

ARREST / NOTICE TO APPEAR Juvenile Referral Report

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

Juvenile

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21-089091		1 2		1 2	
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator							
DEFENDANT	Location of Arrest (Including Name of Business) 7000 block of S State Road 7, Lake Worth FL						Location of Offense (Business Name, Address) 7000 block of S State Road 7, Lake Worth FL					
	Date of Arrest 07/24/2021		Time of Arrest 2229		Booking Date		Booking Time		Jail Date		Jail Time	
CO-DEF	Name (Last, First, Middle) Ragoo, Christopher, Navin						Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 6/12/1995		Height 5'07		Weight 142		Eye Color Br	
JUVENILE	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none		Marital Status Single		Religion NONE		Indication of: Alcohol Influence Drug Influence		Y N Unk.			
	Local Address (Street, Apt. Number) 1145 Audace Ave Unit 4210, Boynton Beach, FL 33426		(City) Boynton Beach		(State) FL		(Zip) 33426		Phone (561) 2670421		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
CHARGE	Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source Def	
	Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation Technology	
CHARGE	D/L Number, State R200114952120, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Queens, NY		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	
CHARGE	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	
	Parent Legal Custodian Other		Name (Last)		(First)		(Middle)		Residence Phone			
CHARGE	Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone			
	Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/ processed within Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated			
CHARGE	Released To: (Name)		Relationship		Date		Time					
	The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No, (Reason)		School Attended		Grade							
CHARGE	Property Crime? <input type="checkbox"/> Yes <input 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		Z. Other	
CHARGE	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 Description Driving Under The Influence		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1)c		Violation of ORD #			
CHARGE	Drug Activity N		Drug Type N		Amount / Unit		Offense # 21-089091		Warrant / Capias Number		Bond	
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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24 DAY OF July 20 21, AT 2149 AM ☒ PM

SUBJECT: Ragoo, Christopher, Navin CASE NUMBER: 21-089091

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: CPL. A. SOLOWAY

PERSONAL CONTACT

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

I was traveling in the 7000 block of S State Road 7 and observed a gray pick up truck with red/blue emergency lights attempting to catch up to a dark colored vehicle. My vehicle was a marked PBSO patrol car asset #ZAQ30 with a VIN #1FM5K8AR0JGA84336. I was behind the pick up and I was traveling in excess of 100 mph in a posted 50 mph zone. The dark vehicle was accelerating in excess of 100 mph. I then drove past the pick up in an attempt to conduct a traffic stop on the dark vehicle. I was now traveling in excess of 110mph and the dark vehicle was still pulling away from me. I had my emergency lights and siren activated. The dark vehicle came to a stop at the red traffic light at the intersection of Boynton Beach Blvd. The vehicle was a 2 door Pontiac bearing FL tag IZ03AE. As I walked up to the vehicle, the traffic light changed to green. The Pontiac began to move forward so I yelled at the driver to stop and tapped the side of the car with my flashlight. The Pontiac came to a stop. I made contact with the driver who was the sole occupant and identified him by his FL DL as Christopher Ragoo.

I made contact with Sgt. Kovach #7433 who was driving the unmarked pick up truck. He advised me he was attempting to conduct a traffic stop on the Pontiac for driving in excess of 100mph.

OBSERVATION OF DRIVER:

When the defendant exited his vehicle he was unsteady on his feet. His eyes were red and glassy. The defendant had an odor of an unknown alcoholic beverage coming from his breath.

DRIVER'S STATEMENTS:

The defendant initially stated he did not consume any alcohol tonight. He later stated he drank 1 beer at 2pm and 1 beer at 2:30pm. He stated the current time was approximately 12:30, the actual time was approximately 10:00pm.

ODORS:

The defendant had an odor of an unknown alcoholic beverage coming from his breath.

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: compliant

CLOTHING: shorts, tshirt, sneakers

MEDICAL/OTHER: stated none

STATE OF FLORIDA
COUNTY OF PALM BEACH

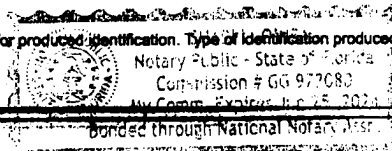
CPL. A. SOLOWAY

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of July 20 21 by CPL. A. SOLOWAY

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

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



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

The defendant moved his head several times. He had difficulty remembering to follow the stimulus. He displayed an orbital sway.

WALK & TURN:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant took 9 steps up the line. He did not turn and did not attempt to return back down the line.

ONE LEG STAND:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant put his foot down on the count of 1001. He raised it again and began counting from 1001 again. He used his arms for balance during this task. He did not look at his raised foot. He displayed a noticeable sway throughout this task.

FINGER TO NOSE:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant touched his nostril on attempts 1 and 3. He touched the side of his nose on attempt 6. He displayed an orbital sway during this task.

ROMBERG ALPHABET:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant correctly recited the alphabet from A-Z. He opened his eyes during this task.

BREATH TEST RESULTS: 1) .179 2) .181 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

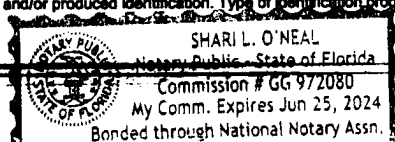
CPL. A. SOLOWAY

Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of July, 2021 by CPL. A. SOLOWAY

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

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





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

PBSO CASE # 21-089091 PBSO ZONE 6-61

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 2149 DATE 07/24/2021 DAY Saturday

SUBJECT'S NAME Rago, Christopher, Navin RACE W SEX M

HGT 5'07 WGT 142 DOB 6/12/1995

LOCATION 7000 block of S State Road 7, Lake Worth FL

ARRESTING OFFICER'S NAME & ID CPL. A. SOLOWAY (8586) AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2250

ARREST TIME 2229

BREATH RESULTS:

1)	.179
2)	.181
3)	
4)	

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

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.

am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

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-

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.

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

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: Robert Clayton N. CASE NUMBER: 21-079041

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? _____ WHEN? _____ 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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

**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: 07/24/2021

Date of Last Agency Inspection: 07/16/2021
Observation Period Began: 22:50
Subject's Name: CHRISTOPHER N RAGOO

DOB: 06/12/1995 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	23:16
	Air Blank	0.000	23:17
	Control Test	0.080	23:17
	Air Blank	0.000	23:18
	Subject Sample #1	0.179	23:19
	Air Blank	0.000	23:20
	Air Blank	0.000	23:21
	Subject Sample #2	0.181	23:22
	Air Blank	0.000	23:23
	Control Test	0.079	23:23
	Air Blank	0.000	23:23
	Diagnostics Check	OK	23:24

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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 SHARI L O'NEAL, 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: [Signature] Date: 07-24-21
Signature

Sworn to (or affirmed) before me this 24 day of July, 2021

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida Cpl. Soloway #8586

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.

TESTING FACILITY TASK REPORT

AGENCY: PBSO CPL. SOLOWAY #8586

SUBJECT: RAGOO, CHRISTOPHER N.

CASE NUMBER: 21-089091

DATE: 07-24-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:13 HRS

ENDING TIME: 23:25 HRS

BREATH TESTS RESULTS: 1) .179 TIME 23:19 A.M. ☐ P.M. ☒ 2) .181 TIME 23:22 A.M. ☐ P.M. ☒
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: CALM, QUIET, COOPERATIVE

CLOTHING: SHIRT- BLACK/ PRINT SHORTS- BLACK

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: RED, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O SOLOWAY #8586

A/O REQUESTED THE BREATH TEST.

D SUBMITTED TO THE BREATH REQUEST.

D HAD A LITTLE DIFFICULTY, BUT HE EVENTUALLY BLEW CORRECTLY TO COMPLETE THE TEST.

C/W READ ON CAMERA.

D REFUSED Q&A.



**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	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021018407	Date: 7/25/2021
	Specialist Name/ID: M.MEEK/33849