

ARREST / NOTICE TO APPEAR

18CT8836

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2018-006813	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	
Location of Arrest (Including Name of Business) 800 N FEDERAL HWY BOCA RATON FL 33432				Location of Offense (Business Name, Address) 800 N FEDERAL HWY, BOCA RATON, FL 33432				
Date of Arrest 05/17/2018	Time of Arrest 01:51	Booking Date 05/17/2018	Booking Time 03:11	Jail Date	Jail Time	Location of Vehicle WESTWAY TOWING		

Name (Last, First, Middle) CALVARESE, BRIAN CLARK		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex M	Date of Birth 07/10/1967	Height 5'09	Weight 221	Eye Color BROWN	Hair Color BALD	Complexion LIGHT	Build Large
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status M	Religion BAPTIST	Indication of Alcohol Intoxication Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 2601 NE 53RD ST, LIGHTHOUSE POINT, FL 33064			(City)	(State)	(Zip)	Phone (954) 609-0072		Residence Type: 1. City 3. Florida 2. County 4. Out of State 3	
Permanent Address (Street, Apt. Number) 2601 NE 53RD ST, LIGHTHOUSE POINT, FL 33064			(City)	(State)	(Zip)	Phone (954) 609-0072		Address Source DEFENDANT	
Business Address (Name, Street) CALVARESE PROFESSIONAL ACCOUNT, 2200 N. FEDERAL HWY. #201 BOCA			(City)	(State)	(Zip)	Phone (561) 922-2217		Occupation Cpa	
DL Number, State C416063672500 / FL		INS Number		Place of Birth (City, State) MOUNTAIN HOME,		Citizenship US			

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian	Other: _____	Name (Last, First, Middle)	Residence Phone			
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 IAC 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

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ 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
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Charge Description DUI	State Violation Number 316.193(1)	Violation of ORD #					
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
Charge Description	State Violation Number	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond
Charge Description	State Violation Number	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond

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"/> Deformation <input type="checkbox"/> Injuries	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health	<input checked="" type="checkbox"/> T.O.T. County Jail
Transported By	PROPERTY - Received By SAAVEDRA	Released By SAAVEDRA
	Released To PBCJ	

<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	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.		Court Date and Time 06/18/2018 08:30:00	
Signature of Defendant (or Juvenile's Parent/Custodian)		Date Signed 5-17-18	

HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) SAAVEDRA, A.	(PRINT)
Intake Deputy Bernester	Punch #	Transporing Officer Howe D
	ID.# 814	Agency BRPD
Witness here if subject signed with an "X".		PAGE 1 OF 1

SCANNED
MAY 21 2018

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-006813
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Charge 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) CALVARESE, BRIAN CLARK	Alias	Race W	Sex M	Date of Birth 07/10/1967
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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
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Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432	(City)	(State)	(Zip)	Phone (561) -	Address Source
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone (56) -	Occupation
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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 17 day of May, 2018 at 01:51 (Specifically include facts constituting cause for arrest.)

On 05/17/2018, at 0111 hours, I responded to 800 N. Federal Hwy, as a back-up officer, for Officer DeLaRua's traffic stop. Officer DeLaRua advised he observed a red 2017 Lexus RX350 bearing FL GXCX44 traveling southbound at a high rate of speed on N. Federal Hwy. See his supplement for further.

Upon arrival, I met with Officer DeLaRua, who advised that as he made contact with the sole occupant of the vehicle, who later identified himself by his FL DL as Brian Calvarese, he was able to smell a strong odor of an alcoholic beverage emitting from Calvarese's breath. Officer DeLaRua advised that Calvarese's speech was slurred and believed that Calvarese was possibly driving impaired.

I then met with Calvarese and ask him where was he coming from. Calvarese advised that he was at the hospital with his son. I then asked Calvarese if he had anything to drink tonight and he stated that at approximately 1830 hours, he had one beer and one glass of sake. I observed that Calvarese's eyes were red and glassy, his speech was slurred, and I was able to smell a strong odor of an alcoholic beverage emitting from his breath. I then asked Calvarese to step out of his vehicle, which he did with no issues. I then explained Calvarese my observations and asked him if he would consent to some field sobriety task. Calvarese stated I will do whatever you want. I then explained to Calvarese that the tasks I am requesting of him are voluntary. Calvarese stated he understood and consented to do the field sobriety tasks. I asked Calvarese if he was taking any medication, and he stated that he takes medication for high blood pressure and seizures. I then asked Calvarese when was the last time he had a seizure and he stated he has never had one. I then asked him why is he taking seizure medication and he advised because his daughter had a seizure and he is trying to prevent himself from having a seizure. I then asked Calvarese if he has any injuries and he stated he had a right ankle replacement and injuries on both of his knees.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
GRAHAM, KEITH T NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SAAVEDRA, ALONSO (777) NAME OF OFFICER (PLEASE PRINT)
<u>05/17/2018</u> DATE	<u>05/17/2018</u> DATE

OBT Number _____	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	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 2018-006813			
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					Special Notes: _____
Name (Last, First, Middle) CALVARESE, BRIAN CLARK			Race W	Sex M	Date of Birth 07/10/1967

I explained and demonstrated each task to Calvarese before he performed them.

The first task was Horizontal Gaze Nystagmus. While performing the task, Calvarese showed equal pupil size and no resting nystagmus. Calvarese had lack of smooth pursuit and distinct and sustained nystagmus at maximum deviation for both eyes. Calvarese was swaying side to side while performing this task.

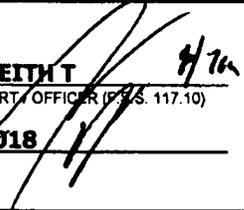
The second task was the Walk and Turn. Calvarese was unable to maintain the starting position. While on the starting position Calvarese continued to sway side to side. He used his arms for balance. While walking forward he stepped off the line while counting steps 2 and 3. He did not turn as instructed. While walking backward he did not touch heel to toe on steps 2 and 3. When he finished the task he asked me if he should continue the task. I then reminded him to perform the task as I instructed, at which time he stop the task.

The third task was the One Leg Stand. He was unable to maintain the starting position. He was swaying side to side. When he counted 1010, he dropped his foot and stopped. I then reminded him to continue the task until I tell him to stop. He then lost his balance while counting 1013.

The fourth task was the Finger to Nose. The sequence is as following (L-R-L-R-R-L). While performing the task he was swaying side to side. L- Missed the tip of his nose and touched the bridge of his nose before he corrected himself. R- He missed the tip of his nose and touched the left side of his lip before he corrected himself. L- He missed the tip of his nose and touched the bridge of his nose before he corrected himself. R- He missed the tip of his nose and touched his left nostril before he corrected himself. R- He brought his left finger up more than halfway before he corrected himself. He then missed the tip of his nose and touched his left nostril before correcting himself. L- Missed the tip of his nose and touched the bridge of his nose before correcting himself.

The fifth task was the Romberg Alphabet. While performing this task Calvarese was swaying side to side. He had no issues reciting the alphabet.

At 0151 hours, I placed Brian Calvarese under arrest for DUI per F.S.S. 316.193(1). He was transported to Boca Raton Police Department for processing. Officer Deen conducted the Intoxilyzer Testing. I then asked Calvarese to provide us with a breath sample, which he consented. The breath test had to be taken fourth times. The first breath result was .129 and a purge fail. The second breath result was .141 and a purge fail. Calvarese was then taken outside of the Intoxilyzer Testing while restarting the breath test process. The third and fourth breath results were .120. and .121, which each time Calvarese being removed between samples.

SWORN AND SUBSCRIBED BEFORE ME <div style="text-align: center;">  GRAHAM, KEITH T <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small> 05/17/2018 <small>DATE</small> </div>	<div style="text-align: center;">  <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small> SAAVEDRA, ALONSO (777) <small>NAME OF OFFICER (PLEASE PRINT)</small> 05/17/2018 <small>DATE</small> </div>
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PAGE 2
SCANNED

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-006813
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Charge 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) CALVARESE, BRIAN CLARK	Alias	Race W	Sex M	Date of Birth 07/10/1967
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The vehicle was towed to Westway Towing. Calvarese was transported to Palm Beach County jail for final disposition.

NOT A CERTIFIED COPY

PROBABLE CAUSE STATEMENT

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
GRAHAM, KEITH T NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	
05/17/2018 DATE	SAAVEDRA, ALONSO (777) NAME OF OFFICER (PLEASE PRINT)
	05/17/2018 DATE

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SCANNED



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"/>		Choose an item.	
	<input type="checkbox"/>		Choose an item.	
	<input type="checkbox"/>		Choose an item.	
	<input type="checkbox"/>		Choose an item.	
	<input type="checkbox"/>		Choose an item.	
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018016584	Date: 5/18/2018
	Specialist Name/ID: L.Rouse/ #6673

SCANNED
MAY 21 2018