

25CT14277ANB

J#0561174

3793

Marcy's Law CVI FL Const. Art. 1 § 16(b)

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 1 Juvenile N

OBTS Number		Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number 78 - 78-25004371	
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business) SR786 (PGA Blvd) at Gardens Square Blvd, PALM BEACH GARDENS, FL, 33410		Location of Offense (Business Name, Address) SR786 (PGA Blvd) at Gardens Square Blvd, PALM BEACH GARDENS, FL, 33410					
Date of Arrest 09/04/2025	Time of Arrest 22:27	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFFS TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407	
Name (Last, First, Middle) SZEWczyk, BERNARDYNA,				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth 08/20/1960	Height 506	Weight 185	Eye Color Bro	Hair Color Bro	Complexion Light
Build Medium				Marital Status Married		Religion Catholic	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Pierced ears				Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>		Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 5480 North Ocean Dr, Riviera Beach, FL 33404		Phone (860) 833-5338		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		Address Source FLDL	
Permanent Address (Street, Apt. Number)		Phone		Occupation			
Business Address (Name, Street)		Phone		Occupation			
DL Number, State S239987374000 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Poland	
Citizenship US		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/>		3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/>		3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>					
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. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
Released To: (Name)		Relationship		Date		Time	
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity N. N/A P. Possess		S. Sell B. Buy 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 DUI - Causing Property Damage		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(3)(C)(1)	
Violation of ORD #		Warrant / Capias Number		Bond			
Drug Activity N		Drug Type N		Amount / Unit N		Offense # 1	
Charge Description		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Violation of ORD #		Warrant / Capias Number		Bond			
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Violation of ORD #		Warrant / Capias Number		Bond			
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Violation of ORD #		Warrant / Capias Number		Bond			
Drug Activity		Drug Type		Amount / Unit		Offense #	
1. 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 October Day 08 Year 2025 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 09/04/2025	
HOLD for other Agency Name:		Signature of Arresting Officer J. KAHN #545		Name Verification (Printed by Arresting Officer) SEP 05 2025			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) OFC. JUSTIN KAHN		I.D. # 545		(PRINT)	
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Transporting Officer OFC. J. KAHN		ID # 545		Agency PBGPD	
Intake Deputy DI HONPA (760)		I.D. #		Pouch #		Witness here if subject signed <input type="checkbox"/> (PRINT)	
						PAGE 1 OF 1	


SEP 05 2025

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL FLO502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number 7 8 25-004371	
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
Special Notes:						
Name (Last, First, Middle) SZEWczyk, BERNARDYNA				Alias	Race W	Sex F
Date of Birth 08/20/1960						
Charge Description 316.193(3)(C)1 DUI - CAUSING PROPERTY DAMAGE/PERSONAL			Charge Description			
Charge Description			Charge Description			
Victim's Name (Last, First, Middle) State Of Florida				Race	Sex	Date of Birth
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody . . .</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>5</u> day of <u>September</u>, <u>2025</u> at <u>01:27</u> (Specifically include facts constituting cause for arrest.)</p> <p>On Thursday, September 4, 2025, at 21:54 hours, I was backing up Sgt. T Stevenson #353 on a traffic stop at Gardens Square Shops, specifically along the 4533-Blk of SR786 (PGA Blvd) in the City of Palm Beach Gardens, Palm Beach County, Florida. As we were clearing the traffic stop, I observed an SUV on Gardens Square Blvd approaching the stop sign to exit onto PGA Blvd. The vehicle was not coming to a complete stop and slowly rolled through the stop sign. At the same time, I observed a four-door sedan traveling westbound on SR786 (PGA Blvd) and it began to utilize its horn to signal to the SUV. The vehicle's collided inside the roadway at the outlet.</p> <p>I immediately returned to my patrol car and drove out to the roadway to protect the scene from other oncoming traffic. In that time, I observed a white female, later identified as Bernardyna Szewczyk through a Florida DL, exit from the driver's seat of the Lexus SUV bearing Florida tag 30EWJM. Also exiting from the vehicle was a white male, Toumi Ayoub Moustafa identified through California DL. Both parties approached the other driver, Danielle Gibbs and stated that Gibbs hit them. I contacted the Gibbs, who did not need Fire Rescue. Her vehicle was moved to the shoulder and Sgt. Stevenson stayed with her to collect her paperwork.</p> <p>I approached Szewczyk to begin my crash investigation and immediately detected signs and symptoms of impairment, which Officer T. Ott #585 also identified. The decision was made for Officer Ott to complete the crash investigation since I observed it. I stood by Szewczyk when I observed she was chewing gum, so I requested she spit it out. She began to ask me questions about how the crash happened, believing that Gibbs was traveling eastbound in the westbound lanes. Szewczyk believed she had the right of way. She then started making comments about me and my demeanor. She also questioned me again as to how the crash happened.</p> <p>After Officer Ott completed his crash investigation he notified Szewczyk and I began my</p>						
SWORN AND SUBSCRIBED BEFORE ME						
 TIA STEPHENS MY COMMISSION #HH1606077 EXPIRES: May 13, 2028		_____ OFFICER OF ARRESTING / INVESTIGATING OFFICER KAHN, JUSTIN (545) NAME OF OFFICER (PLEASE PRINT)			_____ DATE 09/05/2025	
_____ NOTARY PUBLIC / CLERK OF COURT / OFFICER		_____ DATE 09/05/25			PAGE 1 of 3	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBT'S Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE
Agency ORI Number FL FL0502600	Agency Name Palm Beach Gardens Police Department	Agency Report Number 7 8 25-004371				
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:		
Name (Last, First, Middle) SZEWczyk, BERNARDYNA			Race W	Sex F	Date of Birth 08/20/1960	
<p>criminal investigation, which I did inform Szweczyk of. The indicators that led me to believe that she was impaired are as follows:</p> <p>She had bloodshot and watery eyes and droopy eyelids. She had strong odors of an unknown alcoholic beverage on her breath. She had an orbital sway and leaned on her vehicle to support herself. She had absolutely no clue that there was approaching traffic, which she proceeded to pull out in front of and further believed that said oncoming traffic was traveling the opposite direction of the roadway which is physically impossible.</p> <p>Szweczyk told me she had left dinner and consumed Champagne. I requested that she participate in Standardized Field Sobriety Tasks. She did not understand what that meant so I explained it to her, I also explained what impaired meant several times, as well as identifying why I suspected she was impaired. Her rebuttal was that she did not have liquor like vodka, she only consumed champagne. After some explanation, Szweczyk did consent to participating in SFST's.</p> <p>Szweczyk had no conditions which would disqualify her from participating in SFST's. I provided instructions and demonstrations for all the following tasks. I also confirmed she understood my instructions.</p> <p>The first task was Horizontal Gaze Nystagmus, the stimulus was my pen light illuminated red. Szweczyk could not follow my simple instructions and kept moving her head and was inconsistently following the pen. Despite that, she did not present resting nystagmus, she had equal pupil size and equal tracking. She presented lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, onset of nystagmus at 35 degrees, VGN, and lack of convergence. She did step out of the task position, and I had to guide her back into it. She had a 3" orbital sway.</p> <p>The second task was Walk and Turn, I applied a strip of yellow tape to the ground and demonstrated the task in full to check for flatness and debris. Szweczyk took off her sandals for this task. I began the instructions, however, Szweczyk began to exhibit mood swings after losing her balance and started breathing hard while saying she was nervous. After a short period of time, she re-entered the instruction position and attempted to start the task without being told. After stopping her she again stepped off the line, began breathing heavy and saying she was nervous. She started to walk away, so I stopped her and provided her with Taylor warnings. I also explained the meaning of being impaired again. As a response, Szweczyk began to state that she was the best driver in the world, after crashing her car. I guided her back into the instruction position and attempted to clarify her understanding of my instructions. She stated she didn't understand some words because English isn't her first language. However, she has been speaking English for 30 years. There was a short period of repeated back and forth</p>						
AD M I N I S T R A T I V E	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>Tia Stephens</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER 09/05/25 DATE</p> <p><i>J. Jahn #545</i> OF ARRESTING / INVESTIGATING OFFICER JAHN, JUSTIN (545) NAME OF OFFICER (PLEASE PRINT) 09/05/2025 DATE</p> <p style="text-align: center;">MY COMMISSION # 111000077 EXPIRES: May 13, 2028</p>					
						PAGE 2 OF 3

OBTS Number	Agency ORN Number FL FL0502600	Agency Name Palm Beach Gardens Police Department	Agency Report Number	7 8 25-004371
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:

Name (Last, First, Middle) SZEWczyk, BERNARDYNA	Alias	Race W	Sex F	Date of Birth 08/20/1960
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over my instructions and how she understood them. Szewczyk then returned to the instruction position and took it upon herself to do the task, but not as I instructed. She took a T-pose, walked 11 steps, stepped off the line, and took an improper turn. After which, she blamed her thirty years of English for her lack of understanding.

The third task was One Leg Stand. I guided Szewczyk into the instruction stance. She began to complain about pain in her right leg so I asked if she could balance on her left. She told me no, because the left leg is naturally weaker than the left which is what she read. During my demonstration she attempted to start before being told to begin. During the task she never fully raised her foot, she did not look at her foot, she did not initially count aloud, and she used her arms for balance.

At the end SFSTs I placed Szewczyk into handcuffs which were checked for spacing and double locked. Her vehicle was turned over to her nephew. I requested a roadside breath sample and provided Implied Consent. Szewczyk did consent to providing a breath sample. She was transported to the Palm Beach County BAT without incident. On the way she kept making spontaneous utterances about not drinking liquor and only consuming champagne with dinner.

At the BAT I conducted a twenty-minute observation period where Szewczyk did not consume or regurgitate anything. She was presented before BTO Stephens PBSO #15177. She answered identifying questions and I requested breath again. Szewczyk hesitated to provide an answer, so I read Implied Consent again. Several minutes were spent back and forth discussing over Implied Consent, with Szewczyk asking what would be best for her. She eventually consented to providing a breath sample, however just before providing that sample she demanded a Polish translator. The City of Palm Beach Gardens does not have a Polish speaker, furthermore, Szewczyk had been speaking in fluent English up to this point. I declared her behavior a refusal.

Based on the totality of the circumstances I find Probable Cause Exists to charge Szewczyk with DUI - Causing Property Damage (FSS 316.193(3) (C) (1) [ALRUHCE]. My department issued body worn camera was utilized during this investigation.

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.) 09/05/25 DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  # 545 TIA STEPHENS KAIN, JUSTIN (545) NOTARY PUBLIC / CLERK OF COURT / OFFICER (PLEASE PRINT) MY COMMISSION # HH 666077 EXPIRES: May 13, 2028 09/05/2025 DATE
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DUI WITNESS LIST

78-25004371

Arresting Officer: OFC. JUSTIN KAHN 545 Email: jkahn@pbgfl.gov
Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: Facts of Case

Backup Officers: _____
Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: _____

Crash Investigator: OFC T. Ott #545 Email: TOtt@pbgfl.gov
Agency Address: 10500 N Military Trail, PBG, FL Phone: (561) 799-4445

Breathalyzer Technician: T. Stephens ID: 15177 Agency: PBSO

DRE: _____ ID# _____ Agency Case #: _____
Agency Address: _____ Phone: _____ Email: _____

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ Wheel Witness



**PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 25-094127 PBSO Zone: 3-13

Agency Case #: 78-25004371 Crash Case #: 25004371

Incident Information:

Time of Stop/Crash: 21:54 Date of Incident: 09/04/2025 Day: Thursday

Location of Incident: SR786 (PGA Blvd) at Gardens Square Blvd, PALM BEACH GARDENS, FL, 33410

Arrest Information:

Time of Arrest: 22:27 Date of Arrest: 09/04/2025 Day: Thursday

Location of Arrest: SR786 (PGA Blvd) at Gardens Square Blvd, PALM BEACH GARDENS, FL, 33410

Subject's Name: (L) SZEWczyk, (F) BERNARDYNA, (M) _____

DOB: 08/20/1960 Race: W Sex: F Height: 506 Weight: 185 Hair Bro Eye Bro

Address: 5480 North Ocean Dr, Riviera Beach, FL 33404 Phone: (860) 833-5338

Arresting Officer's Name: OFC. JUSTIN KAHN ID#: 545

Agency: PBGPD Division: ROAD PATROL Marcy's Law CVI FL Const. Art. 1 § 18(b)

Breath Results

- 1) _____ at _____ hrs.
- 2) _____ at _____ hrs.
- 3) _____ at _____ hrs.
- 4) _____ at _____ hrs.

REFUSED

---BAT Use---

BAT Notified:	<u>Yes</u>
Arrival Time at BAT:	<u>23:02</u>
Subject Arrest Time:	<u>22:27</u>

Breath Test Operator: 151m
PBSO

TESTING FACILITY TASK REPORT

AGENCY:
SUBJECT: CASE NUMBER:
DATE: VIDEO DVD NUMBER:
BEGINNING TIME: ENDING TIME:

BREATH TESTS RESULTS: 1) 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 TECHNICAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:
ATTITUDE:
CLOTHING:
MEDICAL CONDITIONS:
MEDICATIONS:

REFUSED

OTHER:

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:02 HRS
SUBJECT: STATED GIVE ME A SECOND WHEN ASKED TO TAKE TEST
A/O: READ I.C
SUBJECT: STATED SHE DON'T UNDERSTOOD I.C
A/O: EXPLAINED I.C AGAIN
SUBJECT: AGREED TO TAKE TEST
A/O: CALLED REFUSAL BECAUSE SUBJECT WAS UNSURE AND KEPT GOING BACK AND FORTH
A/O: READ RIGHTS
SUBJECT: STATED SHE UNDERSTOOD RIGHTS
A/O: REQUESTED SUBJECT TO SIGN DUI CITATIONS
SUBJECT: STATED SHE WILL SIGN DUI CITATIONS

REFUSED

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH COUNTY SO
Instrument Serial Number: 80-006477 Software: 8100.27
Date of Test: 09/04/2025

Date of Last Agency Inspection: 08/15/2025

Observation Period Began: 23:02

Subject's Name: BERNARDYNA SZEWCZYK

DOB: 08/20/1960 Sex: F

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
	Diagnostice Check	OK	23:42
	Air Blank	0.000	23:42
	Control Test	0.080	23:42
	Air Blank	0.000	23:43
	Subject Sample #1	REF*	23:44
	Air Blank	0.000	23:45
	Control Test	0.080	23:45
	Air Blank	0.000	23:46
	Diagnostics Check	OK	23:46

*Subject Test Refused

Cylinder Lot: 32324080A2
Exp: 12/05/2026

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 LIA L STEPHENS, 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: Lia Stephens

Signature

Date: 09/04/25

Sworn to (or affirmed) before me this 4th day of September, 2025

f. J. Kahn #545
Signature of Notary Public-State of Florida

Off. J. Kahn
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.

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, OFC. JUSTIN KAHN, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)

member of PALM BEACH GARDENS POLICE DEPARTMENT, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the 04 day of September, 20 25, at 22:27 P.M. A.M.

DRIVER BERNARDYNA SZEWCZYK
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # S239987374000, state of FL, was placed under lawful arrest for
the offense of DUI - Causing Property Damage by OFC. JUSTIN KAHN and
(Name of Arresting Officer)
issued citation # ALRUHCE.

That on or about the 05 day of September, 20 25, at 01:17 P.M. A.M.

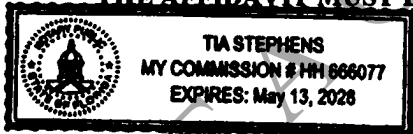
in PALM BEACH County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test 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, or if he or she had been previously fined under s. 327.35215, F.S., 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, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

J Kahn #545

Signature of Law Enforcement Officer or Correctional Officer

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



The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

The foregoing instrument was sworn and subscribed before me
this 05 day of September, 20 25,
by OFC. JUSTIN KAHN, who is
personally known to me or who has produced
an identification.
Notary Public *Tia Stephens*

Title _____
Date _____

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.

SUBJECT: 32002415, 2, m... d... n... 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: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
I/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 110 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<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"/>	(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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2025023831	Date: 9/5/2025
	Specialist Name/ID#: Joseph Kovach/44820