

05/17/20 2020CT007516 ASB #3040

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.			Agency Report Number 34-20-031192					
Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type None			Multiple Clearance Indicator 01					
Location of Arrest (Including Name of Business) 2925 S Federal Hwy Boynton Beach FL 33435					Location of Offense (Business Name, Address) 2925 S Federal Hwy Boynton Beach FL 33435					
Date of Arrest 06/17/2020	Time of Arrest 1924	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) Szava, Dov					Alias (Name, DOB, Soc. Sec. #, Etc)					
W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex M	Date of Birth 09/08/1972	Height 508	Weight 150	Eye Color brown	Hair Color brown	Complexion light	Build med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status single	Religion none	Indication of Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 102 S Lakeside Dr unit 1 Lake Worth FL 33460			(City)	(State)	(Zip)	Phone (561)531-3734	Residence Type 1. City 3. Florida 2. County 4. Out of State 2			
Permanent Address (Street, Apt. Number) 102 S Lakeside Dr unit 1 Lake Worth FL 33460			(City)	(State)	(Zip)	Phone	Address Source FL DL			
Business Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Occupation Unemployed			
D/L Number, State S100160723280		Soc. Sec. Number		INS Number		Place of Birth Toronto		Citizenship US		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
<input type="checkbox"/> Parent Name (Last) (First) (Middle)		<input type="checkbox"/> Legal Custodian		<input type="checkbox"/> Other		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 <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's Office (Phone 561-355-2526) informed of any change of address:					School Attended		Grade			
<input type="checkbox"/> Yes, By: (Name)		<input type="checkbox"/> No: (Reason)								
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/ 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 Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 316.193.1(A)		Violation of ORD#				
Drug Activity N	Drug Type	Amount/Unit None	Offense # 20-031192	Warrant/Capias Number		Bond OR				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
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 July Day 27 Year 2020 Time 0830 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> 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					
HOLD for other Agency Name:		Signature of Arresting Officer			Name Verification (Printed by Arrestee) (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) Mendez			I.D. # 1120		BU# 115412			Page 1 OF 1
Inmate Deputy		Pouch #	Transporting Officer Mendez		I.D. # 1120	Agency BPP	Witness here is subject			

SCANNED

JUN 18 2020

7:15:20

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17 DAY OF June 2020 AT 1847 A.M P.M.

CASE #: 20-031192

DEFENDANT: Szava, Dov

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On 06/17/2020 at approximately 1847 hours, I was dispatched to Mirabella Villas at 2925 S Federal Hwy Boynton Beach (Palm Beach County), Florida in reference a single vehicle traffic crash.

BBPD Dispatch advised a red pickup truck later identified as a 2006 maroon Dodge Ram (bearing FL tag KYHZ42) was driving north bound on S Federal Hwy with two flat tires and a cracked windshield with multiple witnesses following. While responding BBPD Dispatch advised the vehicle crashed into the above address. The witnesses advised they observed a W/M wearing a camo t-shirt and black shoes exit the vehicle from behind the wheel and begin to urinate on the building. The witnesses advised they followed the above vehicle from Boca Raton, FL into Delray Beach, FL before ultimately arriving in Boynton Beach.

Upon arrival, Ofc Roberts was conducting a traffic crash investigation and speaking to the witnesses that followed the vehicle. Ofc Roberts advised the witness identified the W/M stated above as the driver and observed him asleep at times behind the wheel as he drove. The W/M was later identified as W/M Szava, Dov (9/8/72) and was medically cleared by BBFD on scene. I stood by and observed as Ofc Roberts conducted his traffic crash investigation, while Szava spoke I could smell a strong odor of an unknown alcoholic beverage emanating from his mouth and face and he had bloodshot/ glassy eyes. Szava also swayed side to side and front and back and had an extremely hard time staying on his feet. Szava was almost unreadable at times as he had heavily slurred speech. Ofc Roberts completed his traffic crash investigation and advised due to his observations and statements received from the witnesses that I assist with a possible DUI investigation. See Ofc Roberts supplement for further.

I then made contact with Szava and advised him of who I was and the purpose I was speaking to him. I read Szava his Miranda Warnings to which he advised he understood and explained that I was now investigating him for driving under the influence. While speaking to Szava he walked away from me and laid across the grass and refused to acknowledge my questions. Szava ultimately stood up and advised he had no drinks and was driving from his home in Boca Raton. Szava was asked if he had sustained any injuries or needed further medical assistance to which he advised no. Szava was not answering any questions unless repeated multiple times.

Based on the above facts I asked Szava if he would submit to a Series of Standardized Field Sobriety Tasks, to which he did not respond to at first. When he answered Szava stated no, Szava was uncooperative during my investigation. I then advised Szava of his Taylor Warnings, to which he stated that he understood. I then asked Szava a second time, which he stated no.

Based on my investigation at this point Szava was placed into custody under suspicion of DUI (D/L and Spaced).

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:

Refused

ONE LEG STAND:

Refused

FINGER TO NOSE:

Refused

ROMBERG/ALPHABET:

Refused

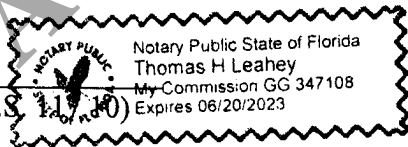
Szava was then placed in the back seat of my patrol vehicle (#4551) and transported to the Palm Beach County BAT Facility, arriving at 1947 hours. I started my 20 minute observations at 1950 hours and completed at 2010 hours. Upon completion I requested Szava provide a sample of his breath to determine the alcohol content, which he refused. I then read Szava Implied Consent, which he stated that he understood. I then asked a second time, which Szava refused again. I then read Szava his Miranda Warnings, which he refused to respond. Szava did not complete Q&As due to him sleeping and refusing to wake up.

Based on the above facts I've established Probable Cause to arrest Szava with 1M count of DUI pursuant with F.S.S. 316.193.1(A). Szava was processed and later turned over to the care, custody and control of the Palm Beach County Jail.

The following instrument was sworn to before me this 17 day of June 2020

By: Personally Known/ Officer Mendez #1120

T. July
Notary/Police Officer (F.S.S. 117.10)



[Signature]
Signature of Arresting Officer

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Officer JOSE MENDEZ, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Boynton Beach Police Department, and I do swear
(Name of enforcement agency)

or affirm that on or about the SEVENTEENTH day of June, 2020, at 7:24 PM

DRIVER DOV SZAVA
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # S100160723280, state of FL, was placed under lawful arrest for

the offense of DUI by Officer JOSE MENDEZ and
(Name of Arresting Officer)

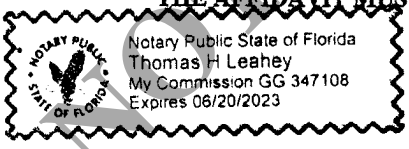
issued Citation # AC860ZE

That on or about the SEVENTEENTH day of June, 2020, at 8:17 pm
6:47 PM
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 (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)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 17 day of June, 2020
by Off J Mendez #1120
who is personally known to me or who has produced
Kuan LED as identification.

Notary Public T Leahey

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

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.

TESTING FACILITY TASK REPORT

AGENCY: BOYNTON BEACH P.D.

SUBJECT: SZAVA, DOV

CASE NUMBER: 20079079

DATE: 06/17/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2010

ENDING TIME: 2021

BREATH TESTS RESULTS: 1) Refused TIME 2017 A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, COULDN'T UNDERSTAND WHAT HE WAS SAYING

ATTITUDE: FELL ASLEEP DURING OBSERVATION, HARD TO WAKE UP

CLOTHING: BLACK TENNIS SHOES, GREEN SHORTS, CAMOFLAGED SHIRT

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

DEFENDANT WENT TO BATHROOM DURING OBSERVATION.

COMMENTS:

A/O AND DEFENDANT ARRIVED AT 1950 HRS.

A/O OBSERVED 20 MINUTES.

A/O REQUESTED BREATH TEST, DEFENDANT AGREED. WHEN HE CAME UP TO THE TABLE WOULD NOT MOUTH PIECE IN HIS MOUTH AND TOLD TECH HE WOULDN'T TAKE THE TEST. REFUSAL CALLED.

A/O READ I/C DEFENDANT SAID HE UNDERSTOOD STILL REFUSED. A/O READ C/W DEFENDANT NEVER ANSWERED IF HE UNDERSTOOD. NO Q & A ATTEMPTED BECAUSE HE KEPT SLEEPING AND WE HAD A HARD TIME WAKING HIM UP TO ANSWER ANYTHING. AFTER VIDEO AND HE WAS BEING PUT IN CELL HE STARTED TALKING.



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

PBSO CASE # 20-079079 PBSO ZONE 6-51

AGENCY CASE # 20-031192 CRASH CASE # _____

TIME OF STOP/CRASH 1847 DATE 6/17/20 DAY WED.

SUBJECT'S NAME SZANA, DOU RACE W SEX M

HGT 5-08 WGT 150 DOB 9/8/72

LOCATION 2925 S FEDERAL HWY BOYNTON BEACH FL

ARRESTING OFFICER'S NAME & ID MENDOZA, J 1120 AGENCY BBPD

DIVISION: PATROL

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 1950

Arrest Time 1924

BREATH RESULTS:

1. **REFUSED**

2. _____

3. _____

4. _____

TESTING OFFICER'S ID 3184

NOT A CERTIFIED COPY

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: 80-006476 Software: 8100.27
Date of Test: 06/17/2020

Date of Last Agency Inspection: 05/15/2020
Observation Period Began: 19:50
Subject's Name: DOV SZAVA

DOB: 09/08/1972 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	20:15
Air Blank	0.000	20:15
Control Test	0.081	20:15
Air Blank	0.000	20:16
Subject Sample #1	REF*	20:17
Air Blank	0.000	20:18
Control Test	0.079	20:18
Air Blank	0.000	20:19
Diagnostics Check	OK	20:19

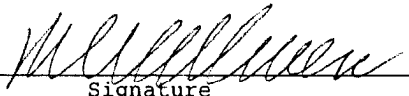
*Subject Test Refused

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

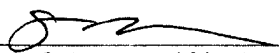
State of Florida, County of Palm Beach

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 SUE OWEN, 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:  Date: 06/17/2020
Signature

Sworn to (or affirmed) before me this 17th day of June, 2020

 Signature of Notary Public-State of Florida
Ofc. J. Mendez 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: SZAVA, DOV CASE NUMBER: 20-03 1192

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 Mendez of the Baynton Beach P.D.

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) Read on Camera

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: SZAVA, DOV CASE NUMBER: 20-031192

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____ NOT

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? done

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? to stay

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? awake HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

- DO YOU HAVE:
- EPILEPSY? _____
 - GLASS EYE? _____
 - FALSE TEETH? _____
 - EAR INFECTION? _____
 - INNER EAR TROUBLE? _____
 - DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: _____



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"/>			
Other	<input type="checkbox"/>	119.071(2)(M)1	Other: Witness to a Murder	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult	

REVIEW COMPLETED BY

Booking Number: 2020015012

Date: 6/18/2020

Specialist Name/ID: M. Tooks #8557



20031192

AC860ZE

FLORIDA DUI UNIFORM TRAFFIC CITATION

COUNTY OF **PALM BEACH** (1) F.H.P. (2) P.D. (3) S.O. (4) OTHER

CITY (IF APPLICABLE) **BOYNTON BEACH** AGENCY NAME **BOYNTON BEACH POLICE DEPARTMENT**

IN THE COURT OF DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON **ABSTRACT OF COURT RECORD FOR STATE LICENSING AUTHORITY REPORT OF DISPOSITION**

DAY OF WEEK **WED** MONTH **6** DAY **17** YEAR **2020** TIME **10:15:00 PM**

NAME (PRINT) FIRST **DOV** MIDDLE **SZAVA** LAST **LAST**

STREET **102 S LAKESIDE DR UNIT 1** IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE

CITY **LAKE WORTH** STATE **FL** ZIP CODE **33480**

TELEPHONE NUMBER DATE OF BIRTH **MO 9 DAY 8 YR 1972** RACE **W** SEX **M** HGT **5' 08"**

DRIVER LICENSE NUMBER **S 1 0 0 1 6 0 7 2 3 2 8 0** STATE **FL** CLASS **E** YR LICENSE EXP **2022** COMMERCIAL VEHICLE YES NO

VEHICLE **2008** MAKE **DCDG** STYLE **PK** COLOR **MAR** PLACED IN REARVIEW MIRROR YES NO

VEHICLE LICENSE NO **KYH242** TRAILER TAG NO STATE **FL** YEAR TAG EXP **2020** YES NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY **S FEDERAL HWY 119 FEET FROM OLD DIXIE HWY 28.500565 - 80.060611**

FT _____ MILES _____ OF NODE _____

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 FACILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF _____

COMMENTS PERTAINING TO OFFENSE(S) OR OTHER (SEE BACK SIDE)

D.U.I. - DRIVING UNDER THE INFLUENCE (MISDEMEANOR) YES NO

SLIP SECTION **(1)**

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

07/27/2020 **08:30 AM** **AC860ZE**

COURT DATE **SOUTH COUNTY COURT HOUSE** TIME

COURT AND LOCATION **200 WEST ATLANTIC AVE DELRAY BEACH 33444 FL**

ARREST DELIVERED TO **PBCJ** DATE **06/17/2020**

I AGREE AND PROMISE TO COMPLY AND OBEY TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS CITATION MAY RESULT IN A RESTRICTED SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH 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 _____

ELIGIBLE FOR PERMIT? YES NO REASON _____

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 BUREAU OF ADMINISTRATIVE REVENUE OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST OLD RELATED OFFENSE BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES. SEE REVERSE SIDE.

RANK-SIGNATURE OF OFFICER **J** **OMAR** BADGE NO **1120** ID NO **1120** TROOP UNIT **PATROL**

HSMV 7804 (Rev 10/14) ELECTRONIC REPORT

FLORIDA DUI UNIFORM TRAFFIC CITATION REPORT OF DISPOSITION ABSTRACT OF COURT RECORD FOR DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES MUST BE REPORTED WITHIN 10 DAYS AFTER FINAL ADJUDICATION

I. COURT ACTION

DEFENDANT'S PLEA: (CHECK ONE) GUILTY NOT GUILTY NOLO CONTENDERE

TRIAL: 1. JURY 2. NON-JURY

DEFENDANT REPRESENTED BY COUNSEL 2. DEFENDANT WANTED COUNSEL

TOTAL FINE AMOUNT _____ TOTAL COURT COSTS _____

VERDICT CHECK ONLY ONE. SENTENCE CHECK ONLY WHEN VERDICT IS GUILTY OR ADJUDICATION WITHHELD BY JUDGE.

1. GUILTY 1. SERVED TIME

6. ESTREATED OR FEITED BOND 2. SENTENCE WITHHELD, DEFERRED OR SUSPENDED

9. ADJUDGED DELINQUENT (JUVENILE ONLY) 3. PROBATION

2. NOT GUILTY 4. TRAFFIC SCHOOL

3. DISMISSED 5. FINE AND/OR COSTS

8. NOLLE PROSEQUI 6. LICENSE ACTION ONLY EXPLAIN BELOW

A. ADJUDICATION WITHHELD BY JUDGE 7. OTHER EXPLAIN _____

8. OTHER 8. COMMUNITY SERVICE EXPLAIN _____

9. INCARCERATION (AFTER DISPOSITION)

II.

IF ORIGINAL CHARGE IS CHANGED, ENTER CHARGE OF WHICH VIOLATOR WAS CONVICTED. DO NOT MAKE ANY ADDITIONAL CHANGES ON FRONT OR BACK OF THIS CITATION.

ORIGINAL DUI CHARGE CHANGED PER STATE ATTORNEY YES NO

III. LOCATION

COUNTY _____ TYPE OF COURT (CHECK BOX) 1. COUNTY 2. CIRCUIT

CITY _____ LOCATION OF TRIAL COURT

PRESIDING JUDGE _____

IV. LICENSE ACTION

COURT RECOMMENDS THE DEPARTMENT SUSPEND DRIVING PRIVILEGE

LENGTH _____

VIOLATIONS CARRYING MANDATORY REVOCATIONS

COURT MAY SPECIFY LENGTH _____ OR CHECK ONE: MINIMUM MAXIMUM

LICENSE PICKED UP BY COURT AND ATTACHED TO THIS REPORT AS REQUIRED BY F.S. 322.25.

VIOLATOR'S ABILITY TO DRIVE IS QUESTIONABLE AND COURT RECOMMENDS RE-EVAMINATION.

V. THE DATES BELOW MUST BE ENTERED ON ALL DISPOSITIONS

FINAL ADJUDICATION OR ACTION ON _____ DATE _____

SUBMITTED TO DHSMV ON _____ DATE _____

SIGNATURE OF INDIVIDUAL SUBMITTING REPORT _____