

0547657

24CT 4276 SB

3119

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N	
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-24-004043					
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	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 400 W Boynton Beach Blvd, Boynton Beach, FL, 33435		Location of Offense (Business Name, Address) 400 W Boynton Beach Blvd, Boynton Beach, FL, 33435							
Date of Arrest 03/09/2024		Time of Arrest 00:25		Booking Date		Booking Time		Jail Date	Jail Time
Name (Last, First, Middle) HUGHES, ANTHONY JOSEPH		Alias (Name, DOB, Soc. Sec. #, Etc)							
W - White B - Black		I - American Indian O - Oriental / Asian		Race W	Sex M	Date of Birth 08/27/1995		Height 6'2"	Weight 235
Eye Color Blue		Hair Color Brown		Complexion Fair		Build Medium		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	
Mental Status Single		Religion Unk		Indication of: Alcohol Influence ☐ ☐ ☐ Drug Influence ☐ ☐ ☐		Residence Type 1. City 3. Florida 2. County 4. Out of State FL DL			
Local Address (Street, Apt. Number) 5301 CEDAR LAKE RD, BOYNTON BEACH, FL, 33437		(City)		(State)		(Zip)		Phone (503)200-9620	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone () - ()	
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone () - ()	
D/L Number, State H220010953070 / FL		Soc. Sec. Number		INS Number		Place of Birth FAIRFIELD, OH		Citizenship YES	
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	
☐ Parent ☐ Legal Custodian ☐ 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 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 561-355-2526) informed of any change of address: ☐ Yes, By: (Name) ☐ No, (Reason)		School Attended		Grade			
Property Crime? Yes ☐ 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. Synthetic	
U. Unknown Z. Other		Charge Description DUI		Counts 1		Domestic Violence ☐ Yes ☒ No		Statute Violation Number 316.193.1C	
Drug Activity		Drug Type		Amount/Unit		Offense # 24-004043		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence ☐ Yes ☐ No		Statute Violation Number		Violation of ORD#	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence ☐ Yes ☐ No		Statute Violation Number		Violation of ORD#	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence ☐ Yes ☐ No		Statute Violation Number		Violation of ORD#	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444					
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/Guardian)		Date Signed Month APRIL Day 22 Year 2024 Time 08:30 ☒ A.M. ☐ P.M.					
HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee) (PRINT)					
☐ Dangerous ☐ Suicidal		☐ Resisted Arrest ☐ Other:		Name of Arresting Officer (Print) ALEXIS		I.D. # 1105		BU#	
Intake Deputy Burch		Pouch #		Transporting Officer ALEXIS		I.D. # 1105		Agency BBPD	
Witness here is subject Signed with an "X"		Page 1 OF 1							

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8TH DAY OF March 2024 AT 23:57 ☐ A.M ☒ P.M.

CASE #: 24-004043

DEFENDANT: HUGHES, ANTHONY JOSEPH

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On the above date and time, I responded to the area of 400 W Boynton Beach Blvd, City of Boynton Beach, Palm Beach County, FL, 33435, to assist BBPD Ofc Leach, who conducted a traffic stop on a vehicle, a 2024 Black GMC SUV bearing FL tag BX75LL. Ofc Leach had contacted me and informed me that the driver was showing signs of impairment.

On arrival, I met with OFC Leach, who informed me that he conducted a traffic stop after noticing the vehicle traveling eastbound on Boynton Beach Blvd, passing Seacrest Ave at a high rate of speed. OFC Leach stated that he paced the vehicle using his marked BBPD patrol vehicle (4740) and concluded that the vehicle was traveling at 53 MPH in a posted 35 MPH roadway, which is Unlawful according to FSS 316.187.2C. OFC Leach advised that he made contact with the driver, identified via his FL DL as ANTHONY JOSEPH HUGHES, and noticed his eyes were red and glassy.

I approached the vehicle's driver's side (all the windows were down) and instantly detected a strong odor of unknown alcoholic beverages emitting from the vehicle. I approached Hughes, who was still in the driver's seat and the vehicle's sole occupant, and immediately noticed his eyes were bloodshot red and glassy. I introduced myself and began speaking to Hughes, at which time I detected the odor of an unknown alcoholic beverage emanating from his mouth.

Hughes was informed again of the reason for the traffic stop and stated that he was leaving a restaurant called (Banana Boat) and was driving home. Hughes stated he was at the restaurant from 22:00 hrs. until 23:50 hrs. and that he had his first alcoholic drink shortly after arriving. Hughes stated he had his last alcoholic drink 5 min before leaving the restaurant. Hughes was asked what type of alcoholic drink he had at the restaurant, and he stated, "Does it matter?" and refused to answer how many.

I informed Hughes that I had reasons to suspect that he was driving impaired and asked him if he would agree to do the standardized field sobriety exercises to dispel my suspicion. He agreed. Hughes was then asked to exit his vehicle, and the investigation was relocated to the parking lot of a nearby hotel due to the elevation/grade in the area of the traffic stop.

The SFSTs were conducted in the INN Hotel's parking lot, which had a flat surface and was well-illuminated with LED lights. Prior to starting, Hughes stated he did not have any medical conditions or physical injuries.

SFST:

HORIZONTAL GAZE NYSTAGMUS:

- ☒ Left eye does not follow smoothly
- ☐ Left eye prior to 45 degrees
- ☒ Distinct jerking in left eye at maximum deviation

- ☒ Right eye does not follow smoothly
- ☐ Right eye prior to 45 degrees
- ☒ Distinct jerking in right eye at maximum deviation

☐ Vertical Nystagmus in left eye

☐ Vertical Nystagmus in right eye

WALK AND TURN:

Instructions were provided and demonstrated to Hughes, who stated that he understood. Hughes could not keep his balance and remained on the line while listening to the instructions. During the exercise,

Hughes:

- Stop while walking after every step
- took 12 steps on the first (9)
- made an improper turn
- took 13 steps on the second (9)

ONE LEG STAND:

Instructions were provided and demonstrated to Hughes, who stated that he understood. Hughes did not remain in the manner instructed. Hughes used his arms to maintain balance during the exercise.

FINGER TO NOSE:

Instructions were provided and demonstrated to Hughes, who stated that he understood. Hughes never returned his arms to the side as instructed.

ROMBERG/ALPHABET:

No Clues observed.

Based on my investigation, Hughes was arrested (handcuffed, D/L, and checked for spacing) for driving under the influence of alcohol. Hughes was then transported to the Boynton Beach PD station BAT Room.

I arrived at the station and started a 20-minute observation from 00:36 hrs. until 00:56 hrs. Once completed, Hughes was asked if he would provide a sample of his breath for the purpose of determining the alcohol content, and he said yes.

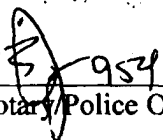
Hughes provided the first breath at 01:04 hrs.; the result was .154 g/ 210 L breath. While waiting to provide a second breath sample, Hughes said he would like to refuse, at which I started reading him the implied consent. Hughes immediately changed his mind and said he would provide the breath sample. Hughes provided the second breath sample at 01:08 hrs.; the result was .127 g/ 210 L of breath. The instrument then requested a third sample. Hughes provided a third breath sample at 01:12 hrs., and the result was .120 g/210 L breath. Q/As were completed.

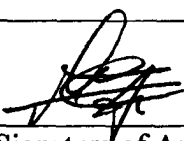
Probable causes exist to charge Hughes with DUI according to FSS 316.193.1C. Hughes was processed and booked at the Palm Beach County Jail. The vehicle was towed by Beck's

The following instrument was sworn to before me this

9 day of March 2024

By: OFC. V ALEXIS


Notary/Police Officer (F.S.S. 117.10)

 1005
Signature of Arresting Officer

SUBJECT: Hughes, Anthony CASE NUMBER: 24-029043

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.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your **breath, urine** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS 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) _____

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

CASE #: 24-004043

DEFENDANT: HUGHES, ANTHONY JOSEPH

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? YES

Where were you going? HOME

What Street or Highway were you on? _____

What was you direction of travel? _____

Where did you start from? BANANA BOAT

What time did you start? 5 MIN PRIOR TO MIDNIGHT

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? AT BANANA BOAT

How much do you weigh? 235

Have you been drinking? YES

What have you been drinking? MIXED ALCOHOLIC DRINK

How much? 3

With whom? _____

When did you have your first drink? 22:00 HRS

When did you have your last drink? 10 MIN BEFORE MIDNIGHT

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? NO What? _____

Are you sick or injured? NO What's wrong? _____

Do you limp? NO

Did you receive a bump on the head recently? NO

Where you in an accident today? NO

Have you taken any drugs or smoked any marijuana today? NO When? _____

Have you seen a doctor or dentist today? NO

Who? _____ Why? _____

Are you taking any prescription medicines? NO

What? _____ When? _____

Do you have? Epilepsy NO Glass Eye NO False teeth NO

Ear infection _____ Inner ear trouble _____ Diabetes NO

Do you have any problems with you eyes that are not corrected by glasses? NO

Do you take insulin? NO If so, when was your last injection? _____

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

Where? _____

Interviewer: OFC ALEXIS

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOYNTON BEACH PD
Instrument Serial Number: 80-001190 Software: 8100.27
Date of Test: 03/09/2024

Date of Last Agency Inspection: 02/28/2024

Observation Period Began: 00:36

Subject's Name: ANTHONY J HUGHES

DOB: 08/27/1995 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	01:01
	Air Blank	0.000	01:02
	Control Test	0.081	01:02
	Air Blank	0.000	01:03
	Subject Sample #1	0.154	01:04
	Air Blank	0.000	01:05
	Air Blank	0.000	01:07
	Subject Sample #2	0.127	01:08
	Air Blank	0.000	01:09
	Air Blank	0.000	01:11
	Subject Sample #3	0.120	01:12
	Air Blank	0.000	01:12
	Control Test	0.081	01:13
	Air Blank	0.000	01:13
	Diagnostics Check	OK	01:13

Cylinder Lot: 402357111
Exp: 02/10/2025

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 VLADIMIR ALEXIS, 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: 3/9/2024

Sworn to (or affirmed) before me this 9 day of March, 2024

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.

TESTING FACILITY TASK REPORT

CASE #: 24-004043

DEFENDANT: HUGHES, ANTHONY JOSEPH

Date: 3/9/24

Video Tape #: _____

BREATH TEST RESULTS: Provided

1. .154 g/210L Time 01:04 ☒ a.m. ☐ p.m.

2. .127 g/210L Time 01:08 ☒ a.m. ☐ p.m.

3. .120 g/210L Time 01:12 ☒ a.m. ☐ p.m.

4. _____ g/210L Time _____ ☐ a.m. ☐ p.m.

BREATH OPERATOR: Ofc. V ALEXIS

MAINTENANCE TECHNICIAN: DET. B DRURY

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATING

CLOTHING: Black shirt, Blue Jeans, Brown Boots

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: STRONG ODOR OF UNKNOWN ALCOHOLIC BEVERAGE, ADMITTED TO DRINKIN

COMMENTS:

BLOODSHOT RED AND GLASSY EYES.

STARTED DRINKING AT 22:00 HRS AND STOPPED 2 HRS AFTER.

CASE #: 24-004043

DEFENDANT: HUGHES, ANTHONY JOSEPH

Arresting Officer: V ALEXIS, 1105

Address: 2100 HIGH RIDGE ROAD, BOYNTON BEACH, FL 33426

Phone Numbers: Home: _____ Work: (561) 742-6100

Name: OFC. LEACH

Address: 2100 HIGH RIDGE RD, BOYNTON BEACH, FL

Phone Numbers: Home: _____ Work: _____

Can testify to: _____

Name: OFC POSEY

Address: 2100 HIGH RIDGE RD. BOYNTON BEACH, FL

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: _____



Palm Beach County Sheriff's Office Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(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	☐			
	☐			
	☐			
	☐			

REVIEW COMPLETED BY

Booking Number: 2024006476	Date: 3/9/2024
	Specialist Name/ID#: C.Daniels 30347