

21CT11498 SB

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number Agency ORI Number 0500400 Agency Name Delray Beach Police Department Agency Report Number (N.T.A.'s only) 4, 0 21-008442 Charge Type: <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 Location of Arrest (Including Name of Business) I-95/W LINTON BLVD Location of Offense (Business Name, Address) I-95/W LINTON BLVD, DELRAY BEACH, FL 33444 Date of Arrest 07/13/2021 Time of Arrest 03:03 Booking Date 07/13/2021 Booking Time 03:13 Jail Date 07/13/2021 Jail Time 03:52 Location of Vehicle I-95/W LINTON BLVD If Weapon Seized Enter Type UNARMED Multiple Clearance Indicators 1	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1 JUVENILE	
D E F E N D A N T	Name (Last, First, Middle) HAKANS, JASON RALPH Alias: Race W - White B - Black O - Oriental/Asian W Sex M Date of Birth 10/28/1974 Height 5'10 Weight 220 Eye Color BROWN Hair Color BROWN Complexion FAIR Build LARGE Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Marital Status S Religion Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Residence Type: 1. City 2. County 3. Florida 4. Out of State Address Source Business Address (Name, Street) DR FEELGOODS, (City) (State) (Zip) Phone (954) 263-5540 Occupation Bartender D/L Number, State H252436743880 / FL Soc. Sec. Number DNS Number Place of Birth (City, State) BRONX, NY, United Citizenship US		
	Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth <input type="checkbox"/> Parent <input type="checkbox"/> Other: Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip) Business Phone Notified by: (Name) Date Time 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. <input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		
	Drug Activity S. Sell N. N/A P. Possess 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 Description DUI ALCOHOL OR DRUGS 3RD OFFENSE Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond N / 21-008442 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Charge Description Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond Charge Description Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond		
I N T A K E	Health / Apparent Physical Condition of Defendant Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health Transported By Date Transported Time Transported Other 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:		
	PROPERTY - Received By Released By Released To Date Transported Time Transported Other		
N O T I C E T O A P P E A R	<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. 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 HERNANDEZ, EDWIN 1194 E. HERNANDEZ 1194 Name Verifying (Printed by Arrestee) SCANNED JUL 13 2021 Witness here if subject signed with an "X".		
	HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other ID # Pouch # 1194 DBPD Page 1 OF 1		

J# 0278160

P# 3552

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13TH DAY OF JULY, 2021 AT 0239 HRS,
IN THE CITY OF DELRAY BEACH, COUNTY OF PALM BEACH, STATE OF FLORIDA,
SUBJECT: HAKANS, JASON RALPH CASE NUMBER: 21-008442
AGENCY: DELRAY BEACH PD ARRESTING OFFICER: E. HERNANDEZ

PERSONAL CONTACT

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

I was traveling northbound on I-95 from Boca Raton into the city of Delray Beach and observed a vehicle weaving through traffic in my rear view mirror. The vehicle, a Honda CR-V bearing Florida tag DMZD65, then passed me on the right at a high rate of speed. I changed lanes to position my marked patrol vehicle behind the Honda and increased my speed to match, reaching 97mph. The vehicle slowed slightly when approaching the Linton Blvd exit and I activated my emergency lights to initiate a traffic stop. The vehicle came to a stop on the right shoulder approximately half way down the off ramp. I approached the driver, identified as Jason Ralph Hakans by his Florida license, and advised him of the reason for the stop. Hakans was the sole occupant of the vehicle.

OBSERVATION OF DRIVER:

While speaking with Hakans, I noticed that his eyes were glassy and his speech was thick. Hakans was unable to focus on collecting his documents when asked additional questions. Hakans also stumbled on his words when speaking. After stepping out of the vehicle, Hakans swayed while standing.

DRIVERS STATEMENTS:

Hakans stated he had two or three drinks at his home in Lighthouse Point prior to driving to his girlfriends home in Delray Beach. Hakans stated that he was drinking Bud Light bottles. At several points during the interaction, Hakans requested that I "give him a break" since his destination was "right down the street."

ODORS:

When Hakans spoke, I could detect the odor of an unknown alcoholic beverage on his breath.

GENERAL OBSERVATIONS

SPEECH: SLURRED AND STUMBLERD ON HIS WORDS

ATTITUDE: Cooperative

CLOTHING: Clean

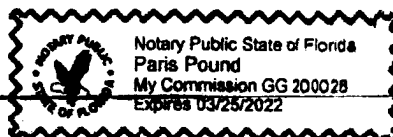
MEDICAL/OTHER: BACK PAIN FROM SCIATICA

STATE OF FLORIDA
COUNTY OF PALM BEACH

(SIGNATURE OF ARRESTING OFFICER)

THE FORGOING INSTRUMENT WAS SWORN TO OR AFFIRMED AND SUBSCRIBED BEFORE ME THIS 13TH DAY OF JULY, 2021 BY E. HERNANDEZ
WHO IS PERSONALLY KNOWN TO ME AND/OR PRODUCED IDENTIFICATION. TYPE OF IDENTIFICATION PRODUCED _____

NOTARY PUBLIC, CLERK OF COURT, OFFICER (FSS 117.10)



SCANNED
JUL 13 2021

SUBJECT: HAKANS, JASON RALPH CASE #: 21-008442

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS: 6 OF 6

- | | |
|--|--|
| <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:

Hakans advised that he has no eye conditions that are not corrected by glasses. Hakans eyes were checked for pupil size, resting nystagmus and equal tracking, with no abnormalities detected. No vertical nystagmus was observed.

WALK & TURN: 7 OF 8

Hakans was instructed to remain in the starting position until told to begin and stated he understood. Hakans was able to stand in the position for part of the time, before stating that back pain was the reason he could no longer. Hakans was given all instructions and stated that he understood. Hakans missed heel-to-toe on several steps both before and after the turn. Hakans turned improperly, lifting his front foot. Hakans stepped far off line on step 4 after the turn. Hakans had his arms raised for balance for the entire task. Hakans stopped to ask about the turn in the middle of the task. Hakans took too many steps after the turn, taking a total of 10. It should also be noted that Hakans did not count his steps aloud after the turn.

ONE LEG STAND: 3 OF 4

Hakans was given all instructions and stated that he understood. Hakans lifted his left foot for this task. Hakans began this task and counted to 1006 before placing his foot on the ground. Hakans swayed while balancing and lifted his arms for balance. It should be noted that Hakans terminated this task prematurely due to a complaint of back pain.

FINGER TO NOSE: 2 OF 4

Hakans was given all instructions and stated that he understood. Hakans did not keep his head elevated nor his eyes closed. Hakans missed touching the tip of his nose with the tip of his finger on the first instruction.

ROMBERG ALPHABET: 1 OF 4

Hakans was given all instructions and stated that he understood. Hakans did not keep his eyes closed during this task.

BREATH TEST RESULTS: 1) VNM0.163 2) 0.195 3) 0.187 4)

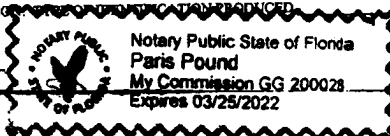
STATE OF FLORIDA
COUNTY OF PALM BEACH

(SIGNATURE OF ARRESTING OFFICER)

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NOTARY PUBLIC, CLERK OF COURT, OFFICER (SS 117.10)



SCANNED
JUL 13 2021



**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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021017256	Date: 7/13/2021
	Specialist Name/ID: T Howard/7185