

21CT18785ANB

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency ORI Number <b>FLO 5 0 2 6 0 0</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>				Agency Report Number <b>78 - 21004995</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 1. Yes 2. No		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) <b>S CENTRAL BLVD/PROMENADE WAY JUPITER FL 33458</b>				Location of Offense (Business Name, Address) <b>CENTRAL BLVD/DONALD ROSS ROAD, PALM BEACH GARDENS, FL 33418</b>							
Date of Arrest <b>11/08/2021</b>		Time of Arrest <b>03:22</b>		Booking Date		Booking Time		Jail Date		Jail Time	
Location of Vehicle <b>KAUFF'S TOWING YARD</b>				4701 EAST AVENUE, WEST PALM BEACH, FL 33461							
Name (Last, First, Middle) <b>MAHUNIK, KARA, ANN</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>F</b>		Date of Birth <b>03/18/1992</b>		Height <b>503</b>		Weight <b>130</b>		Eye Color <b>BLU</b>	
Hair Color <b>BLK</b>		Complexion <b>LGT</b>		Build <b>SMALL</b>		Marital Status <b>SINGLE</b>		Religion <b>CHRISTIAN</b>		Indication of: Alcohol Influence Drug Influence	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT: R-ANKLE; L-HIP; BACK OF NECK</b>				Residence Type 1. City 2. County 3. Florida 4. Out of State		Address Source <b>FL DRIVER'S LICENSE</b>					
Local Address (Street, Apt. Number) <b>1111 DUNCAN CIRCLE #104, PALM BEACH GARDENS, FL 33418</b>				Phone <b>(315) 702-3725</b>							
Permanent Address (Street, Apt. Number) <b>1111 DUNCAN CIRCLE #104, PALM BEACH GARDENS, FL 33418</b>				Phone							
Business Address (Name, Street) <b>GOLDMAN VEIN INSTITUTE, JUPITER, FL</b>				Phone		Occupation <b>VASCULAR SONOGRAPHER</b>					
DL Number, State <b>M520501925980 FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>AUBURN, NY</b>		Citizenship <b>USA</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)		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 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 355-2526) 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 S. Sell 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. Other		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description <b>DUI - BREATH .08 or ABOVE</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>		Violation of ORD #			
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>N</b>		Offense #		Warrant / Capias Number		Bond <b>O R</b>	
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	
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 Number, Address)											
Court Date and Time Month <b>DECEMBER</b> Day <b>08</b> Year <b>2021</b> Time <b>10:00</b> AM <input checked="" 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>11/08/2021</b>	
HOLD for other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		(PRINT)		PAGE			
<input checked="" type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>CAMERON CARVER</b>		ID # <b>471</b>		Witness here if subject signed with an "X"		1 OF 1	
Intake #		Pouch #		Transporting Officer <b>OFC. C. CARVER</b>		ID # <b>471</b>		Agency <b>PBGPD</b>			

DISTRIBUTION WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

05271608

PH 3404

## D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 8 day of NOVEMBER 2021 at 02:49 ☒ AM ☐ PM

Subject: MAHUNIK, KARA, ANN Case Number: 21004995

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: CAMERON CARVER 471

### PERSONAL CONTACT

**DRIVING PATTERN:** (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

Officer Dean Morea #517 initiated a traffic stop on a silver Hyundai Elantra bearing FL HAZJ80 for driving northbound on Central Boulevard south of Donald Ross Road with the front tire blown out and driving on the rim. Officer Morea stated he saw smoke coming from the front right of the vehicle where the tire was worn down. Officer Morea stopped the vehicle in the Town of Jupiter, where he identified the driver and sole occupant of the vehicle as Kara Mahunik via her FL driver's license.

### OBSERVATION OF DRIVER:

Upon my arrival, Mahunik was still sitting in the driver's seat and was not aware of the damage to her vehicle. Mahunik was wearing a thin A-frame shirt and sleep-wear shorts and flip flops. The present temperature was around 64 degrees. Mahunik had difficulty standing and maintaining her balance, swayed and had difficulty following instructions. Eyes were bloodshot, glassy and there was the strong odor of an unknown alcoholic beverage coming from her breath.

### DRIVER STATEMENTS:

Stated she was coming from her home to go to her boyfriend's house, who lives up the street from the location of the traffic stop. Initially stated she did not have any alcohol this evening, then changed to 1 drink, to two maybe three drinks, then changed to four-five drinks about "three hours ago." Stated she was in bed when she got the text from boyfriend to come over. Stated she presently undergoing cancer treatment, takes no other medications. Asked if she had other clothing in vehicle to keep her warm, stated no. Post arrest, she grabbed a scrub shirt and I located scrub pants in bag in front seat.

**ODORS:** Unknown alcoholic beverage from breath

### GENERAL OBSERVATIONS

**SPEECH:** Slurred, low

**ATTITUDE:** Cooperative, Emotional, Relaxed

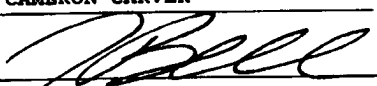
**CLOTHING:** thin A-frame shirt and sleep-wear shorts and flip flops

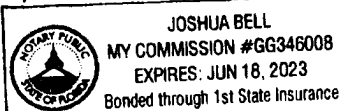
**MEDICAL/OTHER:** Remicade

STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 8 day of November 2021 by  
CAMERON CARVER 471 who is ☒ personally known to me or ☐ produced

  
Notary Public, Clerk of Court, Officer (FSS 117.10)



STAMP

## D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: MAHUNIK, KARA, ANN

Case Number: 21004995

### ROADSIDE TASKS

#### HORIZONTAL GAZE NYSTAGMUS:

##### LEFT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

##### RIGHT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

#### Other Observations:

VGN present; glassy, bloodshot eyes.

#### Walk and Turn

- Unable to Maintain Balance
- Started too Soon
- Stops During Exercise
- Missed Heel to Toe
- Steps Off Line
- Uses Arms for Balance
- Improper turn
- Incorrect Number of Steps

#### One Leg Stand

- Sways While Balancing
- Uses Arms for Balance
- Puts Foot Down
- \*Started Prior to Instructed to.

#### Finger to Nose

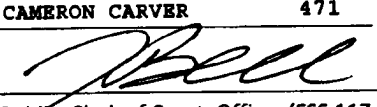
- Pad to Tip
- Pad to Tip
- Pad to Side
- Side to Side
- Pad to Side
- Pad to Tip

BREATH RESULTS: 1) .118 @ 04:44 2) .115 @ 04:47 3) \_\_\_\_\_ @ \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 8 day of November 20 21 by  
CAMERON CARVER 471 who is ☒ personally known to me or ☐ produced

  
Notary Public, Clerk of Court, Officer (FSS 117.10)



JOSHUA BELL  
MY COMMISSION #GG346008  
EXPIRES: JUN 18, 2023  
Bonded through 1st State Insurance

STAMP

## DUI WITNESS LIST

21004995

**Arresting Officer:** CAMERON CARVER 471 Email: ccarver@pbgfl.com  
**Agency Address:** 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445  
**Can Testify To:** Facts of Case

**Backup Officers:** Ofc. Dean Morea #517 / Ofc. Nicholas Guadagno #536 / JPD Ofc. Samantha Razzano #1198  
**Agency Address:** 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445  
**Can Testify To:** Traffic Stop & Scene Safety / Scene Safety & Inventory / Female Search

**Crash Investigator:** \_\_\_\_\_ Email: \_\_\_\_\_  
**Agency Address:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Breathalyzer Technician:** Bell ID: 8656 Agency: PBSO

**DRE:** \_\_\_\_\_ ID# \_\_\_\_\_ Agency Case #: \_\_\_\_\_  
**Agency Address:** \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Involvement:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Can Testify To:** \_\_\_\_\_ ☐ Wheel Witness

**Name:** \_\_\_\_\_ **Involvement:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Can Testify To:** \_\_\_\_\_ ☐ Wheel Witness

**Name:** \_\_\_\_\_ **Involvement:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Can Testify To:** \_\_\_\_\_ ☐ Wheel Witness

**Name:** \_\_\_\_\_ **Involvement:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Can Testify To:** \_\_\_\_\_ ☐ Wheel Witness

**Name:** \_\_\_\_\_ **Involvement:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Can Testify To:** \_\_\_\_\_ ☐ Wheel Witness

**Name:** \_\_\_\_\_ **Involvement:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Can Testify To:** \_\_\_\_\_ ☐ Wheel Witness



**PALM BEACH GARDENS POLICE DEPARTMENT**  
**DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 21-125687 PBSO Zone: 3-13

Agency Case #: 21004995 Crash Case #: \_\_\_\_\_

**Incident Information:**

Time of Stop/Crash: 02:49 Date of Incident: 11/08/2021 Day: MONDAY

Location of Incident: CENTRAL BLVD/DONALD ROSS ROAD, PALM BEACH GARDENS, FL 33418

**Arrest Information:**

Time of Arrest: 03:22 Date of Arrest: 11/08/2021 Day: MONDAY

Location of Arrest: S CENTRAL BLVD/PROMENADE WAY, JUPITER, FL, 33458

Subject's Name: MAHUNIK KARA ANN DOB: 03/18/1992

Race: W Sex: F Height: 503 Weight: 130

Arresting Officer's Name: CAMERON CARVER ID#: 471

Agency: PBGPD Division: TRAFFIC - DUI

**Breath Results**

- 1) .118 at 04:44 hrs.
- 2) .115 at 04:47 hrs.
- 3) N/A at - hrs.
- 4) N/A at - hrs.

**--BAT Use--**

BAT Notified: YES  
Arrival Time at BAT: 04:11  
Subject Arrest Time: 03:22

Breath Test Operator: 8656

# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: MAHUNIK, KARA ANN

CASE NUMBER: 21-125687

DATE: Nov 8, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0438

ENDING TIME: 0450

BREATH TESTS RESULTS: 1) .118 TIME 0444 A.M. ☒ P.M. ☐ 2) .113 TIME 0447 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: SLURRED

ATTITUDE: TALKATIVE, EMOTIONAL, COOPERATIVE

CLOTHING: MAROON SHIRT, BLACK PANTS, BLACK SHOES

MEDICAL CONDITIONS: CROHNS, ARTHRITIS

MEDICATIONS: REMICADE

## OTHER:

EYES: BLOODSHOT, GLASSY

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0411 HOURS

SUBJECT ASKED WHATS THE DIFFERENCE IF SHE TAKES BREATH TEST OR NOT

A/O READ I.C AND EPLAINED

SUBJECT STATED SHE UNDERSTOOD I.C

SUBJECT STATED SHE WOULD TAKE BREATH TEST

TECH READ BREATH TEST RESULTS

SUBJECT ACKNOWLEDGED SHE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

SUBJECT ASKED FOR A LAWYER BEFORE QUESTIONING

**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: 80-006477 Software: 8100.27  
Date of Test: 11/08/2021

Date of Last Agency Inspection: 10/08/2021  
Observation Period Began: 04:11  
Subject's Name: KARA A MAHUNIK

DOB: 03/18/1992 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	04:42
	Air Blank	0.000	04:42
	Control Test	0.080	04:42
	Air Blank	0.000	04:43
	Subject Sample #1	0.118	04:44
	Air Blank	0.000	04:44
	Air Blank	0.000	04:46
	Subject Sample #2	0.115	04:47
	Air Blank	0.000	04:47
	Control Test	0.080	04:48
	Air Blank	0.000	04:48
	Diagnostics Check	OK	04:48

Cylinder Lot: 22620080A2  
Exp: 10/05/2022

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, 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: 11/08/21

Sworn to (or affirmed) before me this 08 day of November, 2021

Signature of Notary Public-State of Florida

OF C. C. Carver # 471  
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: Mahunk, Kara Ann

CASE NUMBER: 21-CC4995

## 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 Officer Carver 471 of the Palm Beach Gardens PD.

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.

\*I invoked\*

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

Read on Camera



**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
	<input type="checkbox"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2021028046	<b>Date:</b> 11/9/2021
	<b>Specialist Name/ID:</b> M.Meek/33849

# WARNING CITATION

YOU ARE HEREBY OFFICIALLY WARNED OF THE BELOW DESCRIBED VIOLATION.  
YOUR ONLY REQUIRED ACTION IS TO EXERCISE SAFER DRIVING HABITS IN THE FUTURE

## PALM BEACH GARDENS POLICE DEPARTMENT

COUNTY OF <b>PALM BEACH</b>		<b>W088406</b>	
CITY (IF APPLICABLE) <b>PALM BEACH GARDENS</b>			
DAY OF WEEK <b>MONDAY</b>	MONTH <b>11</b>	DAY <b>08</b>	YEAR <b>2021</b>
TIME <b>03:22</b>		<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
NAME (PRINT) FIRST <b>KARA</b>		LAST <b>MAHUNIK</b>	
STREET <b>1111 DUNCAN CIRCLE UNIT 104</b>			
CITY <b>PALM BEACH GARDENS</b>		STATE <b>FL</b>	ZIP CODE <b>33418</b>
TELEPHONE NUMBER <b>(315)702-3725</b>	DATE OF BIRTH <b>03 18 1992</b>	SEX <b>W</b>	HEIGHT <b>503</b>
DRIVER LICENSE NUMBER <b>M 5 2 0 5 0 1 9 2 5 9 8 0</b>		STATE <b>FL</b>	CLASS <b>E</b>
COL LICENSE <b>Q</b>		YEAR LICENSE EXP. <b>2022</b>	IF COMMERCIAL VEH. "X" HERE <input type="checkbox"/>
VEHICLE <b>2013</b>	MAKE <b>HYUN</b>	STYLE <b>4D</b>	COLOR <b>GRY</b>
VEHICLE LICENSE NO. <b>HAZ180</b>		TRAILER TAG NO.	STATE <b>FL</b>
YEAR TAG EXPIRES <b>2022</b>		IF PLAGIARDED HAZARDOUS MATERIAL "X" HERE <input type="checkbox"/>	
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY <b>CENTRAL BLVD/DONALD ROSS RD, PALM BEACH GARDENS</b>			

### VIOLATIONS

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> UNLAWFUL SPEED                      | MPH SPEED APPLICABLE                                  | MPH  |
| <input type="checkbox"/> CARELESS DRIVING                    | <input type="checkbox"/> SAFETY BELT VIOLATION        | <input type="checkbox"/> NO PROOF OF INSURANCE     |
| <input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE | <input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT | <input type="checkbox"/> EXPIRED DRIVER LICENSE    |
| <input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY           | <input type="checkbox"/> EXPIRED TAG                  | <input type="checkbox"/> FOUR (4) MONTHS OR LESS   |
| <input type="checkbox"/> IMPROPER CHANGE OF LANE OR COURSE   | <input type="checkbox"/> SIX (6) MONTHS OR LESS       | <input type="checkbox"/> MORE THAN FOUR (4) MONTHS |
| <input type="checkbox"/> IMPROPER PASSING                    | <input type="checkbox"/> MORE THAN SIX (6) MONTHS     | <input type="checkbox"/> NO VALID DRIVER LICENSE   |
| <input type="checkbox"/> CHILD RESTRAINT                     | <input type="checkbox"/> IMPROPER OR NO SIGNAL        | <input type="checkbox"/> PEDESTRIAN VIOLATION      |
| <input type="checkbox"/> IMPROPER PARKING                    | <input type="checkbox"/> IMPROPER TURN                | <input type="checkbox"/> DRIVING TOO SLOWLY        |
| <input type="checkbox"/> BICYCLE VIOLATION                   | <input type="checkbox"/> DRIVING WITHOUT LIGHTS       | <input type="checkbox"/> OPEN CONTAINER            |

☒ OTHER: **DAMAGE - RIM CAUSING DAMAGING TO ROADWAY**

COMMENTS PERTAINING TO VIOLATION:

**316.2051 DAMAGE - RIM CAUSING DAMAGE TO ROADWAY**

*[Signature]*  
X SIGNATURE OF VIOLATOR

*[Signature]*  
NAME, SIGNATURE OF OFFICER

*[Signature]*  
BADGE NO.

*[Signature]*  
ID NO.

*[Signature]*  
TROOP UNIT

# WARNING CITATION

Case # 21004995