 PM 11:33</b>													
CODE	Drug Activity N. N/A B. Buy P. Possess		S. Sell D. Deliver T. Traffic		R. Smuggle E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other N. N/A A. Amphetamine		Drug Type B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other		
	Charge Description <b>DUI</b>						Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(1)</b>						Violation of ORD #				
CHARGE	Drug Activity N		Drug Type N		Amount / Unit		Offense # <b>16-132803</b>		Warrant / Capias Number						Bond <b>OR</b>						
	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number						Violation of ORD # <b>SEP 28 PM 11:56</b>				
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number						Bond						
	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number						Violation of ORD #				
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number						Bond						
	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number						Violation of ORD #				
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number						Bond						
	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number						Violation of ORD #				
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>SOUTH COUNTY COURT HOUSE 200 W ATLANTIC AVE DELRAY BEACH, FL</b>																				
	Court Date and Time Month <b>OCT</b>		Day <b>24TH</b>		Year <b>2016</b>		Time <b>8:30AM</b>		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)												Date Signed <b>2016 SEP 28</b>									
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer X				Name (or signature of Person in Charge of Arrestee) <b>SCANNED</b>												
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) <b>D/S JESUS PUJOL</b>				I.D. # <b>8530</b>				(PRINT) <b>SEP 29 2016</b>								
Intake Deputy <b>WIF</b>				I.D. #		Pouch #		Transporting Officer <b>D/S JESUS PUJOL 8530</b>		ID #		Agency <b>PBSO</b>		PAGE <b>1</b>							
DISTRIBUTION: WHITE - COURT COPY												GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY		GOLD - DEFENDANT (N.T.A.'s ONLY)		OF 1	

# 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, sandals**

MEDICAL/OTHER: **None.**

**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 produce identification, type of identification produced:

Notary Public State of Florida  
Jeanette Cain  
My Commission FF 993131  
Expires 07/08/2020

LEO

SCANNED

SEP 29 2016

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

## ROADSIDE TASKS

**HORIZONTAL GAZE NYSTAGMUS:**

LT EYE-LACK OF SMOOTH PURSUIT  
 LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION  
 LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT EYE-LACK OF SMOOTH PURSUIT  
 RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION  
 RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

WALK &amp; 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 2016 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, LEO)

(Signature of Arresting/Investigative Officer)



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

SCANNED

SEP 29 2016

# WITNESS LIST

16-132803

CASE NUMBER:

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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NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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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: FBSO  
SUBJECT: BENEDIX, JUSTINE DANIELA  
CASE NUMBER: 16-132803  
DATE: SEPT. 28th, 2016  
VIDEO TAPE NUMBER: 61452  
BEGINNING TIME: 22:15 hrs REFUSED  
ENDING TIME: 22:34 hrs.  
BREATH TESTS RESULTS: 1) TIME: 17 A.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. KARLICKE #6467  
TESTING OFFICER'S OBSERVATIONS  
SPEECH: Normal  
ATTITUDE: Respectful  
CLOTHING: LT. Blue jeans, yellow t-shirt, white flip flop  
MEDICAL CONDITIONS: Said none  
MEDICATIONS: Said none  
OTHER: blonde hair 44 YOA  
10 oz of unknown alcoholic beverage  
Eyes: Glassy  
COMMENTS: 20 Min. observ done by arresting d/s

Said re to b/t request.

DS read the implied Consent to D.

Stated she understood T/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 - @ the 7 house & other place.

SCANNED

SEP 29 2016

## 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? to work

WHAT STREET OR HIGHWAY WERE YOU ON? Highway 101

DIRECTION OF TRAVEL? North WHERE DID YOU START? Highway 101

WHAT TIME DID YOU START? 7:00 a.m. WHAT TIME IS IT NOW? 7:30 a.m.

WHAT IS TODAY'S DATE? 27/18/16 WHAT DAY OF THE WEEK IS IT? Wednesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Santa Clara County, San Jose

WHEN DID YOU LAST EAT? Breakfast WHAT DID YOU EAT? Coffee, bacon, eggs, toast, bacon, hash browns

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Driving to work

HOW MUCH DO YOU WEIGH? 180 lbs HAVE YOU BEEN DRINKING? yes WHAT? Beer

HOW MUCH? 3 beers WHERE? in car WITH WHOM? no one

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:00 a.m. AND YOUR LAST DRINK? 7:30 a.m.

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? in car

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? yes HOW MUCH? 3 beers

WHAT? Beer WHERE? in car WHEN? 7:30 a.m.

WHAT LINE OF WORK ARE YOU IN? Office WHEN DID YOU LAST WORK? 7:00 a.m.

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: no EPILEPSY? no

no GLASS EYE? no

no FALSE TEETH? no

no EAR INFECTION? no

no INNER EAR TROUBLE? no

no DIABETES? no

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: 16-132903

SCANNED  
SEP 29 2016

## 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**