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ARREST / NOTICE TO APPEAR

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

OBTS Number _____ Agency ORI Number **0500800** Agency Name **West Palm Beach Police Department** Agency Report Number (N.T.A.'s only) **9, 4 | 2020-0009745**

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other _____

Location of Arrest (Including Name of Business) **1000 BLK 23RD ST WPB FL 33401** Location of Offense (Business Name, Address) **1000 23RD ST BLK, WEST PALM BEACH, FL 33407**

Date of Arrest **06/21/2020** Time of Arrest **10:09** Booking Date **06/21/2020** Booking Time **10:19** Jail Date _____ Jail Time _____ Location of Vehicle _____

Name (Last, First, Middle) **SZOCIK, STANLEY JOHN** Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____

Race **W - White** Sex **M** Date of Birth **09/10/1968** Height **5'11** Weight **220** Eye Color **BROWN** Hair Color **BROWN** Complexion **MEDIUM** Build **Heavy**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) _____ Marital Status **S** Religion _____ Indication of Alcohol Influence Yes No Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip) Home Phone **(908) 220-5453** Residence Type: 1. City 3. Florida 2. County 4. Out of State **3**

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Mobile Phone _____ Address Source **FL DL**

Business Address (Name, Street) (City) (State) (Zip) Work Phone _____ Occupation **Unemployed**

DL Number, State **S220790683300 / FL** Soc. Sec. Number _____ INS Number _____ Place of Birth (City, State) **BELLEVUE, NJ** Citizenship **US**

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 3. Felony 5. Juvenile 2. At Large 4. Misdemeanor

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 3. Felony 5. Juvenile 2. At Large 4. Misdemeanor

Parent Other: _____ Name (Last, First, Middle) _____ Residence Phone _____

Legal Custodian _____

Address (Street, Apt. Number) (City) (State) (Zip) Business Phone _____

Notified by: (Name) _____ Date _____ Time _____ JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) _____ Relationship _____ Date _____ Time _____

The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.

Property Crime? Yes No Description of Property _____ Value of Property _____

Drug Activity: S. Sell, R. Smuggle, X. Dispense/Distribute, M. Manufacture/Produce/Cultivate, Z. Other, N. NA, B. Buy, D. Deliver, E. Use, P. Possess, T. Traffic

Drug Type: N. NA, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown

Charge Description **DRIVING WHILE UNDER INFLUENCE** Statute Violation Number **316.193(1)(b)** Violation of ORD # _____

Drug Activity _____ Drug Type **N** Amount / Unit _____ Offense # _____ Counts **1** Domestic Violence Y N Warrant / Capias Number _____ Bond _____

Charge Description _____ Statute Violation Number _____ Violation of ORD # _____

Drug Activity _____ Drug Type _____ Amount / Unit _____ Offense # _____ Counts _____ Domestic Violence Y N Warrant / Capias Number _____ Bond _____

Charge Description _____ Statute Violation Number _____ Violation of ORD # _____

Drug Activity _____ Drug Type _____ Amount / Unit _____ Offense # _____ Counts _____ Domestic Violence Y N Warrant / Capias Number _____ Bond _____

Health / Apparent Physical Condition of Defendant _____ Any knowledge of the following: Mental Escape Risk Medication Deformities Injuries Explain: **JUN 21 PM 1:08**

Check which applies: Released O.R. Released to Parent/Guardian T.O.T. County Jail PROPERTY - Received By _____ Released By _____ Released To _____

Posted Bond South County Mental Health

Transported By _____ Date Transported _____ Time Transported _____ Other _____

INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room) **Criminal Justice CRIMINAL JUSTICE COMPLEX** Court Date and Time **07/23/2020 08:30:00** **3228 GUN CLUB ROAD**

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO PLEAD TO 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 **6/21/2020**

I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE. **(908) 220-5453** INITIAL **SDS**

HOLD for Other Agency _____ Signature of Arresting Officer _____ Name Verification (Printed by Arrestee) _____

Dangerous Resisted Arrest Switched Guns Intake Date _____ Pouch # _____ Name of Arresting Officer (Print) **DILLARD, DANIEL** I.D. # **01843** (PRINT) _____

Transporting Officer **D. DILLARD** I.D. # **1843** Agency **WPBPD** Wimos here if subject signed with an "X".

Page **1** of **1**

DUI PROBABLE CAUSE AFFIDAVIT

On the 21st Day of June, 2020 at 8:30 A.M. P.M.

Subject: Szocik, Stanley Case Number: 2020-0009745

Agency: West Palm Beach Police Department Arresting Officer: Inv. D. Dillard #1843

Personal Contact

Driving Pattern Actual physical control (physical evidence putting the driver behind the wheel)

I responded to the 1000 Blk. of 23rd St. in reference to a possible impaired driver. Upon arrival I made contact with Ofc. Paniagua and Ofc. Luttier who responded to a call from a citizen who stated a vehicle was parked in front of her residence for approx. 10 min and occupied by a white male. Upon arrival they observed the driver sitting in the driver seat. The key was in the ignition and the vehicle was running. Ofc. Paniagua stated he made contact with the driver and immediately noticed bloodshot glassy eyes and the odor of an unknown alcoholic beverage. The driver who was the sole occupant of the vehicle was identified as Stanley Szocik by FL DL.

Observation of Driver

Upon making contact with the driver he was standing outside of his vehicle. I could smell the distinct odor of an unknown alcoholic beverage emitting from the driver. The odor became stronger from his breath as he spoke to me. The driver was very talkative and rambling. The drivers eyes were bloodshot and glassy.

Drivers Statements:

The driver stated he drove off of 95 and looked for a place to pull over. The driver stated he did not know anyone on 23rd Street. He stated he parked there at 3:30-4am and once he woke up he was going to go home. The driver stated he had a total of 6 shots of Jack Daniels and his last one was at midnight. The driver stated he normally doesn't drink but he has been stressed out due to everything going on and needed relief.

Odors:

Distinct odor of an unknown alcoholic beverage

General Observations

Speech: fast and talkative

Attitude: calm and passive

Clothing: Multi color shirt/black shorts/black shoes

Medical Problems/Medications: None

Other: No diabetes or epilepsy. no prescription lenses, no illegal narcotics, toes are stuck together, his birth defect but does not hinder walking normal, the driver stated he also had an injury to his left hip and knee from 2011-2012 when he was slinging luggage on a cruise ship, and no prescription medications.

DUI PROBABLE CAUSE AFFIDAVIT

Subject: Szocik, Stanley Case Number: 2020-0009745

Roadside Tasks

Horizontal Gaze Nystagmus

- | | |
|--|---|
| <input checked="" type="checkbox"/> Left Eye Does Not Follow Smoothly | <input checked="" type="checkbox"/> Right Eye Does Not Follow Smoothly |
| <input checked="" type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less | <input checked="" type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less |
| <input checked="" type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input checked="" type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

The driver had equal pupil size and equal tracking. While conducting this exercise lack of smooth pursuit was present. Sustained and distinct nystagmus at maximum deviation was present. The onset of nystagmus was present and at approximately 40 degrees. I observed the driver swaying in a circular motion.

Walk and Turn Task

I instructed the driver to stand with his right foot in front of his left foot on a natural line in the roadway and to remain in this position until told to begin. The driver stepped out of this position once while I gave the instructions. The driver stated he stepped out of the position because of the pressure on his left hip. I explained and demonstrated the exercise and the driver stated he understood the instructions. When told to begin the driver took 9 steps swaying and pausing on step 8. The driver completed the turn as instructed. The driver took 9 steps back swaying and stepping off of the line on step 4. The driver also raised his arms for more than 6" from his body to maintain balance.

One Leg Stand

I had the driver stand with his feet together and hands down at his side. I explained and demonstrated the exercise and the driver stated he understood the instructions. The driver lifted his left foot off the ground approximately 3". The driver set his foot down once during the exercise. The driver counted to one thousand 23 in the allotted 30 seconds. The driver looked at me instead of the raised foot as instructed. I ended the exercise when my stop watch reached 30 seconds.

Finger To Nose

I had the driver stand with his feet together and index fingers pointed straight out. I explained and demonstrated the exercise to the driver and he stated he understood. I instructed the driver to close his eyes. On the first left the driver brought the tip of his left finger to the side of his left nostril. On all lefts and rights I had to remind the driver to bring his arm back down.

Romberg Balance

The driver stated his highest level of education was 13th or 14th grade and an associates degree in broadcasting. The driver stated he did know the alphabet. The driver stated he could recite the entire alphabet from A to Z. The driver recited the alphabet correctly.

Breath Results from Instrument

1st Result **0.108** 2nd Result **0.115** 3rd Result
If Applicable

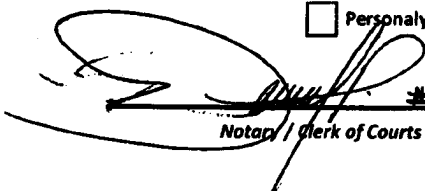
State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

Personally Known Produced Identification Notary Public

6/21/20 (DATE)


Notary / Clerk of Courts / Officer (FSS: 117.10)


Signature of Arresting Officer

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: WEST PALM BEACH PD
Instrument Serial Number: 80-001235 Software: 8100.27
Date of Test: 06/21/2020

Date of Last Agency Inspection: 05/28/2020
Observation Period Began: 10:42
Subject's Name: STANLEY SZOCIK

DOB: 09/10/1968 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	11:08
	Air Blank	0.000	11:09
	Control Test	0.080	11:09
	Air Blank	0.000	11:09
	Subject Sample #1	0.108	11:10
	Air Blank	0.000	11:10
	Air Blank	0.000	11:12
	Subject Sample #2	0.115	11:13
	Air Blank	0.000	11:14
	Control Test	0.081	11:14
	Air Blank	0.000	11:14
	Diagnostics Check	OK	11:14

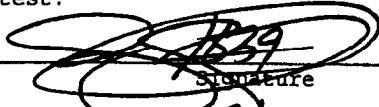
Cylinder Lot: 24818080A2
Exp: 10/05/2020

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 RYAN T SECORD, 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: 6/21/2020

Sworn to (or affirmed) before me this 21 day of June, 2020

Signature of Notary Public-State of Florida

RYAN T. SECORD #183
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.



**West Palm Beach Police Department
Breath Testing Facility Report**



Defendant: Szocik, Stanley **Case #:** 2020-0009745
Arresting Officer: Inv. D. Dillard #1843 **Date:** _____

Breath Test Results: 0.108 g/210L 1110 Time 0.115 g/210L 1113 Time
 _____ g/210L _____ Time _____ g/210L _____ Time

Note: Times are in Military Time

Breath Operator: Det. R. Secord #1639
Maintenance Technician Ofc. R. Secord #1639

Testing Officer Observations:

Speech: Talkative
Attitude: Passive
Clothing: Multicolor Shirt/Black Shorts/Black Shoes
Medical Conditions: None
Medications: None
Other: _____

Arrival Time at Facility/ Time Twenty (20) Minute Observation Started: 1042 HRS

Comments:

Det. Secord requested the driver submit to the test.
 Driver stated I have no choice yes.
 Det. Secord read Implied Consent to the driver.
 Driver again stated he had no choice and that it is a double edged sword.
 Driver consented to the Breath Test.
 Driver provided 2 adequate breath samples.
 Constitutional Warnings were read and the driver stated he understood.
 Questions and Answers not conducted.

DEFENDANT: Szocik, Stanley

CASE NUMBER: 2020-0009745

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 OPERATION 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 FROM? _____

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(3) HOURS? _____

HOW MUCH DO YOU WEIGHT? _____

HAVE YOU BEEN DRINKING? _____

HOW MUCH? _____

WHERE? _____

WHAT? _____

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 YOUR 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? _____

WHEN? _____

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 CORRECTABLE 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: Inv. D. Dillard #1843

SUBJECT: Szocik, Stanley

CASE NUMBER: 2020-0009745

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 determining 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 determining its alcohol content and/or presence of chemical or controlled substances.

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

I am Inv. D. Dillard #1843 of the West Palm Beach Police Department. 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.

SUBJECTS SIGNATURE: _____ On Video

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 can not 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 treats 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.

SUBJECTS SIGNATURE: _____ On Video



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: 2020015253	Date: 06/22/2020
	Specialist Name/ID: AM/31562