

0201304

ARREST / NOTICE TO APPEAR

1801/6/19/037

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

JUVENILE

Agency ORI Number <b>0500800</b>	Agency Name <b>West Palm Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>91412018-0014988</b>
Charge Type Check as many <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	Location of Arrest (Including Name of Business) <b>45TH ST &amp; 195 WFB FL 33407</b>	Location of Office (Business Name, Address) <b>45TH ST &amp; 195, WEST PALM BEACH, FL 33407</b>
Date of Arrest <b>09/10/2018</b>	Time of Arrest <b>04:37</b>	Booking Date <b>09/10/2018</b>
Name (Last, First, Middle) <b>RACIOPPI, ANTHONY</b>	Alias: <b>KAUFFES TOWING WEST</b>	Place of Birth (City, State) <b>MALDEN, MA, United States</b>
Sex <b>M</b>	Date of Birth <b>10/09/1966</b>	Height <b>5'09</b>
Weight <b>194</b>	Eye Color <b>BROWN</b>	Hair Color <b>BALD</b>
Complexion <b>LIGHT</b>	Build <b>Muscular</b>	Religion <b>S</b>
Lead Address (Street, Apt. Number) <b>7 ELM STREET, CHELMSFORD, MA 01824</b>	Phone <b>(617) 510-4115</b>	Education of Arrestee Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
Permanent Address (Street, Apt. Number) <b>7 ELM STREET, CHELMSFORD, MA 01824</b>	Phone <b>(617) 510-4115</b>	Address Source <b>VERBAL</b>
Business Address (Name, Street) <b>HARVARD BUSINESS SCHOOL</b>	Phone	Occupation <b>Project Manager</b>
DL Number, State <b>S30169534 / MA</b>	Sex, Sex Number	Place of Birth (City, State) <b>MALDEN, MA, United States</b>
Co-Defendant Name (Last, First, Middle)	Race	Sex
Co-Defendant Name (Last, First, Middle)	Race	Sex
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Date
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 355-2526) informed of any change of address.		
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Description of Property		
Value of Property		
Drug Activity N. N/A F. Possess	S. Sell B. Buy T. Traffic	K. Sample D. Deliver E. Use
K. Dispenser/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/Operv
P. Paracetamol/Propofol	S. Synthetic	U. Unknown Z. Other
Charge Description <b>DRIVING WHILE UNDER INFLUENCE</b>	State Violation Number <b>316.193(1)</b>	Violation of ORD #
Drug Activity <b>N</b>	Amount / Unit	Offense #
Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
State Violation Number	Violation of ORD #	Beard
Health / Apparent Physical Condition of Defendant	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Severe Risk <input type="checkbox"/> Medication <input type="checkbox"/> Dehydration <input type="checkbox"/> Ignored Religion	
Check which apply: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By	Released By
Transported By	Date Transported	Time Transported
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) <b>Criminal Justice CRIMINAL JUSTICE COMPLEX</b>	
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time <b>09/20/2018 08:30:00</b>	
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)		Date Signed
HOLD for Other Agency	Signature of Arresting Officer <b>THOMAS, MICAH</b>	Name Verification (Printed by Arrestee) <b>THOMAS, MICAH</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Related Arrest <input type="checkbox"/> Other	Arresting Officer (Print) <b>THOMAS, MICAH</b>	Agency <b>WPRPD</b>
Book # <b>1622</b>	ID # <b>2094</b>	Agency <b>WPRPD</b>
Witness here if subject signed with an "X"		

SEP 10 AM 5:12

No Photo Available

2018 SEP 11 AM

# DUI PROBABLE CAUSE AFFIDAVIT

On the 10 Day of September at 0306 A.M. P.M.

Subject: Racioppi, Anthony Case Number: 2018-0014988

Agency: West Palm Beach Police Department Arresting Officer: M. Thomas 2094

## Personal Contact

<b>Driving Pattern</b>	Actual physical control (physical evidence putting the driver behind the wheel)
Defendant was observed parked in the middle of 45th Street asleep in actual physical control of the running motor vehicle.	

<b>Observation of Driver</b>
Driver was observed having slurred speech, smelled heavily of alcoholic beverage(s), and had reddened conjunctiva.

<b>Drivers Statements:</b>
Driver advised he was going to Marco Island and was currently in Fort Lauderdale.

<b>Odors:</b>
Heavily of alcoholic beverage(s)

## General Observations

<b>Speech:</b> Slurred
<b>Attitude:</b> Polite
<b>Clothing:</b> Grey A-Shirt, Grey Basketball Short, Black Flip-Flops
<b>Medical Problems/Medications:</b> None
<b>Other:</b>

# DUI PROBABLE CAUSE AFFIDAVIT

Subject: Racioppi, Anthony

Case Number: 2018-0014988

## Roadside Tasks

### 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 Jerks at 45 Degree Angle or Less      | <input type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less      |
| <input type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

### Walk and Turn Task

Driver failed to make heel to toe contact, stepped off the line, stopped to steady himself, failed to count out loud, used arms for balance, and counted to many steps on each pass.

### One Leg Stand

Failed to raise foot and only counted to 15.

### Finger To Nose

Right, left, right, right, left, left. Driver failed to make finger to tip of nose contact on 3 out of the 6 commands.

### Romberg Balance

N/A

## Breath Results from Instrument

1st Result

2nd Result

3rd Result

If Applicable

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

(DATE)

Personally Known

Produced Identification

Notary Public

SHARI L. O'NEAL

Notary Public - State of Florida  
Commission # FF 966854

My Comm. Expires Jun 25, 2020  
Bonded through National Notary Assn.

Notary / Clerk of Courts / Officer

Signature of Arresting Officer

SUBJECT: Racioppi, Anthony

CASE NUMBER: 2018-0014988

**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 determining 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 determining its alcohol content and/or presence of chemical or controlled substances.

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

I am M. Thomas 2094 of the West Palm Beach Police Department. 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.

SUBJECTS SIGNATURE: \_\_\_\_\_

On Video

**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 can not 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 treats 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.

SUBJECTS SIGNATURE: \_\_\_\_\_

On Video

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

I, M. Thomas 2094, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of City of West Palm Beach Police Department, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 10 day of September, 20 18, at 0306  P.M.  A.M.

DRIVER Anthony Racioppi  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

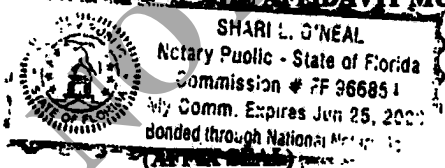
DL# S30169534, state of Massachusetts, was placed under lawful arrest for  
the offense of DUI by M. Thomas 2094 and  
issued Citation # A9BBYFE  
(Name of Arresting Officer)

That on or about the 10 day of September, 20 18, at 0409  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.

2094  
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:

The foregoing instrument was sworn and subscribed before  
me this 10 day of September 20 18,  
by \_\_\_\_\_,

Signature of Attesting Officer

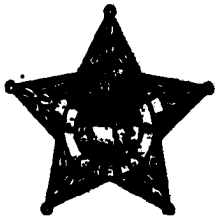
Title \_\_\_\_\_

Date \_\_\_\_\_

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

Notary Public S. O'neal

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.



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

PBSO CASE # 18-118782 PBSO ZONE 1-11

AGENCY CASE # \_\_\_\_\_ CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH <sup>0306</sup> ~~09/10/2018~~ DATE 09/10/2018 DAY Monday

SUBJECT'S NAME Racioppi, Anthony RACE W SEX M  
530169534 MA

HGT 509 WGT 194 DOB 10 / 09 / 1966

LOCATION 45th Street + I95

ARRESTING OFFICER'S NAME & ID M. Thomas 2094 AGENCY WPBSPD

DIVISION: Road Patrol

NOTIFIED BY COMMO ✓

ARRIVAL AT FACILITY 0345hrs

ARREST TIME \_\_\_\_\_

**BREATH RESULTS:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT



AGENCY: \_\_\_\_\_  
SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ VIDEO TAPE NUMBER: \_\_\_\_\_

BEGINNING TIME: \_\_\_\_\_ ENDING TIME: \_\_\_\_\_

BREATH TESTS RESULTS: **REFUSED** 1) \_\_\_\_\_ A.M./P.M. 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.  
3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: \_\_\_\_\_

MAINTENANCE TECHNICIAN: \_\_\_\_\_

### TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_

ATTITUDE: \_\_\_\_\_

CLOTHING: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

OTHER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

NOT A CERTIFIED COPY

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

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

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

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

# 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.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY 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? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE 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? \_\_\_\_\_

WERE 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 YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
I/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: 2018030341	Date: 09/11/2018
	Specialist Name/ID: AM/31562