0517840 50-2020-CT-009341-ASB 925

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Type: 1 | Juvenile: N

OBTS Number:

ADMINISTRATION

Agency ORI Number	Agency Name	Agency Report Number
FL0500300	BOYNTON BEACH POLICE DEPT.	34-20-038754

Charge Type: Check as many as Apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized Enter Type: | Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 1000 N Congress Ave Boynton Beach Fl

Location of Offense (Business Name, Address): 1000 N Congress Ave Boynton Beach FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/04/2020	1725					

DEFENDANT

Name (Last, First, Middle): Korkidis, Alyssa

Alias (Name, DOB, Soc. Sec. #, Etc):

W - White I – American Indian B - Black O – Oriental / Asian

Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	12-04-1998	510	140	Brwn	Brwn	Fair	Thin

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status: single | Religion: N/A

Indication of: Alcohol Influence Y ☐ N ☒ Unk. ☐ ; Drug Influence Y ☒ N ☐ Unk. ☐

Local Address (Street, Apt. Number) (City) (State) (Zip) | Phone ( ) -

Residence Type: 2 (1. City 3. Florida 2. County 4. Out of State)

Permanent Address (Street, Apt. Number): 110 Yatch Club Way | (City) Hypoluxo | (State) FL | (Zip) 33462 | Phone (631)792-3195 | Address Source: Person

Business Address (Street, Apt. Number) (City) (State) (Zip) | Phone ( ) - | Occupation: unemployed

D/L Number, State: 33088489 PA-DL | Soc. Sec. Number: [redacted] | INS Number: | Place of Birth: Islip NY | Citizenship: Yes

CO-DEF

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 ☐ Legal Custodian ☐ 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

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 561-355-2526) informed of any change of address: ☐ Yes, By: (Name) ☐ No: (Reason) | 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. N/A, A. Amphetamine, B. Barbituate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/ Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
DUI	1	☐Yes ☒No	316.193 1B	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N	N	20-038754		

CHARGE

Charge Description | Counts | Domestic Violence ☐Yes ☐No | Statute Violation Number | Violation of ORD#

Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond

CHARGE

Charge Description | Counts | Domestic Violence ☐Yes ☐No | Statute Violation Number | Violation of ORD#

Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond

CHARGE

Charge Description | Counts | Domestic Violence ☐Yes ☐No | Statute Violation Number | Violation of ORD#

Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court

☐ Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.

Location (Court, Room Number, Address): South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444

Court Date and Time: Month | Day 16th | Year 2020 | Time 0830 ☒ A.M. ☐ P.M.

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

ADMIN.

HOLD for other Agency Name: | Signature of Arresting Officer | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other: | Name of Arresting Officer (Print): Halpern | I.D. #: 990 | BU#

Intake Deputy | I.D. # 880 | Pouch # | Transporting Officer: Halpern | I.D. # 990 | Agency: BBPD | Witness here is subject Signed with an "X". | Page 1 OF 1

CASE #: 20038754 **DEFENDANT:** Alyssa Korkidis

BOYNTON BEACH POLICE DEPARTMENT
D.U.I. ARREST CHECKLIST

	DUI	BLOOD/URINE	REFUSAL
D.U.I CHECKLIST	X	X	X
ROUGH ARREST	X	X	X
D.U.I. PROBABLE CAUSE AFFIDAVIT	X	X	X
TEST FACILITY TASK REPORT	X		X
WITNESS LIST	X	X	X
CRIMINAL HISTORY	X	X	X
PHOTOCOPY OF D/L	X	X	X
PROPERTY RECIEPT	X	X	X
AFFIDAVIT OF REFUSAL			X
INTOX. 8000 BREATH TEST RESULT	X		
PBSO LABORATORY ANALYSIS		X	
PBSO PROPERTY RECEIPT		X	
CERTIFICATION OF BLOOD WITHDRAWL		X	
CONSENT FORM		X	
PBSO CRIME LAB REPORT		X	
PBSO BLOOD ALCOHOL ANALYSIS AFFID			
COPY OF CITATIONS/WARNINGS	X	X	X
ACCIDENT REPORT (IF APPLICABLE)	X	X	X

ARRESTING OFFICER: Halpern

DATE TURNED IN FOR REVIEW: _____

REVIEWING SERGEANT: _____

DATE REVIEWED: _____

RECEIVED BY STATE ATTORNEY'S OFFICE

BY: _____

DATE: _____

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4 **DAY OF** August **2020 AT** 1725 ☐ **A.M** ☒ **P.M.**

CASE #: 20038754 **DEFENDANT:** Alyssa Korkidis

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On the above date and time, I observed a white Nissan Altima traveling south bound on N Congress Ave just south of Gate Way Blvd. The vehicle was swerving from right to left. T should be noted that BBPD dispatch received a call from a passer buyer who stated that the driver of this vehicle has hit a couple of curbs and could not maintain her lane. Once I observed the vehicles driving pattern for several blocks, I conducted a traffic stop at 1000 N Congress Ave. When I made contact with the driver, I did not smell alcohol but the drivers pupils were pin point and I could tell she had cotton mouth with the white Sylvia on her lips. Also her speech was slurred and she had a hard time following simple instructions when I asked her DL and registration. She stated that she did not have her DL on her. I asked her to step out of the vehicle and she was unsteady on her feet. I asked if she would perform field exercises and she stated yes. When I explained each task, she did not follow my instructions and would start early. I also had to keep telling her to go back to the starting point of the line that I was conducting the test on. She had a very hard time keeping her balance. Prior to the exercise's I asked, if she had any medical issues and she stated no. I also asked if she took any medications and she stated no. The following listed exercises are listed on how Korkidis did. Based on the way she performed on the exercises, I find PC to charge Alyssa Korkidis with one count of DUI pursuant to FSS 316.193 1B

HORIZONTAL GAZE NYSTAGMUS:

- ☐ Left eye does not follow smoothly
- ☐ Left eye prior to 45 degrees
- ☐ Distinct jerking in left eye at maximum deviation
- ☐ Vertical Nystagmus in left eye
- ☐ Right eye does not follow smoothly
- ☐ Right eye prior to 45 degrees
- ☐ Distinct jerking in right eye at maximum deviation
- ☐ Vertical Nystagmus in right eye

WALK AND TURN:
Stepped off the line on step 2,4,5,6,8,9 and lost balance multiple times.

ONE LEG STAND:
Lost balance and put foot down 4 times and did not place foot 6 inches off the ground.

FINGER TO NOSE:
Did not touch the tip of the nose with index finger and started early.

ROMBERG/ALPHABET:
Did well but slurred speech.

Officer: [signature] 990

BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

TESTING FACILITY TASK REPORT

CASE #: 200388754 **DEFENDANT:** Alyssa Korkidis

Date: 8/4/20 **Video Tape #:** _____

BREATH TEST RESULTS:

1. ____ g/210L Time _____ ☐ a.m. ☐ p.m.
2. ____ g/210L Time _____ ☐ a.m. ☐ p.m.
3. ____ g/210L Time _____ ☐ a.m. ☐ p.m.
4. ____ g/210L Time _____ ☐ a.m. ☐ p.m.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: Decent

CLOTHING: Normal

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Pupils were pin point and white foam like in mouth known as cotton mouth.

COMMENTS:

CASE #: 20038754 **DEFENDANT:** Alyssa Korkidis

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.

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.

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.

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

I am Officer Halpern of the Boynton 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.

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 statements can and will be used against you in a court of law.**

Suspect's Signature:_____

CASE #: _____ **DEFENDANT:** _____

IMPLIED CONSENT FOR BUI IN A VESSEL

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.

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.

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.

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

I am _____ of the Boynton Beach Police Department

If you fail to submit to the test I have requested of you, it will result in a civil penalty of $500.00. Additionally, if you refuse to submit to the test I have requested of you and if you have previously been fined 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.

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 statements can and will be used against you in a court of law.**

Suspect's Signature:_____

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

AFFIDAVIT OF REFUSAL TO SUBMIT TO BREATH AND/OR URINE TEST

I, Halpern (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer,

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

or affirm that on or about the 4 day of August, 20 20, at 1725 ☒ P.M ☐ A.M.

DRIVER Alyssa (FIRST NAME) Nicole (MIDDLE OR MAIDEN NAME) Karkidis (LAST NAME),
(Type or Print)

DL# J300848989, state of PA, was placed under lawful arrest for

the offense of DUI by Halpern (Name of Arresting Officer) and

issued Citation # AC8614E.

That on or about the 4 day of August, 20 20, at 1830 ☒ 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.

Signature of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 4th day of AUGUST, 20 20, by Ofc Halperen, who is personally known to me or who has produced as identification.

Notary Public

BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

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)

CASE #: 20038754 **DEFENDANT:** Alyssa Korkidis

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.

Where you operating a motor vehicle at the time of the stop/Accident? **Yes**
Where were you going? Unk
What Street or Highway were you on? Congress Ave
What was you direction of travel? North
Where did you start from? My house
What time did you start? Unk
What time is it now? Unk
What is today's date? Unk
What day of the week is it? Tuesday
What City and County are you in now? Boynton Beach Unk county
When did you last eat? 11:00 Am Today
What did you eat? Smoothie
What have you been doing for the last three hours? Hanging out with sister
How much do you weigh? 142
Have you been drinking? No
What have you been drinking? N/A
How much? N/A
With whom? N/A
When did you have your first drink? N/A
When did you have your last drink? Last night
Can you feel the effects of the alcohol? No
Are you under the influence? No
Have you consumed any alcohol since the stop/accident? N/A
How much? N/A What? _____ Where? _____ When? _____
What line of work are you in? Unemployed
When did you last work? April 2020
Do you have any physical defects or injuries? No What? _____
Are you sick or injured? No What's wrong? Nothing
Do you limp? No
Did you receive a bump on the head recently? No
Where you in an accident today? NO
Have you taken any drugs or smoked any marijuana today? Yes When? two days ago
Have you seen a doctor or dentist today? No
Who? _____ Why? _____
Are you taking any prescription medicines? No
What? _____ When? _____
Do you have? Epilepsy NO Glass Eye NO False teeth NO
Ear infection NO Inner ear trouble NO Diabetes NO
Do you have any problems with you eyes that are not corrected by glasses? NO
Do you take insulin? NO If so, when was your last injection? _____
Have you ever gad a driver's license in any other state? PA
Where? _____
Interviewer: Officer Halpern 990 BBPD

CASE #: 20038754 **DEFENDANT:** Alyssa Korkidis

Arresting Officer: Halpern
Address: 100 E. Boynton Beach Boulevard Boynton Beach, Fl. 33435
Phone Numbers: Home: 561-742-6100 **Work:** (561) 742-6100

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:** ____
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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: ____

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: 2020018540	**Date:** 08/04/20
	Specialist Name/ID: J. Beck/9007