

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1 N																																																																															
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 22-058800																																																																																			
Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01																																																																																			
Location of Arrest (Including Name of Business) 964 N CONGRESS AVE, UNINCORPORATED/FL/33409				Location of Offense (Business Name, Address) 964 N CONGRESS AVE, UNINCORPORATED/FL/33409																																																																																			
Date of Arrest 04/19/2022		Time of Arrest 2107		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle TOWS R US																																																																											
Name (Last, First, Middle) Pinter, Anna, Zsofia												Alias (Name, DOB, Soc. Sec. #, Etc.)																																																																											
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 7/12/1989		Height 5'08		Weight 150		Eye Color BROWN		Hair Color BLONDE		Complexion MED		Build MED																																																																							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE								Marital Status SINGLE		Religion NONE		Indication of Alcohol Influence Drug Influence Y N Unk.																																																																											
Local Address (Street, Apt. Number) 901 Ne 14th Ave Apt 105, Hallandale Be, FL 33009-2701								(City) (State) (Zip)		Phone (305) 333 9342		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2																																																																											
Permanent Address (Street, Apt. Number) (City) (State) (Zip)										Phone ()		Address Source VERBAL / FL DL																																																																											
Business Address (Name, Street) (City) (State) (Zip)										Phone ()		Occupation ENTERTAINMENT INDUSTRY																																																																											
D/L Number, State P536059897520, FL				Soc. Sec. Number -				INS Number				Place of Birth (City, State) HUNGARY				Citizenship YES																																																																							
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																																																																							
Parent Legal Custodian Other: Name (Last) (First) (Middle) Address (Street, Apt. Number) (City) (State) (Zip)								Residence Phone () 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 provided by ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)								School Attended () Grade ()																																																																															
Property Crime? ☐ Yes ☐ No								Description of Property () Value of Property ()																																																																															
Drug Activity S. Sell 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 DRIVING UNDER THE INFLUENCE								Counts 1								Domestic Violence ☐ Y ☐ N								Statute Violation Number 316.193(3)(c)(1)								Violation of ORD #																																																							
Drug Activity N								Drug Type N								Amount / Unit								Offense # 22-058800								Warrant / Capias Number								Bond																																															
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Drug Activity								Drug Type								Amount / Unit								Offense #								Warrant / Capias Number								Bond																																															
Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600								Court Date and Time Month MAY Day 19 Year 2022 Time 0830 AM X PM								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 04/19/2022 Signature of Defendant (or Juvenile and Parent/Custodian) () Date Signed ()																																																																							
HOLD for other Agency Name: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:								Signature of Arresting Officer x <i>Inv. W. Amadon</i> Name of Arresting Officer (Print) INV. W. AMADON I.D. # 9440								Name Verification (Printed by Arrestee) SCANNED (PRINT) APR 20 2022 Witness here if subject signed with an "X"								PAGE 1 of 1																																																															
Inmate Deputy <i>Inv. W. Amadon</i> I.D. # Pouch #								Transporting Officer INV. W. AMADON I.D. # 9440 Agency PBSO																																																																															

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19 DAY OF APRIL 20 22, AT 2009 AM PM

SUBJECT: Pinter, Anna, Zsafia CASE NUMBER: 22-058800

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. W. AMADON

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

On April 19, 2022 at approximately 2020 hours, I responded to the 964 N Congress Ave, located within Unincorporated, Palm Beach County Florida regarding a motor vehicle crash, with a suspected impaired driver. Upon arrival I met with D/S O. Joseph, #36169 who provided me with two signed, sworn written statements from two wheel witnesses. Those statements are included with this packet.

OBSERVATION OF DRIVER:

I observed the defendant to be unsteady on her feet. I observed the defendant to have a noticeable orbital sway as she stood. I observed the defendant's clothing was properly worn. The defendant's eyes were red and glassy. The defendant's movements were clumsy, and at times, uncoordinated.

DRIVER'S STATEMENTS:

The defendant denied consuming any alcohol or drugs.

ODORS:

I immediately detected the odor of an unknown alcoholic beverage emanating from the defendant's breath that intensified when she spoke.

GENERAL OBSERVATIONS

SPEECH: slow / slurred / noticeable accent

ATTITUDE: polite / respectful / apologetic

CLOTHING: PINK SHIRT / CAMMO SHORTS / BLACK SHOES

MEDICAL/OTHER: stated none

STATE OF FLORIDA
COUNTY OF PALM BEACH

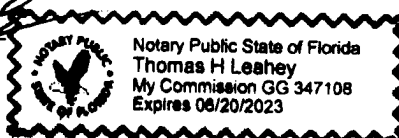
INV. W. AMADON
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of APRIL 20 22 by INV. W. AMADON

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known Law Enforcement Officer

Thomas Leahey (#19183)

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



SUBJECT: Pinter, Anna, Zsofia

CASE NUMBER 22-058800

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:

The defendant had a noticeable orbital sway during this task.

WALK & TURN:

The second task performed was the Walk and Turn Task. The defendant was placed into the instructional stance and told to remain in that position until I told to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling her to move. The defendant started before the instructions were complete. The defendant missed heel to toe. The defendant stepped off the line. The defendant took an incorrect number of steps. The defendant stopped walking. The defendant did not count aloud. The defendant performed an improper turn. The defendant used her arms for balance. The defendant had a noticeable orbital sway during this task.

ONE LEG STAND:

The third task performed was the One Leg Stand Task. The defendant was placed into the instructional stance and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling her to move. The defendant put her foot down more than three times within approximately thirty seconds. The defendant did not count aloud. The defendant swayed trying to maintain balance. The defendant had a noticeable orbital sway during this task.

FINGER TO NOSE:

The forth task performed was the Finger to Nose Task. The defendant was placed into the instructional stance and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling her to move. The defendant had to be reminded to keep her eyes closed. The defendant had to be reminded to keep her feet together. The defendant did not touch tip to tip as instructed. The defendant searched for her own nose with their finger. The defendant had a noticeable orbital sway during this task.

ROMBERG ALPHABET:

The fifth task performed was the Romberg Alphabet Task. The defendant was placed into the instructional stance and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling her to move. The defendant had to be reminded to keep her feet together. The defendant correctly recited the alphabet.

BREATH TEST RESULTS:

1) 0.235	2) 0.220	3)	4)
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STATE OF FLORIDA
COUNTY OF PALM BEACH

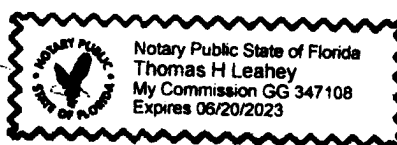
INV. W. AMADON *W. Amadon*
Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of APRIL, 2022 by INV. W. AMADON

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

Thomas Leahey (#19183) *T Leahey*

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



SUBJECT: _____ CASE NUMBER: _____

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 _____.

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) _____

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) _____ On Scene

SUBJECT: Robert James Z CASE NUMBER: 22 058500

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? San Gabriel

DIRECTION OF TRAVEL? S. 45 WHERE DID YOU START? San Gabriel

WHAT TIME DID YOU START? 7:30 PM WHAT TIME IS IT NOW? 10:50 PM

WHAT IS TODAY'S DATE? 10/30/21 WHAT DAY OF THE WEEK IS IT? THURSDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? San Gabriel

WHEN DID YOU LAST EAT? 4:00 PM WHAT DID YOU EAT? CHICKEN PARM

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? WORKING

HOW MUCH DO YOU WEIGH? 150 HAVE YOU BEEN DRINKING? NO WHAT? NO

HOW MUCH? NO WHERE? NO WITH WHOM? NO

WHEN DID YOU HAVE YOUR FIRST DRINK? NO AND YOUR LAST DRINK? NO

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? NO

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? ENTER-ANCE WHEN DID YOU LAST WORK? 10:30 - 11:30

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? YES WHAT? 500 MG 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: Travis G. Anderson #19440

WITNESS LIST

CASE NUMBER: 22-058800

ARRESTING OFFICER: INV. W. AMADON

ADDRESS: 3228 Gun Club Road, West Palm Beach, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: DUI INVESTIGATION

NAME: D/S O. Joseph, #36169

ADDRESS: 3228 Gun Club Road, West Palm Beach, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000

CAN TESTIFY TO: CRASH INVESTIGATION

NAME: CHEN, ZHOUYING

ADDRESS 509 N CONGRESS AVE APT 203 / ROYAL PAL BEACH / FL / 33411

PHONE NUMBERS (HOME) _____ (WORK) 561 360 8168

CAN TESTIFY TO: WHEEL WITNESS

NAME: STUDEBAKER, ANDERSON A.

ADDRESS 3323 BRINELY PL / ROYAL PALM BEACH / FL / 33411

PHONE NUMBERS (HOME) 213 385 6363 (WORK) 0

CAN TESTIFY TO: WHEEL WITNESS

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) _____

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) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Printer, Anna Z CASE NUMBER: 22-058800

DATE: Apr 19, 2022 VIDEO DVD NUMBER: n/a

BEGINNING TIME: 2212 ENDING TIME: 2226

BREATH TESTS RESULTS: 1) R TIME 2216 A.M. ☒ P.M. ☐ 2) n/a TIME 0 A.M. ☐ P.M. ☐

3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, thick

ATTITUDE: cooperative

CLOTHING: Camoflaug shorts, red t-shirt, black sandals

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes were glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 observation period at 2149 hrs

subject agreed to perform breath test - what If I don't

A/O read I/C & subject understood I/C

subject agreed to perform breath test

subject completed breath test

A/O read rights on scene & subject recalled rights and stated she understood rights

A/O conducted Q&A

subject answered questions



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 22-058800 PBSO ZONE 3-22

AGENCY CASE # _____ CRASH CASE # 22-058791

TIME OF STOP/CRASH 2009 DATE 04/19/2022 DAY Tuesday

SUBJECT'S NAME Pinter, Anna, Zsafia RACE W SEX F

HGT 5'08 WGT 150 DOB 7/12/1989

LOCATION 964 N CONGRESS AVE, UNINCORPORATED/FL/33409

ARRESTING OFFICER'S NAME & ID INV. W. AMADON (9440) AGENCY Palm Beach County Sheriff's Office

DIVISION: C.I.D. / DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2149

ARREST TIME 2107

BREATH RESULTS:

1)	<u>.235</u>
2)	<u>.220</u>
3)	<u>N/A</u>
4)	<u>N/A</u>

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006029 Software: 8100.27
Date of Test: 04/19/2022

Date of Last Agency Inspection: 03/25/2022

Observation Period Began: 21:49

Subject's Name: ANNA Z PINTER

DOB: 07/12/1989 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	22:14
	Air Blank	0.000	22:15
	Control Test	0.082	22:15
	Air Blank	0.000	22:16
	Subject Sample #1	0.235	22:16
	Air Blank	0.000	22:17
	Air Blank	0.000	22:19
	Subject Sample #2	0.220	22:19
	Air Blank	0.000	22:20
	Control Test	0.081	22:20
	Air Blank	0.000	22:21
	Diagnostics Check	OK	22:21

Cylinder Lot: 19021080A2
Exp: 09/05/2023

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who (☒) is personally known to me or (☐) produced _____ as identification, and who after being placed under oath, states:

I THOMAS E LEAHEY, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____

Signature

Date: 04/19/2022

Sworn to (or affirmed) before me this 19 day of April, 2022

Inv. W. Amador

Signature of Notary Public-State of Florida

Inv W Amador #9440

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.