

0176966 21CT13822 2957

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N			
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT				Agency Report Number 78 - 21003603									
Charge Type: Check as many as apply.		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 <input type="checkbox"/>			
Location of Arrest (Including Name of Business) 4533 PGA Blvd, PBG, FL 33410 (Cafe Chardonnay)		Location of Offense (Business Name, Address) 4533 PGA Blvd. PBG, FL 33410 (Cafe Chardonnay)		Weapon Seized / Type 2. 1. Yes 2. No		Multiple Clearance Indicator									
Date of Arrest 08/19/2021		Time of Arrest 00:13		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle 4533 PGA Blvd. PBG, FL			
Name (Last, First, Middle) Blacher, Stephan, Robert												Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 04/10/1952		Height 5'10"		Weight 200		Eye Color Green		Hair Color Brown			
Complexion Light		Build Medium		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoo: Hawk, Rear Torso		Marital Status Married		Religion JEWISH		Indication of: Alcohol Intoxication Drug Intoxication		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 64 St George Pl		(City) Palm Beach		(State) FL		(Zip) 33410		Phone (561) 302-4002		Residence Type: 1. City 2. County 3. Florida 4. Out of State		1			
Permanent Address (Street, Apt. Number) 64 St George Pl		(City) Palm Beach		(State) FL		(Zip) 33410		Phone		Address Source FCIC/NCIC					
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation					
D/L Number, State 152440639 CO		Soc. Sec. #		INS Number		Place of Birth (City, State) Boston, MA		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					
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					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		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 Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated									
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.												School Attended		Grade	
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)															
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		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 DUI-Breath above .08		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)(b) (c)		Violation of ORD #							
Drug Activity N/A		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond					
Location (Court, Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700															
Court Date and Time Month September Day 22 Year 2021 Time 10:00 AM <input checked="" type="checkbox"/> PM															
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 08/19/2021			
HOLD for other Agency Name:		Signature of Arresting Officer James Lovett				Name Verification (Printed by Arrestee) AUG 19 AM 3:21									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) James Lovett		I.D. # 523		(PRINT)		PAGE 1 OF 1					
Intake Deputy Diana Lopez		I.D. #		Pouch #		Transporting Officer James Lovett		ID # 523		Agency PBGPD		Witness here if subject signed with an "X"			
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)															

SCANNED
AUG 19 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 18 day of August 2021 at 23:49 ☐ AM ☒ PM

Subject: Blacher, Stephan, Robert Case Number: 21003603

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: James Lovett 523

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

Ofc. Lusavich arrived at 4355 PGA Blvd. in reference to a disturbance. She observed Stephan Blacher seated in the driver seat of his red Ferrari bearing Colorado tag FIAF1.

OBSERVATION OF DRIVER:

While investigating the disturbance, Ofc. Lusavich stated Blacher admitted to drinking alcohol prior to entering the vehicle. See Ofc. Lusavich's supplemental report for full details. I arrived on scene to conduct a DUI investigation once the disturbance investigation had been resolved. During my contact with Blacher I observed his eyes to be glassy, his speech to be slurred, and I could detect the odor of an unknown alcoholic beverage emitting from his breath at a conversational distance.

DRIVER STATEMENTS:

Blacher stated he had a few drinks at Cafe Chardonnay. Blacher stated he would perform Standardized Field Sobriety Tasks.

ODORS: Odor of an unknown alcoholic beverage emitting from Blacher's breath at a conversational distance

GENERAL OBSERVATIONS

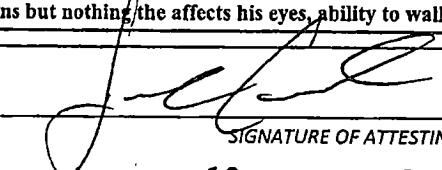
SPEECH: Slurred

ATTITUDE: Argumentative

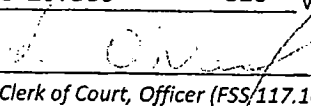
CLOTHING: Dress shirts, dress pants, designer boots, alligator skin belt, excessive amount of jewelry

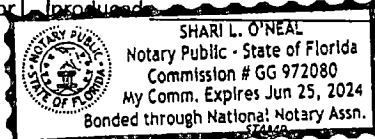
MEDICAL/OTHER: Blacher lister various medical conditions but nothing that affects his eyes, ability to walk a line, or balance on one leg

STATE OF FLORIDA
COUNTY OF PALM BEACH


SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 19 day of August 2021 by James Lovett 523 who is ☒ personally known to me or ☐ produced.


Notary Public, Clerk of Court, Officer (FSS/117.10)



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AUG 19 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: Blacher, Stephan, Robert

Case Number: 21003603

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE

- ☒ Lack of Smooth Pursuit
☒ Distinct & Sust. Nystag. at Max. Deviation
☐ Onset of Nystagmus Prior to 45 Degrees

RIGHT EYE

- ☒ Lack of Smooth Pursuit
☐ Distinct & Sust. Nystag. at Max. Deviation
☐ Onset of Nystagmus Prior to 45 Degrees

Other Observations:

Blacher horizontally swayed during the task. He looked away from the stimulus multiple times. He moved his head multiple times. Blacher became argumentative during the task and the task was stopped

Walk and Turn



Blacher stated he understood all instructions. Blacher insisted I complete the entire task to prove it could be done. Blacher started too soon, used his arms for balance twice, and broke his feet apart twice in the starting position. Blacher then became extremely argumentative, attempted to walk back to his vehicle, and at this time he was read his Taylor Warnings. During his first sequence of steps he did not count his steps out loud. He missed heel to toe steps 2, 4, 6, and 8. He then made an improper turn. During his second sequence he missed heel to toe steps 2, 3, 4, 5, 6, and 9. He stepped off the line on steps 5 and 8.

One Leg Stand



Blacher stated he could not perform the exercise because he had too many surgeries in his past. While telling him I could have him perform a different task, he began arguing about the series of tasks doing an improper One Leg Stand Task without any instruction.

Rhomberg



Blacher stated he understood all instructions and knew the alphabet A to Z. Again, Blacher was argumentative while I was giving instructions. Blacher assumed the task position before I told him to begin. Blacher began reciting the alphabet quickly. He then restarted, as I instructed. He then recited the alphabet in a rhythmic manner and ended it with the exclamation "Sir!"

Finger to Nose



Blacher stated he understood all instructions and knew the difference between his right and left. Blacher attempted to begin before I told him to begin. 1st left: He searched for the tip of his nose then touched it with the pad of his index finger 3 times. 1st right: Pad of index finger to the tip of his nose 3 times. 2nd left: Pad of index finger to the tip of his nose 3 times. 2nd right: Pad of index finger to the tip of his nose 3 times. 3rd left: Pad of index finger to the tip of his nose 2 times. 3rd right: Pad of index finger to the tip of his nose 3 times

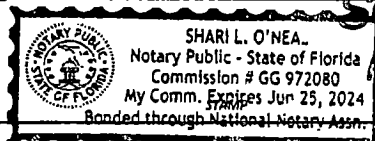
BREATH RESULTS: 1) .094 @ 01:15 2) .093 @ 01:18 3) _____ @ _____ 4) _____ @ _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 19 day of August 2021 by
James Lovett 523 who is ☒ personally known to me or ☐ produced

Notary Public, Clerk of Court, Officer (FSS 117.10)



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AUG 19 2021

TESTING FACILITY TASK REPORT

AGENCY: PBG OFC. LOVETT #523

SUBJECT: BLACHER, STEPHAN R. CASE NUMBER: 21-097502

DATE: 08-19-21 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:08 HRS ENDING TIME: 01:21 HRS

BREATH TESTS RESULTS: 1) .094 TIME 01:15 A.M. ☒ P.M. ☐ 2) .093 TIME 01:18 A.M. ☒ P.M. ☐
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, LOUD

ATTITUDE: TALKATIVE, COOPERATIVE, RAMBLING, PROFANE, SARCASTIC, DRAMATIC

CLOTHING: SHIRT- BLACK PANTS- BLACK

MEDICAL CONDITIONS: LIVER SURGERY FOUR YEARS AGO, CONSTANT PAIN, DIABETIC, BOWEL PROBLEMS/NO GALL BLADDER

MEDICATIONS: SEVERAL MEDICATIONS

OTHER:

EYES: RED, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION CONDUCTED BY A/O LOVETT #523
A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE BREATH REQUEST.
D COMPLETED THE TEST CORRECTLY.
C/W READ ON CAMERA.
BREATH RESULTS EXPALINED TO THE D.
D WANTED HIS ATTORNEY NO Q&A CONDUCTED.

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AUG 19 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: 08/19/2021

Date of Last Agency Inspection: 08/13/2021

Observation Period Began: 00:47

Subject's Name: STEPHAN R BLACHER

DOB: 04/10/1952 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	01:13
	Air Blank	0.000	01:13
	Control Test	0.080	01:14
	Air Blank	0.000	01:14
	Subject Sample #1	0.094	01:15
	Air Blank	0.000	01:16
	Air Blank	0.000	01:17
	Subject Sample #2	0.093	01:18
	Air Blank	0.000	01:19
	Control Test	0.079	01:19
	Air Blank	0.000	01:19
	Diagnostics Check	OK	01:20

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: 08-19-21
Signature

Sworn to (or affirmed) before me this 19 day of August, 2021

[Signature] Off. Lovett #523
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Notar. 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.

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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AUG 19 2021

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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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AUG 19 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: 2021020611	Date: 8/19/21
	Specialist Name/ID: A. Pinkney/7796

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AUG 19 2021