

813

0498183

ARREST / NOTICE TO APPEAR

ADMINISTRATIVE	OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2018-006593		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE													
	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 None/not Applicable		Multiple Clearance Indicator N													
	Location of Arrest (Including Name of Business) 2500 N FEDERAL HWY, BOCA RATON, FL						Location of Offense (Business Name, Address) 2500 N FEDERAL HWY, BOCA RATON, FL 33431																	
	Date of Arrest 05/11/2018		Time of Arrest 22:02		Booking Date 05/11/2018		Booking Time 22:12		Jail Date 05/11/2018		Jail Time 00:00		Location of Vehicle EMERALD TOWING											
DEFENDANT	Name (Last, First, Middle) FASULO, ANTHONY JOSEPH										Alias (Name, DOB, Soc. Sec. #, Etc.)													
	Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 01/05/1974		Height 6'02		Weight 220		Eye Color BROWN		Hair Color GRAY		Complexion LIGHT		Build							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status S		Religion CATHOLIC		Indication of: Alcohol Influence Yes ☐ No ☒ Unk. ☐ Drug Influence Yes ☐ No ☒ Unk. ☐													
	Local Address (Street, Apt. Number) (City) (State) (Zip) 4 LITTLE HARBOR WAY, DEERFIELD BEACH, FL 33441						Phone (561) 212-7501						Residence Type: 1. City 3. Florida 2. County 4. Out of State											
JUVENILE	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 4 LITTLE HARBOR WAY, DEERFIELD BEACH, FL 33441						Phone (561) 212-7501						Address Source VERBAL											
	Business Address (Name, Street) (City) (State) (Zip) RECRUITING COMPANY, 4 LITTLE HARBOR WAY						Phone (561) 212-7501						Occupation Business Owner											
	D/L Number, State F240010740050 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) PORTLAND, MN,				Citizenship US													
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor											
CODE	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor											
	☐ Parent ☐ Other: _____ Name (Last, First, Middle)						Residence Phone																	
	☐ Legal Custodian						Business Phone																	
	Address (Street, Apt. Number) (City) (State) (Zip)																							
CHARGE	Notified by: (Name)						Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 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.						School Attended				Grade													
	☐ Yes, by: ☐ No: _____						Property Crime? ☐ Yes ☒ No		Description of Property		Value of Property													
CHARGE	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 Description DUI						Statute Violation Number 316.193(1)						Violation of ORD #											
	Drug Activity N		Drug Type		Amount / Unit		Offense #		Counts 1		Domestic Violence ☐ Y ☒ N		Warrant / Capias Number		Bond									
	Charge Description						Statute Violation Number						Violation of ORD #											
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence ☐ Y ☐ N		Warrant / Capias Number		Bond									
	Charge Description						Statute Violation Number						Violation of ORD #											
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence ☐ Y ☐ N		Warrant / Capias Number		Bond									
	Health / Apparent Physical Condition of Defendant GOOD						Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries Explain:																	
NOTICE TO APPEAR	Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail						PROPERTY - Received By VAN CAMP						Released By VAN CAMP						Released To PBCJ					
	☐ Posted Bond ☐ South County Mental Health						Date Transported 05/11/2018						Time Transported 00:00						Other					
	Transported By						Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444						Court Date and Time 06/11/2018 08:30:00						No Photo Available					
	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) [Signature]						Date Signed MAY 12 AM 2:54											
ADMINISTRATIVE	HOLD for Other Agency						Signature of Arresting Officer [Signature]						Name Verification (Printed by Arrestee) (PRINT)						PAGE 1 OF 1					
	☐ Dangerous ☐ Resisted Arrest						Name of Arresting Officer (Print) VAN CAMP, J. A.						I.D. # 747											
	☒ Substantial ☐ Other						Transporting Officer [Signature]						Agency BOCA						Witness here if subject signed with an "X".					
	Pouch #																							

DEE #768

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number	Agency Name		Agency Report Number						
FL 0500200	BOCA RATON POLICE DEPARTMENT		3 2 2018-006593						
Charge Type: Check as many as apply. ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other					Special Notes:				
Name (Last, First, Middle)					Race	Sex	Date of Birth		
FASULO, ANTHONY JOSEPH					W	M	01/05/1974		
Charge Description					Charge Description				
316.193(1) DUI									
Charge Description					Charge Description				
Victim's Name (Last, First, Middle)					Race	Sex	Date of Birth		
STATE OF FLORIDA,									
Local Address (Street, Apt. Number) (City) (State) (Zip)					Phone		Address Source		
100 NW 2ND AVE, BOCA RATON, FL 33432					(561) -				
Business Address (Name, Street) (City) (State) (Zip)					Phone		Occupation		
					(56) -				
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody . . . ☐ committed the below acts in my presence. ☐ confessed to _____ admitting to the below facts. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the 11 day of May, 2018 at 20:33 (Specifically include facts constituting cause for arrest.) On 5-11-2018 at approximately 2020 hours, I was stopped at the intersection of N. Federal Hwy and NW 40th St. in Boca Raton, FL, facing southbound. A gold Lexus vehicle bearing FL Tag#730KGE was stopped directly in front of me. Once the traffic signal turned green, the vehicle accelerated forward and was traveling 55 mph in a 45 mph speed zone. I followed the vehicle for ten blocks in my marked police vehicle (unit#381) which is speed calibrated semi-annually. As I was following the vehicle, it could not maintain its lane and left its lane of travel on several occasions. Also, the left turn signal was on the entire time. I conducted a traffic stop on the car, and it stopped at 2500 N. Federal Hwy. I walked to the driver's side of the vehicle and made contact with the driver and sole occupant, Ryan Fasulo. Upon making contact with Fasulo, I immediately detected the odor of an alcoholic beverage coming from his person. Fasulo had a slurred speech and his eyes were glossy. I asked Fasulo where he was driving to and he said he was traveling home to his residence in Deerfield Beach, FL. I requested that Fasulo provide me with his FLDL, registration and insurance but Fasulo had a hard time obtaining them and was dropping his paperwork. I asked Fasulo how much alcohol he had tonight and he said that he had a "few drinks." Fasulo also asked me if he should "call his lawyer." I asked Fasulo why he would do that and he didn't respond. Fasulo also said that he was "sorry." Ofc. D. Graham responded to the scene as back-up. After running his information through FCIC/NCIC in my vehicle, I returned to Fasulo's car and requested that he step out of his vehicle. Fasulo was on his cellular device and speaking to someone. I requested that he hang up the phone and step out of his car so that I could speak to him further. Fasulo hung up the phone, exited his car and immediately said he wasn't going to perform any test. I asked Fasulo if he had called his attorney and he said that he hadn't called anyone. I informed Fasulo that I wanted him to perform the standard roadside exercises to dispel my alarm that he was driving impaired. Fasulo continued to say he wasn't going to perform the tasks. I told he that									
SWORN AND SUBSCRIBED BEFORE ME VAZQUEZ-BELLO, YVETTE D. NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) 05/11/2018 DATE SIGNATURE OF ARRESTING / INVESTIGATING OFFICER VAN CAMP, JEFFERY ALAN (747) NAME OF OFFICER (PLEASE PRINT) 05/11/2018 DATE									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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OBTS Number		PRORABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
D M I N	Agency ORI Number: FL 0500200		Agency Name: BOCA RATON POLICE DEPARTMENT		Agency Report Number: 3 2 2018-006593						
	Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Special Notes:								
D E F	Name (Last, First, Middle): FASULO, ANTHONY JOSEPH				Alias		Race: W	Sex: M	Date of Birth: 01/05/1974		
	the exercises were voluntary but his refusal to perform the tasks would force me to make a decisions based on my observations thus far. Fasulo again to perform the tasks. At 2033 hours, I placed Fasulo under arrest for DUI per F.S.S. 316.193(1). I transported him to the Boca Raton Police Department for processing where I conducted the 20 minute observation period. Ofc. Deen responded to the DUI Room to operate the Intoxilyzer 8000. I requested that Fasulo provide a legal sample of his breath but he denied. I began reading him implied consent and he kept interrupting me stating, "I want my attorney! I want my attorney!" He eventually refused again to provide a breath sample. Fasulo was later taken to the Palm Beach County Jail without incident. The vehicle was towed to Emerald Towing.										
P R O B A B L E C A U S E S T A T E M E N T	NOT A CERTIFIED COPY										
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME										
	VAZQUEZ-BELLO, YVETTE D NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 17.10) 05/11/2018 DATE					SIGNATURE OF ARRESTING / INVESTIGATING OFFICER VAN CAMP, JEFFERY ALAN (747) NAME OF OFFICER (PLEASE PRINT) 05/11/2018 DATE					
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COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

2018-6593

10.15.2033

Fasulo, Anthony

Observation - 2045

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue

Boca Raton, FL 33432

ARRESTING OFFICER: VanCamp

Name: Off. Graham Phone # _____ Work # _____

Address: _____

Can testify to: Back-up

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 18-6593

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday, May, 11th, 2018.
(day) (month) (date) (year)

B. The time is now approximately 2115 AM/PM.

C. The following is in reference to case number 2018-6593.

D. Present at this time is VanCamp/Deon of the Boca Raton Police Department.
(Officer's Name)

E. Officer VanCamp, have you arrested Anthony Fgsule in violation of
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr./Mrs./Ms. Fgsule, I am required to inform you these
proceedings are being video recorded.

Operator Note: Video record breath request, breath sample, and interview.

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- A.** I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B.** I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining its alcohol content.
- C.** I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

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 Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is 05, 11, 2018, and the time is 2120 AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.

NOT A CERTIFIED COPY



BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Fesula, Anthony

CASE #: 2018-6593 DATE: 5-11-18

BREATH TEST RESULTS

1) TIME _____ AM/PM 2) TIME _____ AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Deen

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative

CLOTHING: Neat

MEDICAL CONDITION: None

OTHER: _____

COMMENTS: _____

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain: _____

Are you sick or injured? ☐ Yes ☐ No If yes, explain: _____

Do you limp? ☐ Yes ☐ No

Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☐ No

Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No

Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No

Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? _____

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

I am now ending this video recording. The time is now approximately _____ AM/PM.

The date is _____, _____, _____.
(month) (day) (year)