

0506293

21CT21291ASB

1761

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N				
ADMINISTRATION	Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.				Agency Report Number 34-21-045073							
	Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator									
	Location of Arrest (Including Name of Business) 2000 N SR 9 BOYNTON BEACH FL 33426				Location of Offense (Business Name, Address) 2000 N SR 9 BOYNTON BEACH FL 33426									
	Date of Arrest 12/28/2021	Time of Arrest 0913	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle							
DEFENDANT	Name (Last, First, Middle) PYZOCHA, LISA, ANNE													
	Alias (Name, DOB, Soc. Sec. #, Etc)													
	W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex F	Date of Birth 03/15/1978	Height 502	Weight 110	Eye Color BROWN	Hair Color BROWN	Complexion FAIR	Build MED			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE						Marital Status SINGLE	Religion UNK	Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 607 SEALOFTS DR APT 204 BOYNTON BEACH FL 33426				Phone (508)527-6663		Residence Type 1. City 3. Florida 2. County 4. Out of State				1			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone () -		Address Source FL REGISTRATION							
	Business Address (Street, Apt. Number) (City) (State) (Zip)				Phone () -		Occupation UNK							
	D/L Number, State P220521785950		Soc. Sec. Number		INS Number		Place of Birth BOSTON MA		Citizenship USA					
	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						
JUVENILE	<input type="checkbox"/> Parent Name (Last) (First) (Middle)				Residence Phone									
	<input type="checkbox"/> Legal Custodian				Business Phone									
	<input type="checkbox"/> Other													
	Address (Street, Apt. Number) (City) (State) (Zip)													
	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. <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No (Reason)						School Attended		Grade					
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>				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. Barbituates C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	CHARGE	Charge Description DUI with Property Damage				Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 316.193 (3)(C)(1)		Violation of ORD#				
Drug Activity				Drug Type	Amount/Unit	Offense # 21-045073	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	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	Charge Description				Counts 878	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				
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> 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 Monday JANUARY Day 24 Year 2022		Time 0830		A.M. <input checked="" type="checkbox"/> P.M. <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 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.													
ADMIN.	Signature of Defendant (or Juvenile and Parent/Custodian)				Signature of Arresting Officer 878				Name Verification (Printed by Arrestee) (PRINT)					
	Name: CA MONICA				Name of Arresting Officer (Print) OFC L RINI				I.D. # 878					
	Pouch #				Transporting Officer OFC L RINI				I.D. # 878					
					Agency BBPD				Witness here is subject Signed with an "X".					

DEC 20 2021

01/08/2022

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28 DAY OF December 2021 AT 0833 ☒ A.M. ☐ P.M.

CASE #: 21-045073

DEFENDANT: PYZOCHA, LISA, ANNE

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

I responded to the area of 744 W Boynton Beach Blvd in reference to a possible impaired driver operating a White Acura bearing Fl tag ET49G that was involved in a traffic crash. The caller advised the vehicle was leaving the scene and was last observed eastbound on Boynton Beach Blvd, possibly entering SR 9 (I95). Ofc Mendez observed the vehicle in the 500 block of Boynton Beach Blvd entering Sr 9 northbound and got behind the vehicle matching the description. Ofc Mendez advised the vehicle failed to maintain a single lane multiple times as the vehicle was northbound traveling at approximately 40 mph in the outside lane. Ofc Mendez advised he made contact with the driver, sole occupant, W/F Pyzocha, Lisa DOB 03/15/78. Ofc Mendez advised he smelled the odor of an unknown alcoholic beverage, heavy slurred speech, and couldn't focus on multiple tasks and stated she didn't know how the crash happened or where it occurred. Pyzocha provided her Fl driver's license and registration card. Let it be noted that this occurred within the City of Boynton Beach, Palm Beach County Florida. Ofc Mendez completed his crash investigation.

I then made contact with Pyzocha and identified myself. Pyzocha was standing on the right break down lanes of SR 9. I confirmed Pyzocha's name and information. While speaking to Pyzocha, I could smell the odor of an alcoholic beverage emitting from her person which intensified as she spoke. Pyzocha's speech was thick and slurred and her eyes were bloodshot and glassy. Pyzocha could not stand on her own and used the cement wall to assist with standing up. I read Pyzocha her Miranda Rights from a department issued card which was captured on my BWC. Pyzocha advised she understood. I then advised Pyzocha I was conducting an investigating due to the fact I believed she was operating a motor vehicle while impaired.

Based on the traffic crash, driving pattern, Ofc Mendez observations and my initial observations to this point, I requested Pyzocha to submit to a series of Field Sobriety Tasks to determine if she was operating a motor vehicle while under the influence of an alcoholic beverage, or narcotics. Pyzocha was very confrontational and would not answer yes or no regarding submitting to the tasks. Due to Pyzocha actions and her not being able to stand on her own, the tasks were not completed for her safety.

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly | <input type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye prior to 45 degrees | <input type="checkbox"/> Right eye prior to 45 degrees |
| <input type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye | <input type="checkbox"/> Vertical Nystagmus in right eye |

WALK AND TURN:

Not conducted

ONE LEG STAND:

Not conducted

FINGER TO NOSE:

Not conducted

ROMBERG/ALPHABET:

Not conducted

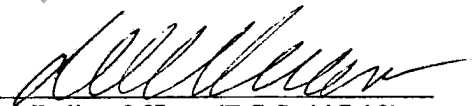
Based on the above facts I've established probable cause for the arrest of Pyzocha, Lisa with the charge of Driving Under the Influence WITH Property Damage pursuant with F.S.S. 316.193 (3)(C)(1). Pyzocha was placed into cuffs and transported to PBSO for further processing.

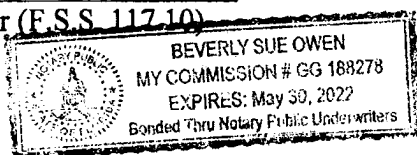
Upon arrival at the PBSO BAT (0940 hours), a 20 minute observation was conducted on Pyzocha. During this time, Pyzocha did not consume any liquid or items into her mouth. After the 20-minute observation, I requested Pyzocha to submit to a lawful test of her breath for the purpose of determining its alcohol content. Pyzocha refused to comply with my orders to sit in the chair in the breath room, and refused to listen to what I have asked. Pyzocha began to yell at the breath tech and would not listen to us regarding sitting, down again, standing on the X, or answering any of my questions. I then read Pyzocha Implied Consent which she advised talked over me and would not listen to me. I then asked Pyzocha a second time and she continued to not cooperate and advised no. The refusal was marked at 1018 hours. I then read Pyzocha her Rights which she still was uncooperative. I asked Pyzocha if she would answer question and she advised no. Pyzocha was then escorted to the booking cell at which time I removed the handcuffs from Pyzocha. Perez was TOT to Palm Beach County Jail.

The following instrument was sworn to before me this

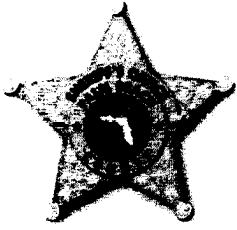
28 day of December 2021

By: Ofc RINI #878


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




Signature of Arresting Officer



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

PBSO CASE # 21142516 PBSO ZONE 6-62
AGENCY CASE # 21-045073 CRASH CASE # _____
TIME OF STOP/CRASH 08:53 DATE 12/28/2021 DAY _____
SUBJECT'S NAME PYZOCHA LISA ANNE RACE WHITE SEX FEMALE
LAST FIRST MID
HGT 502 WGT 110 DOB 03/15/1978
LOCATION 2000 N SR 9 BOYNTON BEACH FL 33426
ARRESTING OFFICER'S NAME & ID OFC RINI 878 AGENCY BOYNTON BEACH PD
DIVISION: TRAFFIC
NOTIFIED BY COMMO call-in
ARRIVAL AT FACILITY 0940 HOURS
ARREST TIME 0913HOURS

BREATH RESULTS:

1) **REFUSED**

2) _____

3) _____

4) _____

TESTING OFFICER'S ID 3184 PBSO VIDEOTAPE # N/A

WITNESS LIST

CASE NUMBER: _____

ARRESTING OFFICER: **OFC RINI #878**

ADDRESS: **2100 HIGH RIDGE RD BOYNTON BEACH FL 33436**

PHONE NUMBERS (HOME): _____ (WORK) **561742 6853**

CAN TESTIFY TO: **ARREST, FACTS IN REPORT**

NAME: **OFC MENDEZ**

ADDRESS: **2100 HIGH RIDGE RD BOYNTON BEACH FL 33436**

PHONE NUMBERS (HOME): _____ (WORK) **561 742 6100**

CAN TESTIFY TO: **FACTS LISTED IN REPORT**

NAME: **OFC EICHORST**

ADDRESS **2100 HIGH RIDGE RD BOYNTON BEACH FL 33426**

PHONE NUMBERS (HOME): _____ (WORK) **561 742 6100**

CAN TESTIFY TO: **FACTS LISTED IN REPORT**

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME): _____ (WORK) _____

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NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: BOYNTON BEACH P.D.

SUBJECT: PYZOCHA, LISA ANN

CASE NUMBER: 21142516

DATE: 12/28/2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1015

ENDING TIME: 1020

BREATH TESTS RESULTS: 1) Refused TIME 1018 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:

ATTITUDE: ANGRY, VERY UN-CO-OPERATIVE

CLOTHING: BLACK SANDALS, BLACK JEANS, GREY SWEATSHIRT

MEDICAL CONDITIONS: NONE

MEDICATIONS: LEXAPRO,

OTHER:

DID NOT FOLLOW INSTRUCTIONS. KEPT STANDING UP. THREATENED TECHNICIAN.

COMMENTS:

OFC RINI #878 OF BOYNTON BEACH P.D. AND DEFENDANT ARRIVED AT 0940 HOURS (CALL-IN)
A/O OBSERVED 20 MINUTES. DEFENDANT REFUSED BREATH AND WOULD NOT SIT IN CHAIR.
DEFENDANT REFUSED URINE. A/O READ I/C AND C/W. DEFENDANT WANTED ATTORNEY SO VIDEO
WAS CONCLUDED.

SUBJECT: _____ 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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

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? _____

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? _____

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? _____

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? _____ 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: _____

SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____



**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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021032674

Date: 12/29/2021

Specialist Name/ID: M.Meek / 33849