

0360353

2017CT15128

102

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 6 / 4 / 17-002020		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias 1		JUVENILE					
Charge Type Check as many as apply	<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator 1					
Location of Arrest (Including Name of Business) 1420 W LANTANA RD					Location of Offense (Business Name, Address) 1420 W LANTANA 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 (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White A - American Indian B - Black G - Oriental/Asian W		Sex F	Date of Birth 07/29/1972		Height 5'07	Weight 175	Eye Color BROWN	Hair Color SANDY		Complexion LIGHT	Build Medium			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status M		Religion		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>					
Local Address (Street, Apt. Number) 1712 BOYNTON BAY CT, BOYNTON BEACH, FL 33435					(City)		(State)		(Zip)		Phone (561) 633-3612			
Permanent Address (Street, Apt. Number) 1712 BOYNTON BAY CT, BOYNTON BEACH, FL 33435					(City)		(State)		(Zip)		Phone (561) 633-3612			
Business Address (Name, Street) UNEMPLOYED					(City)		(State)		(Zip)		Phone			
DM Number, State D525176727690 / FL					Sec. 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"/> 2 At Large <input type="checkbox"/> 3 Felony <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile			
Co-Defendant Name (Last, First, Middle)					Race		Sex		Date of Birth		<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 2 At Large <input type="checkbox"/> 3 Felony <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> 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 <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							
<input type="checkbox"/> Yes, by <input type="checkbox"/> No					Property Owner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property					
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			
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 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		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"/> Posted Bond					<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To	
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									
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				
HOLD for Other Agency					Signature of Arresting Officer			Name Verification (Printed by Arrestee)						
<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 CP1 AOWKA 1204					Pouch #			Transporting Officer WALDKOETTER						
					ID # 865			Agency LPD						
Witness here if subject signed with an "X"														
<input type="checkbox"/> COURT <input type="checkbox"/> STATE ATTORNEY <input type="checkbox"/> AGENCY <input type="checkbox"/> CENTRAL RECORDS <input type="checkbox"/> JAIL <input type="checkbox"/> CRIME ANALYSIS <input type="checkbox"/> P.I.O. <input type="checkbox"/> DEFENDANT														

No Photo Available

SCANNED
1 OF 1
AUG 15 2017

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12 DAY OF August 20 17 AT 1956 AM (PM)
SUBJECT: DUNAYCZAN, Dalayna CASE NUMBER: 17-002020
AGENCY: LANTANA PD ARRESTING OFFICER: Wahlkötter

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 nearl stop in time to yield to oncoming 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~~ ~~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.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: PASSIVE, then upset & emotional.

CLOTHING: Sweat pants & t-shirt

MEDICAL/OTHER: Recent Surgery on Right shoulder.

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting Investigative Officer)

865

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

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

(Signature of Notary Public)

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



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

SCANNED

AUG 15 2017

SUBJECT: DUNAYCZAN, DALAYNA CASE NUMBER: 17-002020

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION |
| <input type="checkbox"/> LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> 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] 865
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 12 day of August, 20 17 by

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

[Signature] 865
Notary Public, Clerk of Court, Officer (F.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

SCANNED
AUG 15 2017

SUBJECT: UNARZAN, ALAYNA

CASE NUMBER: 17-00000

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 Camera

SCANNED
AUG 15 2017

SUBJECT: DUNN, ZAN, DALAYNA CASE NUMBER: 17-003030

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: OTC. Waldbreiter #1865

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED

AUG 15 2017

WITNESS LIST

CASE NUMBER: 17-003030

ARRESTING OFFICER WILKINSON ID 865

ADDRESS 506 Gregorys Ave Lintonia FL

PHONE NUMBERS (HOME) 561-540-5701 (WORK) 561-540-5701

CAN TESTIFY TO: See PC

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 _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

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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: _____

SCANNED

AUG 15 2017