J# 0533169 P#2898 50-2022-CT-011742-ASB

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400

Agency Name: Delray Beach Police Department

Agency Report Number (N.T.A.'s only): 4 1 0 22-009329

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

If Weapon Seized, Enter Type: UNARMED

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): W LINTON BLVD/SPANISH WELLS BLVD, DRB FL

Location of Offense (Business Name, Address): 3013 W LINTON BLVD/SPANISH WELLS DR, DELRAY BEACH,

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/20/2022	21:13	07/20/2022	21:23	07/20/2022	23:43	3013 W LINTON

DEFENDANT

Name (Last, First, Middle): HOGAN, STEPHEN FRANCIS

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	03/12/1947	5'06	200	HAZEL	GRAY OR	FAIR	MEDIUM

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: M

Religion: CATHOLIC

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number): 37 HIBISCUS WAY, OCEAN RIDGE, FL 33435 (City) (State) (Zip)

Phone: (561) 703-7940

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number): 37 HIBISCUS WAY, OCEAN RIDGE, FL 33435 (City) (State) (Zip)

Phone: (561) 703-7940

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip)

Phone

Occupation: Retired

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
H250786470920 / FL	[redacted]		NISKAYNUA, NY,	US

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian

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 Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address was provided by ☐ defendant and/or ☐ 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.
☐ Yes, by: ☐ No:

School Attended Grade

Property Crime? ☒ Yes ☐ No

Description of Property: GUARD RAIL

Value of Property: $7,500

CODE

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 S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI-DAMAGE TO PERSON/PROPERTY	316.193(3)(C)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

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		/			☐ Y ☐ N		

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		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported | Time Transported | Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444

Court Date and Time: 08/15/2022 08:30:00

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer

Name of Arresting Officer (Print): WINDSOR, NICHOLAS I.D. #: 1029

Transporting Officer: WINDSOR I.D. #: 1029 Agency: DBPD

Name Verification (Printed by Arrestee) (PRINT)

JUL 21 AM 1:32

Witness here if subject signed with an "X"

PAGE 1 OF 1

WITNESS LIST

CASE NUMBER: 22-009329

ARRESTING OFFICER: OFC WINDSOR #1029 DBPD
ADDRESS: 300 W ATLANTIC AVE, DELRAY BEACH, FL 33444
PHONE NUMBERS (HOME): ______ (WORK) 561-243-7800
CAN TESTIFY TO: DUI PC

NAME: OFC SWILLEY #1171 DBPD
ADDRESS: 300 W ATLANTIC AVE, DELRAY BEACH, FL 33444
PHONE NUMBERS (HOME) ______ (WORK) 561-243-7800
CAN TESTIFY TO: BACKUP OFFICER

NAME: CSO RACKAUSKAS DBPD
ADDRESS 300 W ATLANTIC AVE, DELRAY BEACH, FL 33444
PHONE NUMBERS (HOME) ______ (WORK) 561-243-7800
CAN TESTIFY TO: CRASH INVESTIGATION

NAME: CONSTANCE LYNN CANITANO
ADDRESS 311 NE 30TH ST, BOCA RATON, FL 33431
PHONE NUMBERS (HOME) 561-866-4413 (WORK) ______
CAN TESTIFY TO: CRASH WITNESS / DRIVER IDENTIFICATION

NAME: LINDSEY NICOLE EREKSON
ADDRESS 1009 WATER TOWER WAY APT 307, HYPOLUXO, FL 33462
PHONE NUMBERS (HOME) 561-315-6893 (WORK) ______
CAN TESTIFY TO: CRASH WITNESS / DRIVER IDENTIFICATION

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: ______

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

PBSO CASE # 22-090036 PBSO ZONE 4-11

AGENCY CASE # 22-009329 CRASH CASE # 22-009329

TIME OF STOP/CRASH 2021 DATE 07/20/22 DAY WEDNESDAY

SUBJECT'S NAME HOGAN, STEPHEN F. RACE W SEX M

HGT 5'06" WGT 200 DOB 03/12/47

LOCATION W LINTON BLVD / SPANISH WELLS DR, DRB, FL 33435

ARRESTING OFFICER'S NAME & ID WINDSOR 1029 AGENCY DELRAY BEACH

DIVISION: CRD

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2147

Arrest Time 2113

BREATH RESULTS:

1. .132
2. .136
3. N/A
4. N/A

TESTING OFFICER'S ID 24639

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: 80-006478 Software: 8100.27
Date of Test: 07/20/2022

Date of Last Agency Inspection: 07/15/2022
Observation Period Began: 21:47
Subject's Name: STEPHEN F HOGAN DOB: 03/12/1947 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	22:15
Air Blank	0.000	22:16
Control Test	0.078	22:16
Air Blank	0.000	22:16
Subject Sample #1	0.132	22:17
Air Blank	0.000	22:18
Air Blank	0.000	22:20
Subject Sample #2	0.136	22:20
Air Blank	0.000	22:21
Control Test	0.078	22:21
Air Blank	0.000	22:22
Diagnostics Check	OK	22:22

Cylinder Lot: 08622080A1
Exp: 06/05/2024

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 PARIS D POUND, 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: _____ Date: 07/20/22
Signature

Sworn to (or affirmed) before me this 20th day of July, 2022

_____ OFC. N. WINDSOR
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 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: HOGAN, STEPHEN F

CASE NUMBER: 22-090036

DATE: Jul 20, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:11

ENDING TIME: 22:23

BREATH TESTS RESULTS: 1) .132 TIME 22:17 A.M.☐ P.M.☒ 2) .136 TIME 22:20 A.M.☐ P.M.☒

3) N/A TIME N/A A.M.☐ P.M.☐ 4) N/A TIME N/A A.M.☐ P.M.☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE

CLOTHING: TAN SHORTS, GREEN SHIRT, BROWN SHOES

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE

MEDICATIONS: HIGH BLOOD PRESSURE MEDS

OTHER:

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 21:47 HRS.

SUBJECT: ASKED ABOUT A LAWYER WHEN ASKED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND AGREED TO TAKE TEST

A/O: READ RIGHTS

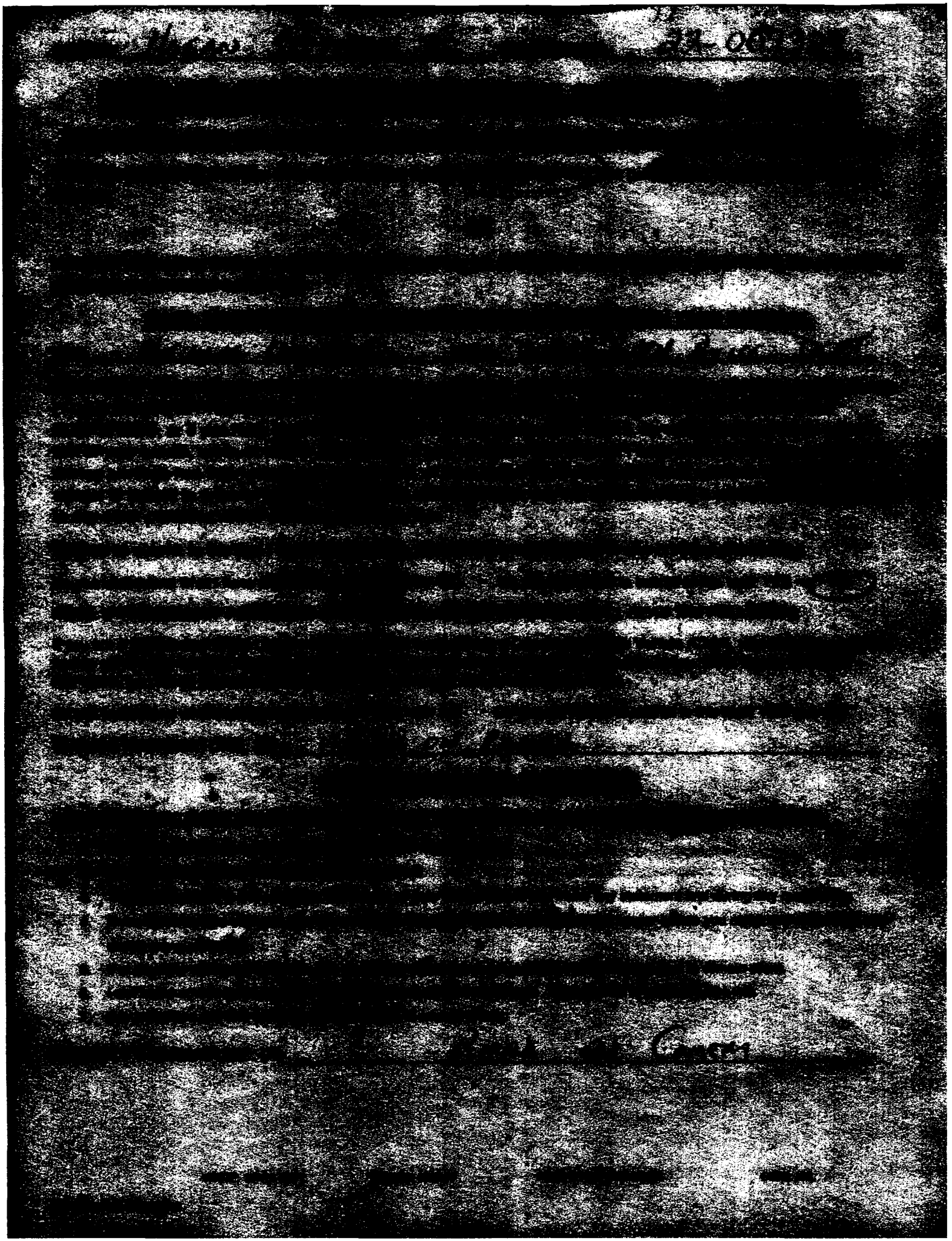
SUBJECT: STATED HE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

NO Q&A CONDUCTED

SUBJECT: INVOKED HIS RIGHTS TO COUNSEL



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

REVIEW COMPLETED BY

Booking Number: 2022018745	**Date:** 7/21/2022
	Specialist Name/ID: M. Tooks #8557