J05135536 N/R 2019CT023639A

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-151840

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: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
Cain Blvd / Yamaro Rd, Boca Raton, FL	Cain Blvd / Yamaro Rd, Boca Raton, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/23/2019	19:13	12/23/2019				Cain Blvd / Yamaro Rd, Boca Raton, FL

DEFENDANT

Name (Last, First, Middle): **Ciolek, Andrea, Nicole Louise**

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

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	2/26/1977	5'03	165	green	red	light	small

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): lower back

Marital Status: Married | Religion: CATHOLIC | 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
4750 Bison St, Boca Raton, FL 33428	(954) 554 8946	2

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

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C420014775660, FL	[redacted]		Cleveland, OH	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 ☐ Legal Custodian ☐ Other: | Name (Last) (First) (Middle) | Residence Phone ( )

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

, 1-OK

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

CODE

Drug Activity: N. N/A P. Possess | S. Sell B. Buy T. Traffic | R. Smuggle D. Deliver E. Use | K. Dispense/ Distribute | M. Manufacture/ Produce/ Cultivate | Z. Other

Drug Type: N. N/A A. Amphetamine | B. Barbiturate C. Cocaine E. Heroin | H. Hallucinogen M. Marijuana O. Opium/Deriv. | P. Paraphernalia/ Equipment S. Synthetics | U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under the Influence with property damage	1	☐Y ☒N	316.193(3)(c)1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N		19-151840		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

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

NOTICE TO APPEAR

Location (Court, Room Number, Address): **South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996**

Court Date and Time: Month **January** Day **13th** Year **2020** Time **08:30** 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 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: 12/23/2019

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: X | Name Verification (Printed by Arrestee): (PRINT) Andrea Ciolek

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: | Name of Arresting Officer (Print): D/S POINTU P. I.D. #: 16032

Intake Deputy I.D. # Pouch # | Transporting Officer: D/S POINTU P. ID #: 16032 Agency: PBSO | Witness here if subject signed with an -X-

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23rd DAY OF December 20 19, AT 18:21 AM ✓PM

SUBJECT: Ciolek, Andrea, Nicole Louise CASE NUMBER: 19-151840

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

Andrea Ciolek was involved in a minor crash driving a Ford Focus bearing Florida tag DPPA34 in the area of Cain Blvd and Glades road in unincorporated Boca Raton, Palm Beach County, Florida. D/S Butterworth (#16040) arrived on scene and asked the drivers to move their vehicle off the roadway as it was creating a traffic obstruction. Ciolek, instead of turning right as instructed, turned left at very slow speed in front of incoming traffic and almost created a second crash. Ciolek appeared drowsy and unable to follow simple commands. Upon my arrival, Ciolek was still sitting on the driver seat of the vehicle with the engine running.

OBSERVATION OF DRIVER:

Ciolek had glassy and droopy eyes. She was cooperative but was slow to react. Unsteady gait. Unable to follow direction.

DRIVER'S STATEMENTS:

She told D/S Butterworth that she was coming from a party. Post Miranda, she would tell me that she had two, three or a few vodka at from 8 pm to 11 pm, while it wasn't 8 pm yet.

ODORS:

faint odor of unknown alcohol beverage.

GENERAL OBSERVATIONS

SPEECH: **low, slow slurred speech.**

ATTITUDE: **cooperative, unable to follow instructions,**

CLOTHING: **black striped shirt, tan pants, tan shoes**

MEDICAL/OTHER: **none**

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23rd day of December 20 19 by D/S POINTU P.

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced known

Thomas Leahey (#19183)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

SUBJECT: Ciolek, Andrea, Nicole Louise CASE NUMBER 19-151840

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Had to be reminded multiple times to keep her feet together. Also had to be reminded to keep her head still and not to anticipate the movement of the stimulus. HGN Onset at approximately 35 degrees. VGN present. LOC present. Swayed.

WALK & TURN:

Could not maintain the instructional stance. Had to keep her balance by putting her hand on the bush. Used her arms to balance. Did not walk heel to toe at each step. Stepped off the line. Almost fell twice. Did not count out loud. Did not complete the turn. Stopped the task for safety.

ONE LEG STAND:

Started the task before being told. Raised her right leg. Repeated the count multiple times. Used her arms to balance. Swayed. Lowered her leg to the ground multiple time.

FINGER TO NOSE:

Did not touch her nose despite repeating the instructions. She just stayed waiting.

ROMBERG ALPHABET:

Swayed. Started reciting "A, B, C, D, E then E, E, E, E, E, E, E, E...".
For the modified Rombeg, I stopped the task at 2 minutes.

BREATH TEST RESULTS: **0.164** **0.157**

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23rd day of December 2019 by D/S POINTU P.

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced known

Thomas Leahey (#19183)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

WITNESS LIST

CASE NUMBER: 19-151840

ARRESTING OFFICER: D/S POINTU P.
ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406
PHONE NUMBERS (HOME): (WORK) (561) 688 3000
CAN TESTIFY TO: see report

NAME: D/S Butterworth (#16040)
ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406
PHONE NUMBERS (HOME) () (WORK) (561) 688 3000
CAN TESTIFY TO: wheel witness

NAME: Braunstein, Robert,
ADDRESS 11229 Coral Reef Dr, Boca Raton, FL 33498
PHONE NUMBERS (HOME) (561) 504 3001 (WORK) ()
CAN TESTIFY TO: wheel witness

NAME:
ADDRESS
PHONE NUMBERS (HOME) () (WORK) ()
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: [illegible]

CASE NUMBER: 19 151840

DATE: 12/23/19

VIDEO TAPE NUMBER: #14

BEGINNING TIME: 20:18

ENDING TIME: 20:30

BREATH TESTS RESULTS: 1) .164 TIME 20:23 A.M./P.M. (P.M. circled) 2) .157 TIME 20:26 A.M./P.M. (P.M. circled)

3) N/A TIME ——— A.M./P.M. 4) N/A TIME ——— A.M./P.M.

BREATH OPERATOR: T Laney #11183

MAINTENANCE TECHNICIAN: J Reinecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, mumbled

ATTITUDE: angry, impatient

CLOTHING: beige pants, green t/s shirt brown shoes

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: eyes glassy + bloodshot
odor of alcoholic beverage on breath

COMMENTS: arrived at [illegible] in cuffs commenced
observation period at 19:55 hrs

Δ agreed to perform breath test

A/O read rights to Δ

Tech read breath test results + Δ stated she understood
breath test results

A/O attempted C+A

Δ invoked right to counsel

SUBJECT: Cole, Andrew N. CASE NUMBER: 19-151040

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? 210 HAVE YOU BEEN DRINKING? Yes WHAT? Beer

HOW MUCH? 2 WHERE? Bar WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? 1 hr ago AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No 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? No WHAT? _____

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

DO YOU LIMP? No 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? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No 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? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: _____

SUBJECT: [illegible] CASE NUMBER: 17-151340

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 detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and 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 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'S 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

PBSO #0129B REV. 06/11

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006239 Software: 8100.27
Date of Test: 12/23/2019

Date of Last Agency Inspection: 12/06/2019
Observation Period Began: 19:55
Subject's Name: ANDREA N CIOLEK DOB: 02/26/1977 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	20:21
Air Blank	0.000	20:21
Control Test	0.081	20:22
Air Blank	0.000	20:22
Subject Sample #1	0.164	20:23
Air Blank	0.000	20:24
Air Blank	0.000	20:26
Subject Sample #2	0.157	20:26
Air Blank	0.000	20:27
Control Test	0.079	20:27
Air Blank	0.000	20:28
Diagnostics Check	OK	20:28

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 THOMAS H LEAHEY, 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: T Leahy Date: 12/23/19
Signature

Sworn to (or affirmed) before me this 23rd day of December, 2019

Signature of Notary Public-State of Florida

O/S P Pointu #16032 PBSO
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

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: 2019040850	**Date:** 12/23/2019
	Specialist Name/ID: J. Beck/9007

FLORIDA DUI UNIFORM TRAFFIC CITATION A2GD1SP

COUNTY OF: PALM BEACH
CITY (IF APPLICABLE):
☐ (1) F.H.P. ☐ (2) P.D. ☒ (3) S.O. ☐ (4) OTHER
AGENCY NAME: PALM BEACH COUNTY
AGENCY #: 06

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT
(RETAINED BY COURT)

DAY OF WEEK	MONTH	DAY	YEAR		
MON	DEC	23	2019	19:13	☐ A.M. ☒ P.M.

NAME (PRINT) FIRST: ANDREA MIDDLE: NICOLE LOUISE LAST: CIOLEK
STREET: 4750 BISON ST
IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ☐
CITY: BOCA RATON STATE: FL ZIP CODE: 33428
TELEPHONE NUMBER: (954) 554 8946 DATE OF BIRTH: MO 02 DAY 26 YR 1977 RACE W SEX F HGT 5'03
DRIVER LICENSE NUMBER: C420014775660 STATE: FL CLASS: E CDL LICENSE: ☐Y ☒N YR. LICENSE EXP. 21
COMMERCIAL VEHICLE: ☐ YES ☒ NO
YR. VEHICLE: 2011 MAKE: FORD STYLE: 4D COLOR: BLACK
PLACARDED HAZARDOUS MATERIAL: ☐ YES ☒ NO
VEHICLE LICENSE NO.: DPPA34 TRAILER TAG NO.: STATE: FL YEAR TAG EXPIRES: 2021
≥ 16 PASSENGERS: ☐ YES ☒ NO
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: CAIN BLVD / YAMATO RD, BOCA RATON, FL
MOTORCYCLE: ☐ YES ☐ NO
COMPANION CITATION(S): ☐ YES ☒ NO
FT. _____ MILES _____ ☐ N ☐ S ☐ E ☐ W OF NODE _____

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF 0.164

COMMENTS PERTAINING TO OFFENSE. (Only one offense each citation)
RE-EXAM: ☐ YES ☐ NO

☐ AGGRESSIVE DRIVER | PASSENGER < 18 YEARS: ☐ YES ☐ NO | STATE STATUTE | SECTION: 316.193(3)(c)1 | SUB-SECTION

CRASH: ☒ YES ☐ NO | DAMAGE TO OTHER PROPERTY: ☒ YES $ 300 ☐ NO | INJURY TO ANOTHER: ☐ YES ☒ NO | SERIOUS BODILY INJURY TO ANOTHER: ☐ YES ☒ NO | FATAL: ☐ YES ☒ NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE: South County Courthouse, Courtroom #1
TIME: 200 W Atlantic Ave
COURT AND LOCATION: Delray Beach, FL 33444

A2GD1SP

ARREST DELIVERED TO: CIOLEK, ANDREA DATE: 12/23/19

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

☒ DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

☐ REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? ☒ YES ☐ NO REASON _____

ELIGIBLE FOR PERMIT? ☒ YES ☐ NO REASON _____

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE Lauderdale Lakes BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

RANK - SIGNATURE OF OFFICER	BADGE NO.	ID. NO.	TROOP UNIT
DUI COUNTY P	1632	07.28	

HSMV 75904 (Rev. 7/13)