2018CT16940

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0502000

Agency Name: Lantana Police Department

Agency Report Number (N.T.A.'s only): 6 | 4 | 18-002276

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/not Applicable

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 225 N ATLANTIC DR

Location of Offense (Business Name, Address): 225 N ATLANTIC DR, LANTANA, FL 33462

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/22/2018	22:10	09/22/2018	22:20	09/22/2018	22:10	1108 3RD AVE NORTH

DEFENDANT

Name (Last, First, Middle): RYDZEWSKI, MARIA DEL CARMEN

Alias:

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

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	07/18/1974	5'04	116	BROWN	BLACK	MEDIUM	Small

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

Marital Status: M

Religion:

Indication of Alcohol Influence: ☒ Yes ☐ No ☐ Unk. Drug Influence:

Local Address (Street, Apt Number) (City) (State) (Zip): 1008 N ATLANTIC DR, LANTANA, FL 33462

Phone: (561) 503-3660

Residence Type: 1 City 3 Florida 2 County 4 Out of State | 4

Permanent Address (Street, Apt Number) (City) (State) (Zip): 1008 N ATLANTIC DR, LANTANA, FL 33462

Phone: (561) 503-3660

Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation:

D/L Number, State	Soc Sec Number	INS Number	Place of Birth (City, State)	Citizenship
R322544747580 / FL	[redacted]		Ecuador	US

CO-DEF

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: ☐ 1 Arrested ☐ 3 Felony ☐ 5 Juvenile ☐ 2 At Large ☐ 4 Misdemeanor

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: ☐ 1 Arrested ☐ 3 Felony ☐ 5 Juvenile ☐ 2 At Large ☐ 4 Misdemeanor

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian

Name (Last, First, Middle):

Residence Phone:

Address (Street, Apt Number) (City) (State) (Zip):

Business Phone:

Notified by (Name):

Date: SEP 23 2018

JUVENILE DISPOSITION: 1 Handled/Processed w/this Department and Released; 2 TOT JAC; 3 Incarcerated

Released To (Name): Relationship:

Date: Time:

Special Attention:

Grade:

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

Property Check: ☐ Yes ☒ No

Description of Property:

Value of Property:

FILED
SEP 23 2018
SHARON R. BOCK
Clerk & Comptroller

CODES

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 Synthetic; U Unknown; Z Other

CHARGE

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	Warrant / Capias Number	Bond
	N	/	18-002276	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		

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		

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
DORFMAN	DORFMAN	PBCJ

Transported By	Date Transported	Time Transported	Other
DORFMAN	09/23/2018	22:10	

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): 200 W Atlantic Ave, DELRAY BEACH

Court Date and Time: 10/15/2018 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (or Juvenile and Parent/Custodian)

Date Signed

No Photo Available

ADMIN

HOLD for Other Agency:

☐ Dangerous ☐ Released Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer:

Name of Arresting Officer (Print): DORFMAN, JUSTIN A. I.D. # 889

Agency: LPD

Pouch #:

Transporting Officer: DORFMAN I.D. # 889

Name Verification (Printed by Arrestee) (PRINT):

SEP 23 AM 2:14

Witness Name of subject signed with an "X":

PAGE 1 OF 1

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J#0501699

Received WB

SEP 24 2018

D#1469

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22 DAY OF September 20 18, AT 2142 AM / PM

SUBJECT: Maria Rydzewski CASE NUMBER: 18002276

AGENCY: Lantana PD ARRESTING OFFICER: Dorfman 889

PERSONAL CONTACT

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

-reporting party advised: Driving east on W Lantana Rd from Interstate 95(from southbound off ramp) swerving in and out of lanes (not maintaining lane).
- Sergeant Schaaf observed: When the light turned green, the Highlander accelerated to 42 MPH in a posted 30 MPH zone. Further the Highlander had a right tail light that was inoperative. Between Dixie Hwy and the ICW bridge the vehicle swerved three times from the center of her lane to the double yellow line, but did not cross the double yellow line. The vehicle then abruptly slowed and made a left turn onto N Atlantic Dr, beginning the turn too

OBSERVATION OF DRIVER:

I conducted a traffic stop on the vehicle. Upon my contact with the defendant I observed the defendants eyes red and glossy. Also talking with the defendant I could smell a unknown odor of an alcohol substance. Standing by the driver's side door, blading my body at the door frame (between driver and passenger side door) observing the defendants eyes had distinct and sustained nystagmus at maximum deviation while she looked at me.

DRIVER'S STATEMENTS:

After fully explaining why the defendant was arrested and where she was going, but because of her impairment the Defendant she seemed unable to comprehend and kept asking multiple times (4/5 times). Defendant also advised on scene she had a glass of wine.

ODORS:

A unknown odor of alcohol

GENERAL OBSERVATIONS

SPEECH: Accent

ATTITUDE: Confused

CLOTHING: pink jacket, grey leggings, pink/grey sneakers

MEDICAL / OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

889

(Signature of Arresting / Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of Spetemeber 20 18 by Ofc. J. Dorfman #889

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

Notary Public, Clerk of Court, Officer (F.S.S 1 17 10)

Notary Public State of Florida
Samantha Palmer
My Commission GG 233782
Expires 10/26/2022

NOT A CERTIFIED COPY

SUBJECT: Maria Rydzewski **CASE NUMBER:** 18002276

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:

Hard time conducting the breath alcohol test (took multiple attempts) Sgt. Schaaf DRE certified conducted HGN task

WALK & TURN:

-took more than 9 heal to tow steps forward and 9 steps back
-did not count out loud
-kept asking me if what she was doing was correct.
- feet were not heal to toe (walking with feet approx 3 to 5 inches apart)
- stepped off the imaginary line

ONE LEG STAND:

the defendant refused to do task and stated she was unable to balance.

FINGER TO NOSE :

-kept asking me to repeat the instructions after explained
-put her hand on her head and then back to her nose
-missed the tip of her nose three times
-failed to keep head tilted back
-opened her eyes during task

ROMBERG / ALPHABET :

Not conducted

BREATH TEST RESULTS : **0.154/0.144**

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STATE OF FLORIDA
COUNTY OF PALM BEACH

6869
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 22 day of September 20 18 by Ofc. J. Dorfman #889

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

Notary Public, Clerk of Court, Officer F.S.S. 117-10)

Notary Public State of Florida
Samantha Palmer
My Commission GG 233762
Expires 10/28/2022

PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 18-125007 PBSO ZONE 6-12

AGENCY CASE # 18002276 CRASH CASE # N/A

TIME OF STOP/CRASH 2142 DATE 9/22/18 DAY Sat

SUBJECT'S NAME Maria Rydzewski RACE W SEX F

HGT 504 WGT 115 DOB 07/18/1974

LOCATION 225 N Atlantic Dr

ARRESTING OFFICER'S NAME & ID Dorfman 689 AGENCY Lantana PD

DIVISION: RP

NOTIFIED BY COMMD yes

ARRIVAL AT FACILITY 2240

ARREST TIME 2208

BREATH RESULTS:

1. VNM/.150
2. .154
3. .144
4. N/A

TESTING OFFICER'S ID 24520 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

R-322-544-74-7580

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 18002276

ARRESTING OFFICER J Dorfman
ADDRESS 901 N 8th St, Lantana, FL 33462
PHONE NUMBERS (HOME) 561-540-5701 (WORK) 561-540-5701
CAN TESTIFY TO: The arrest

NAME: Jennifer Dery
ADDRESS 1238 W Drew St, Lantana, FL 33462
PHONE NUMBERS (HOME) 561-685-4716 (WORK)
CAN TESTIFY TO: The defendants driving pattern

NAME: Sergeant Schaaf
ADDRESS 901 N 8th St, Lantana, FL 33462
PHONE NUMBERS (HOME) 561-540-5701 (WORK) 561-540-5701
CAN TESTIFY TO:

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

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

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TESTING FACILITY TASK REPORT

AGENCY: LANTANA/DORFMAN

SUBJECT: RYDZEWSKI, MARIA

CASE NUMBER: 18-125007

DATE: Sep 22, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2306

ENDING TIME: 2326

BREATH TESTS RESULTS: 1) V/.150 TIME 2314 A.M.☐ P.M.☒ 2) .154 TIME 2318 A.M.☐ P.M.☒

3) .144 TIME 2322 A.M.☐ P.M.☒ 4) XX TIME XX A.M.☐ P.M.☐

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT

ATTITUDE: CALM, QUIET

CLOTHING: PINK JACKET, GREY LEGGINGS, PINK/GREY SNEAKERS

MEDICAL CONDITIONS: BREATHING PROBLEMS

MEDICATIONS: YES/ DONT KNOW NAMES

OTHER:

EYES GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2240
SUBJECT AGREED TO TAKE BREATH TEST
TECH EXPLAINED TEST INSTRUCTIONS
SUBJECT STATED SHE UNDERSTOOD INSTRUCTIONS
SUBJECT FAILED TO FOLLOW INSTRUCTIONS AFTER MULTIPLE ATTEMPTS
A/O READ I/C
SUBJECT STATED SHE UNDESTOOD I/C
AND AGAIN AGREED TO TAKE BREATH TEST
SUBJECT PROVIDED TWO ADEQUATE SAMPLES SUCCESSFULLY
TECH READ TEST RESULTS
SUBJECT STATED SHE UNDERSTOOD RESULTS
A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD RIGHTS
AND REFUSED ANY QUESTIONING

NOT A CERTIFIED COPY

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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SUBJECT: _____ CASE NUMBER: _____

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)_____

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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:	

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REVIEW COMPLETED BY

Booking Number: 2018031885	**Date:** 9/23/2018
	Specialist Name/ID: Ricketts/8693