19CT20864ANB 0512464 1429

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number			
Agency ORI Number: 0501700	Agency Name: Jupiter Police Department	Agency Report Number (N.T.A.'s only): 5 4 19-005063	

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: NONE | Multiple Clearance Indicator: 02

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
195 S OF 706, JUPITER, FL 33458	7449 W INDIANTOWN RD/INTERSTATE 95, JUPITER, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/10/2019	00:18	11/10/2019	00:28			NORTH COUNTY TOWING

DEFENDANT

Name (Last, First, Middle): KOZAKOWSKI, JAKUB KRZYSZTOF Alias: Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	01/20/1977	6'03	220	BROWN	BALD	LIGHT	~~Thin~~ SM

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): | Marital Status: S | Religion: | Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk, Drug Influence ☐ Yes ☒ No ☐ Unk

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
2555 PGA BLVD 63, PALM BEACH GARDENS, FL 33410					2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
2555 PGA BLVD 63, PALM BEACH GARDENS, FL 33410					REGISTRATION

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
NONE /			POLAND	PO

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 #
DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DL - (DWOL) DRIVING WITHOUT LICENSE ISSUED	322.03(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR

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		2019 NOV 10 AM 8:2

INTAKE

Health / Apparent Physical Condition of Defendant | Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

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

Transported By | Date Transported / / | Time Transported : : | 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): North County PALM BEACH GARD
Court Date and Time: 12/12/2019 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.

X _____ 11/10/19
Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

No Photo Available

ADMIN

HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other	Name of Arresting Officer (Print): BORROWS, ANDREW I.D. #: 1138	(PRINT)
Intake Person: I.D. #: Pouch #	Transporting Officer: OFC A BORROWS I.D. #: 380 Agency: JPD	Witness here if subject signed with an "X".

PAGE 1 OF 1

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

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number: FL 0501700	Agency Name: JUPITER POLICE DEPARTMENT	Agency Report Number: 5 | 4 | 19-005063		

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
KOZAKOWSKI, JAKUB KRZYSZTOF		W	M	01/20/1977

CHARGES

Charge Description	Charge Description
316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE	322.03(1) DL - (DWOL) DRIVING WITHOUT LICENSE ISSU
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth

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 10 day of November, 2019 at 00:03 (Specifically include facts constituting cause for arrest.)

This PC is for the purposes of booking Jakub Kozakowski into the Palm Beach County Jail. A more complete accounting will follow.

On the above date at approximately 0003 hours I was on routine patrol in the area of West Indiantown Road and I-95 southbound on ramp. I observed a 2013 Ford bearing Florida license plate IK22ZI traveling in front of me. The driver, later identified to me as Jakub Kozakowski, appeared to be having great difficulty maintaining a lane. The vehicle drove over the fog line separating the road from the shoulder several times. As the on ramp curved to the left, Kozakowski`s vehicle nearly struck the concrete retaining wall. I initiated a traffic stop. Kozakowski stopped in the travel lane of I-95.

Kozakowski had bloodshot, glassy eyes. I could smell a nearly overwhelming odor of alcohol coming from the vehicle and later from Kozakowski`s breath. Kozakowski expressed he speaks English and is from Poland. I found Kozakowski`s English to be limited but passable. Kozakowski initially told me the car was not his but rather a friends. Kozakowski implausibly denied drinking whatsoever.

Upon arrival I backup, I had Kozakowski exit his vehicle. Kozakowski agreed to complete roadsides. I completed HGN and Walk and Turn with Kozakowski. Kozakowski`s performance was extremely poor and it was obvious he was profoundly intoxicated. Due to language and safety reasons, I terminated roadsides and placed Kozakowski under arrest. I transported Kozakowski to the Palm Beach County Breath Alcohol Testing Center and conducted a 20 minute observation. I then requested Kozakowski provide a sample of his breath. Kozakowski provided samples of .236 and .224. I then completed my paperwork and booked Kozakowski into the Palm Beach County Jail.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

11/10/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BORROWS, ANDREW (1138)
NAME OF OFFICER (PLEASE PRINT)

11/10/2019
DATE

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

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: 80-006477 Software: 8100.27
Date of Test: 11/10/2019

Date of Last Agency Inspection: 10/18/2019
Observation Period Began: 00:45
Subject's Name: JAKUB KOZAKOWSKI DOB: 01/20/1977 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	01:10
Air Blank	0.000	01:11
Control Test	0.080	01:11
Air Blank	0.000	01:11
Subject Sample #1	0.236	01:12
Air Blank	0.000	01:13
Air Blank	0.000	01:15
Subject Sample #2	0.224	01:15
Air Blank	0.000	01:16
Control Test	0.080	01:16
Air Blank	0.000	01:17
Diagnostics Check	OK	01:17

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

State of Florida, County of PALM BEACH.

Personally appeared before me the undersigned authority, who (X) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I GARY J PARENT, 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: 11/10/19
Signature

Sworn to (or affirmed) before me this 10 day of NOVEMBER, 2019

_____ OFC. A. BORROWS
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., a copy of this form is admissible without further authentication and is presumptive proof of the results [illegible] admissible in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to [illegible] F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

SUBJECT: KOZAKOWSKI, JAKUB CASE NUMBER: 19-005063

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

SUBJECT: Kozakowski, Jake CASE NUMBER: 19-005063

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 Andrews Barrows 380

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

PBSO #0129C REV. 9/93

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: KOZAKOWSKI JAKUB

CASE NUMBER: 19-135425

DATE: 11/12/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0107

ENDING TIME: 0119

BREATH TESTS RESULTS: 1) .236 TIME 0112 (A.M.)/P.M. 2) .224 TIME 0115 (A.M.)/P.M.

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

BREATH OPERATOR: G PAREA #701

MAINTENANCE TECHNICIAN: [illegible] #[illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT LIMITED ENGLISH

ATTITUDE: CALM, QUIET, REPETITIVE

CLOTHING: BLUE SHIRT, GREY T-SHIRT, GREY SHORTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES GLASSY AND [illegible] ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

COMMENTS: ARRIVED AT CENTER [illegible] OBSERVATION PERIOD [illegible]

Δ AGREED TO TAKE TEST

Δ DID NOT READ RIGHTS OR ATTEMPT Q+A DUE TO LANGUAGE BARRIER

TOLD [illegible] BREATH TEST RESULTS Δ ASKED IF IT WAS TO MUCH

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

PBSO #0129A REV.11/02

WITNESS LIST

CASE NUMBER: **19-005063**

ARRESTING OFFICER: **Ofc. A. Borrows 380 / 1138**
ADDRESS: **210 Military Trail, Jupiter Fl 33458**
PHONE NUMBERS (HOME): ________ (WORK) **561 746 6201**
CAN TESTIFY TO: **PC**

NAME: **PFC Jason Flesch**
ADDRESS: **210 Military Trail, Jupiter Fl 33458**
PHONE NUMBERS (HOME) ________ (WORK) **561 746 6201**
CAN TESTIFY TO: **scene, tow of vehicle.**

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

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

NAME: ________
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ADDRESS ________
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CAN TESTIFY TO: ________