

0513745

20CT000034NB

24

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-2000039	
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) N MILITARY TRL/BURNS ROAD, PALM BEACH GARDENS, FL 33410				Location of Offense (Business Name, Address) N MILITARY TRL/LARCH AVE, PALM BEACH GARDENS, FL 33410			
	Date of Arrest 01/03/2020	Time of Arrest 03:01	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) ALIEV, SERGE, MICHAEL				Alias (Name, DOB, Soc. Sec. #, Etc.) NONE				
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 08/07/1975	Height 511	Weight 155	Eye Color GRN	Hair Color BRO	Complexion LGT	Build SMALL
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status MARRIED	Religion OTHER	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> 1. City 2. County 3. Florida 4. Out of State 1		
Local Address (Street, Apt. Number) (City) (State) (Zip) 12505 WOODMILL DRIVE, PALM BEACH GARDENS, FL 33410		Phone (303) 907-7560		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1		Address Source FL DRIVER'S LICENSE		
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 12505 WOODMILL DRIVE, PALM BEACH GARDENS, FL 33410		Phone ()		Occupation DANCE INSTRUCTOR				
Business Address (Name, Street) (City) (State) (Zip) JUPITER FRED ASTAIRE, 115 1ST STREET, JUPITER, FL 33458		Phone (561) 743-3216						
DL Number, State A-410-793-75-287-0 FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) MINSK, BELARUS		Citizenship USA
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Parent Legal Custodian Other: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone ()		Business Phone ()		
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 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 355-2528) 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 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/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other
Charge Description DRIVING UNDER THE INFLUENCE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #		
Drug Activity N	Drug Type N	Amount / Unit N/A	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		
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) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700								
Court Date and Time Month FEBRUARY Day 05 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 02/03/2020				
HOLD for other Agency Name:		Signature of Arresting Officer [Signature]		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) Ofc. Cameron Carver #471		I.D. # #471		
Intake Deputy [Signature]		I.D. #	Pouch #	Transporting Officer Ofc. Cameron Carver #471		Agency PBGPD		
Witness here if subject signed with an "X"				PAGE 1 OF 1				

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 03 DAY OF January 20 20, AT 02:41 AM PM

SUBJECT: ALIEV, SERGE, MICHAEL CASE NUMBER: 20000039

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Cameron Carver #471

PERSONAL CONTACT

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

I observed a black BMW 320i bearing Florida license plate 672QPQ driving eastbound on Hood Road at a high rate of speed and saw the vehicle make abrupt lane changes approaching a red light. The BMW made a right turn, to head south on N Military Trail without coming to a complete stop. The BMW continued southbound and the driver failed to maintain a single lane, drifting into the right-hand lane, then making an abrupt or jerking correction to get back into the middle lane. I followed the BMW to establish a greater driving pattern and capture it on dash camera; noticed it varied in speed, traveling between 38mph to 48mph in a 45mph zone. As the BMW approached Larch Avenue it again drifted out of its lane and made an abrupt correction. I initiated a traffic stop on the BMW with it pulling into the left turn lanes of Burns Road. As I was exiting the vehicle the BMW began to move forward. I ordered the driver to put the vehicle in park.

OBSERVATION OF DRIVER:

While speaking with Aliev from the driver side window I detected the odor of unknown alcohol emanating from his breath. I observed Aliev's clothing to be clean, wearing a red hoodie jacket, green gym shorts and gray sandals. Aliev spoke with an accent, however his speech was slurred and mumbled. Aliev's eyes were glassy and bloodshot.

DRIVER'S STATEMENTS:

Aliev advised he came from his residence and was going Turnbury at PBG, which was north of our location. Aliev stated he was following his GPS, but then stated he wasn't paying attention to his GPS. WI asked Aliev how alcohol he consumed which Aliev replied "I drink," stating he drank "Wine."

ODORS:

Odor of unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Accent, Slurred, Mumbled

ATTITUDE: Calm, Cooperative

CLOTHING: Clean, red hoodie jacket, green gym shorts, gray sandals

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

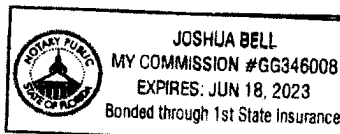
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 03 day of JANUARY 2020 by Ofc. Cameron Carver

(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)

JAN 03 2020



SUBJECT: ALIEV, SERGE, MICHAEL

CASE NUMBER 20000039

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:

Aliev's eyes to be bloodshot and glassy. Aliev was unable to keep from moving his head during the task. Aliev swayed while moving his body.

WALK & TURN:

Aliev stated he wanted to keep his flip-flops on. The instructions were explained and demonstrated to Aliev. During the instructional phase, Aliev was unable to keep balance, swaying and stepped out of position. Aliev started prior to being directed to. After instructions and Aliev stating he understood, Aliev started on command. Aliev missed heel-to-toe on steps 1 and 3. Aliev walked off the line on step 1. Although Aliev took the correct number of steps, he miscounted his steps. Aliev did not turn as instructed and demonstrated. Aliev stopped at the end of his first walk. When I asked him if he was done, he stated he didn't know what else to do. I reminded him to walk back which he did without incident. During this task, I also observed Aliev look forward, not at his feet as instructed.

ONE LEG STAND:

The instructions were explained and demonstrated to Aliev, who stated he understood. During the instructional phase, Aliev started prior to being told to. Upon the command to begin, Aliev swayed while balancing. Aliev put his foot down on 1000-11. During this task, I also observed Aliev look forward not at his feet as instructed. Aliev did not count as instructed. Aliev miscounted, stating 1000-10 then 1000-12, then stated 15. Aliev did not keep his foot elevated as instructed, keeping it over a foot off the ground. Aliev visibly swayed during the task.

[Empty box for notes]

[Empty box for notes]

BREATH TEST RESULTS: .122 .124

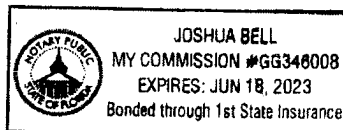
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 03 day of JANUARY 2020 by Ofc. Cameron Carver

(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)



SCANNED

JAN 03 2020

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006239 Software: 8100.27
Date of Test: 01/03/2020

Date of Last Agency Inspection: 12/06/2019

Observation Period Began: 03:25

Subject's Name: SERGE M ALIEV

DOB: 08/07/1975 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	03:50
	Air Blank	0.000	03:50
	Control Test	0.080	03:50
	Air Blank	0.000	03:51
	Subject Sample #1	0.122	03:52
	Air Blank	0.000	03:53
	Air Blank	0.000	03:54
	Subject Sample #2	0.124	03:55
	Air Blank	0.000	03:56
	Control Test	0.079	03:56
	Air Blank	0.000	03:57
	Diagnostics Check	OK	03:57

Cylinder Lot: 17919080A1
Exp: 08/05/2021

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I JOOSHUA J BELL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____

Signature

Date: 01/03/20

Sworn to (or affirmed) before me this 03 day of January, 2020

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



PALM BEACH COUNTY SHERIFF'S OFFICE

DUI TESTING FACILITY

INFORMATION SHEET

PBSO CASE # 20-021742 PBSO ZONE 3-13

AGENCY CASE # 20000039 CRASH CASE # _____

TIME OF STOP/CRASH 02:41 DATE 01/03/2020 DAY FRIDAY

SUBJECT'S NAME ALIEV SERGE MICHAEL RACE W SEX M
LAST FIRST MID

HGT 511 WGT 155 DOB 08/07/1975

LOCATION N MILITARY TRL/BURNS ROAD, PALM BEACH GARDENS, FL 33410

ARRESTING OFFICER'S NAME & ID Ofc. Cameron Carver #471 AGENCY PBGPD

DIVISION: Traffic Unit

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 03:25

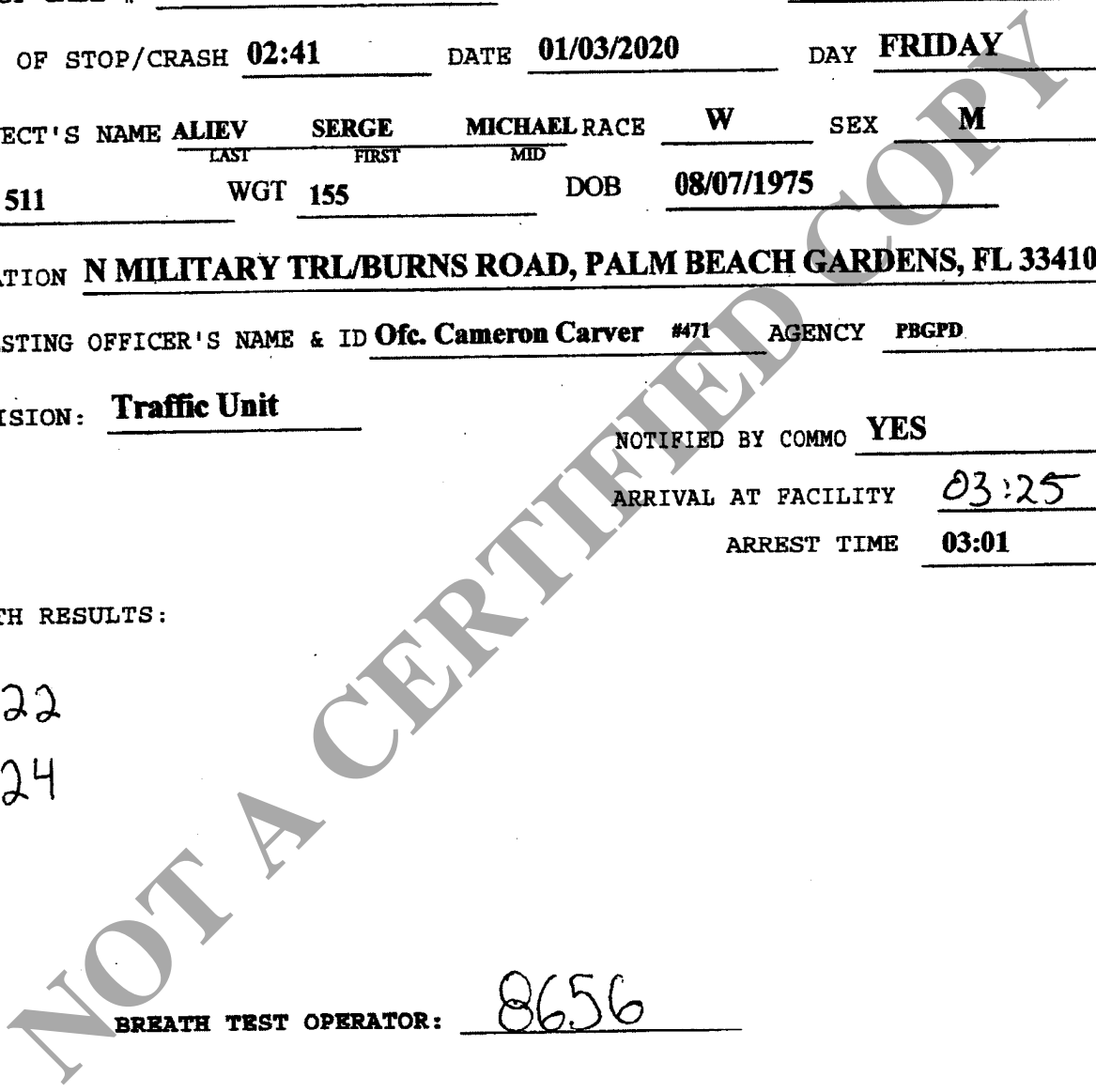
ARREST TIME 03:01

BREATH RESULTS:

.122

.124

BREATH TEST OPERATOR: 8656



SCANNED

JAN 03 2020

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: ALIEV, SERGE M

CASE NUMBER: 20-021742

DATE: 01/03/20

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0348

ENDING TIME: 0359

BREATH TESTS RESULTS: 1) .122 TIME 0352 A.M./P.M. 2) .124 TIME 0355 A.M./P.M.
3) N/A TIME XX A.M./P.M. 4) N/A TIME XX A.M./P.M.

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT, SLURRED

ATTITUDE: QUIET, COOPERATIVE

CLOTHING: RED HOODED JACKET, GREEN SHORTS, BLACK FLIP FLOP

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES: BLOODSHOT, GLASSY

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 0325 HRS

SUBJECT STATED HE WOULD TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

TECH READ BREATH TEST RESULTS

SUBJECT ACKNOWLEDGED HE UNDERSTOOD BREATH TEST RESULTS

SCANNED

2020 JAN 03 2020

WHITE - STATE ATTY. YELLOW - DHS/MV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: Aliev, Serge M CASE NUMBER: PBGPD 20000039

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) Read on camera

WITNESS LIST

CASE NUMBER: 20000039

ARRESTING OFFICER: Ofc. Cameron Carver

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: Ofc. William Butzbach #507

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: SCENE SAFETY

NAME: _____

ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED

JAN 03 2020



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

REVIEW COMPLETED BY

Booking Number: 2020000186	Date: 01/03/2020
	Specialist Name/ID: T Howard/7185

SCANNED
JAN 03 2023