

21CT7533AmB

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		N	
Agency ORI Number FLO 500006		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-21962903							
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		Weapon Seized / Type 2. 1. Yes 2. No		Multiple Clearance Indicator 01			
Location of Arrest (Including Name of Business) S STATE ROAD 77 ARMONE PL BOYNTON BEACH FL, 33472		Location of Offense (Business Name, Address) S STATE ROAD 77 ARMONE PL, BOYNTON BEACH FL, 33472											
Date of Arrest 05/07/2021		Time of Arrest 0022		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle ZUCCALLAS TOWING	
Name (Last, First, Middle) KOCIKOWSKI, MALGORZATA													
Race White													
Sex Female		Date of Birth 4/20/1966		Height 5'08		Weight 146		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status SINGLE		Religion CATHOLIC		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number) 1144 NW 90TH LN, CORAL SPRINGS FL, 33071		(City)		(State)		(Zip)		Phone (754) 2819474		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source FL DL			
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation NURSE			
DL Number, State K222540666400, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) POLAND		Citizenship NON US					
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile			
Parent Name (Last)		(First)		(Middle)		Residence Phone							
Legal Custodian													
Other													
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.						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/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamines	
												B. Barbiturate C. Cocaine E. Heroin	
												H. Hallucinogen M. Marijuana O. Opium/Deriv.	
												P. Paraphernalia/ Equipment S. Synthetics	
												U. Unknown Z. Other	
Charge Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1)(A)		Violation of ORD #					
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 21062903		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input 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 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 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) PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD WEST PALM BEACH FL 33406													
Court Date and Time Month JUNE Day 3RD Year 2021 Time 0830 AM <input checked="" type="checkbox"/> PM													
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.													
Signature of Defendant (or Juvenile and Parent /Custodian) 05/07/2021													
Date Signed													
HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) INV. A. TEJEDA		I.D. # 31814		(PRINT)				PAGE	
Intake Deputy		D. #		Pouch #		Transporting Officer INV. A. TEJEDA		ID # 31814		Agency PBSO		Witness here if subject signed with an "X"	
												1 OF 1	

JH 0503154

P-SCANMED

MAY 07 2021

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Citations		1		Juvenile	
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06- 81-062903					
	Charge Type: Check as many as apply.		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 <input type="checkbox"/>		Special Notes:		
CHARGES	Name (Last, First, Middle) Kocikowski, Malgorzata			Alias		Race		Sex		Date of Birth	
	Charge Description Driving Under the Influence			Charge Description							
VICTIM	Victim's Name (Last, First, Middle) State of Florida,,					Race		Sex		Date of Birth	
	Local Address (Street, Apt. Number)			(City)		(State)		(zip)		Phone	
	Business Address (Name, Street)			(City)		(State)		(zip)		Phone	
										Occupation	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> committed the below acts in my presence <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>6</u> day of <u>May</u>, 20<u>21</u> at <u>11:18</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>											
<p>I was advised that a white Honda FL rg NGUM90 had failed stop to stop for a PBSO district 4 Deputy and was driving north Bound on State Road 7 from Atlantic Ave. A search of the area located the vehicle, A White Honda CR-V, travelling north bound on State Road 7 at the Lee Road area. I was advised the vehicle had struck a constructions sign.</p> <p>While following behind the vehicle it swerved from side to side within its lane. It had obvious damage from a recent traffic collision (damage to the front bumper, smashed windshield). The vehicle continued bound on State Road 7 at an estimated speed of 60 mph in a posted 50 mph zone. I activated my APPLIED CONCEPTS STALKER DSR2X SN DP009433 utilizing the FRONT antenna serial KR008935. The radar gave an audio Doppler tone as well as digital read out of 61 mph in a posted 50 mph zone.</p> <p>I activated my emergency overhead read and blue lights as well as my siren in an effort the pull over the vehicle. We continued travelling approximately a quarter to half a mile prior to the vehicle pulling over.</p> <p>Upon approach to the driver side of the vehicle the driver opened the driver side door. There was an immediate odor or an unknown alcoholic beverage, based on my training and life experiences, which came from the defendant and intensified as she spoke to me. The defendant was swaying in her seat, her speech was slurred, and her eyes were red, bloodshot, and watery. The defendant swayed while sitting in the driver seat of the vehicle. There was glass dust on the dashboard of the vehicle.</p> <p>When I asked the defendant what was going on she stated that she had too much to drink. She admitted to having three glasses of wine. She stated that she was coming form Boca and that she believed she was heading to Coral Springs, to her residence, on the 75.</p> <p>At this time I requested the Driving Under the Influence (DUI) investigator to respond. Upon his Arrival the investigation was turned over to Inv. A. Tejada # 31814</p>											
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: right;">Cpl. C. Ward 16305</p> <p>(Signature of Arresting/Investigative Officer)</p>											
<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>6</u> day of <u>May</u>, 20<u>21</u> by <u>Cpl. C. Ward</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known LEO</u></p> <p><u>Inv. A. Tejada 31814</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 17.10)</p>											

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7TH DAY OF MAY 2021 AT 2319 AM ☒ PM

SUBJECT: KOCIKOWSKI, MALGORZATA, CASE NUMBER: 21062903

AGENCY: PAUM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. A. TEJEDA

PERSONAL CONTACT

WARNING: EXERCISE CAUTION! Do not place hands on physical control (physical evidence) or statements, putting def. behind wheel of vehicle.

On May 6, 2021, at approximately 8:00 hours, I observed that a white, Honda Fit, 4-door, had failed to stop for a STOP sign at the intersection of State Road 7 and Atlantic Ave. A search of the area located the vehicle, a white, Honda, Fit, traveling north bound on State Road 7 at the Lee Road area. I was advised the vehicle had struck a construction sign.

While following behind the vehicle it swerved from side to side within its lane. It had obvious damage from a recent traffic collision (damage to the front bumper, smashed windshield). The vehicle continued bound on State Road 7 at an estimated speed of 60 mph in a posted 50 mph zone. I activated my APPLIED CONCEPTS STALKER DSR2X SN DP009433 utilizing the FRONT antennas serial KR008935. The radar gave an audio Doppler tone as well as digital read out of 61 mph in a posted 50 mph zone.

I activated my emergency overhead red and blue lights as well as my siren in an effort to pull over the vehicle. We continued traveling approximately a quarter to half a mile prior to the vehicle pulling over.

Upon approach to the driver side of the vehicle the driver opened the driver side door. There was an immediate odor of an unknown alcoholic beverage, based on my training and life experiences, which came from the defendant and intensified as she spoke to me. The defendant was swaying in her seat, her speech was slurred, and her eyes were red, bloodshot, and watery. The defendant swayed while sitting in the driver seat of the vehicle. There was glass dust on the dashboard of the vehicle.

When I asked the defendant what was going on she stated that she had too much to drink. She admitted to having three glasses of wine. She stated that she was coming from Boca and that she believed she was heading to Coral Springs, to her residence, on the 75.

OBSERVATION OF DRIVER:

Upon making contact with the defendant, who was seated inside of her vehicle I observed her to have glassy blood shot and red eyes. I also observed her to have an obvious odor of an unknown alcoholic beverage coming from her breath which intensified as she spoke with me. Upon stepping out of her vehicle she stumbled to her side and had trouble keeping her balance.

DRIVER'S STATEMENTS:

The driver stated that she was at a bar with her boss and had too many drinks. She stated that she was traveling southbound on University Dr, she was actually driving northbound on S State Road 7. She stated the time was approximately 8pm, it was actually approximately 12:25. She stated that she had 2 glasses of white wine at Carrabbas restaurant. She stated she drink an anti depressant, but did not know the name.

ODORS:

Obvious odor of an alcoholic beverage coming from her breath that intensified as she spoke with me.

GENERAL OBSERVATIONS

SPEECH: Slow and slurred speech

ATTITUDE: Calm and cooperative

CLOTHING: Pink shirt, pink pants, and brown sandals

MEDICAL/OTHER: No medical conditions

All roadsides captured on in car camera

STATE OF FLORIDA
COUNTY OF PALM BEACH

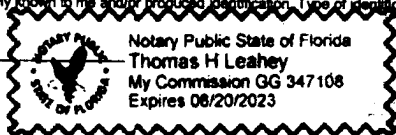
INV. A. TEJEDA

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of May 2021 by INV. A. TEJEDA

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

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



SUBJECT: KOCIKOWSKI, MALGORZATA, CASE NUMBER 21062903

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:

The defendant was unable to maintain the instructional stance, by stepping off to her side. She stated that she understood the instructions and had no questions for me. She identified the blue stimulus. She swayed from side to side. She was unable to follow the stimulus with only her eyes and was reminded several times. She was told to hold her face with both hands to assist her with not moving her head.

WALK & TURN:

I explained and demonstrated the instructions for the Walk & Turn to her. She stated she understood and had no questions for me. She was unable to maintain the instructional stance, by stepping to her side and using her arms for balance. She also started walking on her own without being instructed to do so. Once she was told to begin she stated that she wasn't sure of the instructions and the task was explained again. She stated she understood. She did not walk heel to toe. She stepped off of the line several times. She improperly counted. She did not turn around as instructed and walked backwards. She took the incorrect number of steps down counting form 1 through 4, then 4, 4, 6, 8 and 9. She then improperly counted back, 9, 8, 6, 5, 8, and 7.

ONE LEG STAND:

I explained and demonstrated the instructions for the One Leg Stand to her. She stated she understood and had no questions for me. She was unable to maintain the instructional stance by stepping to her side and using her arms for balance. She put her foot down several times. She did not count as instructed.

FINGER TO NOSE:

I explained and demonstrated the instructions for the Finger to Nose task to her. She stated she understood and had no questions for me. She did not keep her eyes closed as instructed. She swayed from side to side. She did not use the tip of her finger as instructed, using the pad of her finger. She did not touch the tip of her nose as instructed. She did not return her arms to her side as instructed and was told after each attempt to return her arms to her side.

RHOMBERG ALPHABET:

I explained and demonstrated the instructions for the Rhomberg Alphabet task to her. She stated she understood and had no questions for me. She was unable to recite the English alphabet, after stating that it was a different language. She was then asked to count from 1 to 26. She improperly counted form 1 to 26 and did not keep her eyes closed as instructed.

BREATH TEST RESULTS: 1) REFUSED 2) REFUSED 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

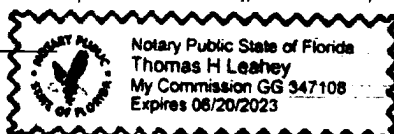
INV. A. TEJEDA

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of May 2021 by INV. A. TEJEDA

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

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



TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. ☒ P.M. ☐ 2) TIME A.M. ☐ P.M. ☐

3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
subject drank 2 glasses of wine - Q&A

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0104 hrs

subject refused to perform breath test

A/O read I/C 4X & subject understood I/C

subject refused to perform breath test

A/O read rights & subject understood rights

A/O conducted Q&A

subject answered questions

subject stated she takes anti depressant & sleeping pills everyday - Q&A



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

DEPT CASE # 21062803

ISSUE ZONE 6-61

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 2319 DATE 05/06/2021 DAY Thursday

SUBJECT'S NAME KOCIKOWSKI, MALGORZATA, RACE W SEX F

HGT 5'08 WGT 145 DOB 4/20/1966

LOCATION S STATE ROAD 7/ ARMONE PL BOYNTON BEACH FL, 33472

ARRESTING OFFICER'S NAME & ID INV. A. TEJEDA (31814) AGENCY PALM BEACH COUNTY SHERIFF'S OFFICE

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0104

ARREST TIME 0022

BREATH RESULTS:

1)	REFUSED
2)	
3)	
4)	

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

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

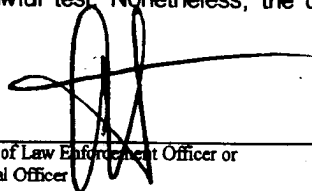
I, Investigator LE ANTHONY TEJEDA, a duly certified Law Enforcement Officer or Correctional Officer
(Person Having Implied Consent Warning)
am a member of Palm Beach County Sheriff's Office
(Name of enforcement agency)
or affirm that on or about the SEVENTH day of May, 2021, at 12:22 AM

DRIVER MALGORZATA KOCIKOWSKI
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # K222540666400, state of FL, was placed under lawful arrest for
the offense of DUI by Investigator LE ANTHONY TEJEDA and
(Name of Arresting Officer)
issued Citation # AEA7GDE

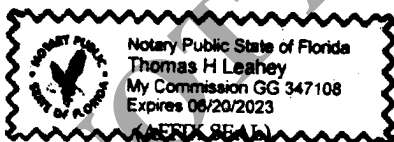
That on or about the SEVENTH day of May, 2021, at 1:35 AM
in Palm Beach County,

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 refusing 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)



The foregoing instrument was sworn and subscribed before
me this 07 day of May, 2021
by Inv A Tejeda #31814
who is personally known to me or who has produced
Kuany as identification.
Notary Public T Leahy

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.



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

REVIEW COMPLETED BY

Booking Number: 2021011047	Date: 5/7/2021
	Specialist Name/ID: AM/31562