

ARREST / NOTICE TO APPEAR

ADMI NIST RATI ON	OBTS Number 18CT7994AXXSBB	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2018-006273		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE			
	Charge Type: Check as many as apply: <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		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator N									
DEF END ANT	Location of Arrest (Including Name of Business) 6000 W GLADES RD, BOCA RATON, FL				Location of Offense (Business Name, Address) 6000 W GLADES RD, BOCA RATON, FL 33431									
	Date of Arrest 05/05/2018	Time of Arrest 00:18	Booking Date 05/05/2018	Booking Time 00:28	Jail Date 05/05/2018	Jail Time 00:00	Location of Vehicle WESTWAY TOWING							
CO DE FE	Name (Last, First, Middle) OBREGON, ANTONIO RAFAEL				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:									
	Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex M	Date of Birth 03/30/1971	Height 6'01	Weight 218	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Medium				
	Local Address (Street, Apt. Number) (City) (State) (Zip) 7889 AFTON VILLA CT, BOCA RATON, FL 33433				Marital Status M		Religion CATHOLIC		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>					
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 7889 AFTON VILLA CT, BOCA RATON, FL 33433				Phone (786) 295-3749		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1							
	Business Address (Name, Street) (City) (State) (Zip) JGR CONCRETE, 11379 NW 122ND ST, MEDLAND, FL, 33179				Phone (786) 295-3749		Address Source FLDL							
	D/L Number, State 0162016711100 / FL				Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) MIAMI, FL, United		Citizenship US			
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)				Address (Street, Apt. Number) (City) (State) (Zip)				Residence Phone					
	<input type="checkbox"/> Legal Custodian				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 <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.				School Attended				Grade						
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No:				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property						
CO DE FE	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperses/ 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					
CHA RGE	Charge Description DUI				Statute Violation Number 316.193(1)				Violation of ORD #					
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond					
		N			1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N								
CHA RGE	Charge Description				Statute Violation Number				Violation of ORD #					
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond					
						<input type="checkbox"/> Y <input type="checkbox"/> N								
CHA RGE	Charge Description				Statute Violation Number				Violation of ORD #					
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond					
						<input type="checkbox"/> Y <input type="checkbox"/> N								
INT AKE	Health / Apparent Physical Condition of Defendant GOOD				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:									
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By VAN CAMP		Released By VAN CAMP		Released To PBCJ					
	Transported By				Date Transported 05/05/2018		Time Transported 00:00		Other					
NOT ICE TO AP PEAR	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> 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 06/04/2018 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 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.				SCANNED MAY 07 2018									
	Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed									
ADMI NIST RATI ON	HOLD for Other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) VAN CAMP, J. A.				I.D. # 747		(PRINT) MAY 5 AM 3:01			
	Intake Deputy D/S B. SHATARA #7623				Pouch # #7623		Transporting Officer [Signature] Bohan		I.D. # 86		Agency BOCA		PAGE 1 OF 1	
				Witness here if subject signed with an "X"										

0419 8002

3393

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-006273
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:

Name (Last, First, Middle) OBREGON, ANTONIO RAFAEL	Alias	Race W	Sex M	Date of Birth 03/30/1971
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Charge Description 316.193(1) DUI	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)
Phone (561) -	Address Source	Phone (56) -	Occupation

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. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 4 day of May, 2018 at 23:20 (Specifically include facts constituting cause for arrest.)

On 5-4-2018 at 2301 hours, while on routine patrol, I observed a White Infinity vehicle bearing Fl Tag#HLF2L traveling westbound on NW Renaissance Way without headlights on. The vehicle came to the intersection of NW Renaissance Way and Butts Rd. and failed to come to a complete stop at a solid red-light to turn northbound on Butts Rd. I positioned my vehicle behind the car and conducted a traffic stop after turning onto W. Glades Rd. The vehicle stopped at 6000 W. Glades Rd. I approached the driver's side portion of the car and made contact with the driver, identified as Antonio Obregon. While speaking with Obregon I immediately detected the odor of an alcoholic beverage coming from his person and he had a slurred speech. Obregon informed me he was going home after leaving the Prime Cigar Bar. Obregon stated that he consumed three beers and a glass of wine while at the bar. Ofc. Genden arrived on scene a short time later as back-up.

At this point, I requested that Obregon exit his car and speak to me in front of my police vehicle along a solid white line in the roadway. Once there, Obregon told me he had consumed "three drinks" and was on his way home when I pulled him over. As I was speaking with him and in close proximity I continued to smell a strong odor of an alcoholic beverage coming from his breath.

I then requested that Obregon consent to the standard roadside exercises to dispel my alarm he was driving impaired. He provided consent.

Obregon stated she was not taking any medications and does not have any injuries. I explained and demonstrated each task before he performed them.

The first task was the Horizontal Gaze Nystagmus. While observing HGN, lack of smooth pursuit was present in both eyes. Each eye had a constant jerking while at maximum deviation. Onset prior to 45 degrees was present in both eyes.

SWORN AND SUBSCRIBED BEFORE ME	GRAHAM, KEITH T NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S. 117.10) <u>05/05/2018</u> DATE	VAN CAMP, JEFFERY ALAN (747) SIGNATURE OF ARRESTING / INVESTIGATING OFFICER NAME OF OFFICER (PLEASE PRINT) <u>05/05/2018</u> DATE	SCANNED MAY 07 2018
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PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

OBTS Number				
Agency ORI Number	Agency Name	Agency Report Number		
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 2 2018-006273		
Change Type: Check as many as apply:	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	
Name (Last, First, Middle)	Alias		Race	Sex
OBREGON, ANTONIO RAFAEL			W	M
			Date of Birth	
			03/30/1971	

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The second task was the Walk and Turn. Obregon did not maintain the starting position. He also did not go heel to toe the entire time and stepped off the line several times while walking. After walking the first 9 steps, Obregon asked if he should return.

The third task was the One Leg Stand. After I was done explaining the task, Obregon seemed confused about what to do next and I had to prompt him to start the task. Obregon used his arms for balance during the exercise and dropped his foot several times. He also was not keeping his foot 6 inches off the ground, at one point it was barely an inch off the ground.

The fourth task was the Finger to Nose (L-R-L-R-R-L). L- Missed the tip of his nose and held his finger. R- No issue. L- Missed the tip of his nose. R- No issue. R- No issue. L- No issue.

The fifth task was the Rhomberg Alphabet. He completed this task without incident.

Based on my investigation, I placed Obregon under arrest for DUI per F.S.S. 316.193(1) and transported him to the Boca Raton Police Dept. where I conducted the 20 minute observation. Ofc. Fong responded and conducted the Intoxilyzer 8000. Obregon provided the breath samples of .200 and .204.

The vehicle was towed to Westway Towing.

Obregon was later transported to the Palm Beach County Jail.

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MAY 07 2018

SWORN AND SUBSCRIBED BEFORE ME	
GRAHAM, KEITH T #777	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	VAN CAMP, JEFFERY ALAN (747)
05/05/2018	NAME OF OFFICER (PLEASE PRINT)
DATE	05/05/2018
	DATE
	PAGE
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2018-6273

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

SCANNED
MAY 07 2018

ARRESTING OFFICER: OFF. VAN CAMP

Name: OFF. GENDEN Phone # _____ Work # 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: BACK UP

Name: OFF. FONG Phone # _____ Work # 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON, 33432

Can testify to: BREATH TECH -

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 # 2018-6273

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is FRIDAY, MAY, 04, 2018.
(day) (month) (date) (year)

B. The time is now approximately 1154 AM/PM

C. The following is in reference to case number 2018-6273

D. Present at this time is OFF. VAN CAMP & OFF. FONG of the Boca Raton Police Department.
(Officer's Name)

E. Officer VAN CAMP, have you arrested ANTONIO OBREGON 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. OBREGON, I am required to inform you these proceedings are being video recorded.

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

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SCANNED
MAY 07 2018

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 OFF. VAN CAMP of the BATA RATON PD.

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: ON VIDEO

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 MAY, 04, 2018, and the time is _____ AM/PM.
(month) (day) (year)



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: ANTONIO OBREGON

CASE #: 2018-6273 DATE: 5/4/18

BREATH TEST RESULTS

1) TIME .204 0015 AM PM 2) TIME .200 0018 AM PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: OFF. FONG

MAINTENANCE TECHNICIAN: OFF. PARE

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: UPSET

CLOTHING: GRAY POLO, BLUE SLACKS, BLUE SNEAKERS

MEDICAL CONDITION: NONE

OTHER: _____

COMMENTS: _____

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MAY 07 2018

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

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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 12:23 (AM/PM).

The date is MAY (month), 05 (day), 2018 (year).

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MAY 07 2018

A refusal form will be completed by the arresting officer.

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