0505217 19 CT 2940 1982

ARREST / NOTICE TO APPEAR

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias 5 Juvenile Referral | 1 | JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200 | Agency Name: Boca Raton Police Department | Agency Report Number (N T A 's only): 3 2 2019-001998

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

If Weapon Seized — Exact Type: None/not Applicable | Multiple Clearance Indicator: N

Location of Arrest (Including Name of Business): 1401 W PALMETTO PARK RD

Location of Offense (Business Name, Address): 1401 W PALMETTO PARK RD, BOCA RATON, FL 33486

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/09/2019	00:45	02/09/2019	00:45	02/09/2019	00:00	TOWED TO WESTWAY

DEFENDANT

Name (Last, First, Middle): RUDINSKY, ROBYN FRAN — Alias:

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	05/15/1984	4'10	105	BLUE	BROWN	LIGHT	Small

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): TATT R WRIST/STRENGTH; TATT R STOMACH/FEATHER; TATT

Marital Status: S | Religion: NONE | Indication of Alcohol Influence: ☒ No | Drug Influence: ☒ Unk

Local Address (Street, Apt Number) (City) (State) (Zip): 5035 WILES RD 307, COCONUT CREEK, FL 33073 | Phone: 5165266057 | Residence Type (1 City 2 County 3 Florida 4 Out of State): 3

Permanent Address (Street, Apt Number) (City) (State) (Zip): 5035 WILES RD 307, COCONUT CREEK, FL 33073 | Phone: | Address Source: DEFENDANT

Business Address (Name, Street) (City) (State) (Zip): NONE, | Phone: | Occupation: 21A

D/L Number, State	Soc Sec Number	DNS Number	Place of Birth (City, State)	Citizenship
R352726846750 / FL	[redacted]		ROSEDALE, NY,	US

CODEF

Co-Defendant Name (Last, First, Middle) — Race — Sex — Date of Birth — ☐ 1 Arrested ☐ 2 At Large ☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile

Co-Defendant Name (Last, First, Middle) — Race — Sex — Date of Birth — ☐ 1 Arrested ☐ 2 At Large ☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian — 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 Department and Released, 2 TOT JAC, 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 355-2526) informed of any change of address.
☐ Yes, by ☐ No

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, R Smuggle, D Deliver, E Use, K Dispense/Distribute, M Manufacture/Produce/Cultivate, Z Other

Drug Type: N None, 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	Statute Violation Number	Violation of ORD #
DUI	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
					☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant: GOOD — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain

Check which applies: ☐ Released O R ☐ Released to Parent/Guardian ☒ T O T County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported / / : : | Time Transported | Other

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444

Court Date and Time: 03/11/2019 08:30:00

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: 2/9/19

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: 768

Name of Arresting Officer (Print): DEEN, A. — ID #: 768

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy — ID # — Pouch #

Transporting Officer: LEINONEN 735 — Agency: BRPD

Witness here if subject signed with an "X"

2019 FEB

PAGE 1 OF 1

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[redacted]

Received WB

FEB 12 2019

AM 10:42

PROBABLE CAUSE AFFIDAVIT

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | JUVENILE

ADMIN

OBTS Number:

Agency ORI Number: FL 0500200 | Agency Name: BOCA RATON POLICE DEPARTMENT | Agency Report Number: 3 | 2 | 2019-001998

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
RUDINSKY, ROBYN FRAN		W	F	05/15/1984

CHARGES

Charge Description	Charge Description
316.193(1) DUI	
Charge Description	Charge Description

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
100 NW 2ND AVE, BOCA RATON, FL 33432	(561) -	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	(56) -	

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 committ the below acts
☒ was found to have committed the below acts, resulting from my (described) investigation

On the 9 day of February, 2019 at 00:45 (Specifically include facts constituting cause for arrest)

On February 9, 2019, at approximately 0008 hours, BRPD dispatch advised all BRPD units via radio transmission that there was a blue Honda "driving all over the roadway" and pulled into the parking lot of 1401 W. Palmetto Park Road. I was in the nearby vicinity and responded to the area of 1401 W. Palmetto Park Road to check the area for the above - mentioned vehicle. Officer Gannon and I checked the parking lot of Palmetto Park Square and Officer Gannon located a black Honda sedan bearing FL tag# IKWT97 stopped in the through lane of the southwest parking lot of Kmart. It should be noted that engine was on and running. I immediately responded to his location and made contact with the driver and sole occupant of the vehicle, later identified as W/F Robyn Rudinsky. It should be noted that when Officer Gannon made contact with Rudinsky she had space in front of her to leave without incident.

Upon making contact with Rudinsky, I observed signs of impairment. I immediately detected the strong smell of an alcoholic beverage emanating from Rudinsky`s person. While speaking to Rudinsky, she was slurring her words and her eyes were glassy and red. Rudinsky`s pupil appeared dilated. Additionally, Rudinsky`s face was red and flushed. She stated that she already knew what was going to happen. It should be noted that Rudinsky provided Officer Gannon with her driver`s license card when he first made contact with her. When I began to speak with her, she was rummaging through her purse to give me her driver`s license card. She later provided me with a credit card.

I asked Rudinsky where she was coming from and she stated "Boca" and I asked her where in Boca she was coming from. She stated that she was coming home from The Black Rose Irish Pub (234 S. Federal Highway, Boca Raton, 33432). I asked Rudinsky if she had consumed any alcoholic beverages and she stated that she consumed approximately 2 drinks and consumed the alcoholic beverage Fireball.

I asked Rudinsky to exit the vehicle in order to perform several field sobriety tasks to

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GRAHAM, KEITH T #716
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)

02/09/2019
DATE

768
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

DEEN, ALYIA (768)
NAME OF OFFICER (PLEASE PRINT)

02/09/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2019-001998

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

Special Notes

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
RUDINSKY, ROBYN FRAN		W	F	05/15/1984

PROBABLE CAUSE STATEMENT

dispel my alarm that she was impaired. I asked Rudinsky if she wanted to remove her heels and she stated that she did not want to and would perform the field sobriety tasks with her heels on her feet. It should be noted that I explained and demonstrated each of the field sobriety tasks. Rudinsky stated that she had one functioning kidney and had to use the restroom.

The first task was the walk-and -turn task. Rudinsky did not count out loud. She did not touch heel to toe on each step. She stepped off the line at step 3. She used her arms to maintain her balance.

The second task was the one-leg stand. Rudinsky refused to perform the one-leg stand. She stated that she could not do what I was asking her to do because she "does not workout". She then stated that she was "fat". Rudinksy stated that it was "unfair" that she had to perform the task. I asked Rudinsky if she wanted to remove her shoes once again to perform the task and she stated no. Rudinsky stated that she could not perform the task.

The third task was the finger to nose. Rudinsky was uneasy on her feet and stumbled. She failed to return her arms to her side after touching her nose. Her head was not tilted backwards. She was swaying back and forth at times.

The fourth task was the Rhomberg alphabet. She recited the alphabet fast and in a rhythmic manner.

I placed Robyn Rudinsky under arrest at 0045 hours DUI pursuant to F.S.S. 316.193(1). I transported her to Palm Beach County Jail. I then transported Rudinsky to Boca Raton Police holding facility for processing (Unit 345). Officer Fong # 763 was inside the holding facility for the Intoxilyzer 8000 testing. I asked Rudinsky if she would provide a breath sample and she refused, at which time I read her Implied Consent. She refused to provide a breath samples at 0153 hours after reading her Implied Consent two times. Rudinsky was transported to Palm Beach County Jail for further processing. The vehicle was towed to Westway Towing.

Rudinsky was given a court date of Monday, March 11, 2019 at 0830 hours at the Delray Beach Courthouse.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GRAHAM, KEITH T 2/7/19
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)

02/09/2019
DATE

768
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

DEEN, ALYIA (768)
NAME OF OFFICER (PLEASE PRINT)

02/09/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

0045
122

Alyia

19-1998

DUI INFLUENCE REPORT

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BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

Revised: July 9, 2018

ARRESTING OFFICER: DEEN

Name: OFC. GANNON Phone # _____ Work # 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: BACK UP

Name: OFC. FONG Phone # _____ Work # _____

Address: 100 NW 2ND AVE BOCA RATON F 33432

Can testify to: BREATH TECH

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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-END OF PART ONE-

[redacted]

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2019 - 1998

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is SATURDAY (day), FEBRUARY (month), 9 (date), 2019 (year).

B. The time is now approximately 1:42 (AM)/PM.

C. The following is in reference to case number 2019-1998.

D. Present at this time is OFC. DEEN & OFC. FONG (Officer's Name) of the Boca Raton Police Department.

E. Officer DEEN, have you arrested ROBYN RUDINSKY (Defendant's name) in violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? YES

G. Mr./Mrs./(Ms.) ROBYN RUDINSKY, I am required to inform you these proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

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II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

(A.) I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

B. 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.

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

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am Ofc. Deen of the Boca Raton 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 Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is Feb (month), 9 (day), 2019 (year), and the time is 0153 AM/PM.

A refusal form will be completed by the arresting officer.

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[redacted]

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: ROBYN RUDINSKY

CASE #: 2017 - 1998 DATE: 2/7/17

BREATH TEST RESULTS

1) TIME REFUSED AM/PM 2) TIME REFUSED AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: OFC. FONG

MAINTENANCE TECHNICIAN: OFC. VAN CAMP

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: UPSET

CLOTHING: BLACK SHIRT, BLUE JEANS, BLACK SHOES

MEDICAL CONDITION: KIDNEY

OTHER: _____

COMMENTS: _____

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Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions.
(2) Any statement you make must be freely and voluntarily given.
(3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____
_____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____AM/PM

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How did you consume your last two drinks? _____

Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain:

_____

Are you sick or injured? ☐ Yes ☐ No If yes, explain:

_____

Do you limp? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☐ No Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 0154 (AM)/PM.

The date is FEBRUARY (month) 9 (day) 2019 (year).

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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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2019004614	**Date:** 02/10/2019
	Specialist Name/ID: AM/31562