

ARREST NOTICE TO APPEAR

21 CT 15390

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>0502300</b>		Agency Name <b>North Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>7 0   21-000512</b>	
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 checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>EASTWIND DR/ ANCHORAGE DR N, NPB, FL 334, 500</b>			Location of Offense (Business Name, Address) <b>199 ANCHORAGE DR N/US HIGHWAY 1, NORTH PALM</b>			
Date of Arrest <b>09/12/2021</b>	Time of Arrest <b>00:14</b>	Booking Date <b>09/12/2021</b>	Booking Time <b>00:24</b>	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) <b>HAGOPIAN, ROBERT RYAN</b>			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>09/27/1982</b>	Height <b>6'02</b>	Weight <b>215</b>	Eye Color <b>Bro</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status <b>S</b>	Religion	Hair Color <b>BALDING</b>	Complexion <b>Light Brown</b>
Local Address (Street, Apt. Number) <b>13176 QUIETWOODS RD UNIT B, WELLINGTON, FL 33414</b>			Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State	
Permanent Address (Street, Apt. Number) <b>13176 QUIETWOODS RD UNIT B, WELLINGTON, FL 33414</b>			Phone		Address Source	
Business Address (Name, Street) <b>VILLAGE OF WELLINGTON,</b>			Phone		Occupation <b>Athletic Manage</b>	
DL Number, State <b>H215776823470 / FL</b>		Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>Miramar FL</b>	Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 6. Other
Name (Last, First, Middle)			Residence Phone			
Address (Street, Apt. Number)			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 Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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	U. Unknown Z. Other	
Charge Description <b>DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE</b>			Statute Violation Number <b>316.193(4)</b>		Violation of ORD #	
Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense #	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description <del>DUI - Normal faculties impaired</del>			Statute Violation Number <del>316.193(1)(A)</del>		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
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 O.R. <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	
Transported By			Date Transported	Time Transported	Other	
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court			Location (Court, Room)		Date Signed	
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Court Date and Time <b>10/12/2021 @ 830am</b>		No Photo Available	
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)			
HOLD for Other Agency			Signature of Arresting Officer <b>Perez</b>		Name Verification (Printed by Arrestee) <b>SEP 12 AM 4:54</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>PEREZ, C.</b>	ID # <b>9887</b>	PAGE
Intake Agency <b>Duany well</b>		Pouch #	Transporting Officer <b>C. PEREZ</b>	ID # <b>9887</b>	Agency <b>NPBPD</b>	1 OF 1

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS

SCANNED

SEP 14 2021

JK# 0525884

P# 1718

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number		
Agency ORI Number <b>FL 0502300</b>	Agency Name <b>NORTH PALM BEACH POLICE</b>	Agency Report Number <b>7   0   21-000512</b>
Charge Type: <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		Special Notes:

Name (Last, First, Middle) <b>HAGOPIAN, ROBERT RYAN</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/27/1982</b>
--	-------	------------------	-----------------	------------------------------------

Charge Description <b>316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>	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	

The undersigned certifies and swears that he/she has just and reasonable 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.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.

On the **12** day of **September**, **2021** at **00:12** (Specifically include facts constituting cause for arrest.)

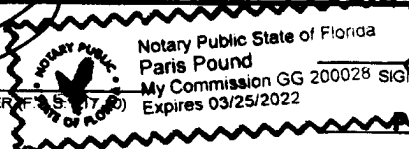

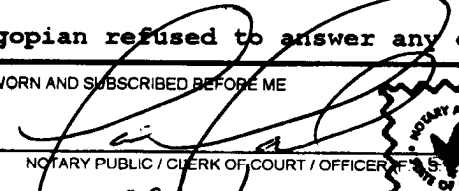
On Saturday September 11, 2021 at approximately 11:30PM I responded as back up to Police Sergeant Council's traffic stop. The traffic stop was located on Anchorage Dr N/ US Highway 1, North Palm Beach, FL 33408. See Police Sergeant Council's supplement.

During my investigation, I made contact with Robert Ryan Hagopian W/M (white Male) 09/27/1982. Immediately, I detected a strong odor of an unknown alcoholic beverage emanating off of his person and from inside the vehicle. Also, as he spoke to me I could detect an odor of an unknown alcoholic beverage emanating from his breath. I then asked Hagopian to step out of the vehicle and I observed him use his vehicle as support to stand. As he was using his vehicle as support he began to sway approximately 3-6 inches while speaking with me. I asked Hagopian if he would submit to Standardized Field Sobriety Tasks (SFST's) based on my observation of him. He replied with "no" and "can I call my lawyer".

After Hagopian declined performing the SFST's I read him his Taylor Warnings and explained to him although the SFST's are voluntary, however refusing to perform them could be used as evidence in any future court proceeding. Hagopian then refused to perform the SFST's again and was placed under arrest and in handcuffs. Both handcuffs were double locked/ checked for equal spacing and tightness. He was then thoroughly searched before being placed in my marked patrol vehicle and transported to the Palm Beach County Sheriff's Office Breath and Alcohol Testing Center (BAT) without incident.

While at the BAT center, I conducted my 20-minute observation of Hagopian and he never regurgitated nor consumed anything. Hagopian was then taken into the breathalyzer room, where he provided a sample of his breath. He blew in the breathalyzer a .239 on his first blow and a .232 on his second blow.

Hagopian refused to answer any questions.

SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>Perez, Christopher (9887)</b> NAME OF OFFICER (PLEASE PRINT)
 DATE <b>09/12/21</b>	DATE <b>09/12/2021</b>	

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL 0502300</b>		Agency Name <b>NORTH PALM BEACH POLICE</b>	Agency Report Number <b>7 0 21-000512</b>
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:

Name (Last, First, Middle) <b>HAGOPIAN, ROBERT RYAN</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/27/1982</b>
--	-------	------------------	-----------------	------------------------------------

His vehicle was inventoried and towed off scene by Gardens Towing.

Hagopian was cited by Police Sergeant Council for stop/stand/park within an intersection per F.S.S 316.1945(1) (A) (3) CIT#: ADZ3NHE. I cited Hagopian for DUI BAC/BRAC over .15 per F.S.S 316.193(4) CIT#: ADZ3NJE.

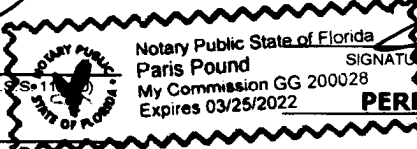
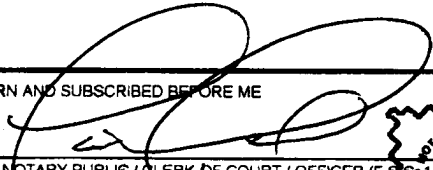
Robert Ryan Hagopian did drive or was in actual physical control of a vehicle, while under the influence of alcoholic beverages or chemical substances as set forth in Florida Statute 877.111, or a controlled substance as set forth in Chapter 893 or any combination thereof, and was affected to the extent that his or her normal faculties were impaired; did have a blood alcohol level of .15 or more grams of alcohol per 100 milliliters of blood or breath alcohol level of .15 or more grams of alcohol per 210 liters of breath, contrary to Florida Statute 316.193(4).

At the time of the arrest Hagopian was wearing an orange shirt, blue shorts and black sandals.

No further information.

P  
R  
O  
B  
A  
B  
L  
E  
  
C  
A  
U  
S  
E  
  
S  
T  
A  
T  
E  
M  
E  
N  
T

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 111) 09/12/21 DATE		<b>PEREZ, CHRISTOPHER (9887)</b> NAME OF OFFICER (PLEASE PRINT)
		09/12/2021 DATE

PROBABLE CAUSE AFFIDAVIT

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

OBTS Number \_\_\_\_\_ Agency Report Number **710 21-000512**

Agency ORI Number **FL 0502300** Agency Name **NORTH PALM BEACH POLICE** Special Notes: \_\_\_\_\_

Charge Type: Check as many as apply  
 1. Felony  3. Misdemeanor  5. Ordinance  
 2. Traffic Felony  4. Traffic Misdemeanor  6. Other \_\_\_\_\_

Race **W** Sex **M** Date of Birth **09/27/1982**

Name (Last, First, Middle) **HAGOPIAN, ROBERT RYAN**

Charge Description **316.193(4)(a) DUI - NORMAL FACULTIES IMPAIRED 316.193(4)**

Victim's Name (Last, First, Middle) \_\_\_\_\_

Local Address (Street, Apt. Number) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ Phone \_\_\_\_\_ Address Source \_\_\_\_\_

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

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. \_\_\_\_\_ who told

The Person taken into custody \_\_\_\_\_

committed the below acts in my presence.  was observed by \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_  was found to have committed the below acts, resulting from my (described) investigation.

admitting to the below facts.

On the **11** day of **September**, **2021** at **23:56** (Specifically include facts constituting cause for arrest.)

On 09/11/2021 at approximately 11:30pm, I observed a white 2006 Ford utility, FL tag NAGS21, stopped in the middle of the roadway northbound in the intersection of US Highway 1 and Yacht Club Drive, North Palm Beach, FL 33408. I pulled behind the stopped vehicle to prevent other vehicles from running into the rear of the vehicle. The vehicle then made a u-turn at Yacht Club Dr and began traveling southbound on US Highway 1 at 15 mph in a marked 35 mph zone. At that point, I activated my emergency lights and siren to conduct a traffic stop. The vehicle continued to travel southbound on US Highway 1 at 15 mph. The vehicle was also traveling halfway in the right travel lane and halfway in the bicycle lane to the right of the travel lane. The vehicle's passenger side tires nearly struck the concrete curb several times. The vehicle then made a right turn on Anchorage Drive N, and then a left turn on Eastwind Drive, before coming to a stop at Eastwind Drive and Quadrant Road. The vehicle travelled approximately 1/2 mile after I activated my emergency equipment, before finally stopping, while passing several available driveways and parking lots in which it could have safely pulled into.

I made contact with the driver and requested his driver's license, registration, and proof of insurance. The driver was identified by his Florida driver's license as W/M Robert R Hagopian (09/27/82). Hagopian handed me his proof of insurance and then asked me what else I needed. I again asked Hagopian for his vehicle registration and after searching for approximately 30 seconds, he handed me another insurance card. I again advised Hagopian that he already handed me two insurance cards and that I needed his vehicle registration. Hagopian searched for approximately 30 more seconds and then handed me a third insurance card. I again advised Hagopian that I needed his vehicle registration and he continued to search, but was unable to locate the vehicle registration. While speaking with Hagopian, his speech was extremely slurred and I had difficulty understanding anything he said. I detected a strong odor of an unknown alcoholic beverage on his breath as he spoke and his eyes were red and glassy.

SWORN AND SUBSCRIBED BEFORE ME

**Perez, Christopher**  
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117 10)  
 09/11/2021  
 DATE

**Council, Andrew** (9794)  
 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  
 NAME OF OFFICER (PLEASE PRINT)  
 09/11/2021  
 DATE

PAGE 1 OF 2

Agency ORI Number <b>FL 0502300</b>	Agency Name <b>NORTH PALM BEACH POLICE</b>	Agency Report Number <b>7 0 21-000512</b>
Charge Type: Check as many as apply		Special Notes:
<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		
Name (Last, First, Middle) <b>HAGOPIAN, ROBERT RYAN</b>		Alias
Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/27/1982</b>

Due to Hagopian's driving pattern and obvious signs of impairment, I requested Police Officer Perez respond to the scene to conduct a driving under the influence investigation. When Police Officer Perez arrived, I briefed him on my observations and what I suspected and the subsequent investigation was turned over to him.

Hagopian was issued a traffic citation for improper stopping, standing or parking within an intersection, F.S.S. 316.1945(1)(a)(3) - Citation #ADZ3NHE.

PROBABLE CAUSE STATEMENT

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME	
<b>Perez, Christopher</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<i>[Signature]</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<b>09/11/2021</b> DATE	<b>COUNCIL, ANDREW (9794)</b> NAME OF OFFICER (PLEASE PRINT)
	<b>09/11/2021</b> DATE

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11TH DAY OF SEPTEMBER 20 21, AT 23:30 AM PM

SUBJECT: Robert Ryan Hagopian CASE NUMBER: 21-000512

AGENCY: North Palm Beach ARRESTING OFFICER: C.Perez

## PERSONAL CONTACT

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

See Police Sergeant Council's supplement.

### OBSERVATION OF DRIVER:

Upon observation of Hagopian, I immediately detected a strong odor of an unknown alcoholic beverage emanating off of his person and from inside the vehicle. Also, as he spoke to me I could detect an odor of an unknown alcoholic beverage emanating from his breath. I then asked Hagopian to step out of the vehicle and I observed him use his vehicle as support to stand. As he was using his vehicle to support himself he began to sway approximately 3-6 inches front and backwards while speaking with me.

### DRIVER'S STATEMENTS:

Hagopian speech was slurred and at times would not be clear enough to comprehend what he was saying. I asked Hagopian if he would consent to performing some SFST's to which he clearly responded with "No". I then explained him his Taylor Warnings and he again refused to perform SFST's.

### ODORS:

When I made contact with Hagopian I detected a strong odor of an unknown alcoholic beverage emanating of of his person, breath and inside the vehicle.

## GENERAL OBSERVATIONS

SPEECH: slurred speech

ATTITUDE: cooperative

CLOTHING: orange shirt, blue shorts, black sandals

MEDICAL/OTHER: N/A

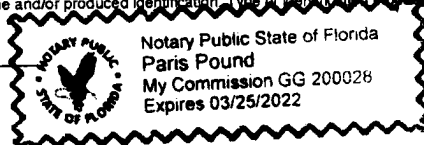
STATE OF FLORIDA  
COUNTY OF PALM BEACH

C.Perez  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of September 20 21 by \_\_\_\_\_

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

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



SCANNED  
SEP 14 2021

SUBJECT: Robert Ryan Hagopian

CASE NUMBER 21-000512

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

**Refused**

**WALK & TURN:**

**Refused**

**ONE LEG STAND:**

**Refused**

**FINGER TO NOSE:**

**Refused**

**ROMBERG ALPHABET:**

**Refused**

**BREATH TEST RESULTS:**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

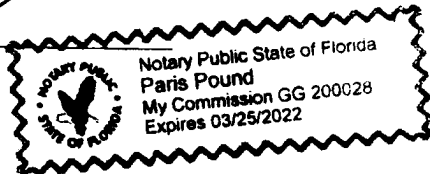
C. Perez

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of September, 2021 by \_\_\_\_\_

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

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



**SCANNED**  
**SEP 14 2021**

# North Palr

## FILING PACKAGE RECEIPT FORM

Check One:

- DHSMV - Bureau of Driver Improvement Hearing Office  
 State Attorney's Office D.U.I. Intake  
 Felony/Misdemeanor Filing Documentation

Case Number: 21-000512

Defendant: Robert Ryan Hagopian

Officer: C.Perez ID, # 9887

District: Patrol

Date Submitted: 09/12/2021

Sent By: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_

Received By Court Liaison: \_\_\_\_\_

Date/Time Received: \_\_\_\_\_

FILING PACKAGE LOGGED BY LIAISON  
ON DATE AND TIME LISTED ABOVE

RETURN THIS ORIGINAL RECEIPT TO OFFICER

Ver-OA-10G

**SCANNED**  
SEP 14 2021



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

PBSO CASE # 21-105736 AGENCY CASE# 21-000512

AGENCY ZONE 3-21 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 23:30 DATE 09/11/2021 DAY Saturday

SUBJECT'S NAME Robert Ryan Hagopian RACE W SEX M

HGT 6'2 WGT 215 DOB 09/27/1982

LOCATION Anchorage Dr N/ US Highway 1, NPB, FL 33408

ARRESTING OFFICER'S NAME & ID C.Perez #9887 AGENCY North Palm Beach

DIVISION: Patrol

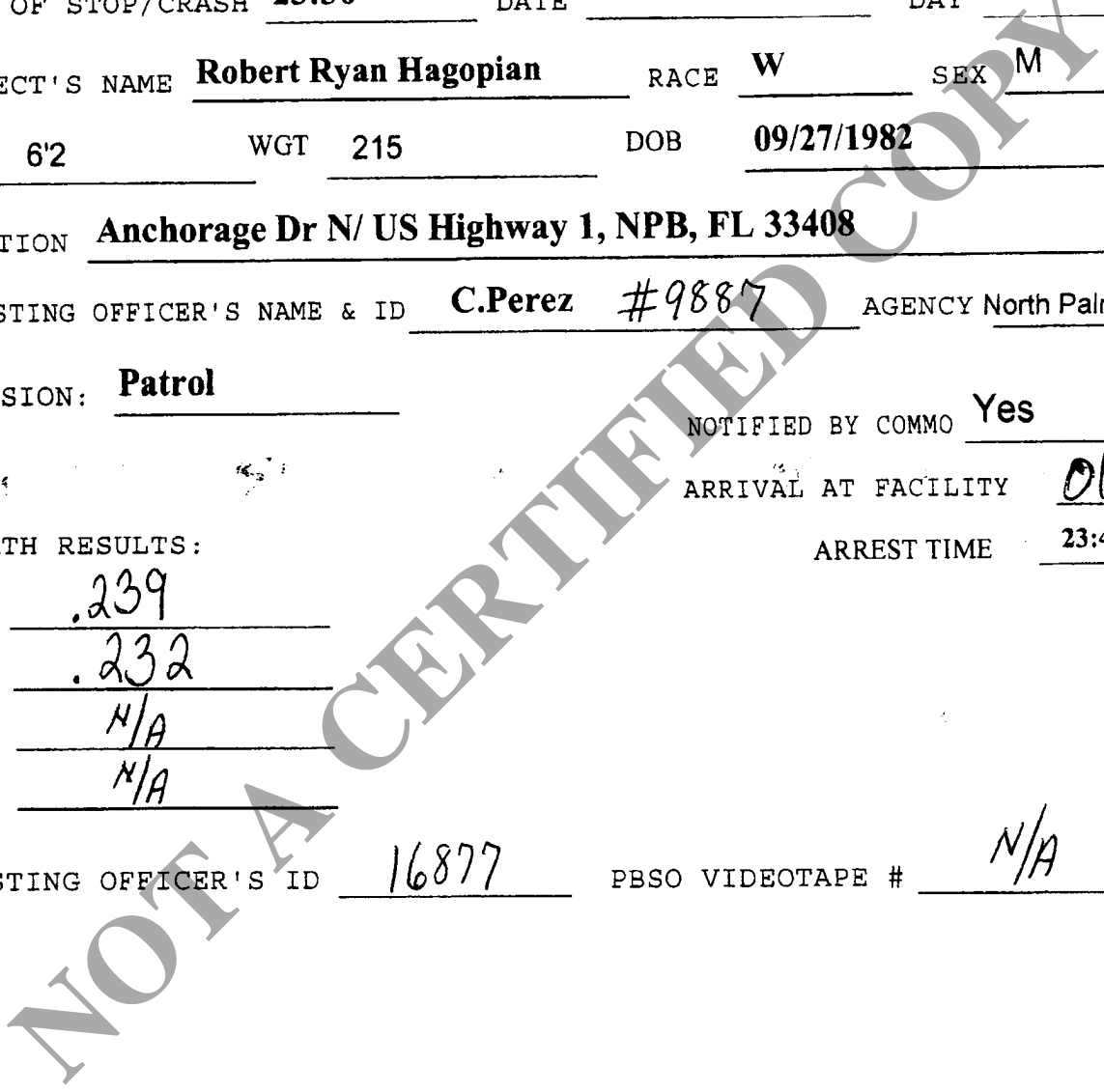
NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0100

BREATH RESULTS: ARREST TIME 23:44HR

- 1. .239
- 2. .232
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A



**SCANNED  
SEP 14 2021**

# TESTING FACILITY TASK REPORT

AGENCY: NPPD

SUBJECT: Hagopian, Robert R.

CASE NUMBER: 21-105736

DATE: Sep 12, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:25

ENDING TIME: 01:37

BREATH TESTS RESULTS: 1) .239 TIME 01:30 A.M.  P.M.  2) .232 TIME 01:34 A.M.  P.M.   
3) N/A TIME ----- A.M.  P.M.  4) N/A TIME ----- A.M.  P.M.

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, cooperative

CLOTHING: Dark blue shorts, orange polo shirt, brown flip-flops

MEDICAL CONDITIONS: None

MEDICATIONS: Nonw

### OTHER:

Eyes are glassy & bloodshot  
Odor of unknown alcoholic beverage on breath

### COMMENTS:

Arrived at center A/O started 20 minute observation period at 01:00 hrs.

Subject agreed to perform breath test.

Tech read breath test results.

Subject stated he understood breath test results.

A/O read rights.

Subject stated he understood rights.

A/O attempted Q&A.

Subject refused to answer Q&A.

SCANNED  
SEP 14 2021

**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: 09/12/2021

Date of Last Agency Inspection: 09/10/2021

Observation Period Began: 01:00

Subject's Name: ROBERT R HAGOPIAN

DOB: 09/27/1982 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	01:28
	Air Blank	0.000	01:28
	Control Test	0.080	01:29
	Air Blank	0.000	01:29
	Subject Sample #1	0.239	01:30
	Air Blank	0.000	01:31
	Air Blank	0.000	01:33
	Subject Sample #2	0.232	01:34
	Air Blank	0.000	01:34
	Control Test	0.077	01:35
	Air Blank	0.000	01:35
	Diagnostics Check	OK	01:35

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 RENEE M RAGIN, 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: 09/12/21  
Signature

Sworn to (or affirmed) before me this 12 day of Sept., 2021  
[Signature] Ofc. C. Perez # 9887  
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., 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 322.10...

**SCANNED**  
SEP 14 2021

# WITNESS LIST

CASE NUMBER: 21-000512

ARRESTING OFFICER: C.Perez

ADDRESS: 560 US Highway 1, North Palm Beach FL 33408

PHONE NUMBERS (HOME): 561-574-2410 (WORK) 561-848-2525

CAN TESTIFY TO: FACTS OF THE CASE

NAME: A. Council

ADDRESS: 560 US Highway 1, North Palm Beach, FL 33408

PHONE NUMBERS (HOME) 561-848-2525 (WORK) \_\_\_\_\_

CAN TESTIFY TO: refusal

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 \_\_\_\_\_

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 \_\_\_\_\_

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: \_\_\_\_\_

NOT A CERTIFIED COPY

**SCANNED**  
**SEP 14 2021**

SUBJECT: Hagopian, Robert A. 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.

**SCANNED**  
**SEP 14 2021**

SUSPECT'S SIGNATURE: (X) Head on Camera

SUBJECT: Hypocrite, Robert A. 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? \_\_\_\_\_

**SCANNED**  
SEP 14 2021

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



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

REVIEW COMPLETED BY

Booking Number: 2021022764	Date: 9/12/2021
	Specialist Name/ID: M. Tooks #8557

**SCANNED**  
SEP 14 2021