

19CT15807ASB

402

OBTS Number 0510457		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		01		Juvenile		N																																		
Agency ORT Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-19-107932																																								
Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Weapon Seized / Type 02 1. Yes 2. No		Multiple Clearance Indicator 01																																										
Location of Arrest (Including Name of Business) Boynton Beach Blvd / Hagen Ranch Rd, Boynton Beach, FL 33437						Location of Offense (Business Name, Address) Boynton Beach Blvd / Hagen Ranch Rd, Boynton Beach, FL 33437																																								
Date of Arrest 08/24/2019		Time of Arrest 23:34		Booking Date 08/25/2019		Booking Time		Jail Date		Jail Time		Location of Vehicle																																		
Name (Last, First, Middle) Boglioli, Anthony, J												Alias (Name, DOB, Soc. Sec. # Etc.)																																		
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 02/23/1947		Height 5'10		Weight 160		Eye Color Brown		Hair Color Brown																																		
Complexion Light		Build Slim																																												
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None																																														
Local Address (Street, Apt. Number) 7554 Caprio Drive, Boynton Beach, FL 33472				(City)		(State)		(Zip)		Phone (561) 676-1989		Residence Type 1. City 2. County 3. Florida 4. Out of State 02																																		
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Address Source Drivers License																																		
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation																																		
D/L Number, State B244010470630, FL				Soc. Sec. Number				INS Number		Place of Birth (City, State) New York, NY		Citizenship U.S.																																		
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile		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		3. Felony 4. Misdemeanor 5. Juvenile																																		
Parent Legal Custodian Other:																																														
Address (Street, Apt. Number)				(City)		(State)		(Zip)		Residence Phone		Business Phone																																		
Notified by (Name)				Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		Date		Time																																		
Released To: (Name)				Relationship		Date		Time		The above address provided by ☐ defendant and / or ☐ 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. ☐ Yes, by (Name) ☐ No (Reason)		School Attended																																		
Property Crime? ☐ Yes ☐ No				Description of Property		Value of Property		Grade																																						
<table border="1"> <tr> <td>Drug Activity</td> <td>S. Sell</td> <td>R. Smuggle</td> <td>K. Dispense/Distribute</td> <td>M. Manufacture/Produce/Cultivate</td> <td>Z. Other</td> <td>Drug Type</td> <td>B. Barbiturate</td> <td>H. Hallucinogen</td> <td>P. Paraphernalia/Equipment</td> <td>U. Unknown</td> </tr> <tr> <td>N. N/A</td> <td>B. Buy</td> <td>D. Deliver</td> <td></td> <td></td> <td></td> <td>N. N/A</td> <td>C. Cocaine</td> <td>M. Marijuana</td> <td>S. Synthetics</td> <td>Z. Other</td> </tr> <tr> <td>P. Possess</td> <td>T. Traffic</td> <td>E. Use</td> <td></td> <td></td> <td></td> <td>A. Amphetamine</td> <td>E. Heroin</td> <td>O. Opium/Deriv.</td> <td></td> <td></td> </tr> </table>														Drug Activity	S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown	N. N/A	B. Buy	D. Deliver				N. N/A	C. Cocaine	M. Marijuana	S. Synthetics	Z. Other	P. Possess	T. Traffic	E. Use				A. Amphetamine	E. Heroin	O. Opium/Deriv.		
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Charge Description DUI w/ Property Damage				Counts 01		Domestic Violence ☐ Y ☐ N		Statute Violation Number 316.193(3)(c)(1)		Violation of ORD #		Warrant / Capias Number																																		
Drug Activity				Drug Type		Amount / Unit		Offense # 19-107932		Bond OR																																				
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Location (Court, Room Number, Address) South County Courthouse - 200 W. Atlantic Ave, Delray Beach FL 33444																																														
Court Date and Time Month September Day 23 Year 2019 Time 8:30 AM X 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. 08/24/2019																																														
Signature of Defendant (or Juvenile and Parent / Custodian)				Date Signed																																										
HOLD for other Agency Name:				Signature of Arresting Officer				Name Verification (Printed by Arrestee)																																						
☐ Dangerous ☐ Suicidal				☐ Resisted Arrest ☐ Other:				(PRINT)																																						
Make Deputy				Name of Arresting Officer (Print) D/S R. Dalton #32421				ID #																																						
Pouch #				Transporting Officer D/S Ryan Dalton				ID # 32421																																						
				Agency PBSO				Witness here if subject signed with an "X"																																						

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24 DAY OF August 20 19 AT 21:25 AM ☒ PM

SUBJECT: Boglioli, Anthony, J CASE NUMBER: 19-107932

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S R. Dalton #32421

PERSONAL CONTACT

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

On 8/24/2019 at approximately 21:27 hours I was dispatched to a vehicle crash near the intersection of W. Boynton Beach Blvd and Hagen Ranch Rd. Sitting on the curb next to the Honda was a white male later identified as Mr. Anthony Boglioli via his Florida driver's license (DL# D244-010-47-063-0). As I conducted my crash investigation and began to speak to Mr. Boglioli, I observed that his mannerisms were very lethargic. He identified himself as the driver of the black Honda. He also had a red abrasion on his left collar bone in the impression of a seatbelt on the driver's side. I also observed that his Honda only had the drivers airbag deployed and that the seatbelt had locked out into the used position from the crash. The passenger side curtain airbags had deployed due to the manner of collision, however the passenger-side front airbag had not deployed. The passenger side seatbelt was also locked in the unused position with the buckle hanging near the B-Pillar, indicative of no one having been sitting in the passenger seat at the time of the collision. Mr. Boglioli's personal items were also sitting in the passenger seat. Mr. Boglioli appeared to have light abrasions to his wrist/forearm area from the airbag deployment consistent with having been the driver of the black Honda.

OBSERVATION OF DRIVER:

While on scene and speaking with Mr. Boglioli, I observed that his pupils were heavily constricted, even in dim lighting. His speech was slurred and his eyelids were very droopy. His account of the crash very inconsistent. He first said that he was going south on Hagen Ranch, however the crash damage was not consistent with account. He had a very difficult time staying focused and speaking with me. I asked if he was diabetic, to which he said that he was not. He did state that he takes hydrocodone for pain and that he had recently taken it. Mr. Boglioli's indicators of impairment were consistent with being impaired on a narcotic analgesic. Mr. Boglioli did not want to be medical transported at first, then said that he did. I followed Mr. Boglioli as he was transported from the crash scene to Bethesda West Medical Center. Mr. Boglioli exhibited very constricted pupils, his muscle tone was flaccid, his mannerism were lethargic and slow, he appeared to drift off asleep and glance off into the distance as he lost focus while speaking with me. I also observed that Mr. Boglioli appeared drowsy, he was breathing slowly, he had a very dry mouth, and his reflexes were slow. When I attempted to hand him his case number for the crash, he had a very difficult time grasping the business card from my hand, missing it several times as he attempted to grab it.

DRIVER'S STATEMENTS:

Inconsistent statements about the crash. He made post-miranda confession that he had taken hydrocodone earlier in the evening. He also admitted to being the sole occupant and driver of the black Honda. He made utterances that he was sorry and he shouldn't have driven. He said that he was coming from the bank but could not recall what bank. He said that it was daytime when the crash occurred.

ODORS:

None

GENERAL OBSERVATIONS

SPEECH: Slurred, mumbled, lethargic

ATTITUDE: Polite

CLOTHING: Black Short, White T-Shirt

MEDICAL/OTHER: Takes hydrocodone for pain but could not recall what the pain exactly was.

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S R. Dalton #32421

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of August 20 2019 by D/S R. Dalton #32421

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

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



SCANNED
AUG 27 2019

SUBJECT: Boglioli, Anthony, J

CASE NUMBER 19-107932

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:

Unsteady.

WALK & TURN:

Unable to perform due to level of impairment and the complaint of leg pain.

ONE LEG STAND:

Unable to perform due to level of impairment and the complaint of leg pain.

FINGER TO NOSE:

The first exercise I asked him to perform was the Finger-to-Nose. He stated that he would try but that his balance was bad. While trying to get into him to the starting position (feet together with his arms to his side), he appeared very unsteady on his feet. He began to slightly fall back and I had to reach out to ensure he didn't fall. He was reminded that the exercises were voluntary. I explained and demonstrated the exercise to Mr. Boglioli who confirmed that he understood. During the exercise I observed the following cues of impairment: he missed his nose repeatedly; he tilted his head forward to meet his nose; he swayed; he partially opened his eyes; he would bring his finger towards his nose, touch his upper lip, then slide his finger up to touch his nose. I also observed that he would have to be repeatedly instructed to remove his finger from his nose after touching it.

MODIFIED ROMBERG:

The next exercise I asked Mr. Boglioli to perform was the Modified Romberg. For this exercise I asked that he stand with his feet together and his hands by his side. I then instructed Mr. Boglioli that for the exercise, he would need to tilt his head back, close his eyes, and estimate the passage of 30 seconds in his head. Once that time had elapsed, to lean his head forward, open his eyes, and say "Stop" to indicate to me that he was done. When he performed that exercise I observed that approximately 38 seconds elapsed when he opened his eyes and tilted his head forward, indicating that he was done.

BREATH TEST RESULTS: .000 .000 Urine

STATE OF FLORIDA
COUNTY OF PALM BEACH

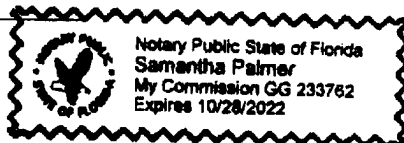
D/S R. Dalton #32421

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of August, 202019, by D/S R. Dalton #32421

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

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



SCANNED

AUG 27 2019



**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: 2019027806

Date: 08/26/2019

Specialist Name/ID: AM/31562

SCANNED
AUG 27 2019