



# Broward County Sheriff's Office



## Booking Report

22-002563 MUINA MP

|          |            |                  |                   |                                     |
|----------|------------|------------------|-------------------|-------------------------------------|
| CIS #    | 572200511  | BCCN #           | 949358            | Booking Sheet Control Date and Time |
| OBTS     | 608285874  | Print Clearance  | 02/26/22 03 24 17 | Prints Yes                          |
| Arrest # | FL 2200511 | Offense Report # | 34-2202-034446    | Agency FORT LAUDERDALE              |

|             |       |        |       |
|-------------|-------|--------|-------|
| Last Name   | First | Middle | SSN # |
| OROSZ, MARK |       |        |       |

|      |     |        |        |      |      |      |              |           |                |       |      |
|------|-----|--------|--------|------|------|------|--------------|-----------|----------------|-------|------|
| Race | Sex | Height | Weight | Eyes | Hair | Comp | Age Admitted | DOB       | Place of Birth | State | FDLE |
| W    | M   | 600    | 210    | BRO  | BRO  | MED  | 59           | 5/24/1962 |                |       | 0    |

|                                          |                     |
|------------------------------------------|---------------------|
| Permanent Address                        | Months of Residence |
| 284 RUE MATISSE, DOLLARD DES ORMEAUX, QC | 0                   |

|             |                   |                 |                                            |                   |                     |
|-------------|-------------------|-----------------|--------------------------------------------|-------------------|---------------------|
| Arrest Date | 02/26/22 01 32 00 | Place of Arrest | 700 N FEDERAL HWY FORT LAUDERDALE FL 33304 | Arresting Officer | 1555 BOHM, JONATHAN |
|-------------|-------------------|-----------------|--------------------------------------------|-------------------|---------------------|

|                    |                   |                 |             |                |      |
|--------------------|-------------------|-----------------|-------------|----------------|------|
| Inmate Logged Date | 02/26/22 03 00 03 | Inmate Log Type | FULL INTAKE | Place Admitted | MAIN |
|--------------------|-------------------|-----------------|-------------|----------------|------|

Intake Comments

Alias Last name, First, Middle, DOB

Warrants Officer Id bs15574

Scars,Marks,Tattoos

| Release Date/Time | Release Reason                           | Release Authorized By |
|-------------------|------------------------------------------|-----------------------|
| Charge No         | Charge Initiation Date                   | Statute               |
| 1                 | 02/26/22 04 56                           | 316 193-2a2a          |
| Charges           | DUI ALCOHOL OR DRUGS 1ST OFFENSE         | Comments              |
| Booking Off ID    | bs08044                                  | County                |
| Judge             |                                          |                       |
| Charge No         | Charge Initiation Date                   | Statute               |
| 2                 | 02/26/22 04 58                           | 316 189               |
| Charges           | UNLAWFUL SPEED POSTED MUNICIPAL/STATE RD | Comments              |
| Booking Off ID    | bs08044                                  | County                |
| Judge             |                                          |                       |

\* End of Report \*

2022 FEB 28 PM 12:26  
T & M CENTRAL  
BROWARD COUNTY, FLORIDA

**COMPLAINT AFFIDAVIT**  
SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

☒ ARREST FORM

BROWARD COUNTY

ARREST # **22-00511**

OBTS #

|                                                                                  |                     |                                                              |                                                            |                                                                      |                                                   |                                                                          |                                                                             |                                               |                                                                                                                                                                                                                                         |                                                            |  |
|----------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--|
| Filing Agency<br><b>FT LAUDERDALE PD</b>                                         |                     | Offense Report<br><b>34-2</b>                                |                                                            | Local ID #                                                           |                                                   | FDLE                                                                     |                                                                             | FBI                                           |                                                                                                                                                                                                                                         | SS #                                                       |  |
| Defendant's Last Name<br><b>OROSZ</b>                                            |                     |                                                              |                                                            |                                                                      |                                                   | First<br><b>MARK</b>                                                     |                                                                             | Middle<br><b>SUF</b>                          |                                                                                                                                                                                                                                         | Citizenship<br><b>CD</b>                                   |  |
| Race<br><b>W</b>                                                                 | Sex<br><b>M</b>     | Hgt<br><b>6'00</b>                                           | Wgt<br><b>210</b>                                          | Hair<br><b>BROW</b>                                                  | Eyes<br><b>BROW</b>                               | Comp<br><b>MEDIU</b>                                                     | Age<br><b>59</b>                                                            | DOB<br><b>05/24/1962</b>                      | Birth Place                                                                                                                                                                                                                             |                                                            |  |
| Permanent Address<br><b>284 RUE MATISSE, DOLLARD DES ORMEAUX, QC H9A3J-6</b>     |                     |                                                              |                                                            |                                                                      |                                                   |                                                                          |                                                                             |                                               | Scars Marks TT                                                                                                                                                                                                                          |                                                            |  |
| Residence Type                                                                   |                     | (1) City                                                     |                                                            | (2) County                                                           |                                                   | Local Address<br><b>284 RUE MATISSE, DOLLARD DES ORMEAUX, QC H9A3J-6</b> |                                                                             | Place of Employment                           |                                                                                                                                                                                                                                         | Length                                                     |  |
| (3) Florida                                                                      |                     | (4) Out of State                                             |                                                            |                                                                      |                                                   |                                                                          |                                                                             |                                               |                                                                                                                                                                                                                                         |                                                            |  |
| How long defendant in Broward County<br><b>UNK</b>                               |                     | Breathalyzer By/CCN                                          |                                                            | Reading                                                              |                                                   | Place of Arrest<br><b>700 N FEDERAL HWY</b>                              |                                                                             | Date/Time Arrested<br><b>02/26/2022 01 32</b> |                                                                                                                                                                                                                                         | Arresting Officer(s) CCN<br><b>BOHM, JONATHAN H (1555)</b> |  |
| Officer Injured Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | Unit<br><b>SPEC</b> | Zone<br><b>3421</b>                                          | Beat                                                       | Shift<br><b>FL03</b>                                                 | Trans Unit                                        | PMD Y <input type="checkbox"/> N <input checked="" type="checkbox"/>     | Transporting Officer/CCN                                                    |                                               | Pick-up Time                                                                                                                                                                                                                            | Time Arrived/BSO                                           |  |
| <b>TYPE / ACTIVITY</b>                                                           |                     | Type<br>N-N/A<br>A-Amphetamine<br>B-Barbiturate<br>C-Cocaine | E-Heroin<br>H-Hallucinogen<br>M-Marijuana<br>O-Opium/Deriv | P-Paraphernalia/<br>Equipment<br>S-Synthetic<br>U-Unknown<br>Z-Other | Activity<br>N-N/A<br>P-Possess<br>S-Sell<br>B-Buy | T-Traffic<br>A-Smuggle<br>D-Deliver<br>E-Use                             | M-Manufacture/<br>Produce/Cultivate<br>K-Dispense/<br>Distribute<br>Z-Other |                                               | Indication of<br>Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UK<br>Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |                                                            |  |

Attach  
Defendant's  
Photo

Defendant's Vehicle Make **BMW** Type **01** Year **2021** Color **BLK** VIN # **SUXCY6C01M9G71636**  
Vehicle Towed To \_\_\_\_\_ Tag # **CTLC59** Other Identifiers or remarks \_\_\_\_\_

|                                                                                |                                                  |                                  |                        |
|--------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------|------------------------|
| Name of victim(s) (if corporation exact legal name and state of incorporation) |                                                  |                                  |                        |
|                                                                                |                                                  |                                  |                        |
| Count #                                                                        | Offenses Charged                                 | WC# / Citation # (if applicable) | FS or Capias/Warrant # |
| <b>1</b>                                                                       | <b>DUI ALCOHOL OR DRUGS 1ST OFFENSE</b>          |                                  | <b>316.193-2424</b>    |
| <b>1</b>                                                                       | <b>UNLAWFUL SPEED POSTED MUNICIPAL/COUNTY RD</b> |                                  | <b>316.189</b>         |
|                                                                                |                                                  |                                  |                        |
|                                                                                |                                                  |                                  |                        |

**Probable Cause Affidavit**

Before me this date personally appeared **BOHM, JONATHAN H (1555)** who being first duly sworn deposes and says that on **26** day of **February** (year) **2022** at **700 N FEDERAL HWY, FORT LAUDERDALE, FL 33304** (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows

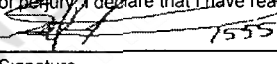
**\*\*This incident was captured on my department issued Axon body camera under listed case number\*\***

**\*\*Body camera may or may not capture all of the incident described in this report or show all results as observed by Sgt Bohm\*\***

On today's date, I was traveling north on Federal Hwy in the 1300 block when I noticed

\* \* \* Continued \* \* \*

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated therein are true and correct to the best of my knowledge and belief

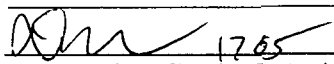
Officer/Affiant's Signature  


**BOHM, JONATHAN H (1555)**  
Officer's Name/CCN

**Operations Support Division**  
Officer's Division

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this **26** day of **February** **2022** (year),  
by **SERGEANT BOHM, JONATHAN H** (name and title) who is personally known to me or has produced

  
Notary Public Deputy Clerk of the Court or Assistant State Attorney

**OFFICER / 1705**  
Title/Rank and CCN

**GOWANS, DANIEL R**

Print Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit  
Broward County  
State of Florida

FIRST APPEARANCE/ARREST FORM

(SHOULD ADDITIONAL SPACE BE NEEDED, USE THE PROBABLE CAUSE AFFIDAVIT CONTINUATION (BSO DB#2a))

BSO DB-#2 (Revised 05/00)

Orig - Court  
2nd - State Attorney  
3rd - Filing Agency  
4th - Arresting Agency

**COURT COPY**

**SP/CO/29/54-11107 WC-15574**

☐ **COMPLAINT AFFIDAVIT**  
PROBABLE CAUSE AFFIDAVIT CONTINUATION

☒ **ARREST FORM**

BROWARD COUNTY  
ARREST # **22-00511**

OBTS #

|                                                                                |                                         |                                  |      |                        |                          |
|--------------------------------------------------------------------------------|-----------------------------------------|----------------------------------|------|------------------------|--------------------------|
| Filing Agency<br><b>FT LAUDERDALE PD</b>                                       | Offense Report<br><b>34-2202-034446</b> | Local ID #                       | FDLE | FBI                    | SS #                     |
| Defendant's Last Name<br><b>OROSZ</b>                                          | First<br><b>MARK</b>                    | Middle                           | SUF  | Alias/Street Name      | Citizenship<br><b>CD</b> |
| Name of victim(s) (if corporation exact legal name and state of incorporation) |                                         |                                  |      |                        |                          |
|                                                                                |                                         |                                  |      |                        |                          |
| Count #                                                                        | Offenses Charged                        | WC# / Citation # (if applicable) |      | FS or Capias/Warrant # |                          |
|                                                                                |                                         |                                  |      |                        |                          |
|                                                                                |                                         |                                  |      |                        |                          |
|                                                                                |                                         |                                  |      |                        |                          |
|                                                                                |                                         |                                  |      |                        |                          |
|                                                                                |                                         |                                  |      |                        |                          |

**Probable Cause Affidavit**

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the listed vehicle going south at a high rate of speed My radar got a steady reading of 71/45 so I turned around to follow the vehicle The vehicle then traveled west on E Sunrise at 53/35, and then south on N Federal at 53/35 During this time, the vehicle crossed over the lane markers multiple times I now activated my emergency lights and stopped the vehicle at the listed location

Upon contact with the driver and asking for a driver license, he handed me his license (Quebec) and I advised him of the reason for the stop He advised he was going too fast and was excited and in a hurry do get to his destination I noticed his eyes were blood shot and glossy, he had an obvious odor of an alcoholic beverage and slightly slurred speech (thick) At this time I waited for a backup officer and then asked him to exit the vehicle

We walked to flat, dry, well lit area where there was a line for SFST's. I advised him I was conducting a DUI investigation and he agreed to perform Standardized Field Sobriety Tasks (SFST's) The obvious odor of an alcoholic beverage was now present from his breath and he swayed while standing in one spot

Prior to beginning any tasks I asked the following questions

Are you sick or injured No  
Do you diabetic or epileptic No  
Do you take insulin No  
Are you under the care of a doctor or dentist No  
Do you have an injuries No

\*\*\* Continued \*\*\*

I swear the above statement is correct and true to the best of my knowledge and belief

Officer/Affiant's Signature

**BOHM, JONATHAN H (1555)**  
Officer's Name/CCN

**Operations Support Division**  
Officer's Division

STATE OF FLORIDA  
COUNTY OF BROWARD

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Notary Public Deputy Clerk of the Court or Assistant State Attorney

**OFFICER / 1705**  
Title/Rank and CCN

**GOWANS, DANIEL R**

Print Type or Stamp Commissioned Name of Notary Public

Seventeenth Judicial Circuit  
Broward County  
State of Florida

FIRST APPEARANCE/ARREST FORM

**COURT COPY**

BSO DB-#2a (Revised 05/00)

Orig - Court  
2nd - State Attorney  
3rd - Filing Agency  
4th - Arresting Agency

**T & M CENTRAL**  
**2022 FEB 28 PM 12:26**  
**CLERK OF COURT**  
**BROWARD COUNTY FLORIDA**

☐ **COMPLAINT AFFIDAVIT**

PROBABLE CAUSE AFFIDAVIT CONTINUATION

☒ **ARREST FORM**

BROWARD COUNTY

ARREST # **22-00511**

OBTS #

|                                                                                |                               |            |      |                                  |                          |
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| Name of victim(s) (if corporation exact legal name and state of incorporation) |                               |            |      |                                  |                          |
|                                                                                |                               |            |      |                                  |                          |
| Count #                                                                        | Offenses Charged              |            |      | WC# / Citation # (if applicable) | FS or Capias/Warrant #   |
|                                                                                | <b>* * * SEE PAGE 1 * * *</b> |            |      |                                  |                          |
|                                                                                |                               |            |      |                                  |                          |
|                                                                                |                               |            |      |                                  |                          |
|                                                                                |                               |            |      |                                  |                          |

**Probable Cause Affidavit**

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Are you taking any medications **Lipitor**

Do you have any physical handicap **No**

The following Standardized Field Sobriety Tasks/Exercises were performed

HGN (Clues 6/6)

(equal pupil size / equal tracking / no resting nystagmus)

He had a lack of smooth pursuit in both eyes, Distinct Nystagmus at maximum deviation, and onset prior to 45 degrees He also swayed while standing for the exercise

Walk and Turn (Clues 5/8)

Subject was unsteady on his feet and swayed during instructions, stopped before finished, missed heel to toe, stepped off line, and raised arms for balance.

One leg stand (Clues 3/4)

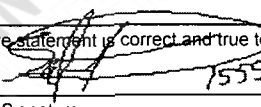
Subject swayed while standing, raised arms for balance, and dropped his foot multiple times

At this time due to the subjects driving, my observations of SFST's, and the obvious odor of an alcoholic beverage, I believed his normal faculties were impaired by the alcohol he consumed and placed him under arrest for DUI I advised him of the Florida Implied Consent law and he agreed to take a breath test During the observation period, he asked questions about the breath test and decided not to provide a breath sample

At this time, I completed the refusal affidavit and I transported him to BSO main jail

\* \* \* Continued \* \* \*

I swear the above statement is correct and true to the best of my knowledge and belief

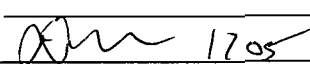
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Officer's Name/CCN

**Operations Support Division**  
Officer's Division

STATE OF FLORIDA  
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(SEAL)

Seventeenth Judicial Circuit  
Broward County  
State of Florida

FIRST APPEARANCE/ARREST FORM

BSO DB-#2a (Revised 05/00)

**COURT COPY**

Orig - Court  
2nd - State Attorney  
3rd - Filing Agency  
4th - Arresting Agency

**2022 FEB 28 PM 12:26**  
**CLERK OF COURT**  
**BROWARD COUNTY, FLORIDA**

☐ **COMPLAINT AFFIDAVIT**  
PROBABLE CAUSE AFFIDAVIT CONTINUATION

☒ **ARREST FORM**

BROWARD COUNTY  
ARREST # **22-00511**

OBTs #

|                                                                                |                                         |                                  |      |                        |                          |
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|                                                                                | <b>*** SEE PAGE 1 ***</b>               |                                  |      |                        |                          |
|                                                                                |                                         |                                  |      |                        |                          |
|                                                                                |                                         |                                  |      |                        |                          |
|                                                                                |                                         |                                  |      |                        |                          |

**Probable Cause Affidavit**

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**under listed charges**

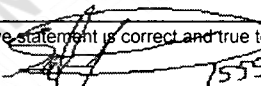
- 1 DUI 1st offense
- 2 Speed 71/45

Subject's vehicle was impounded by Westway Towing

"Under penalties of perjury, I declare that I have read the foregoing and that the facts stated therein are true and correct to the best of my knowledge and belief".

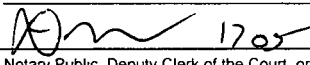
Electronically signed by Sgt J. Bohm #1555 Date 02/26/2022

I swear the above statement is correct and true to the best of my knowledge and belief

Officer/Affiant's Signature  **BOHM, JONATHAN H (1555)**  
Officer's Name/CCN

STATE OF FLORIDA  
COUNTY OF BROWARD

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by **SERGEANT BOHM, JONATHAN H** (name and title), who is personally known to me or has produced \_\_\_\_\_ as identification

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Notary Public Deputy Clerk of the Court or Assistant State Attorney

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BSO DB-#2a (Revised 05/00)

**OFFICER / 1705**  
Title/Rank and CCN

(SEAL)

FIRST APPEARANCE/ARREST FORM

**COURT COPY**

**Operations Support Division**  
Officer's Division  
**27 FEB 28 PM 12:26**  
**T & M CENTRAL**

- Orig - Court
- 2nd - State Attorney
- 3rd - Filing Agency
- 4th - Arresting Agency