

JA 0539413

1866 23CT 6/40

ADMINISTRATIVE		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
OBTS Number		Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number 78 - 23001842							
Charge Type: Check as many as apply:		☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business)		11000-Block Central Blvd., PBG, FL, 33410		Location of Offense (Business Name, Address)		PGA Blvd/Shady Lakes Dr, PBG, FL, 33410							
Date of Arrest 04/03/2023		Time of Arrest 21:03		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407	
Name (Last, First, Middle) Markarian, David, Kerope		Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W		Date of Birth 09/22/1960		Height 507		Weight 187		Eye Color Green		Hair Color Gray	
Complexion Light		Build Average		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Married		Religion CHRISTIAN		Indication of Alcohol Influence Y ☐ N ☐ Unk ☐		Indication of Drug Influence Y ☐ N ☐ Unk ☐	
Local Address (Street, Apt. Number) 215 Via Condado Way, PBG, FL 33418		(City)		(State)		(Zip)		Phone (202) 412-7007		Residence Type: 1. City 2. County 3. Florida 4. Out of State		1	
Permanent Address (Street, Apt. Number) Same as		(City)		(State)		(Zip)		Phone		Address Source FLDL			
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation			
D/L Number, State M626171603420 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Miami, FL		Citizenship US					
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large		☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large		☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile			
☐ Parent ☐ Legal Custodian ☐ Other		Name (Last)		(First)		(Middle)		Residence Phone					
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone					
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated							
Released To: (Name)		Relationship		Date		Time							
The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason)		School Attended		Grade									
Property Crime? ☐ Yes ☐ 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. Amphetamines	
B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other							
Charge Description DRIVING UNDER THE INFLUENCE		Counts 1		Domestic Violence ☐ Y ☒ N		Statute Violation Number 316.193(1)(A)		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense # 23001842		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence ☐ Y ☒ N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence ☐ Y ☒ N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence ☐ Y ☒ N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Location (Court, Court Number, Address)		NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700											
Court Date and Time Month May Day 4 Year 2023 Time 10:00 AM ☒ 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 THE 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 04/03/2023							
HOLD for other Agency Name:		Signature of Arresting Officer J. Kahn 545		Name Verification (Printed by Arrestee) APR 4 AM 12:14									
☐ Dangerous ☐ Suicidal		☐ Resisted Arrest ☐ Other:		Name of Arresting Officer (Print) J. Kahn		I.D. # 545		(PRINT)		PAGE 1			
Intake Deputy DAVID W. WILSON		I.D. # 720		Pouch #		Transporting Officer J. Kahn 545		ID # 514		Agency PBG PD		Witness here if subject signed with an "X" 1	

FILED PBG - GUN CLUB
23 APR 4 AM 7:14

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 3rd day of April 2023 at 20:27 ☐ AM ☒ PM

Subject: Markarian, David, Kerope Case Number: 23001842

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: J. Kahn 545

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

Per Officer Y. Borgela
Traveling at 80mph in a posted 45mph zone

OBSERVATION OF DRIVER:

-Flushed face
-Bloodshot, jaundiced, watery eyes

DRIVER STATEMENTS:

-Worked from 0930 to 1700.
-Work function from 1630 to approximately 2000.
-Food and drinks were served, advised he did not partake.

ODORS: unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Reserved, compliant

CLOTHING: Blue shirt, gray pants, black shoes

MEDICAL/OTHER: Back pain, hearing loss (hearing aids), glasses

STATE OF FLORIDA
COUNTY OF PALM BEACH

J. Kahn 545
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 3rd day of April 2023 by
J. Kahn 545 who is ☐ personally known to me or ☐ produced

[Signature]
Notary Public, Clerk of Court, Officer (FSS 117.10)

STAMP

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: Markarian, David, Kerope

Case Number: 23001842

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

RIGHT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

Other Observations:

Equal tracking, equal pupil size, no resting nystagmu, vertical nystagmus. Onset of Nystagmus off center. Orbital Swaying. Moved head against instructions.

Walk and Turn

- Unable to maintain balance during instruction phase.
 - Started prior to being told.
 - Stopped during task.
 - Missed heel-to-toe.
 - Stepped off the line.
 - Improper turn.
 - Incorrect number of steps on first attempt.
- Refer to Probable Cause Affidavit for Further Details.

One Leg Stand

- Swayed.
 - Lifted/lowered raised foot during task.
 - Started before being given the que to begin.
- Refer to Probable Cause Affidavit for Durther Details.

Rhomberg

- Started Before Being Given the que to Begin.
 - Swayed.
 - Did not keep eyes closed.
 - Improperly Recited: A-B-C-D-E-F-G-H-I-J-K-L-M-N-O-P-Q-R-S-T-U-V-W-X-Y-Z
- Refer to Probable Cause Affidavit for Furter Details.

Finger to Nose

- Did not keep eyes closed.
- Lowered head.
- L: Nail / Tip
- R: Nail / Tip
- L: Tip / Tip
- R: Tip / Tip
- R: Tip / Tip
- L: Tip / Tip

BREATH RESULTS: 1) _____ @ _____ 2) _____ @ _____ 3) _____ @ _____ 4) _____ @ _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

J. Kahn 545
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 3rd day of April 2023 by
J. Kahn 545 who is ☐ personally known to me or ☐ produced _____.

[Signature]
Notary Public, Clerk of Court, Officer (FSS 117.10)

STAMP

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE: EPILEPSY? _____
 GLASS EYE? _____
 FALSE TEETH? _____
 EAR INFECTION? _____
 INNER EAR TROUBLE? _____
 DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining 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 refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your **breath, urine** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS 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) _____

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL



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



PBSO Case #: **23-053505**

PBSO Zone: **3-13**

Agency Case #: **23001842**

Crash Case #: _____

Incident Information:

Time of Stop/Crash: **20:27** Date of Incident: **04/03/2023** Day: **Monday**

PGA Blvd/Shady Lakes Dr, PBG, FL, 33410

Location of Incident: _____

Arrest Information:

Time of Arrest: **21:03** Date of Arrest: **04/03/2023** Day: **Monday**

Location of Arrest: **11000-Block Central Blvd, PBG, FL, 33410**

Subject's Name: (L) **Markarian**, (F) **David**, (M) **Kerope**

DOB: **09/22/1960** Race: **W** Sex: **M** Height: **507** Weight: **187** Hair **Gray** Eye **Green**

Address: **215 Via Condado Way, PBG, FL 33418** Phone: **(202) 412-7007**

Arresting Officer's Name: **J. Kahn** ID#: **545**

Agency: **PBG PD** Division: **Patrol**

Breath Results

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

---BAT Use---

BAT Notified: **YES**
Arrival Time at BAT: **21:42**
Subject Arrest Time: **21:03**

Breath Test Operator: **24639**

PBSO

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: MARKARIAN, DAVID K

CASE NUMBER: 23-053505

DATE: Apr 3, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:05

ENDING TIME: 22:09

BREATH TESTS RESULTS: 1) R TIME 22:07 A.M. ☐ P.M. ☒ 2) N/A TIME N/A A.M. ☐ P.M. ☒
3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: PRONOUNCED

ATTITUDE: CALM, QUITE

CLOTHING: GRAY PANTS, BLUE SHIRT, BLACK DRESS SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 21:42 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND REFUSED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

REFUSED

REFUSED

DUI WITNESS LIST

23001842

Arresting Officer: **J. Kahn**

545 Email: **jkahn@pbgfl.com**

Agency Address: **10500 N Military Trail, Palm Beach Gardens, FL 33410** Phone: **(561) 799-4445**

Can Testify To: **Facts of Case**

Backup Officers: **Y. Borgela**

Agency Address: **10500 N Military Trail, Palm Beach Gardens, FL 33410** Phone: **(561) 799-4445**

Can Testify To: _____

Crash Investigator: _____ Email: _____

Agency Address: _____ Phone: _____

Breathalyzer Technician: **24639**

ID: _____

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 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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2023008703	Date: 4/4/2023
	Specialist Name/ID: M. Tooks #8557