

20CT11321 ANB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78- 20004088	
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 2 1. Yes 2. No		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 9500 NORTHLAKE BLVD, WPB, FL			Location of Offense (Business Name, Address) 11200 NORTHLAKE BLVD, PBG, FL			
Date of Arrest 09/14/2020	Time of Arrest 00:11	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405

Name (Last, First, Middle) MAKO, CSABA,		Aliases (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 05/19/1974	Height 5'10	Weight 215	Eye Color BRO	Hair Color BRO
Complexion LIGHT		Build MEDIUM		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A		

Local Address (Street, Apt. Number) 202 2ND CT, PALM BEACH GARDENS, FL 33410	Phone (561) 635-7770	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1
Permanent Address (Street, Apt. Number) 202 2ND CT, PALM BEACH GARDENS, FL 33410	Phone ()	Address Source VERBAL
Business Address (Name, Street) ()	Phone ()	Occupation
DL Number, State M200100741790 FL	Soc. Sec. Number ()	INS Number
Place of Birth (City, State) BUDAPEST, HUNGARY	Citizenship US	

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
Released To: (Name)	Relationship	Date

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 355-2628) 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	

Drug Activity N. N/A S. Sell B. Buy P. Possess 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
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Charge Description DRIVING UNDER THE INFLUENCE OVER .08	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(C)	Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number
Bond				
Charge Description DUI ENHANCED OVER .15	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(4)	Violation of ORD #
Drug Activity N	Drug Type N	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, Station, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700	
Court Date and Time Month OCTOBER Day 14 Year 2020 Time 10:00 AM <input checked="" type="checkbox"/> 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	
Signature of Defendant (or Juvenile and Parent /Custodian)	Date Signed 09/14/2020

HOLD for other Agency Name:	Signature of Arresting Officer (Signature) 514	Name Verification (Printed by Arrestee) (PRINT)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) Ofc. ANDREW FLINK	I.D. # 514
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Intake Deputy (Signature)	Pouch #
Transporing Officer ANDREW FLINK	ID # 514	Agency PBGPD
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)		PAGE 1 OF 1

0518544

SEP 14 2020

413

SCANNED

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13TH DAY OF SEPTEMBER 20 20, AT 2349 AM PM ✓

SUBJECT: MAKO, CSABA, CASE NUMBER: 20004088

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514

PERSONAL CONTACT

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

This Officer responded to the area of 9500 Northlake Blvd, WPB, FL, to assist Ofc Dorow 483 on a traffic stop. Ofc Dorow said he observed the vehicle, a Lexus SUV (Y09GJV/FL) disobey a traffic control device and drifting in the lane. This Officer made contact with the driver and sole occupant of the vehicle, identified via Florida Driver License photo, Csaba Mako, while he was still in the driver seat, in actual physical control of the vehicle.

OBSERVATION OF DRIVER:

Mako had bloodshot watery eyes, flushed red face, very slurred speech and the obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. The odor increased in intensity as Mako spoke with this Officer.

DRIVER'S STATEMENTS:

Mako said he was coming from 53RD St. When asked how much he had to drink, he said "I'm not drunk, I had a beer, yeah".

ODORS:

Unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Compliant

CLOTHING: Peach shirt, olive shorts, purple slides

MEDICAL/OTHER: None stated

STATE OF FLORIDA
COUNTY OF PALM BEACH

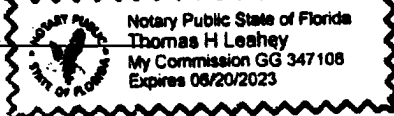
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of September 20 20 by Ofc. ANDREW FLINK

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

Personally Known

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



SUBJECT: MAKO, CSABA,

CASE NUMBER 20004088

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:

Mako was swaying back and forth while standing upright.

WALK & TURN:

During the exercise, Mako took approximately double the amount of steps he was instructed to take. During the return set, Mako missed heel-to-toe on multiple steps and again took more than twice the amount of steps he was instructed to take.

ONE LEG STAND:

Mako raised his left leg for the exercise. During the exercise, Mako swayed throughout the exercise. Mako placed his foot down multiple times prior to being told to do so. Mako also hopped more than once during the exercise. Mako lost his balance and raised his arms more than six inches from his sides.

ROMBERG ALPHABET:

Not conducted.

FINGER TO NOSE:

Not conducted.

BREATH TEST RESULTS:

1) .161

2) .152

3) -

4) -

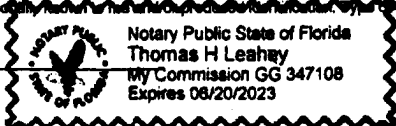
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of September 2020 by Ofc. ANDREW FLINK

(Print name of Arresting/Investigative Officer), who is personally known to me and whose identification produced Personally Known

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





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

PBSO CASE # 20-106748 PBSO ZONE 3-13

AGENCY CASE # 20004088 CRASH CASE # _____

TIME OF STOP/CRASH 2349 DATE 09/13/2020 DAY SUNDAY

SUBJECT'S NAME MAKO CSABA RACE W SEX M
LAST FIRST MID

HGT 5'10 WGT 215 DOB 05/19/1974

LOCATION 11200 NORTHLAKE BLVD, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO YES

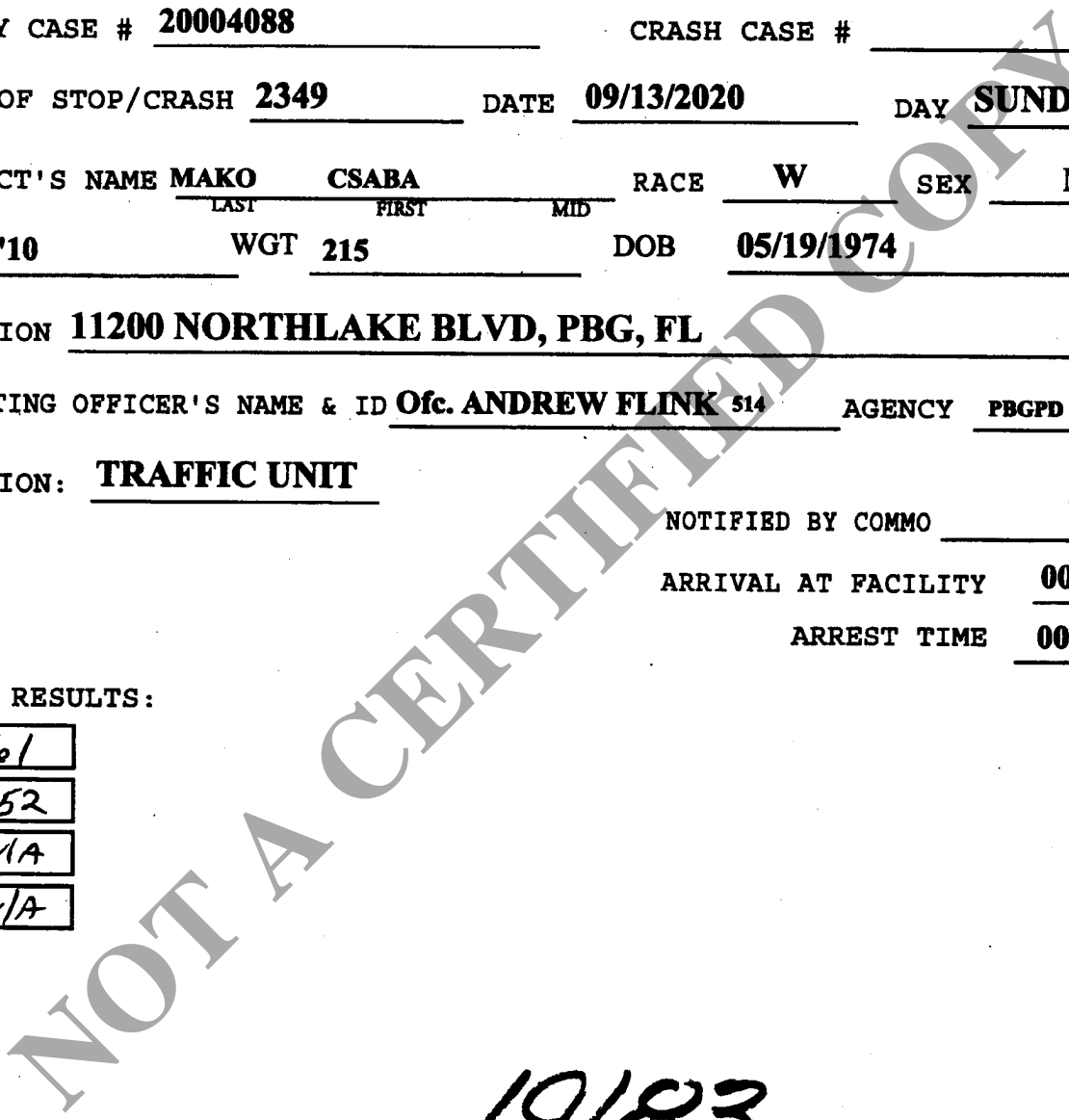
ARRIVAL AT FACILITY 0054

ARREST TIME 00:11

BREATH RESULTS:

- 1) .161
- 2) .152
- 3) - N/A
- 4) - N/A

BREATH TEST OPERATOR: 19183



TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Mako, Csaba

CASE NUMBER: 20-106748

DATE: 09/14/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0116

ENDING TIME: 0133

BREATH TESTS RESULTS: 1) .161 TIME 0120 A.M. P.M. 2) .152 TIME 0123 A.M. P.M.
3) 0 TIME n/a A.M. P.M. 4) 0 TIME n/a A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: cooperative, talkative, repetitive

CLOTHING: green shorts, orange t-shirt, blue crocs

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
subject stated he had 1 glass of wine - Q&A

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0054 hrs.

subject agreed to perform breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O attempted Q&A

subject answered questions

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: 80-006238 Software: 8100.27
Date of Test: 09/14/2020

Date of Last Agency Inspection: 08/14/2020
Observation Period Began: 00:54
Subject's Name: CSABA MAKO

DOB: 05/19/1974 Sex: M

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	01:17
	Air Blank	0.000	01:18
	Control Test	0.079	01:18
	Air Blank	0.000	01:19
	Subject Sample #1	0.161	01:20
	Air Blank	0.000	01:21
	Air Blank	0.000	01:22
	Subject Sample #2	0.152	01:23
	Air Blank	0.000	01:24
	Control Test	0.078	01:24
	Air Blank	0.000	01:25
	Diagnostics Check	OK	01:25

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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 H 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: T. Lealey Date: 09/14/2020
Signature

Sworn to (or affirmed) before me this 14th day of September, 2020

[Signature] Signature of Notary Public-State of Florida OR A Flink #514 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.

SUBJECT: Mako Cuba 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 ofc Mark of the TCAD

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) Robert Williams

SUBJECT: Mato Caba CASE NUMBER: _____

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? Feelice

DIRECTION OF TRAVEL? E WHERE DID YOU START? 355/Leont

WHAT TIME DID YOU START? Unknown WHAT TIME IS IT NOW? Unknown

WHAT IS TODAY'S DATE? Unknown WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? TBL

WHEN DID YOU LAST EAT? 6pm WHAT DID YOU EAT? Supper

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Talking with the 1176 PM

HOW MUCH DO YOU WEIGH? 216 HAVE YOU BEEN DRINKING? Yes WHAT? Wine

HOW MUCH? one glass WHERE? at home WITH WHOM? alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 5pm AND YOUR LAST DRINK? 5pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? at home

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Yes HOW MUCH? one glass

WHAT? Wine WHERE? at home WHEN? at 5pm

WHAT LINE OF WORK ARE YOU IN? Lawyer WHEN DID YOU LAST WORK? Tuesday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? None

ARE YOU SICK OR INJURED? No WHAT'S WRONG? None

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? None

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? None WHEN? None

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 YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? None

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? None

INTERVIEWER: Ute Fink 514



**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	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(J)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020021713	Date: 9/14/2020
	Specialist Name/ID: M. Tooks #8557