

0514132 2020 CT 001064 ANRS

851

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 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- 20000424

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other Weapon Seized / Type 1. Yes 2. No Multiple Clearance Indicator

Location of Arrest (Including Name of Business) PGA BLVD/FAIRCHILD GARDENS AV, PBG, FL Location of Offense (Business Name, Address) PGA BLVD/FAIRCHILD GARDENS AV, PBG, FL

Date of Arrest 01/19/2020 Time of Arrest 20:24 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) MAHONEY, RYAN, Alias (Name, DOB, Soc. Sec. #, Etc.)

Race W- White I - American Indian B - Black O - Oriental/Asian W M Sex M Date of Birth 10/12/1988 Height 5'9 Weight 190 Eye Color HAZ Hair Color BRO Complexion LIGHT Build MEDIUM

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A Marital Status SINGLE Religion CATHOLIC Indication of Alcohol Influx Drug Influence Y N Unk.

Local Address (Street, Apt. Number) 2126 MACLARIE LN, BROOMALL, PA 19008 Phone (610) 306-4352 Residence Type: 1. City 2. County 3. Florida 4. Out of State 4

Permanent Address (Street, Apt. Number) 2126 MACLARIE LN, BROOMALL, PA 19008 Address Source VERBAL

Business Address (Name, Street) Occupation SELF EMPLOYED

D/L Number, State 28346192 PA Soc. Sec. Number INS Number Place of Birth (City, State) RIDLEY, PA Citizenship

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 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. Handed/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address provided by defendant and / or defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address. Yes, by: (Name) No: (Reason)

Property Crime? Yes No Description of Property Value of Property

Drug Activity S. Sell R. Smuggle 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/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

Charge Description DRIVING UNDER THE INFLUENCE Counts 1 Domestic Violence Y N Statute Violation Number 316.193(1)(A) Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Charge Description Counts Domestic Violence Y N Statute Violation Number Violation of ORD #

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FILED
JAN 20 2020
CIRCUIT & COUNTY COURTS
(CRIMINAL DIV.)

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 19 Year 2020 Time 10:00 AM X 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 01/19/2020

Signature of Defendant (or Juvenile and Parent / Custodian) Date Signed Signature of Arresting Officer Name Verification (Printed by Arrestee) Name of Arresting Officer (Print) Ofc. ANDREW FLINK 514 I.D. # (PRINT) SCANNED JAN 19 PM 10:00 Name of Arresting Officer (Print) Ofc. ANDREW FLINK 514 Agency PBGPD I.D. # 514 Agency PBGPD Witness here if subject signed with an -X 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY 0 2020 - DEFENDANT (N.T.A.'s ONLY)

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19TH DAY OF JANUARY 20 20, AT _____ 2010 _____ AM PM

SUBJECT: MAHONEY, RYAN, CASE NUMBER: 20000424

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)

Ofc Arnold 441 observed the vehicle, a Nissan sedan (3432616/PA temporary) disobey a steady red light west bound through the intersection of PGA Blvd and Fairchild Gardens Av, PBG, FL. The vehicle then drove up on the raised concrete median, rubbed against a rubber traffic pylon, then back onto the inside through lane. Ofc Arnold then initiated a traffic stop on the vehicle. I arrived and made contact with the individual Ofc Arnold identified as the driver, Ryan Mahoney who was positively identified via Pennsylvania Driver License photo. Mahoney was still in the driver seat, however the vehicle was off and keys were removed.

OBSERVATION OF DRIVER:

Mahoney had watery eyes, slurred speech, flushed red face and the obvious odor of an unknown alcoholic beverage emanating from his breath. Mahoney appeared slightly disoriented and lethargic, to commands. While standing, Mahoney was swaying when standing up-right and still.

DRIVER'S STATEMENTS:

Mahoney said he was coming from his old boss's house in Jupiter. Mahoney further admitted to consuming two Coronas, which was determined by this Officer to be an alcoholic beverage.

ODORS:

Unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Compliant

CLOTHING: Blue hoodie, Khaki shorts, brown flip-flops.

MEDICAL/OTHER: Acid Reflux

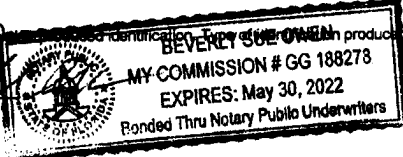
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of January 20 20 by Ofc. ANDREW FLINK

(Print name of Arresting/Investigative Officer) who is personally known to me

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



Personally Known

SUBJECT: MAHONEY, RYAN,

CASE NUMBER 20000424

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:

Not performed after Taylor Warnings read.

WALK & TURN:

Not performed after Taylor Warnings read.

ONE LEG STAND:

Not performed after Taylor Warnings read.

ROMBERG ALPHA BETA:

Not performed after Taylor Warnings read.

FINGER TO NOSE:

Not performed after Taylor Warnings read.

BREATH TEST RESULTS: 1) REFUSAL 2) REFUSAL 3) - 4) -

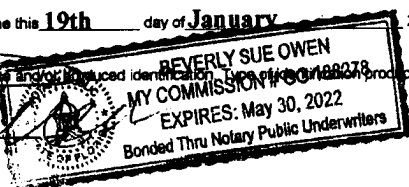
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of January, 2020 by Ofc. ANDREW FLINK

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification) 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 # 20-028211 PBSO ZONE 3-13

AGENCY CASE # 20000424 CRASH CASE # _____

TIME OF STOP/CRASH 2010 DATE 01/19/2020 DAY SUNDAY

SUBJECT'S NAME MAHONEY RYAN RACE W SEX M
LAST FIRST MID

HGT 5'9 WGT 190 DOB 10/12/1988

LOCATION PGA BLVD/FAIRCHILD GARDENS AV, PBG, FL

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

DIVISION: ROAD PATROL

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 2054

ARREST TIME 20:24

BREATH RESULTS:

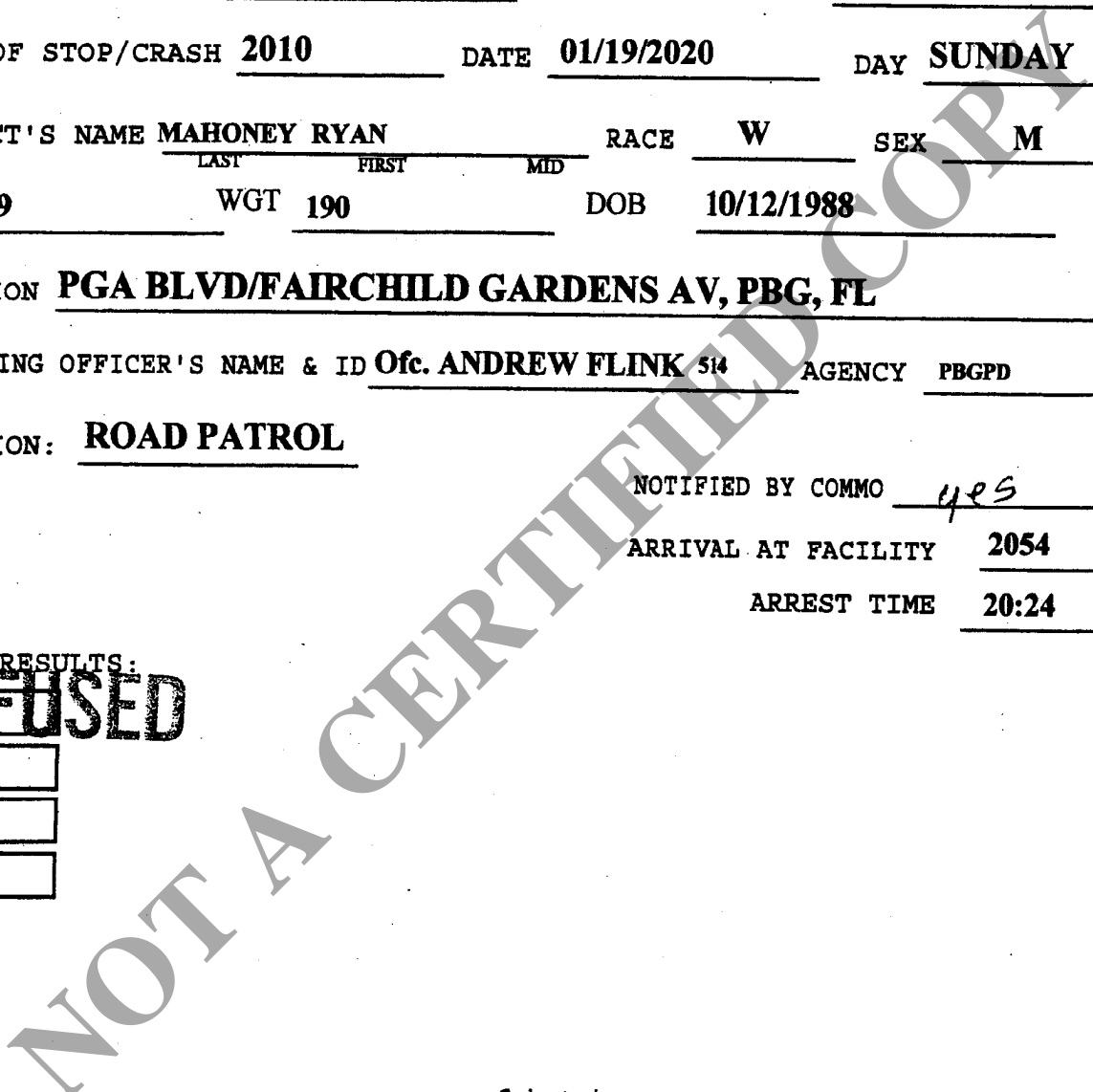
1) REFUSED

2)

3) -

4) -

BREATH TEST OPERATOR: 3184



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

I, Ofc. ANDREW FLINK, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Gardens Police Department, and I do swear
(Name of law enforcement agency)

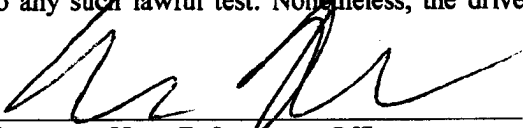
or affirm that on or about the 19TH day of JANUARY, 20 20, at 20:24 P.M. A.M.

DRIVER RYAN MAHONEY
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# 28346192, state of PA, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE by Ofc. ANDREW FLINK and
issued Citation # A56H73E
(Name of Arresting Officer)

That on or about the 19TH day of JANUARY, 20 20, at 2118 P.M. A.M.
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 one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.


Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 19th day of January, 20 20,

Title _____

by Ofc. ANDREW FLINK,

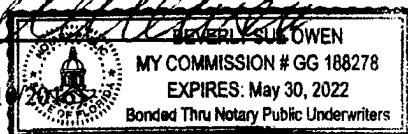
Date _____

who is personally known to me or who has produced

Personally Known as identification

Notary Public

HSMV-BAR1001 (REV. 1



Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: **REFUSED** 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: _____

COMMENTS: _____

NOT A CERTIFIED COPY

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 – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020002214	Date: 01/20/2020
	Specialist Name/ID: AM/31562

FLINK
(514)

20000424

COMPLAINT

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



DATE _____ COURT ACTION AND OTHER ORDERS _____

FLORIDA DUI UNIFORM TRAFFIC CITATION **A56H73E**

COUNTY OF PALM BEACH 06		<input type="checkbox"/> (1) F.A.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	
COMPLAINT (RETAINED BY COURT)			
DAY OF WEEK SUNDAY	MONTH 01	DAY 19	YEAR 2020 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
NAME (FIRST) RYAN		NAME (LAST) MAHONEY	
IF DIFFERENT THAN ONE OR DRIVER LICENSE "I" HERE			
STREET 2126 MACLARIE LN		CITY BROOMALL	
STATE PA		ZIP CODE 19008	
TELEPHONE NUMBER	DATE OF BIRTH 10 12 1988	RACE M	SEX 509n
DRIVER LICENSE NUMBER 2 8 3 4 6 1 9 2	STATE PA	CLASS 1	CDL LICENSE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
TR. LICENSE EXP. 2020	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
TR. VEHICLE 2019 NISS 4D SIL	VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE FL
YEAR TAG EXPIRES 2000		MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY FAIRCHILD GARDENS AVE/PGA BLVD,		COMPARISON CITATIONS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PALM BEACH GARDENS			
FT. _____	INCHES _____	OF NOSE _____	

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCE; OR 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 REF

COMMENTS PREVIOUS TO OFFENSE: DRUG TEST NEGATIVE

DUI - DRIVING UNDER INFLUENCE | Driving Under RELEASE NO

AGGRESSIVE DRIVER PASSENGER 1-10 YEARS NO STATE STATUTE SECTION **316.193 (1)***

CHARGE DAMAGE TO OTHER PROPERTY BATTERY TO ANOTHER BATTERY TO BODY OF ANOTHER FATAL YES NO

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

02/19/2020 10:00 AM A56H73E
COURT DATE THE **NORTH COUNTY GOVERNMENT CENTER**
3188 PGA BOULEVARD PBG, FL 33410

ARREST DELIVERED TO **PBEO MAIN JAIL** DATE **01/19/2020**

X 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 322.2816, 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 **REFUSAL**
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 OR RELATED OFFENSE. SEE REVERSE SIDE.

BY SIGNATURE OF OFFICER **514** RANK NO. _____ ID NO. _____ TROOP UNIT _____
HSBY 7884 (Rev. 10/14)

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 S'PENSION FOR _____ DAYS	
RECOMMEND RE-TEST _____	
SIGNATURE OF JUDGE _____	
TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):	
APPEAL BOND OF \$ _____	
VIOLATOR'S FINGERPRINT WHEN APPLICABLE _____	