

2020 CT 007923 ANVB  
ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number		Agency ORI Number <b>FLO 502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number (N.T.A.'s only) <b>78-20002994</b>	
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	
Location of Arrest (Including Name of Business) <b>INTERSTATE 95 JSO PGA BLVD, PBG, FL</b>		Location of Offense (Business Name, Address) <b>PGA BLVD/LAKE VICTORIA GARDENS AV, PBG, FL</b>					
Date of Arrest <b>06/28/2020</b>	Time of Arrest <b>00:58</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>KAUFF'S TOWING &amp; RECOVERY 4301 East Avenue, West Palm Beach, FL 33405</b>	
Name (Last, First, Middle) <b>ZELLA, DILLON, WADE</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>08/01/1995</b>	Height <b>5'11</b>	Weight <b>180</b>	Eye Color <b>BLU</b>	Hair Color <b>BLO</b>	Complexion <b>LIGHT</b>
Build <b>MED</b>		Marital Status <b>SINGLE</b>		Religion <b>CATHOLIC</b>		Indication of Alcohol Influence Drug Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TAT L SHOULDER, L ARM, R FLANK</b>		Local Address (Street, Apt. Number) <b>500 N CONGRESS #100, WEST PALM BEACH FL 33401</b>		Phone <b>(830) 263-1358</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number) <b>500 N CONGRESS #100, WEST PALM BEACH FL 33401</b>		Business Address (Name, Street)		Phone		Address Source <b>VERBAL</b>	
D/L Number, State <b>34980460 TX</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>AUSTIN, TX</b>	
Citizenship <b>US</b>		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		
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 <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 355-2528) 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 P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute	
M. Manufacture/ Product 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 <b>DRIVING UNDER THE INFLUENCE OVER .08</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(1)(C)</b>	
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Location (Court Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>		Court Date and Time Month <b>JULY</b> Day <b>29</b> Year <b>2020</b> Time <b>10:00</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>06/28/2020</b>			
HOLD for other Agency Name:		Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee) <b>SCANNED</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>Ofc. ANDREW FLINK</b>		I.D. # <b>514</b>	
Intake Deputy <b>[Signature]</b>		I.D. #		Pouch #		Transferring Officer <b>ANDREW FLINK</b>	
I.D. #		Pouch #		ID # <b>514</b>		Agency <b>PBGPDP</b>	
Witness here if subject signed with an		Date <b>JUN 28 2020</b>					

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)  
JH 0517196 P# 3597

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28TH DAY OF JUNE 2020, AT 0044  AM  PM  
SUBJECT: ZELLA, DILLON, WADE CASE NUMBER: 20002994

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)**

Ofc Hennessy 409 said he observed the vehicle, a white RAM 2500 (LFT3319/TX), traveling 62 MPH in a posted 45 MPH zone on PGA Blvd West bound in the area of Lake Victoria Gardens Av, PBG, FL. Ofc Hennessy said the individual in the driver seat of the vehicle was the driver at the time of the stop, the driver was identified via Texas Driver License photo, Dillon Zella. This Officer made contact with Zella while he was still in the driver seat of the vehicle.

**OBSERVATION OF DRIVER:**

Zella had bloodshot watery eyes, flushed red face, heavy droopy eyelids and the obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance.

**DRIVER'S STATEMENTS:**

Zella said he was coming from "PapiChulo", in Jupiter and that he had consumed two beers on this evening.

**ODORS:**

Unknown alcoholic beverage

## GENERAL OBSERVATIONS

**SPEECH:** Apparently normal

**ATTITUDE:** Compliant

**CLOTHING:** Black tank top, black shorts, no shoes

**MEDICAL/OTHER:** None stated

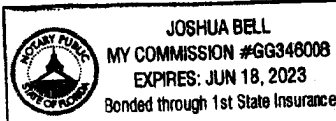
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of June 2020 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: ZELLA, DILLON, WADE

CASE NUMBER 20002994

**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:**

Zella had Vertical Gaze Nystagmus in both eyes.

**WALK & TURN:**

During the exercise, Zella raised his arms more than six inches from his sides. Zella also briefly paused to regain his balance during the walk. Zella took 10 steps rather than nine as instructed. After the turnaround, Zella took 10 steps rather than nine as instructed once again.

**ONE LEG STAND:**

During the exercise, Zella raised his left foot. Zella placed his foot down once prior to being told to do so. Zella was also swaying during the exercise.

**ROMBERG ALPHABET:**

Not conducted

**FINGER TO NOSE:**

Not conducted

**BREATH TEST RESULTS:**

1) .115

2) .115

3) -

4) -

STATE OF FLORIDA  
COUNTY OF PALM BEACH

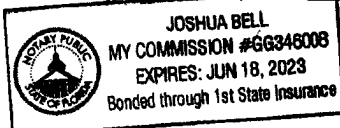
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of June 2020 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)





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

PBSO CASE # 20-082406 PBSO ZONE 3-13

AGENCY CASE # 20002994 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0044 DATE 06/28/20 DAY SUNDAY

SUBJECT'S NAME ZELLA, DILLON W RACE W SEX M

HGT 5'11 WGT 180 DOB 08/01/1995

LOCATION PGA BLVD / LAKE VICTORIA GARDENS AVE, PBG, FL

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

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO YES

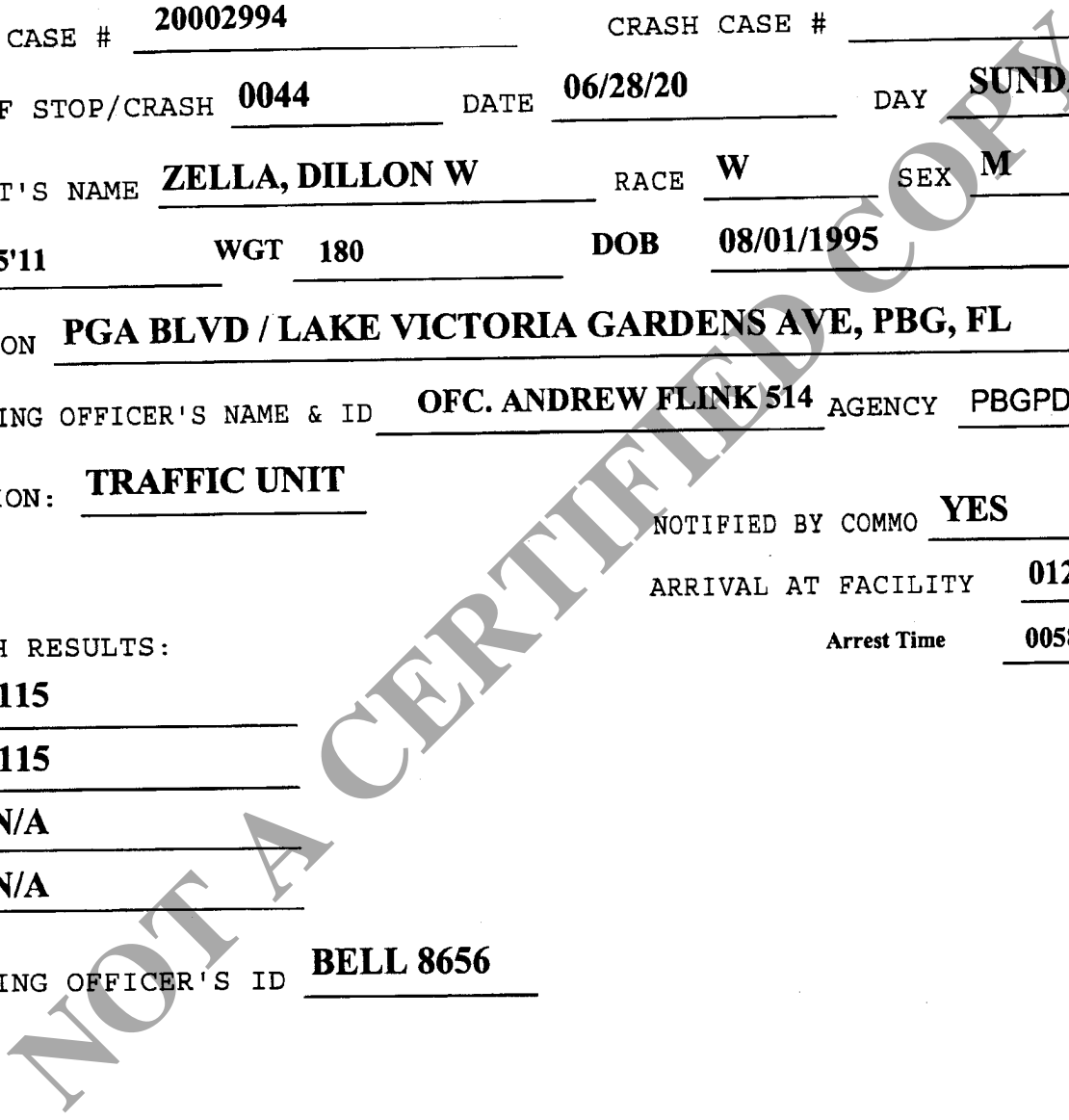
ARRIVAL AT FACILITY 0124

Arrest Time 0058

BREATH RESULTS:

1. .115
2. .115
3. N/A
4. N/A

TESTING OFFICER'S ID BELL 8656



# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: ZELLA, DILLON W

CASE NUMBER: 20-082406

DATE: Jun 28, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0147

ENDING TIME: 0159

BREATH TESTS RESULTS: 1) .115 TIME 0151 A.M.  P.M.  2) .115 TIME 0154 A.M.  P.M.   
3) N/A TIME XX A.M.  P.M.  4) N/A TIME XX A.M.  P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

### TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: TALKATIVE, COOPERATIVE, POLITE

CLOTHING: BLACK TANK TOP, BLACK SHORTS, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

### OTHER:

EYES: BLOODSHOT, GLASSY  
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH  
SUBJECT STATED HE DRANK A FEW BEERS (Q AND A)

### COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0124 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

A/O READ RIGHTS  
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

TECH READ BREATH TEST RESULTS  
SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O CONDUCTED Q AND 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: 80-006478 Software: 8100.27  
Date of Test: 06/28/2020

Date of Last Agency Inspection: 06/26/2020  
Observation Period Began: 01:24  
Subject's Name: DILLON W ZELLA

DOB: 08/01/1995 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	01:49
	Air Blank	0.000	01:50
	Control Test	0.080	01:50
	Air Blank	0.000	01:50
	Subject Sample #1	0.115	01:51
	Air Blank	0.000	01:52
	Air Blank	0.000	01:53
	Subject Sample #2	0.115	01:54
	Air Blank	0.000	01:55
	Control Test	0.079	01:55
	Air Blank	0.000	01:56
	Diagnostics Check	OK	01:56

Cylinder Lot: 28719080A1  
Exp: 12/05/2021

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 JOSHUA J BELL, 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: 6/28/20

Sworn to (or affirmed) before me this 28 day of JUNE, 2020

Signature of Notary Public-State of Florida

OFC. 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: Zella, Dillon W

CASE NUMBER: 20002994

## 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 CR FLINK of the FLGTD

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) Not Read

## 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

SUBJECT: Zella, Dillon W

CASE NUMBER: 20002994

### 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? PBL

DIRECTION OF TRAVEL? UNK WHERE DID YOU START? Jupiter

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

WHAT IS TODAY'S DATE? 28 JUNE WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? Not sure

WHEN DID YOU LAST EAT? Not sure WHAT DID YOU EAT? Tacos

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Hanging out

HOW MUCH DO YOU WEIGH? 160 HAVE YOU BEEN DRINKING? Yes WHAT? 1xes

HOW MUCH? Not sure WHERE? Papichulla WITH WHOM? Not sure

WHEN DID YOU HAVE YOUR FIRST DRINK? Not sure AND YOUR LAST DRINK? Not sure

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Beer

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Not sure ARE YOU UNDER THE INFLUENCE? Not sure

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? — HOW MUCH? —

WHAT? — WHERE? — WHEN? —

WHAT LINE OF WORK ARE YOU IN? Asphalt WHEN DID YOU LAST WORK? not working

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? —

ARE YOU SICK OR INJURED? No WHAT'S WRONG? —

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? —

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 YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? Contacts

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? —

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? yes WHERE? Texas

INTERVIEWER: Ofc. Flink #514



**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"/>			
Other	<input type="checkbox"/>	119.071(2)(M)1	Other: Witness to a Murder	
	<input type="checkbox"/>	119.071(2)(J)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

**REVIEW COMPLETED BY**

Booking Number: 2020015751	Date: 6/28/2020
	Specialist Name/ID: M. Tooks #8557

FLINK  
(514)

20002994



COMPLAINT

CASE NO. \_\_\_\_\_ DOCKET NO. \_\_\_\_\_ PAGE NO. \_\_\_\_\_

FLORIDA DUI UNIFORM TRAFFIC CITATION

A56HADE

COUNTY OF **PALM BEACH 06**  (1) F.H.P.  (2) P.D.  (3) S.O.  (4) OTHER  
 CITY OF APPLICABLE **PALM BEACH GARDENS** AGENCY NAME **PALM BEACH GARDENS**  
 AGENCY # **78**

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT (RETAINED BY COURT)

DAY OF WEEK **SUNDAY** MONTH **06** DAY **28** YEAR **2020** TIME **02:14**  A.M.  P.M.

DATE (FIRST) **DILLON** LAST **WADE ONEAL ZELLA**

STREET **500 N CONGRESS AV - 100**  IF DIFFERENT FROM ONE ON DRIVER LICENSE "X" HERE

CITY **WEST PALM BEACH** STATE **FL** ZIP CODE **33401**

TELEPHONE NUMBER DATE OF BIRTH **08** DAY **01** YEAR **1995** RACE **W** SEX **M** HT **511**

DRIVER LICENSE NUMBER **3 4 9 8 0 4 6 0** STATE **TX** CLASS  Y  N **2023** COMMERCIAL VEHICLE  YES  NO

VEHICLE MAKE **2013 RAM** STYLE **PK** COLOR **WHI** PLACARDED HAZARDOUS MATERIAL  YES  NO

VEHICLE LICENSE NO. **LFT3319** TRAILER TAG NO. STATE **TX** YEAR TAG EXPIRES **2020** 2. IN PRESENCE  YES  NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMED **PGA BLVD/LAKE VICTORIA GARDENS AVE, PALM BEACH GARDENS** MOTORCYCLE  YES  NO

COMPANION CITATIONS  YES  NO

FT. \_\_\_\_\_ MILES \_\_\_\_\_ OF ROAD \_\_\_\_\_

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____ SIGNATURE OF PERSON GIVING BAIL _____ SIGNATURE OF PERSON TAKING BAIL _____
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE. SIGNATURE OF CLERK _____
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE) PLEA: _____ FINDING: _____ ADJUDICATION: _____ SENTENCE: FINE _____ COST _____ JAILED _____ DAYS DRIVER IMPROVEMENT SCHOOL _____ OTHER _____ DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS RECOMMEND RE-TEST _____
	SIGNATURE OF JUDGE _____
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE _____

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF

CURRENTLY PROBATION OR DEFERRED FOR AN OFFENSE AND CHARGED **DUI - BREATH .08 OR ABOVE** Driving Under The  NO CHARGE  YES

AGGRESSIVE DRIVER  PROBATION 1-3 YEARS  STATE STATUTE SECTION **316.193** CLASS **(1)(C)**

CHARGE  DAMAGE TO OTHER PROPERTY  INJURY TO ANOTHER  SERIOUS BODILY INJURY TO ANOTHER  FATAL  YES  NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

**07/29/2020 10:00 AM** **A56HADE**  
 COURT DATE THE **NORTH COUNTY GOVERNMENT CENTER**  
**3188 PGA Boulevard PBG, FL 33410**

ARREST DELIVERED TO **PRSO MAIN JAIL** DATE **06/28/2020**  
 I AGREE AND PROMISE TO COMPLY AND ABIDE BY THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS CITATION FROM ANY MEMBER OF THE COURT. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE ASSISTANCE UNDERSTANDING THIS CITATION, CONTACT THE CLERK OF THE COURT.

SIGNATURE OF VIOLATOR  
 EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:  
 DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.  
 REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED?  YES  NO REASON **OVER .08**  
 ELIGIBLE FOR PERMIT?  YES  NO REASON **VALID DL**

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.  
 AT THE **LAUDERDALE LAKES 33311-1151** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST OR RELATED OFFENSE. SEE REVERSE SIDE.

SIGNATURE OF OFFICER **[Signature]** BADGE NO. \_\_\_\_\_ ID NO. \_\_\_\_\_ TROOP UNIT \_\_\_\_\_  
 HSP 13084 (Rev. 10/14)