23CT 6019 SR

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Capias
2. N.T.A. 5. Juvenile Referral

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.'s only): 3 2 2023-004466

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other
If Weapon Seized: Enter Type UNARMED
Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 798 NW 15TH AVE, BOCA RATON FL 33486, 798 NW 15TH AVE,
Location of Offense (Business Name, Address): 798 NW 15TH AVE, BOCA RATON, FL 33486

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/02/2023	03:46	04/02/2023	03:56	04/02/2023	05:19	WESTWAY TOWING

DEFENDANT

Name (Last, First, Middle): KOSHYK, IRYNA
Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	02/28/1979	5'04	140	BLUE	BLACK	LIGHT	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): WMS
Marital Status: S
Religion: CHRISTIAN
Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. / Drug Influence ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 3828 NW 53RD ST, BOCA RATON, FL 33496
Phone: (561) 699-8899
Residence Type: 1. City 3. Florida 2. County 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 3828 NW 53RD ST, BOCA RATON, FL 33496
Phone: (561) 699-8899
Address Source: DEF

Business Address (Name, Street) (City) (State) (Zip): SELF EMPLOYED,
Phone:
Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
K220400795680 / FL	[redacted]		UKRAINE, FF, Russia	US

CO-DEF

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

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian
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 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.
☐ Yes, by: ☐ No:

School Attended: Grade:
Property Crime? ☐ Yes ☒ No Description of Property: Value of Property:

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperses/ 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. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI - ENHANCED	316.193(4)	

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

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

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

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

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

FILED PBC - GUN CLUB
'23 APR 3 AM 7:33

INTAKE

Health / Apparent Physical Condition of Defendant: CALM
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By: HARRISON
Released By: PBCJ
Released To: OWNER

Transported By:
Date Transported: / / Time Transported: : :
Other:

NOTICE TO APPEAR

☒ 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): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 05/02/2023 08:30:00

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

No Photo Available

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Deputy I.D. # Pouch #

Signature of Arresting Officer:
Name of Arresting Officer (Print): HARRISON, D. M. I.D. # 856
Transporting Officer: I.D. # 674 Agency BRPD

Name Verification (Printed by Arrestee) (PRINT)
APR 2 PM 6:05
Witness here if subject signed with an "X".

PAGE 1 OF 1

☒ OTHER: CHARGES ATTACHED ☐ WARRANT ☐ FELONY ☐ MISDEMEANOR ☐ CAPIAS ☐ VIOLATION OF PROBATION

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0539 394

SCANNED
APR 03 2023

2715

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

JUVENILE:

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-004466

Charge Type: Check as many as apply.
☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
KOSHYK, IRYNA		W	F	02/28/1979

CHARGES

Charge Description	Charge Description
316.193(4) DUI - ENHANCED	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody . . .

☐ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.
☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 2 day of April, 2023 at 03:46 (Specifically include facts constituting cause for arrest.)

On 04/02/2023 at approximately 0320 hours, I responded to the area of NW 7th St and NW 15th Ave in reference to a possibly intoxicated female inside of a vehicle.

BRPD received a call at 0313 hours about a white female in her 50s inside of four door silver Toyota in the middle of the street.

Upon my arrival, I observed a silver Kia bearing FL tag NVPJ39 facing northbound on NW 15th Ave just north of NW 7th St straddling the double solid yellow lines. I saw a white female get into the driver seat and then drive the vehicle northbound as I was pulling up behind the vehicle. I then initiated a traffic stop on the vehicle in my marked police vehicle with lights and sirens for the vehicle straddling the wrong side of the roadway. The vehicle took a while to stop while having its right turn signal on, and then the vehicle came to a stop. I then made contact with the driver and sole occupant of the vehicle, who appeared to be confused. I asked the driver to put the vehicle into park, which she did. I observed her eyes were bloodshot glossy, her movements were slowed, and she had difficulty making eye contact. Concerned for her ability to operate a motor vehicle, I asked her to step outside of the vehicle to speak with me. She then willingly stepped outside. She presented me with her FL DL, identifying her to be Iryna Koshyk. According to Koshyk, she can understand English and speak English without issue.

I asked her if she had any medical issues or needed medical attention, to which she replied she did not. Koshyk advised she did not have any physical injuries and does not take any prescription medications. She advised she was coming from her friend`s house in Boca Raton, but could not remember the address. She stated she lives in Boca Raton but could not remember her address. I then asked her if she lived on NW 53rd St as it says on her FL DL, and she replied, she does and she lives in Woodfield Country Club. Koshyk could not tell me what street she was currently on. She advised she has a college degree from Ukraine, and she does not use contact lenses or glasses. While speaking with

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VOLGUARDSON, ROBERT R
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

04/02/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HARRISON, DANIELLE MARIE (856)
NAME OF OFFICER (PLEASE PRINT)

04/02/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-004466

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
	KOSHYK, IRYNA		W	F	02/28/1979

PROBABLE CAUSE STATEMENT

Koshyk, she would take an abnormal time to answer my basic questions, while stating she understood them. She was also swaying tremendously, and I could smell a strong odor of an unknown alcoholic beverage emanating from her breath and person. I then asked her if she would be willing to participate in field sobriety tasks to dispel my alarm that she is under the influence and too impaired to be driving. Koshyk willingly agreed to participate in the tasks. I explained and demonstrated each task.

I then brought Koshyk to a solid yellow line, which she agreed was on a flat, dry, and well-lit surface. Koshyk pointed to the solid yellow line we would be using and stated it was "yellow."

The first task was the Horizontal Gaze Nystagmus. After explaining the instructions, I asked Koshyk if she understood. She replied yes. I then asked if she had any questions, and she replied no. I noticed equal pupil size in both eyes. Koshyk was unable to keep her head straight when asked, and she could not track the tip of the pen with her eyes. Instead, she would stare blankly at nothing. I had to ask her several times to focus on the tip of the pen, so I was able to observe distinct and sustained nystagmus at maximum deviation in both eyes. I also observed vertical nystagmus.

I then explained the next task, Walk and Turn. While attempting to put Koshyk in the starting position, Koshyk was unable to follow basic instructions of placing her foot correctly on the line as I demonstrated in front of her. While attempting to several times, she would sway and almost fell several times. I felt as though it would be impractical for her safety to perform the Walk and Turn and One Leg Stand based on her level of impairment.

I then explained the next task, Finger to Nose. After I explained and demonstrated the task, she advised she understood. She showed me she knew what hand was her left and right. She also showed me she knew what her index/pointer finger was, and where the tip of her nose was. On each attempt, she missed the tip of her nose and would then point that finger up into the sky after missing her nose.

I asked Koshyk if she would be able to recite the English alphabet, and she replied, it would be difficult for her. Therefore, the Rhomberg Alphabet was not performed.

Based on my observations of Koshyk, I developed probable cause to arrest Iryna Koshyk for DUI. I handcuffed Koshyk, checked for tightness and proper fit. I then conducted a search of her person and placed her into my marked patrol vehicle. An inventory to tow of the silver Kia revealed two open alcoholic beverages on the rear floorboards. Photos of these were captured on my MVR camera. Koshyk stated she only had one wine drink tonight, but she did not eat anything.

I then transported Koshyk to BRPD booking facility to obtain a sample of her breath.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VOLGUARDSON, ROBERT R
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

04/02/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HARRISON, DANIELLE MARIE (856)
NAME OF OFFICER (PLEASE PRINT)

04/02/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-004466

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
KOSHYK, IRYNA		W	F	02/28/1979

PROBABLE CAUSE STATEMENT

Ofc. Price responded as the BAT tech operator. Upon arrival, a 20-minute observation was conducted and then Koshyk was taken into the BAT room. I asked Koshyk for a breath sample, and she agreed. She then provided two breath samples of 0.291 and 0.290. I then read her Constitutional Warnings, and she advised she understood and declined to answer any questions. See DUI Influence report. Iryna Koshyk is being charged with DUI (Enhanced) pursuant to F.S.S. 316.193(4). I issued Koshyk a DUI citation (#AG420FE) and a warning citation for driving on the wrong side of a divided roadway (#1226759).

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VOLGUARDSON, ROBERT R
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

04/02/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HARRISON, DANIELLE MARIE (856)
NAME OF OFFICER (PLEASE PRINT)

04/02/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

BRPD Case number: 2023 - 004466
1015 Time: 0346
Breath Tech: Price
Obs time: 0406

DUI INFLUENCE REPORT

NOT A CERTIFIED COPY

BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

Revised: July 9, 2018

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

On the 2 day of April 2023, at 0346 AM/PM:

Subject: Koshyk, Iryna Case Number: 2023004466

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: See PC

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: See PC

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

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Horizontal Gaze Nystagmus:

☐ Left eye does not follow smoothly
☐ Left eye jerks at 45 degrees angle or less
☐ Distinct jerking left eye maximum deviation
☐ Right eye does not follow smoothly
☐ Right eye jerks at 45 degrees angle or less
☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: See PC

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: 0.291 / 0.290

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 4/2/23 (date) by _____.

_____ 04/02/23
Notary/Clerk of Court/ Officer (FSS 117.10) Date

_____ D. Hanson
Signature of Arresting Officer Name of Officer (print)

NOT A CERTIFIED COPY

ARRESTING OFFICER: Hanson

Name: Ofc. Price Phone # _____ Work # _____

Address: 100 NW 2nd Ave, Boca Raton

Can testify to: BTD

Name: Ofc. Henderson Phone # _____ Work # _____

Address: "

Can testify to: SFST's

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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-END OF PART ONE-

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2023-004466

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Sunday (day), April (month), 02 (date), 2023 (year).

B. The time is now approximately 4:27 (AM)/PM.

C. The following is in reference to case number 2023-004466.

D. Present at this time is OFC Harrison (Officer's Name) of the Boca Raton Police Department.

E. Officer Harrison, have you arrested Irina Koshyk (Defendant's name) in violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Palm

G. Mr./Mrs./Ms. Koshyk, I am required to inform you these proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

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II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

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

B. 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.

C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____ (month), _____ (day), _____ (year), and the time is _____AM/PM.

A refusal form will be completed by the arresting officer.

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BOCA RATON POLICE SERVICES DEPARTMENT

JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.
Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)

(2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)

(3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)

(4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)

(5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)

(6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)

(7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)

(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

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BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Iryna Koshyk

CASE #: 2023-004466 DATE: 04/12/23

BREATH TEST RESULTS

1) TIME 0.291 (432) AM/PM 2) TIME 0.290 (435) AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Price, Daniel

MAINTENANCE TECHNICIAN: Ofc Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

_____

COMMENTS: _____

_____

_____

_____

_____

_____

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Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions.
(2) Any statement you make must be freely and voluntarily given.
(3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: Read on camera _____ Date: _____ Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____
_____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____AM/PM

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How did you consume your last two drinks? _____

Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain:

_____

Are you sick or injured? ☐ Yes ☐ No If yes, explain:

_____

Do you limp? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☐ No Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 0438 AM/PM.

The date is April (month), 2 (day), 2023 (year).

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HARRISON
(856)

WARNING CITATION

YOU ARE HEREBY OFFICIALLY WARNED OF THE BELOW DESCRIBED VIOLATION.
YOUR ONLY REQUIRED ACTION IS TO EXERCISE SAFER DRIVING HABITS IN THE FUTURE.

BOCA RATON POLICE DEPARTMENT

COUNTY OF: PALM BEACH	1226759
CITY (IF APPLICABLE): BOCA RATON 06/32	

DAY OF WEEK	MONTH	DAY	YEAR	
SUNDAY	04	02	2023	03:46 ☒ A.M. ☐ P.M.

NAME (PRINT) FIRST: IRYNA — MIDDLE — LAST: KOSHYK

STREET: 3828 NW 53RD ST — IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ▶

CITY: BOCA RATON — STATE: FL — ZIP CODE: 33496

TELEPHONE NUMBER	DATE OF BIRTH MO	DAY	YR	RACE	SEX	HGT
	02	28	1979	W	F	504

DRIVER LICENSE NUMBER: K220400079568 0

STATE	CLASS	CDL LICENSE Y (N)	YR LICENSE EXP.	IF COMMERCIAL MTR. VEH. "X" HERE ▶
FL	E	N	2031	☐

YR. VEHICLE	MAKE	STYLE	COLOR	IF PLACARDED HAZARDOUS MATERIAL "X" HERE ▶
2020	KIA	4D	SIL	☐

VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG EXPIRES	IF COMPANION CITATION(S) "X" HERE ▶
NVPJ39		FL	2024	☐

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY
798 NW 15TH AVE, BOCA RATON

VIOLATIONS

☐ UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH
(☐ INTERSTATE ☐ 4-LANE HWY WITH 20 FT. MEDIAN OUTSIDE BUS. OR RES. DIST.)

- ☐ CARELESS DRIVING
- ☐ VIOLATION OF TRAFFIC CONTROL DEVICE
- ☐ FAILURE TO STOP AT A TRAFFIC SIGNAL
- ☐ IMPROPER LANE CHANGE OR COURSE
- ☐ NO PROOF OF INSURANCE
- ☐ VIOLATION OF RIGHT-OF-WAY
- ☐ IMPROPER PASSING
- ☐ CHILD RESTRAINT
- ☐ SAFETY BELT VIOLATION
- ☐ IMPROPER OR UNSAFE EQUIPMENT
- ☐ EXPIRED TAG ≤ SIX (6) MONTHS
- ☐ EXPIRED TAG > SIX (6) MONTHS
- ☐ DRIVING UNDER THE INFLUENCE
  BAL _____
- ☐ EXPIRED DRIVER LICENSE
  ☐ > SIX (6) MONTHS
- ☐ NO VALID DRIVER LICENSE
- ☐ DRIVING WHILE LICENSE SUSPENDED OR REVOKED

☒ OTHER: DRIVING ON WRONG SIDE OF DIVIDED HIGHWAY

IN VIOLATION OF STATE STATUTE 316.090 (1)

COMMENTS PERTAINING TO VIOLATION:
driving NB in SB lanes on NW 15th Ave

X SIGNATURE OF VIOLATOR

RANK - SIGNATURE OF OFFICER: HARRISON — BADGE NO.: 856

Case # 2023004466

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 04/02/2023

Date of Last Agency Inspection: 03/15/2023
Observation Period Began: 04:06
Subject's Name: IRYNA KOSHYK DOB: 02/28/1979 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
Diagnostics Check	OK	04:29
Air Blank	0.000	04:30
Control Test	0.080	04:30
Air Blank	0.000	04:31
Subject Sample #1	0.291	04:32
Air Blank	0.000	04:32
Air Blank	0.000	04:34
Subject Sample #2	0.290	04:35
Air Blank	0.000	04:36
Control Test	0.078	04:36
Air Blank	0.000	04:36
Diagnostics Check	OK	04:37

Cylinder Lot: 02422080A1
Exp: 02/05/2024

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 DANIEL K PRICE, 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: _____ Date: 04/02/23
Signature

Sworn to (or affirmed) before me this 2 day of April, 2023

_____ D. Hamsa
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

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

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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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:	

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REVIEW COMPLETED BY

Booking Number: 2023008566	**Date:** 4/3/23
	Specialist Name/ID: T.Howard/7185