

0521411 21CT24165B59

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 <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number <b>34-21-008407</b>					
Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input 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>4500 N SR 9, BOYNTON BEACH, FLORIDA, 33426</b>					Location of Offense (Business Name, Address) <b>4778 N CR 807, BOYNTON BEACH, FLORIDA, 33426</b>					
Date of Arrest <b>02/14/2021</b>		Time of Arrest <b>0035</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) <b>POPIEL, TODD ANDREW</b>										
Alias (Name, DOB, Soc. Sec. #, Etc)										
W - White B - Black	I - American Indian O - Oriental / Asian	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>12/23/1973</b>	Height <b>509</b>	Weight <b>175</b>	Eye Color <b>BRO</b>	Hair Color <b>BRO</b>	Complexion <b>FAIR</b>	Build <b>MED</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>N/A</b>					Marital Status <b>DIVORCE</b>		Religion <b>N/A</b>		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>2028 ALTA MEADOW LN 1010, DELRAY BEACH,</b>			(City) <b>FLORIDA,</b>	(State) <b>FLORIDA,</b>	(Zip) <b>33444</b>	Phone <b>( ) -</b>	Residence Type 1. City 3. Florida 2. County 4. Out of State		<b>2</b>	
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source <b>FL DL</b>			
Business Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Occupation <b>TRAINER</b>			
DL Number, State <b>P140-801-73-463-0 / FL</b>			Sec. Sec. Number		INS Number		Place of Birth <b>NEWARK, NJ</b>		Citizenship <b>US</b>	
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)			Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name (Last) (First) (Middle)			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 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 561-355-2528) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade		
Property Crimes? Yes <input type="checkbox"/> No <input type="checkbox"/>	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. Barbitate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description <b>DUI</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number <b>316.193.1A</b>	Violation of ORD#						
Drug Activity	Drug Type	Amount/Unit	Offense # <b>21-008407</b>	Warrant/Capias Number	Bond					
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	Statute Violation Number	Violation of ORD#						
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond					
<input 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 instruction on reverse side.			Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b> Court Date and Time Month <b>March</b> Day <b>08</b> Year <b>2021</b> Time <b>0830</b> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.							
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) <i>Refused to sign</i>										
Date Signed:										
HOLD for other Agency Name:			Signature of Arresting Officer			Name Verification (Printed & Signed)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Sublethal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	I.D. #	Pouch #	Name of Arresting Officer (Print) <b>OFFICER CASTRO</b>	I.D. # <b>905</b>	Agency <b>BBPD</b>	BU#	Witness here is subject Signed with an "X".	Page <b>1</b>	

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FEB 16 2021

FEB 14 4:28

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 14 DAY OF February 2021 AT 0010  A.M  P.M.

CASE #: 21-008407 DEFENDANT: POPIEL, TODD ANDREW

**PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:**

While K-9 Officer Vargas, Officer Acosta and I were standing near the north entrance to the parking lot of 4778 N. CR 807 (Congress Ave), I observed a Black Subaru SUV (later learned to be bearing Florida tag X99KT) drive directly in front of us westbound through the parking lot with only the Daylight Running Lights (DRL) on but all of the other exterior lights were off. The front driver's window was down and the radio was extremely loud. As the driver reach the posted stop sign prior to exiting the parking lot, the driver failed to slow/stop and as well exited the parking lot in the wrong direction. The Subaru then sped off eastbound on Hypoluxo Rd. This incident occurred within the City of Boynton Beach, Palm Beach County, Florida.

I quickly entered my vehicle and proceeded behind the Subaru an attempt to conduct a traffic stop. As I traveled eastbound on Hypoluxo Rd I could see the Subaru in a distance in front of me. The Subaru still did not have any exterior lights on but every time the driver applied the brakes I could see the brakes lights activate. As the Subaru approached NW 7<sup>th</sup> Ct I got a speed reading of 65mh in a posted 45mph speed zone, utilizing my vehicle mounted Stalker Radar. I was directly behind the Subaru at the time. The Subaru then entered the right lane of Hypoluxo Rd to travel southbound on SR 9 (I-95). At that time, I activated my emergency equipment to initiate a traffic stop. Due to the speed of the Subaru, as it made its right turn, it failed to properly still in its lane and struck the raised concrete median with the front right wheel. The Subaru then began to swerve towards the right in a fast motion then oversteered back to the left. The vehicle continued to merge onto SR 9, swerving left and right. Moments later the vehicle came to an erupted stop as it entered into the right shoulder.

As I approached the Subaru via the driver's side, the radio was still at a loud roar. I quickly asked the driver, who identified himself as Popiel, Todd (12/23/73) via Florida DL, if he was okay; which Popiel stated yes. Popiel had his arms up in the air for an unknown reason. I then asked Popiel to turn off the vehicle, he turned on the wipers. I asked again if he was okay, which with a blank stare Popiel stated "I'm fine". I then asked for his credentials, at which time Popiel opened the driver's front door and almost fall out. I also noticed that Popiel failed to place the vehicle in park prior to turning it off. After providing his driver's license and was asked to exit the vehicle, Popiel again lost his balance and almost fall out of the vehicle. Popiel advised that he was coming from a pool hall in the area of Lantana and Lake Worth. After advising Popiel that those intersections don't

intersect, he started to get upset. I then escorted Popiel to the back of his vehicle. At that point, I explained to Popiel my observations and his driving pattern. Popiel then started that if we want to arrest then to arrest him. As Popiel spoke I detected an odor of an unknown alcoholic beverage emanating from his breath, which intensified as he spoke. Popiel's eyes were bloodshot/glassy and his speech was thick and slurred. I asked Popiel if he had consumed any type of alcoholic beverages tonight, which he stated no. I then asked Popiel then where was the odor I detect coming from, which he stated yes. Popiel then asked again to arrest him again. Based on the above fact I asked Popiel if you submit to a series of Standardized Field Sobriety Task, which Popiel agree. Prior to beginning the task, I asked Popiel if he had any type of disability and/or major surgeries; which Popiel stated yes. Popiel advised that he was "retarded. See the following:

Pen Exercise: During the task Popiel swayed side to side and had a difficult time following direction. Popiel continued to move his head after being instructed numerous times not too, Popiel would not follow the pen as it moved and would look away as he attempted to track the pen. Popiel was impatient during the task, making me have to stop. Due to Popiel not following directions the task was not completed.

**HORIZONTAL GAZE NYSTAGMUS:**

- |  |   |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly                 | <input type="checkbox"/> Right eye does not follow smoothly                 |
| <input type="checkbox"/> Left eye prior to 45 degrees                      | <input type="checkbox"/> Right eye prior to 45 degrees                      |
| <input type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye                    | <input type="checkbox"/> Vertical Nystagmus in right eye                    |

**WALK AND TURN:**

While explaining the task to Popiel, he was very argumentative. Popiel was not following the instructions given. While explaining Popiel started the task too soon and was using his arms for balance. Popiel had a difficult time standing in the manner I was requesting. Popiel advised that he did not want to continue the task. I then advised him his Taylor Warnings, which he stated that he did not understand. Popiel was complaining about the traffic noise in the background and that he was having a difficult time hearing me. I continued to try explaining to Popiel but he was refusing to listen. I asked Popiel again if he wanted to continue which he stated no.

**ONE LEG STAND:**

Task Refused

**FINGER TO NOSE:**

Task Refused

**ROMBERG/ALPHABET:**

Task Refused

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Based on the above facts Popiel was placed into handcuffs (D/L and Spaced) and arrested for suspicious of DUI. While searching Popiel's person, I located a large knife on his front waistband. The knife was a 9" fix blade knife in a sheath. While placing Popiel in the back seat of my patrol vehicle (4734) Popiel began to tense his arms and refused to entered at first. After a few verbal commands, Popiel complied and entered. While transporting Popiel to the Palm Beach County BAT facility he was yelling profanities in the back seat of my vehicle. As I exited Southern Blvd from SR 9, Popiel began to bang his forehead on the plastic partition. Popiel was laughing while he was doing it and yelled for me to go faster as I drove. Popiel did not sustain any injuries. I arrived at the facility at 0048hrs, started my 20 minutes observations at 0052hrs and completed it at 0112hrs. Upon completion I requested Popiel to provide a sample of his breath to determine the alcohol content, which he refused. I then read Popiel his Implied Consent, which he stated that he did not understand. Popiel then requested for his lawyer. While attempting to explain Implied Consent to Popiel, he refused to listen. I asked Popiel if he wanted me to read it again, which he stated no. I then read Popiel his Miranda Warnings, which he stated that he did not understood. Again, while attempting to explain the Miranda Warnings to Popiel he refused to listen. Q&As were not completed.

While conducted a Tow Inventory, a 750ml Johnny Walker Scotch bottle was located in the center arm rest. The bottle was half full. In a backpack, located in the back seat of the vehicle, a Colt Commander Medal .45 caliber handgun was located. The firearm had a loaded magazine insert but no round in the camber. Popiel's knife and firearm was placed into Boynton Beach Police Evidence as prisoner property.

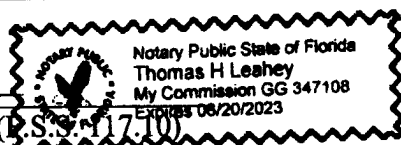
Based on the facts, Popiel was charged with Driving Under the Influence pursuant with F.S.S. 316. 193.1.A. Popiel was processed and later TOT PBCJ.


Nothing further.

The following instrument was sworn to before me this 14 day of February 2021

By: PERSONALLY KNOWN / OFFICER CASTRO #905

  
Notary/Police Officer (P.S.S. #17-10)



  
Signature of Arresting Officer

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

PBSO CASE # 21-035372 PBSO ZONE 6-32

AGENCY CASE # 21-008407 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0010HRS DATE 02/14/2021 DAY SUNDAY

SUBJECT'S NAME POPIEL TODD ANDREW RACE WHITE SEX MALE  
LAST FIRST MID

HGT 509 WGT 175 DOB 12/23/1973

LOCATION 4700 N. SR 9, BOYNTON BEACH, FLORIDA, 33426

ARRESTING OFFICER'S NAME & ID OFFICER CASTRO 905 AGENCY BBPD

DIVISION: \_\_\_\_\_ NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0052HRS

ARREST TIME 0035HRS

BREATH RESULTS:

1) **REFUSED**  
 3) \_\_\_\_\_  
 4) \_\_\_\_\_

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

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FEB 16 2021

SUBJECT: Papier, Todd A

CASE NUMBER: 21-008407

## 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) \_\_\_\_\_

*Read on camera*

## 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) \_\_\_\_\_

*Read on camera*

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FEB 16 2021

# TESTING FACILITY TASK REPORT

AGENCY: BBPD

SUBJECT: Popiel, Todd A

CASE NUMBER: 21-035372

DATE: Feb 14, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0116

ENDING TIME: 0119

BREATH TESTS RESULTS: 1) R TIME 0118 A.M.  P.M.  2) n/a TIME 0 A.M.  P.M.   
3) n/a TIME 0 A.M.  P.M.  4) n/a TIME 0 A.M.  P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: belligerent, agitated

CLOTHING: blue jeans, white/blue s/s shirt, tan sneakers

MEDICAL CONDITIONS: none

MEDICATIONS: none

## OTHER:

eyes are glassy and bloodshot  
unknown odor of alcoholic beverage

**REFUSED**

## COMMENTS:

arrived at center A/O conducted 20 minute observation period 0054 hrs

subject refused to perform breath test

A/O read I/C 2X & subject repeated I want a lawyer

subject refused to perform breath test

A/O read rights 2X & subject stated I want a lawyer

A/O did not attempt Q&A

**REFUSED**

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CASE #: 21-008407

DEFENDANT: POPIEL, TODD ANDREW

### 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.**

Where you operating a motor vehicle at the time of the stop/Accident? REFUSED

Where were you going? \_\_\_\_\_

What Street or Highway were you on? \_\_\_\_\_

What was you direction of travel? \_\_\_\_\_

Where did you start from? \_\_\_\_\_

What time did you start? \_\_\_\_\_

What time is it now? \_\_\_\_\_

What is today's date? \_\_\_\_\_

What day of the week is it? \_\_\_\_\_

What City and County 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 have you been drinking? \_\_\_\_\_

How much? \_\_\_\_\_

With whom? \_\_\_\_\_

When did you have your first drink? \_\_\_\_\_

When did you have your last drink? \_\_\_\_\_

Can you feel the effects of the alcohol? \_\_\_\_\_

Are you under the influence? \_\_\_\_\_

Have you consumed any alcohol since the stop/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? \_\_\_\_\_

Where 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 you eyes that are not corrected by glasses? \_\_\_\_\_

Do you take insulin? \_\_\_\_\_ If so, when was your last injection? \_\_\_\_\_

Have you ever gad a driver's license in any other state? \_\_\_\_\_

Where? \_\_\_\_\_

Interviewer: \_\_\_\_\_

**STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
BREATH AND/OR URINE TEST**

I, OFFICER CASTRO #905, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of BOYNTON BEACH POLICE DEPARTMENT, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 14 day of FEBRUARY, 20 21, at 0035  P.M.  A.M.

DRIVER TODD ANDREW POPIEL  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# P140-801-73-463-0, state of FLORIDA, was placed under lawful arrest for


the offense of DUI by OFFICER CASTRO #905 and  
(Name of Arresting Officer)

issued Citation # AC862KE

That on or about the 14 day of FEBRUARY, 20 21, at 0118  P.M.  A.M.

in PALM BEACH County,

I requested that the driver submit to a  **breath and/or**  **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

  
Signature of Law Enforcement Officer or  
Correctional Officer

**THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)**

The foregoing instrument was sworn and subscribed before me:

  
Signature of Attesting Officer

Title Officer - JPD

Date 2/14/21

(AFFIX SEAL)  
The foregoing instrument was sworn and subscribed before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

by OFFICER CASTRO #905,

who is personally known to me or who has produced  
\_\_\_\_\_ as identification

Notary Public \_\_\_\_\_

Note: Mail or hand deliver to the designated  
Bureau of Administrative Reviews office,  
Department of Highway Safety and Motor  
Vehicles, with the driver's license, the  
appropriate copy of the UTC, and the  
probable cause affidavit.

CASE #: 21-008407

DEFENDANT: POPIEL, TODD ANDREW

Arresting Officer: CASTRO

Address: 2100 HIGH RIDGE RD, BOYNTON BEACH, FLORIDA, 33426

Phone Numbers: Home: \_\_\_\_\_ Work: (561) 742-6100

Name: OFFICER ACOSTA

Address: 2100 HIGH RIDGE RD, BOYNTON BEACH, FLORIDA, 33426

Phone Numbers: Home: \_\_\_\_\_ Work: 561-742-6100

Can testify to: THE INVESTIGATION

Name: K-9 OFFICER VARGAS

Address: 2100 HIGH RIDGE RD, BOYNTON BEACH, FLORIDA, 33426

Phone Numbers: Home: \_\_\_\_\_ Work: 561-742-6100

Can testify to: THE INVESTIGATION

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

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FEB 16 2021



**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: 2021003784	Date: 2/14/21
	Specialist Name/ID: A. Pinkney/7796