

0360353

2017GT15128

102

ARREST / NOTICE TO APPEAR

ARREST / NOTICE TO APPEAR													
OBTS Number		1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias											
Agency ORI Number 0502000		Agency Name Lantana Police Department				Agency Report Number (NTA's only) 6 4 17-002020		1 JUVENILE					
Charge Type <input type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 7 As Above <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other		If Weapon Seized		Multiple Clearance Indicator 1									
Location of Arrest (Including Name of Business) 1420 WLANTANA RD						Location of Offense (Business Name, Address) 1420 WLANTANA RD, LANTANA, FL 33462							
Date of Arrest 08/12/2017		Time of Arrest 19:56		Booking Date		Booking Time		Jail Date		Jail Time			
Location of Vehicle													
Name (Last, First, Middle) DUNAYCZAN, DALAYNA RUTH													
Alias: DALAYNA RUTH													
Alias (Name, DOB, Soc. Sec. #, Etc.)													
Race W - White B - Black A - American Indian P - Asian C - Oriental/Asian		Sex W F		Date of Birth 07/29/1972		Height 5'07		Weight 175		Eye Color BROWN		Hair Color SANDY	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)													
Marital Status M		Religion		Build MEDIUM									
Local Address (Street, Apt Number) (City) (State) (Zip) 1712 BOYNTON BAY CT, BOYNTON BEACH, FL 33435													
Phone (561) 633-3612		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence											
Permanent Address (Street, Apt Number) (City) (State) (Zip) 1712 BOYNTON BAY CT, BOYNTON BEACH, FL 33435													
Phone (561) 633-3612		Residence Type 1 City 2 County 3 Florida 4 Out of State											
Business Address (Name, Street) (City) (State) (Zip)													
Phone		Address Source											
UNEMPLOYED													
Occupation													
DML Number, State DS25176727690 / FL		Soc Sec Number		INS Number		Place of Birth (City, State) CINCINNATI, OH		Citizenship					
US													
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth			
						<input type="checkbox"/> 1 Arrested		<input type="checkbox"/> 3 Felony		<input type="checkbox"/> 5 Juvenile			
						<input type="checkbox"/> 2 At Large		<input type="checkbox"/> 4 Misdemeanor					
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth			
						<input type="checkbox"/> 1 Arrested		<input type="checkbox"/> 3 Felony		<input type="checkbox"/> 5 Juvenile			
						<input type="checkbox"/> 2 At Large		<input type="checkbox"/> 4 Misdemeanor					
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 <input type="checkbox"/> defendant and/or <input type="checkbox"/> 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.													
School Attended													
Grade													
Property Owner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Description of Property													
Value of Property													
Drug Activity S Sell R Smuggle K Disperse/ Distribute M Manufacture/ Produce/ Cultivate Z Other						Drug Type B Barbiturate H Hallucinogen P Paraphernalia/ Equipment U Unknown							
N MA B Buy D Deliver E Use						N MA C Cocaine M Marijuana S Synthetic							
P Possess T Traffic						A Amphetamine E Heroin O Opium/Deriv							
Charge Description DUI-DRIVING UNDER THE INFLUENCE													
Statute Violation Number 316.193(1)													
Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
N		/		17-002020				1					
Warrant / Capias Number													
Bond													
Charge Description													
Statute Violation Number													
Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			
				/									
Warrant / Capias Number													
Bond													
Charge Description													
Statute Violation Number													
Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			
				/									
Warrant / Capias Number													
Bond													
Health / Apparent Physical Condition of Defendant													
Any knowledge of the following <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries													
Explain													
Check which applies <input type="checkbox"/> Released OR <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By				Released By		Released To	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health													
Transported By						Date Transported		Time Transported		Other			
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) 3228 Gun Club Rd, WPB, 33406							
						Court Date and Time 9/11/17 0830 hrs							
						Date Signed AUG 12 PM 10:16							
						Name Verification (Printed by Arrestee) WALDKOETTER, ELIZABETH J.							
						(PRINT)							
						Witness here if subject signed with an "X"							
HOLD for Other Agency						Signature of Arresting Officer							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) WALDKOETTER, ELIZABETH J.							
						ID # 865							
Inmate Deputy ID # CP1 Porter 1204						Transporting Officer ID # WAID Koether 865 LPD							
						Agency POLICE DEPARTMENT							
COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O. DEFENDANT													

Signature of Defendant (or Juvenile and Parent/Custodian)

Date Signed

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

SCANNED
1 OF 1
AUG 15 2017

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

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12 DAY OF August 20 17, AT 1956 AM PM

SUBJECT: DUNAY CZAN, DALAYNA CASE NUMBER: 17-002020

AGENCY: LANTANA PD ARRESTING OFFICER: WahlKoether
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

I observed a wht. BMW w/B on W. LANTANA Rd in the turning lane + LANTANA Shopping PLAZA @ an accelerated speed. Vehicle could near stop in time to yield to on coming TRAFFIC. I Pulled out of my parking position & ~~followed~~ followed the vehicle, which stopped @ a stop sign for several moments & then proceeded to a parking space in front of 1420 W. LANTANA Rd. I ~~HAD BEEN~~ illuminated my lights @ the stop sign. The vehicle pulled away & then parked. I continued to conduct OBSERVATION OF DRIVER: TRAFFIC stop.

Upon Contact The Driver was unable to maintain normal visual eye contact. Her eyes ~~were~~ appeared to be unable to focus. When Speaking she (DALAYNA) had very Slurred Speech & was unable to maintain normal conversation of her Intention & Destination. DALAYNA was unable to complete simple tasks when

DRIVER'S STATEMENTS: asked to provide Vehicle Documentation & ID. (DALAYNA)

The Driver stated that she was going to pick up a friend and then stated she was going to the grocery store to get eggs. She stated that she had a couple Beers & then stated only a ODORS: half of a Beer. She then stated that it was a large bottle of Beer.

I smelled a strong odor of alcohol emanating from her breath.

SPEECH: SLURRED

ATTITUDE: PASSIVE, then upset + emotional.

CLOTHING: Sweat pants & tshirt

MEDICAL/OTHER: Recent

Surgey on Right shoulder.

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of the Investigative Officer)

865

SCANNED

AUG 15 2017

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of August 20 17.

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

Samantha Palmer

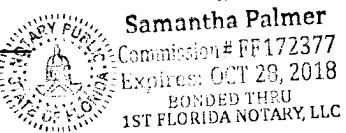
Commission # FF172377

Expires: OCT 29, 2018

BONDED THRU

1ST FLORIDA NOTARY, LLC

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT
 LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
 LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT EYE-LACK OF SMOOTH PURSUIT
 RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
 RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:WALK & TURN:

Refused All

RoadSide TASKS

ONE LEG STAND:FINGER TO NOSE:ROMBERG/ALPHABET:BREATH TEST RESULTS:

STATE OF FLORIDA
 COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 12 day of August, 2017 by _____

who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer (P.S.S. #117.10)



Samantha Palmer
 Commission # FF172377
 Expires: OCT 29, 2018
 BONDED THRU
 1ST FLORIDA NOTARY, LLC

SCANNED
 AUG 15 2017

TESTING FACILITY TASK REPORT

AGENCY: LPD

SUBJECT: DUNAYCZAN, DALAYNA

CASE NUMBER: 17-114029

DATE: 08/12/2017

VIDEO DVD NUMBER: 63189

BEGINNING TIME: 2050

ENDING TIME: 2103

BREATH TESTS RESULTS: 1) .269 TIME 2057 A.M. P.M. 2) .282 TIME 2100 A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET, UPSET, CRYING, COOPERATIVE

CLOTHING: GREY TSHIRT, BLACK SWEATPANTS, BLACK SHOES

MEDICAL CONDITIONS: FIBROMYALGIA, DISLOCATED RIGHT SHOULDER

MEDICATIONS: NONE

OTHER:

EYES GLASSY AND BLOODSHOT, SWAYING, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE ON BREATH,

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2028

SUBJECT AGREED TO TAKE BREATH TEST

TECH EXPLAINED TEST INSTRUCTIONS

SUBJECT STATED SHE UNDERSTOOD INSTRUCTIONS

AND PROVIDED TWO ADEQUATE BREATH SAMPLES SUCCESSFULLY

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD RIGHTS

TECH READ TEST RESULTS,

SUBJECT STATED SHE UNDERSTOOD RESULTS

SUBJECT REFUSED ANY QUESTIONING

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AUG 15 2017

SUBJECT: MANIZAN PALAYNA

CASE NUMBER: 17-001000

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) _____

Read on Computer

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AUG 15 2017

SUBJECT: DUNAYZAN, MALAYNA CASE NUMBER: 17-00300

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: OFC. WILDEGGER #1865

SCANNED

AUG 15 2017

WITNESS LIST

CASE NUMBER: 17-008030

SCANNED

AUG 15 2017