

Arrest Report

0506285

1871

FLORIDA HIGHWAY PATROL
P.O. BOX 540007, GREENACRES, FL 33454

Report Date / Time 3/17/2019 5:20:06AM	Report Number FHP99ARR769473	Case Number/CAD Number FHPK19OFF015253 / LWRC19CAD048233	Reporting Officer Name K. GRUEBEL
Originating Agency ORI FL0509000	Occurrence Date Time Range 3/17/2019 5:20:54 AM -	Jurisdiction	Clearance

Location of Occurrence

Location Type PUBLIC PLACE	Location Description MM98		
Street Number SR-91 SB M.M. 98	Street	Apt/Lot/Bldg	
County PALM BEACH	City WEST PALM BEACH	State FL	Zip 33413

Defendant

First Name BRANDON	Middle Name	Last Name RAAF	Suffix	Date Of Birth 10/5/1992	Age 26	Race WHITE	Sex MALE
SSN	MNI #	Place of Birth LONG ISLAND NY, NY,	Height 511	Weight 235	Hair Bru	Eyes Bru	
DL or ID Number R100060923650	ID State FL	ID Type E	Address Type				
Street Number 5255	Street NW 109 WAY	Apt/Lot/Bldg					
County BROWARD	City POMPANO BEACH	State FL	Zip 33076	Phone Number	Extension		
Location Description							

Arrest

Arrest Date/Time 3/17/2019 5:43:45AM	Arrest Location Type PUBLIC PLACE	Arrest Location Description					
Street Number SR-91 SB M.M. 98	Street	Apt/Lot/Bldg	County PALM BEACH				
City WEST PALM BEACH	State FL	Zip 33413					

Charge(s)

Counts 1	Charge 316.193.1	General Offense Code	Bond Amount \$ 0.00	<input type="checkbox"/> No Bond
Charge Degree N	Charge Level MISDEMEANOR	Arrest Offense Code Description DUI-UNLAW BLD ALCH		
Charge Description DUI ALCOHOL OR DRUGS				MAR 17 AM 8:29

Probable Cause

On the above date at 5:00am there was a construction detail beginning on State Road 91 (Florida's Turnpike) from mile marker 110 to the 83 mile marker. All entrance ramps were closed by various State Law Enforcement agencies. I traveled from the 110 mile marker to the 98 mile marker which is where a cable line was going across all lanes of travel. As I traveled south I verified that each ramp was closed and no cars could pass by. Shortly after arriving I observed headlights traveling southbound. This car was the only car on the roadway. The headlights were traveling from lane to lane. As the car got closer I can see it travel from the left lane into the right lane. The vehicle had stopped in front of my patrol car. I approached the driver and asked how did he get on the Turnpike going southbound. He stated he just got on. I stated that all ramps were blocked and he said I know I just turned around and followed my

SCANNED

MAR 19 2019

MAR 18 7:54

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GPS: I asked where is he coming from and he said West Palm Beach. I said where in West Palm Beach and he stated you know Atlantic or something and I'm just trying to get home. He stated he lives in Coral Springs and he's just following his GPS. While talking to the driver I could smell the obvious odor of an unknown alcoholic beverage coming from his breathe as he spoke to me. His eyes were blood shot and glossy. His speech was mumbled and sometimes slurred. I went to my patrol car to advise dispatch of the traffic stop. I reapproach the driver and asked him to step out of his vehicle. The driver was slowing exiting his vehicle. I observed the drivers zipper to be undone. I stated to the driver based on my observations I was going to ask him to perform field sobriety tasks and he stated ok. I asked the driver if he had anything wrong with his vision not corrected with his glasses and he stated no. I asked the driver does he have anything wrong with him physically and he's stated no. I asked the driver what does he do for employment and he stated he works for the post office. I asked when did he work last and he stated today. I then began the field sobriety tasks. Prior to all field sobriety tasks, I gave all the instructions and demonstrated to the driver on what I was going to ask and the driver understood.

HGN: A red pen light was used as a stimulus. There was equal pupil size, no resting Nystagmus, and equal tracking. The driver had lack of smooth pursuit in both eyes. The driver had distinct and sustained nystagmus at maximum deviation in both eyes. The driver had nystagmus prior to 45 degrees in both eyes. The driver was smirking while this task was being performed.

WAT: The ground was as level as possible, free from debris and well lit by my patrol car headlights and spot light.

The driver was unsteady on his feet and couldn't maintain the starting position during instructions. Driver missed heel to toe on step 3/4 and stepped of a straight path on 7/8. Made and improper wide turn. Missed heel to toe on steps 4/5 and 5/6 walking back. Took 10 steps back

OLS: The driver asked which leg and I stated which ever one he felt more comfortable with. At first he raised his right foot. He swayed while balancing and didn't keep his leg straight. He put it down on his count of 10. He then he's going to use his left foot. He began hopping and used his arms for balance. He put his foot down on his count at 6.

After the filed sobriety tasks the driver was placed under arrest for DUI I transported the driver to the PBC Bat where I conducted a 20 minute observation on the driver. I never lost visual contact of the driver in this time period. I then asked the driver to provide a Breath test. The driver refused the breath test. I read the driver Implied Consent and he stated since he doesn't have a prior refusal he's going to refuse and that he knows his rights. The driver was then booked into the PBC Jail.

Jail Booking Facility

Booking Date/Time	Booking County PALM BEACH	Booking Facility PALM BEACH COUNTY CORRECTIONS	Booking Facility Phone Number (561) 688-4400
Booking Facility Location 3228 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406			Booking Number
Booking Comments			

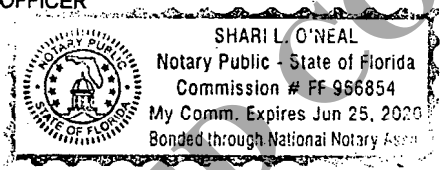

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Court

Court County PALM BEACH	Court Location 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406		
Court CRIMINAL JUSTICE COMPLEX	Court Phone 561-355-2994	Court Appearance Date / Time 4/11/2019 8:30AM	Court Fine
Comments			

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

Reporting Officer

Officer Name K. GRUEBEL	Officer Rank TROOPER	Officer ID No 2847	Sworn and subscribed before me, the undersigned authority This the <u>17</u> day of <u>March</u> , 2019 DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT OFFICER
Officer Agency FLORIDA HIGHWAY PATROL			
Officer Signature 			

Approving Supervisor

Officer Name	Officer Rank	Officer ID No	Officer Agency
Officer Signature			

NOT A CERTIFICATE

WITNESS LIST

Name Tpr. K. Gruebel On Scene Yes No Statement Yes No

Home Address _____

Place of Employment Florida Highway Patrol

Employment Address P.O.BOX 16007 WEST PALM BEACH, FL 33416

Phone Numbers: Primary _____ Secondary _____

Can Testify To: Driving pattern and Road side Tasks

Name _____ On Scene Yes No Statement Yes No

Home Address _____

Place of Employment _____

Employment Address _____

Phone Numbers: Primary _____ Secondary _____

Can Testify To: _____

Name _____ On Scene Yes No Statement Yes No

Home Address _____

Place of Employment _____

Employment Address _____

Phone Numbers: Primary _____ Secondary _____

Can Testify To: _____

Name _____ On Scene Yes No Statement Yes No

Home Address _____

Place of Employment _____

Employment Address _____

Phone Numbers: Primary _____ Secondary _____

Can Testify To: _____

Case Number: _____ THI Case Number: _____ Page _____

TESTING FACILITY TASK REPORT

AGENCY: FHP T. Grubel # 946
SUBJECT: Ruff, Brandon CASE NUMBER: 19-044047

DATE: 03-17-19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0645 hrs ENDING TIME: 0654 hrs

BREATH TESTS RESULTS: **REFUSED**
1) TIME 0647 A.M./P.M. 2) TIME _____ A.M./P.M.
3) TIME _____ A.M./P.M. 4) TIME _____ A.M./P.M.

BREATH OPERATOR: S. O'Neal # 6212

MAINTENANCE TECHNICIAN: C. K. Leckie # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Normal

ATTITUDE: Calm, Cooperative, Sarcastic

CLOTHING: Shirt - Lavender Pants - Blue Jeans

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Eyes: Red, Glassy Face: Flushed

Destitute & Sluggish, Unsteady walking at times

946

COMMENTS: 20 min observations done by AIO Grubel

AIO requested the breath test.

D refused the request.

AIO read the implied consent on camera.

D understood the IIC as read.

D still refused after the IIC was read.

C/W read on camera.

Q&A conducted

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 stop at any time.
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: Beard's truck

CASE NUMBER: 4PK17, 1015233

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? Home

WHAT STREET OR HIGHWAY WERE YOU ON? North Main

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? 6:00

WHAT IS TODAY'S DATE? Jan 10 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? Franklin County, Boise

WHEN DID YOU LAST EAT? 5:00 WHAT DID YOU EAT? Wagon

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Driving to work

HOW MUCH DO YOU WEIGH? 155 HAVE YOU BEEN DRINKING? Yes 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? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Post office WHEN DID YOU LAST WORK? 7/1

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? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Yes WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? Yes WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? _____ WHEN? _____

DO YOU HAVE:

- EPILEPSY? No
- GLASS EYE? No
- FALSE TEETH? No
- EAR INFECTION? No
- INNER EAR TROUBLE? No
- DIABETES? No

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

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

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? _____

INTERVIEWER: _____



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/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: 2019009124	Date: 03/18/2019
	Specialist Name/ID: AM/31562