

0513944

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

202001000635ANB

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

OBTS Number		Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-20000231	
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	
Location of Arrest (Including Name of Business) SMITH DR/ELLISON WILSON RD, PBG, FL				Location of Offense (Business Name, Address) KEW GARDENS AV/PGA BLVD, PBG, FL			
Date of Arrest 01/11/2020	Time of Arrest 05:59	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405	
Name (Last, First, Middle) BORGER, ROBERT, WILLIAM						Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 07/11/1988	Height 5'8	Weight 165	Eye Color BLU	Hair Color BRO	Complexion LIGHT
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A				Marital Status SINGLE	Religion CHRISTIAN	Indication of Alcohol/Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> 1. City 2. County 3. Florida 4. Out of State	
Local Address (Street, Apt. Number) 196 LONE PINE DR		(City) (State) (Zip) PALM BEACH GARDENS, FL 33410		Phone (561) 901-9388		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) 196 LONE PINE DR		(City) (State) (Zip) PALM BEACH GARDENS, FL 33410		Phone ()		Address Source VERBAL	
Business Address (Name, Street)		(City) (State) (Zip)		Phone ()		Occupation ATTORNEY	
D/L Number, State B626779882510 FL	Soc. Sec. Number	INS Number		Place of Birth (City, State) WEST PALM BEACH, FL		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"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Parent Name (Last) (FIRB) (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 N. N/A S. Sell B. Buy P. Possess 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. Opium/Derv. P. Paraphernalia/Equipment S. Synthetics U. Unknown Z. Other	
Charge Description DRIVING UNDER THE INFLUENCE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description DUI ENHANCED OVER .15		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(4)		Violation of ORD #	
Drug Activity N	Drug Type N	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) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700							
Court Date and Time Month FEBRUARY Day 12 Year 2020 Time 10:00 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)				Date Signed 01/11/2020			
HOLD for other Agency Name:		Signature of Arresting Officer X [Signature]		Name Verification (Printed by Arresting Officer) SCANNED			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Releated Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Ofc. ANDREW FLINK		I.D. # 514		(PRINT) JAN 13 2020	
Intake Deputy [Signature]		I.D. # [ID]		Pouch # [Pouch]		Transporing Officer ANDREW FLINK	
I.D. #		ID # 514		Agency PBGPD		Witness here if subject signed with an "X" 1 OF 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11TH DAY OF FEBRUARY 20 20, AT 0546 AM PM

SUBJECT: BORGER, ROBERT, WILLIAM CASE NUMBER: 20000231

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

I was monitoring traffic in the area of PGA Blvd and Kew Gardens Av, PBG, FL, I observed a vehicle traveling at an increased rate of speed eastbound in the inside through lane. My initial visual estimation of the vehicle was approximately 75 MPH. Using RADAR Stalker DSR2X #16474 (S/N #KC086606), I received a steady Doppler tone and reading of 77 MPH in a posted 45 MPH zone. I entered the lane behind the vehicle and initiated a traffic stop on the vehicle Smith Dr just east of Ellison Wilson Rd. I made contact with the driver, later identified via Florida Driver License photo, Robert Borger while he was still in the driver seat of the vehicle which was on and running.

OBSERVATION OF DRIVER:

Borger had bloodshot watery eyes, slurred speech, flushed red face and the obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance, which would increase as he spoke.

DRIVER'S STATEMENTS:

Borger said he was coming from West Palm Beach and had not consumed any alcoholic beverages.

ODORS:

Unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Complaint

CLOTHING: Green sweater, blue jeans.

MEDICAL/OTHER: None stated.

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of January 2020 by Ofc. ANDREW FLINK

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification to me, as a Notary Public, State of Florida, Commission # 22085061

Personally Known

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



SHARI L. O'NEAL
Notary Public - State of Florida
Commission # 22085061
My Comm. Expires 12/31/2022
Beverly Hills, FL

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Vertical Gaze Nystagmus was observed in both eyes. Borger was swaying back and forth.

WALK & TURN:

During the instructions, Borger stepped off the line and turned around, then repositioned himself in the wrong position. Borger then started the exercise with the wrong foot. I instructed Borger to return to the proper starting position. Borger then started the exercise prior to being told to do so. During the first set of steps, Borger took 11 steps rather than nine as instructed. Borger then conducted an improper turnaround, by pivoting on both feet rather than taking a series of small steps as instructed. Borger then took 10 steps rather than nine as instructed. Borger also raised his arms from his sides more than six inches during the exercise.

ONE LEG STAND:

During the exercise, Borger swayed while balancing. While counting, once Borger reached 1009, he started over at 1001. Borger then counted eight twice consecutively.

FINGER TO NOSE:

During the exercise, on the command of left, Borger touched under his nose. The next command of left, he touched the side of his nose. On another command of left, Borger used his right hand. On the subsequent command of right, Borger used his left and touched the side of his nose.

ROMBERG ALPHABET:

Not conducted.

BREATH TEST RESULTS: 1) .175 2) .147 3) .150 4) -

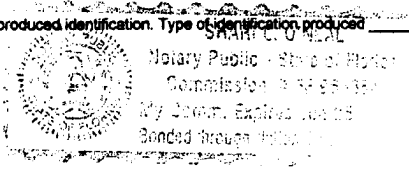
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of January, 2020 by Ofc. ANDREW FLINK

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

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





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

PBSO CASE # 20-024878 PBSO ZONE 3-13

AGENCY CASE # 20000231 CRASH CASE # _____

TIME OF STOP/CRASH 0546 DATE 01/11/2020 DAY SATURDAY

SUBJECT'S NAME BORGER ROBERT WILLIAM RACE W SEX M
LAST FIRST MID

HGT 5'8 WGT 165 DOB 07/11/1988

LOCATION SMITH DR/ELLISON WILSON RD, PBG, FL

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

DIVISION: ROAD PATROL

NOTIFIED BY COMMO Yes

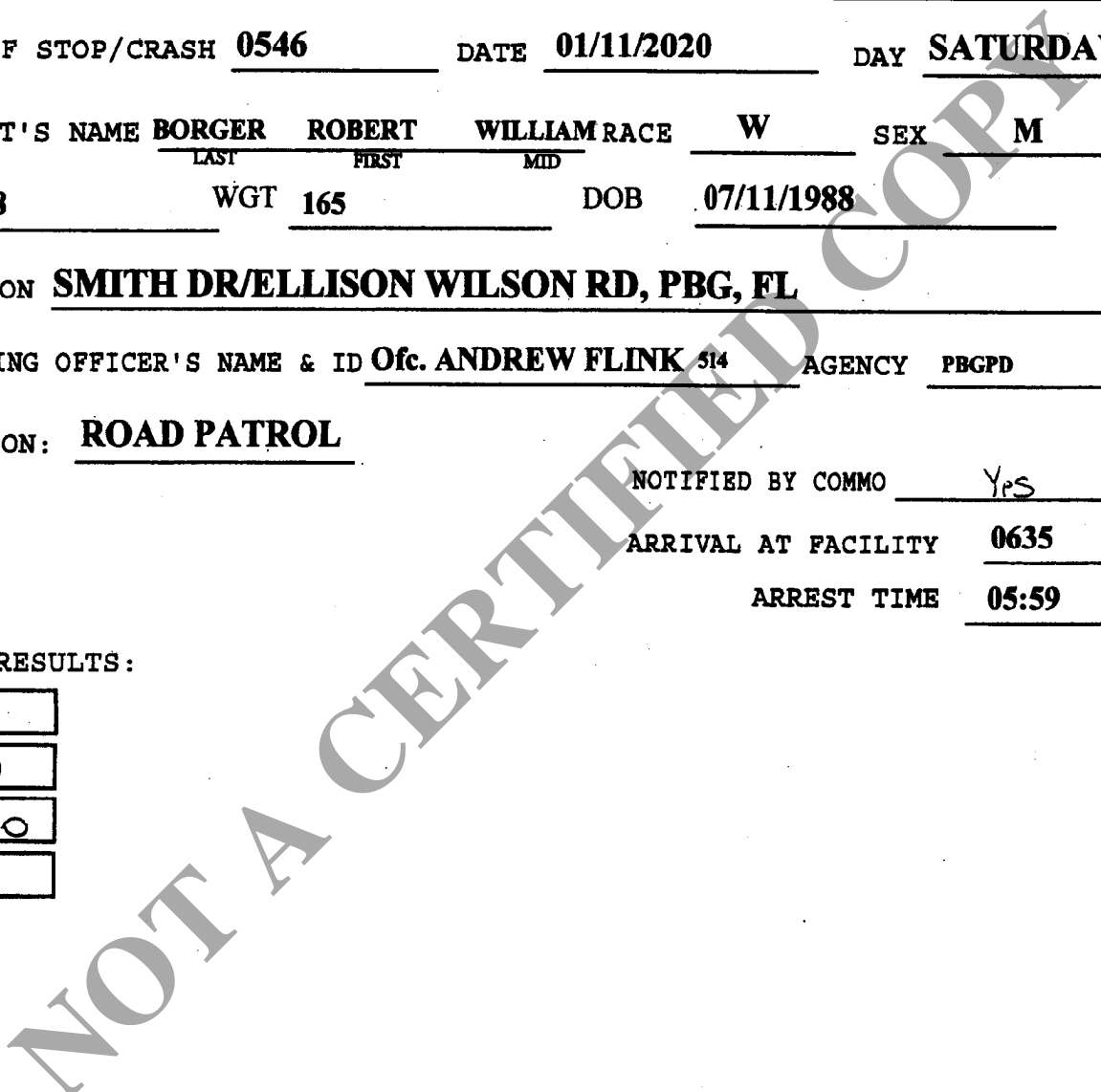
ARRIVAL AT FACILITY 0635

ARREST TIME 05:59

BREATH RESULTS:

- 1) .175
- 2) .147
- 3) .150
- 4) -

BREATH TEST OPERATOR: 6212



SUBJECT: Boyer, Robert 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: Off. [Signature]
WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: Purper, Robert 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) Feud on camera



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

REVIEW COMPLETED BY

Booking Number: 2020001170	Date: 01/12/2020
	Specialist Name/ID: AM/31562

COMPLAINT

FLINK
(514)

20000231



FLORIDA DUI UNIFORM TRAFFIC CITATION

A56H6SE

COUNTY OF PALM BEACH 06		<input type="checkbox"/> (1) F.H.P. <input checked="" type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) I.O. <input type="checkbox"/> (4) OTHER	
CITY IF APPLICABLE PALM BEACH GARDENS		AGENCY NAME PALM BEACH GARDENS	
		AGENCY # 78	
IN THE COUNTY DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/HAVE HAS/HAVE JUST AND REASONABLE GROUNDS TO BELIEVE AND DOUBT BELIEVE THAT ON			
COMPLAINT (RETAINED BY COURT)			
DAY OF WEEK SATURDAY	MONTH 01	DAY 11	YEAR 2020
		TIME 05:47	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.
NAME (FIRST) ROBERT	MIDDLE WILLIAM	LAST BORGER	
STREET 196 LONE PINE DR			
CITY PALM BEACH GARDENS		STATE FL	ZIP CODE 33410
TELEPHONE NUMBER	DATE OF BIRTH 07 11 1988	SEX W	HAIR M
DRIVER LICENSE NUMBER B 6 2 6 7 7 9 8 8 2 5 1 0	STATE FL	CLASS E	EXPIRES 2026
VEHICLE YEAR 2014	MAKE BMW	MODEL UT	COLOR DBL
VEHICLE LICENSE NO. GYT68	TRAILER TAG NO.	STATE FL	YEAR TAG EXPIRES 2020
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMED KEW GARDENS AVE/PGA BLVD, PALM BEACH GARDENS			
VIOLATION CITATIONS			

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF **.175**

DUI - DRIVING UNDER INFLUENCE | Driving Under RELEAS YES NO

AGGRESSIVE DRIVER 1 YEAR 2 YEARS 3 YEARS STATE STATUTE SECTION **316.193** SUBSECTION **(1)***

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

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

02/12/2020 10:00 AM A56H6SE

COURT DATE

NORTH COUNTY GOVERNMENT CENTER

3188 PGA Boulevard PBG, FL 33410

ARREST DELIVERED TO **PRSO MAIN JAIL** DATE **01/11/2020**

I HEREBY AND PROUDLY ACCEPT TO THE OFFICER AND INSTRUCTIONS SPECIFIED IN THIS CITATION WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY BE CONSIDERED AS AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY AND ASSISTANCE TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

DRIVING UNDER INFLUENCE VIOLATOR

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? YES NO REASON **OVER .08**

ELIGIBLE FOR PERMIT? YES NO REASON **VALID DL**

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

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

SIGNATURE OF OFFICER *[Signature]* 514

ISSUED BY **514**

ISSUE NO. _____ ID NO. _____ TROOP UNIT _____

HSBW 73004 (Rev. 10/14)

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

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

FLINK
(514)

20000231



COMPLAINT

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

FLORIDA DUI UNIFORM TRAFFIC CITATION **A56H6TE**

CITY OF PALM BEACH 06		<input type="checkbox"/> (1) F.H.P. <input checked="" type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE) PALM BEACH GARDENS		AGENCY NAME PALM BEACH GARDENS	
		AGENCY # 78	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
COMPLAINT (RETAINED BY COURT)			
DAY OF WEEK SATURDAY	MONTH 01	DAY 11	YEAR 2020
		TIME 05:47	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.
NAME (PRINT) FIRST ROBERT		LAST BORGER	
STREET 196 LONE PINE DR			
CITY PALM BEACH GARDENS		STATE FL	ZIP CODE 33410
TELEPHONE NUMBER	DATE OF BIRTH 07 11 1988	SEX W	HGT 508
DRIVER LICENSE NUMBER B 6 2 6 7 7 9 8 8 2 5 1 0	STATE FL	CLASS E	EXPIRES 2026
TR VEHICLE 2014 BMW UT DBL	YEAR TAG EXPIRES 2020	PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VEHICLE LICENSE NO. GYIF68	TRAILER TAG NO.	STATE FL	YEAR TAG EXPIRES 2020
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMED KEW GARDENS AVE/PGA BLVD, PALM BEACH GARDENS			
MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
COMPARISON CITATIONS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF **.175**

DUI - BAC/BRAC OVER .15 - OR - MINOR IN VEHICLE | CELEBRATION YES NO

AGGRESSIVE DRIVER PASSENGER 1 YEAR PASSENGER 2 YEARS STATE STATUTE SECTION **316.193 (4)** SUB-SECTION

CRASH DAMAGE TO OTHER PROPERTY INJURY TO ANOTHER SERIOUS BODILY INJURY TO ANOTHER FATAL

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.
02/12/2020 10:00 AM **A56H6TE**
NORTH COUNTY GOVERNMENT CENTER
3188 PGA Boulevard PBG, FL 33410

ARREST DELIVERED TO **BOSSO MAIN JAIL** DATE **01/11/2020**
I HEREBY AND PROUDLY CONSENT TO THE CHANGE AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION IS A CRIMINAL VIOLATION. I UNDERSTAND BY SIGNING THIS CITATION I AM NOT ADMITTING GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS, PLEASE 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 322.2815, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

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

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

NAME, SIGNATURE OF OFFICER ID NO. _____ TROOP UNIT _____
HSMV 73804 (Rev. 10/14)

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