0568931
26CTF12ABB

449

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Juvenile: N

ADMINISTRATION

Agency ORI Number	Agency Name	Agency Report Number
FL 0500300	BOYNTON BEACH POLICE DEPT.	34-26-049783

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:

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
E Woolbright Rd/Seacreast Blvd (Boynton Beach, FL)	E Woolbright Rd/Seacreast Blvd (Boynton Beach, FL)

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/25/2026	1329 hrs					

DEFENDANT

Name (Last, First, Middle): SWENSON, STEVEN JOSEPH

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

W - White I - American Indian B - Black O - Oriental / Asian	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
	W	M	08/20/1963	6'01"	230 LBS	BL	GRY	FAIR	LRG

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status:

Religion:

Indication of: Alcohol Influence ☒ Y ☐ N ☐ Unk. Drug Influence ☐ Y ☒ N ☐ Unk.

Local Address (Street, Apt, Number)	(City)	(State)	(Zip)	Phone	Residence Type (1. City 2. County 3. Florida 4. Out of State)
310 NORTH BLVD APT 1A	BOYNTON BEACH	FL	33435	( ) -	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
310 NORTH BLVD APT 1A	BOYNTON BEACH	FL	33435	( ) -	FL DL

Business Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Occupation
				( ) -	

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth	Citizenship
FL, S525-790-63-300-0	[redacted]		West Palm Beach, FL	USA

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 ☐ Legal Custodian ☒ Other — Name (Last) (First) (Middle) — Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone

Notified by: (Name) — 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 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 561-355-2526) informed of any change of address: ☐ Yes, By: (Name) ☐ No: (Reason)

School Attended — Grade

Property Crime? Yes ☐ No ☐ — Description of Property — Value of Property

CODE

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
DUI - W/ BAC OVER .15	1	☐ Yes ☒ No	316.193(4)	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N	N	26-049783		1000

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must Comply with Instruction on reverse side.

Location (Court, Room Number, Address): South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444

Court Date and Time: Month JULY Day 27 Year 2026 Time 0830 ☒ A.M. ☐ P.M.

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

ADMIN.

HOLD for other Agency Name: NO DETAINER

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy — I.D. # — Pouch #

Signature of Arresting Officer

Name of Arresting Officer (Print): K. BERGMANN — I.D. #: 1193

Transcribing Officer: K. BERGMANN — I.D. #: 1193 — Agency: BBPD

Name Verification (Printed by Arrestee) (PRINT)

BU#

Witness here is subject Signed with an "X".

Page 1 OF 1

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25TH **DAY OF** June **2026 AT** 1337 ☐ **A.M** ☒ **P.M.**

CASE #: 26-049783 **DEFENDANT:** SWENSON, STEVEN JOSEPH

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

I responded to the scene of a car accident at the intersection of Woolbright and Seacrest in Boynton Beach, FL. Upon arrival, I made contact with the driver of a grey Honda Accord which had rear ended a vehicle stopped at a red light. The driver and sole occupant of the grey Honda accord was identified as Steven Joseph Swenson DOB 08/20/1963.

PSA Borge responded to the scene to handle the crash investigation. After she completed her crash investigation, I once again made contact with Swenson. It should be noted that my initial observations of Swenson was that he was unsteady on his feet, unable to speak clearly, as well as the smell of an unknown alcoholic beverage emitting from his person. I asked Swenson where he was coming from to which he kept advising over there but could not advise where he was coming from. Swenson's speech was very lethargic and his eyes appeared to be glassy.
I advised Swenson that I was now conducting a criminal investigation due to the fact that I believed he was operating a motor vehicle while impaired.
I requested Swenson to submit to a series of Field Sobriety Tasks to determine if he was operating a motor vehicle while under the influence of an alcoholic beverage. Swenson advised that he would submit to the tasks.

HORIZONTAL GAZE NYSTAGMUS:

- ☒ Left eye does not follow smoothly
- ☐ Left eye prior to 45 degrees
- ☒ Distinct jerking in left eye at maximum deviation
- ☐ Vertical Nystagmus in left eye
- ☒ Right eye does not follow smoothly
- ☐ Right eye prior to 45 degrees
- ☒ Distinct jerking in right eye at maximum deviation
- ☐ Vertical Nystagmus in right eye

WALK AND TURN:

This exercise was attempted to be explained and demonstrated to Swenson. However, multiple times while attempting to explain the instructions, Swenson continued to start early and refused to stay in the start position while I explained the directions. Swenson was unable to maintain his balance, unable to place his right foot in front of his left foot on the line, and kept walking forwards.

ONE LEG STAND:

This exercise was explained and demonstrated to Swenson. Swenson was unable to remain in the start position while I explained the instructions. Swenson was instructed many times to stand with his feet together, as I was demonstrating, however he failed to remain in the starting position. Once Swenson was told that he could begin the task, Swenson remained standing on both feet and began counting. Swenson was asked if he understood the instructions, at which point I re-explained the instructions; however, Swenson still was unable to complete the task as instructed.

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FINGER TO NOSE:

This exercise was explained and demonstrated to Swenson. Swenson was instructed to stand with his feet together (heels and toes touching), Swenson once again had difficulty getting into that position as requested. Once Swenson got into that position, I asked Swenson to hold his arms out to the side, palms facing up, with his pointer finger extended. Swenson instead chose to extend his middle fingers and began to move his arms around. Swenson was unable to remain in the position requested. Swenson was advised that I would call out "left" or "right" at which point I wanted Swenson to move the tip of that corresponding finger to his nose and immediately back out. Without calling out anything, Swenson moved both towards his face simultaneously, touching directly underneath his eyes.

ROMBERG/ALPHABET:

Not completed.

The following instrument was sworn to before me this 25 day of June 2026

By: _____

Notary/Police Officer (F.S.S. 117.10)

#1193

Signature of Arresting Officer

PARIS POUND
MY COMMISSION # HH 758963
EXPIRES: March 25, 2030

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CASE #: 26-049783 DEFENDANT: Swenson, Steven

Arresting Officer: K. Bergmann
Address: 2100 High Ridge Rd, Boynton Beach FL 33426
Phone Numbers: Home: Work: (561) 742-6100

Name: Ofc. V. Pagan
Address: 2100 High Ridge Rd, Boynton Beach, FL 33426
Phone Numbers: Home: Work: 561-742-6100
Can testify to:

Name: PSA S. Borge
Address: 2100 High Ridge Rd, Boynton Beach, FL 33426
Phone Numbers: Home: Work: 561-742-6100
Can testify to:

Name: Rashawn De Castro
Address: 450 SW 27th Ave Apt 9, Ft. Lauderdale, FL 33312
Phone Numbers: Home: Work: 678-358-4105
Can testify to: was the other involved party in the traffic crash

Name:
Address:
Phone Numbers: Home: Work:
Can testify to:

Name:
Address:
Phone Numbers: Home: Work:
Can testify to:

Name:
Address:
Phone Numbers: Home: Work:
Can testify to:

Name:
Address:
Phone Numbers: Home: Work:
Can testify to:

Name:
Address:
Phone Numbers: Home: Work:
Can testify to:

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TESTING FACILITY TASK REPORT

AGENCY: BBPD

SUBJECT: SWENSON, STEVEN J

CASE NUMBER: 26-072192

DATE: Jun 25, 2026

VIDEO DVD NUMBER:

BEGINNING TIME: 1442

ENDING TIME: 1454

BREATH TESTS RESULTS: 1) .276 TIME 1448 A.M.☐ P.M.☒ 2) .272 TIME 1451 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 TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: PROFANITY , UPSET

CLOTHING: GRAY SHORTS , GOLD T-SHIRT, BROWN SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

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COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 1355 HRS.

SUBJECT: REFUSED TO ANSWER FORMAT QUESTIONS

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: REFUSED TO ANSWER IF HE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

NO Q&A CONDUCTED

PALM BEACH COUNTY
SHERIFF'S OFFICE
SHERIFF RIC L. BRADSHAW

DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: _____ CASE NO: _____

DATE OF ARREST: _____ TIME OF ARREST: _____

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

Will you take the test? YES_____ NO_____

NOTE: *READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"*

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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, 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_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

NOTE: *IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)*

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

Do you understand what I have just read to you? YES_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: _____

LAW ENFORCEMENT OFFICER SIGNATURE: _____

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

FORM #0126BR REV 09/25

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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: _____

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CSO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 06/25/2026

Date of Last Agency Inspection: 06/19/2026
Observation Period Began: 13:55
Subject's Name: STEVEN J SWENSON DOB: 08/20/1963 Sex: M

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	14:46
Air Blank	0.000	14:46
Control Test	0.079	14:47
Air Blank	0.000	14:47
Subject Sample #1	0.276	14:48
Air Blank	0.000	14:49
Air Blank	0.000	14:50
Subject Sample #2	0.272	14:51
Air Blank	0.000	14:52
Control Test	0.078	14:52
Air Blank	0.000	14:53
Diagnostics Check	OK	14:53

Cylinder Lot: 25-3342
Exp: 02/09/2028

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 PARIS D FOUND, 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: 06/25/26
Signature

Sworn to (or affirmed) before me this 25 day of JUNE, 2026

K Bergmann
Signature of Notary Public-State of Florida

OFC. K. BERGMANN
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
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 26-072192 PBSO ZONE 6-12

AGENCY CASE # 26-049783 CRASH CASE # 26-049783

TIME OF STOP/CRASH 1302 HRS DATE 06/25/2026 DAY

SUBJECT'S NAME SWENSON (LAST) STEVEN (FIRST) JOSEPH (MID) RACE WHITE SEX MALE

HGT 6'01 WGT 235LBS DOB 08/20/1963

LOCATION 4269 HYPOLUXO RD, BOYNTON BEACH, FL, 33436

ARRESTING OFFICER'S NAME & ID OFC BERGMANN 1193 AGENCY BOYNTON BEACH PD

DIVISION: RP

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 1355 HOURS

ARREST TIME 1329 HOURS

BREATH RESULTS:

1) .276
2) .272
3) N/A
4) N/A

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A

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Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	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 99 of the CRTM for additional information)	
	☐	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	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	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	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2026016926	**Date:** 6/26/2026
	Specialist Name/ID#: T. Howard/7185