23CT 11650 SB

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	Agency Name	Agency Report Number (N.T.A.'s only)
0500200	Boca Raton Police Department	3 2 2023-008370

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)	Location of Offense (Business Name, Address)
3500 N FEDERAL HWY, 3500 N FEDERAL HWY, BOCA RATON,	3500 N FEDERAL HWY, BOCA RATON, FL 33431

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/03/2023	03:29	07/03/2023	03:39	07/03/2023	03:29	WESTWAY

DEFENDANT

Name (Last, First, Middle): SOWINSKI, MONIKA ANNA

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	08/03/1975	5'07	140	BLUE	BLACK	LIGHT	MEDIUM

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATT LOR FOREARM / SCRIPT

Marital Status: O — Religion: NONE

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. — Drug Influence ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 2105 LAVERS CIR 507, DELRAY BEACH, FL 33444 — Phone: (732) 371-5437 — Residence Type: 1. City 3. Florida 2. Country 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 2105 LAVERS CIR 507, DELRAY BEACH, FL 33444 — Phone: (732) 371-5437 — Address Source:

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S520541757830 / FL	[redacted]		KATAVITA, Poland	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 #
DRIVE UNDER INFLUENCE ALC	316.193(1A)	

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		

INTAKE

Health / Apparent Physical Condition of Defendant: GOOD

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain: NONE

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

PROPERTY - Received By	Released By	Released To
IBANEZ	IBANEZ	PBCJ

Transported By: ROSARIO — Date Transported: 7/3/23 — Time Transported: 0550 — 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: 07/31/2023 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

FILED PBC - GUN CLUB 23 JUL 04 AM 8:00

ADMIN

HOLD for Other Agency: NONE
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy — I.D. # — Pouch #

Signature of Arresting Officer: 878

Name of Arresting Officer (Print): IBANEZ, C. M. — I.D. #: 878

Transporting Officer: ROSARIO — I.D. #: 862 — Agency: BRPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

PAGE 1 OF 1

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0541619

3525

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 | 2023-008370

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
SOWINSKI, MONIKA ANNA		W	F	08/03/1975

CHARGES

Charge Description	Charge Description
316.193(1A) DUI	
Charge Description	Charge Description

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 3 day of July, 2023 at 03:29 (Specifically include facts constituting cause for arrest.)

On 07/03/23 at approximately 0226 hours, Officer Suboyu conducted a traffic stop at 3500 N Federal Hwy., on a 2020 white Tesla (FL# NXXB03). Subsequent to the traffic stop, probable cause was developed based on the smell of alcohol emanating from the vehicle.

I arrived on scene and assumed the investigation from Officer Suboyu. As I approached the vehicle, I observed Monika Sowinski, the sole occupant, sitting in the driver`s seat of the vehicle. As I approached the vehicle, I smelled a strong odor of an alcoholic beverage emanating from the interior of the vehicle through the open front driver window.

I made contact with Sowinski whose eyes were glassy. Sowinski was extremely emotional and advised she suffers from extreme anxiety. Sowinski advised she was coming from home, and she was on her way to see her boyfriend. Sowinski advised she takes Xanax when she goes to sleep however, she did not have any alcoholic drinks and has not taken any prescription medication or narcotics today.

Sowinski was told we believed she was driving under the influence of alcohol or narcotics. Sowinski was asked if she would be willing to submit to the Standard Field Sobriety Tasks to dispel my alarm that she was driving under the influence. Sowinski advised she would participate in the Standardized Field Sobriety Tasks. I set up my vehicle to capture the standardized field sobriety tasks.

The first task was the horizontal gaze nystagmus. There was a lack of smooth pursuit in each eye. There was distinct and sustained nystagmus at maximum deviation in each eye. Sowinski had onset of nystagmus prior to 45 degrees in each eye.

The second task was the walk and turn. Sowinski did not maintain the starting position. Sowinski did not touch heel to toe on each step and Sowinski did not turn properly.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME 709

IMMLER, AMANDA
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

07/03/2023
DATE

878
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

IBANEZ, CHLOE MAGDALENA (878)
NAME OF OFFICER (PLEASE PRINT)

07/03/2023
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 2023-008370

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SOWINSKI, MONIKA ANNA		W	F	08/03/1975

PROBABLE CAUSE STATEMENT

The third task was the one leg stand. Sowinski was not always counting out loud. Sowinski was not counting properly. Sowinski began to count rapidly and did not count as instructed.

The fourth task was the finger to nose (L-R-L-L-R). Sowinski missed the tip of her nose on several movements. During the task Sowinski left her finger on her nose for an extended period of time.

The fifth task was the Rhomberg alphabet. Sowinski advised she did not know the entire English alphabet, so she was not asked to perform the task.

Based on my investigation, Monika Sowinski was placed under arrest in violation of F.S.S. 316.193(1A) DUI. Sowinski was transported to BRPD holding facility for a breath test. Officer Williams responded as the breath test operator.

Monika Sowinski submitted to the breath tests. Sowinski's results were 0.197 and 0.183. Sowinski was issued a DUI citation with a court date of 07/31/23 at 0830 hours.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME 7609

IMMLER, AMANDA
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

07/03/2023
DATE

878
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

IBANEZ, CHLOE MAGDALENA (878)
NAME OF OFFICER (PLEASE PRINT)

07/03/2023
DATE

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

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 3 day of July, at 0318 AM/PM:

Subject: Monika Sowinski Case Number: 2023-008370

PERSONAL CONTACT

Driving Pattern: CPL

Observation of Driver: CPL

Driver's Statement: CPL

Odors:

GENERAL OBSERVATIONS

Speech:

Attitude:

Clothing: CPL

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: _____ CTC

Can not do, Why? _____

One leg stand: _____ CTC

Can not do, Why? _____

Finger to nose: _____ CTC

Can not do, Why? _____

Alphabet (speech pattern): _____ CTC

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 7/3/23 (date) by Ofc Williams.

_____ 7/3/23
Notary/Clerk of Court/ Officer (FSS 117.10) Date

_____ Ofc. Ibanez 878
Signature of Arresting Officer Name of Officer (print)

NOT A CERTIFIED COPY

ARRESTING OFFICER: Chloe Ibanez

Name: [illegible] Phone # _____ Work # _____

Address: _____

Can testify to: BTO

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: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

NOT A CERTIFIED COPY

-END OF PART ONE-

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2023-008370

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Monday (day), July (month), 3 (date), 2023 (year).

B. The time is now approximately 0403 AM/PM.

C. The following is in reference to case number 23-8370.

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

E. Officer Ibanez, have you arrested Monina Sawinski (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? Yes

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

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

NOT A CERTIFIED COPY

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 Ofc. Suarez of the Beaverton PD.

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: Refused

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.

NOT A CERTIFIED COPY

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: Sczurski, Monika

CASE #: 2023-008370 DATE: 07/03/2023

BREATH TEST RESULTS

1) TIME 0416 (AM)/PM 2) TIME 0419 (AM)/PM

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

BREATH OPERATOR: Ofc Williams

MAINTENANCE TECHNICIAN: Ofc Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

_____

COMMENTS: _____

_____

_____

_____

_____

_____

NOT A CERTIFIED COPY

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: _____ 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 0423 (AM)/PM.

The date is July (month), 3 (day), 2023 (year).

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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: 07/03/2023

Date of Last Agency Inspection: 06/14/2023
Observation Period Began: 03:43
Subject's Name: MONIKA A SOWINSKI DOB: 08/03/1975 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	04:12
Air Blank	0.000	04:13
Control Test	0.079	04:13
Air Blank	0.000	04:13
Subject Sample #1	0.197	04:16
Air Blank	0.000	04:18
Air Blank	0.000	04:19
Subject Sample #2	0.183	04:19
Air Blank	0.000	04:20
Control Test	0.077	04:21
Air Blank	0.000	04:21
Diagnostics Check	OK	04:21

Cylinder Lot: 29122080A2
Exp: 12/05/2024

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 [illegible], 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: 7/3/23
Signature

Sworn to (or affirmed) before me this 3 day of July, 2023

_____ C. Ibanez 878
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

NOT A CERTIFIED COPY

SUBOYU
(871)

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	1230710
CITY (IF APPLICABLE): BOCA RATON 06/32	

DAY OF WEEK	MONTH	DAY	YEAR	
MONDAY	07	03	2023	02:33 ☒ A.M. ☐ P.M.

NAME (PRINT) FIRST: MONIKA MIDDLE: ANNA LAST: SOWINSKI

STREET: 2105 LAVERS CIR - APT 507 — IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ▶

CITY: DELRAY BEACH STATE: FL ZIP CODE: 33444

TELEPHONE NUMBER	DATE OF BIRTH MO	DAY	YR	RACE	SEX	HGT
	08	03	1975	W	F	508

DRIVER LICENSE NUMBER: S 5 2 0 5 4 1 7 5 7 8 3 0

STATE	CLASS	CDL LICENSE (Y / N)	YR LICENSE EXP.	IF COMMERCIAL MTR. VEH. "X" HERE
FL	E	N	2028	☐

YR. VEHICLE	MAKE	STYLE	COLOR	IF PLACARDED HAZARDOUS MATERIAL "X" HERE
2020	TESL	4D	WHI	☐

VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG EXPIRES	IF COMPANION CITATION(S) "X" HERE
NXXB03		FL	2022	☐

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: 3500 N FEDERAL HWY, 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:

IN VIOLATION OF STATE STATUTE 320.07 (3A)

COMMENTS PERTAINING TO VIOLATION:

X SIGNATURE OF VIOLATOR

PRINT - SIGNATURE OF OFFICER	BADGE NO.
SUBOYU	871

NOT A CERTIFIED COPY

SUBOYU
(871)

WARNING CITATION

YOU ARE HEREBY OFFICALLY 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	1230711
CITY (IF APPLICABLE): BOCA RATON 06/32	

DAY OF WEEK	MONTH	DAY	YEAR	
MONDAY	07	03	2023	02:33 ☒ A.M. ☐ P.M.

NAME (PRINT) FIRST: MONIKA MIDDLE: ANNA LAST: SOWINSKI

STREET: 2105 LAVERS CIR - APT 507 — IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ▶

CITY: DELRAY BEACH | STATE: FL | ZIP CODE: 33444

TELEPHONE NUMBER	DATE OF BIRTH MO	DAY	YR	RACE	SEX	HGT
	08	03	1975	W	F	508

DRIVER LICENSE NUMBER: S 5 2 0 5 4 1 7 5 7 8 3 0

STATE	CLASS	CDL LICENSE	YR LICENSE EXP.	IF COMMERCIAL MTR. VEH. "X" HERE
FL	E	Y (N)	2028	▶ ☐

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

VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG EXPIRES	IF COMPANION CITATION(S) "X" HERE
NXXB03		FL	2022	▶ ☐

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY
3500 N FEDERAL HWY, BOCA RATON

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- ☐ 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:

IN VIOLATION OF STATE STATUTE 316.089 (1)

COMMENTS PERTAINING TO VIOLATION:

X SIGNATURE OF VIOLATOR

RANK / SIGNATURE OF OFFICER: SUBOYU — BADGE NO.: 871

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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: 2023017264	**Date:** 7/4/2023
	Specialist Name/ID: T.Howard/7185