


ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE		N	
Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2016-014652							
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							
Location of Arrest (Including Name of Business) 50 SE 1ST AVE				Location of Offense (Business Name, Address) 50 SE 1ST AVE, BOCA RATON, FL 33432							
Date of Arrest 10/08/2016	Time of Arrest 00:55	Booking Date 10/6/16	Booking Time 0100	Jail Date -	Jail Time -	Location of Vehicle westway					
Name (Last, First, Middle) MEINEL, CHARLES FREDERICK				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:							
Race W - White	Sex M	Date of Birth 07/31/1948	Height 5'09	Weight 180	Eye Color BROWN	Hair Color SALT &	Complexion LIGHT	Build Medium			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S		Religion NONE		Indication of: Alcohol Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) (City) (State) (Zip) 600 W PALMETTO PARK RD, BOCA RATON, FL 33486				Phone (401) 523-1233		Residence Type: 1. City <input type="checkbox"/> 3. Florida <input type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/>		Address Source FL DL			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 600 W PALMETTO PARK RD, BOCA RATON, FL 33486				Phone (401) 523-1233		Occupation Self					
Business Address (Name, Street) (City) (State) (Zip) SELF EMPL,				Phone		Citizenship US					
D/L Number, State M540146482710 /		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) PROVIDENCE, RI,					
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) _____ <input type="checkbox"/> Legal Custodian				Address (Street, Apt. Number) (City) (State) (Zip)				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 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: _____ <input type="checkbox"/> Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property		Value of Property					
Drug Activity: S. Sell, R. Smuggle, K. Disperse/Distribute, M. Manufacture/Produce/Cultivate, Z. Other N. N/A, B. Buy, D. Deliver, E. Use				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	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
N	N	/	2016-014652	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
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						
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						
Health / Apparent Physical Condition of Defendant				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							
Check which applies: <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		Other			
<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 11/14/2016 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 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 10-8-16			
HOLD for Other Agency				Signature of Arresting Officer Dennis Reissi 776				Name Verification (Printed by Arrestee) (PRINT) 10-8-16			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) REISSI, DANIEL				ID. # 776			
Intake Deputy				ID. #		Pouch #		Transporting Officer Reissi 776 BRPD			
				ID. #		Agency		Witness here if subject signed with an "X". PAGE 1 OF 1			

CHARGE SCANNED

OCT 08 2016

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE	
A D M I N I S T R A T I V E	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2016-014652					
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other _____					Special Notes:				
D E F	Name (Last, First, Middle) MEINEL, CHARLES FREDERICK					Race W		Sex M		Date of Birth 07/31/1948
	Alias									
C H A R G E S	Charge Description 316.193(1) DUI					Charge Description				
	Charge Description					Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) STATE OF FLORIDA,					Race		Sex U		Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432					Phone (561) -		Address Source		
	Business Address (Name, Street) (City) (State) (Zip)					Phone (561) -		Occupation		
<p>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.</p> <p>The Person taken into custody . . .</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>8</u> day of <u>October</u>, <u>2016</u> at <u>00:55</u> (Specifically include facts constituting cause for arrest.)</p> <p>On Saturday 10/08/2016 at approximately 0029 hours I observed a red Nissan bearing FL tag #EVVZ14 running and parked on the first floor parking garage across from Obrain's at 50 SE 1st Ave. I observed a W/M, later identified as Charles Meinel in the driver's seat passed out sleeping with the keys in the ignition, therefore Meinel was in actual physical control of the vehicle.</p> <p>I knocked on the window several times to gain Meinel's attention. I knocked on the closed window numerous times in addition to verbally inquiring on his health status. When Meinel was unresponsive to my verbal commands, as a potential medical emergency precaution, I opened the unlocked driver side door which caused Meinel to slightly open his eyes and mumble. I stated numerous times "Hello Boca Police", Meinel appeared very confused. As a safety precaution, I asked Meinel to turn off his vehicle and hand me the keys. Meinel slowly reached and turned off his vehicle and placed the keys down in the center cup holder. I asked Meinel to exit his vehicle; he looked around and reached to unbuckle his seat belt which was already unbuckled. I repeated myself several times and he finally exited the vehicle. It should be noted Meinel was very unsteady on his feet. Meinel used the door jamb to hold his body weight up.</p> <p>As I was speaking to Meinel, I could smell a strong odor of alcohol coming from his person. In addition, his speech was heavily slurred. Officer Mazer arrived as my back up officer. I asked Meinel if he had any alcoholic beverages tonight and he replied no. Meinel stated he was with his girlfriend. When I asked where his girlfriend was, Meinel pointed to his vehicle. He then walked to the car, bent down looking into the passenger side for his girlfriend who was not in the vehicle. Meinel then replied "I guess she left". Meinel explained he was at Obrian's with some friends but still stated he did not have any alcoholic beverages tonight.</p> <p>I explained my observations to Meinel and asked him if he would attempt the standardized</p>										
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME					<div style="text-align: right;">  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER </div>				
	<div style="text-align: center;"> WOLSCHLAGER, ANTHONY J NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>10/08/2016</u> DATE </div>									
						<div style="text-align: center;"> REISSI, DANIEL (776) NAME OF OFFICER (PLEASE PRINT) <u>10/08/2016</u> DATE </div>				
						<div style="text-align: right;"> PAGE 1 of 2 </div>				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

SCANNED**OCT 08 2016**

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2016-014652				
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					Special Notes:			
D E F	Name (Last, First, Middle) MEINEL, CHARLES FREDERICK				Alias		Race W	Sex M	Date of Birth 07/31/1948
	<p>field sobriety tasks (SFST's) to dispel my alarm that he was impaired. Meinel appeared confused and I explained to him multiple times and asked if he had any questions. I explained the tasks were voluntary, but if he refused, it could be used against him in a court of law, I could use his refusal as a basis to build probable cause if I decided to make an arrest, and he was forcing me to make my decision on everything I had observed to that point. I asked him again to attempt the road side tasks and he stated no.</p> <p>At 0055 hours I placed Charles Meinel under arrest for DUI. The vehicle was towed by Westway.</p> <p>Officer Murphy conducted The Intoxilyzer 8000 testing. It should be noted Meinel was having difficulty following instructions while in the DUI room. Meinel frequently stopped blowing into the tube and stated he was. Meinel provided the breath samples of .243% and .236%.</p> <p>Meinel was charged with DUI FSS 316.193(1). He was given the court date of 11/14/2016 at 8:30am. After processing, he was transported to The PBCJ.</p>								
<div style="position: relative;"> <div style="position: absolute; top: 0; right: 0; font-size: 100px; opacity: 0.1; transform: rotate(-30deg); pointer-events: none;">COPY</div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%) rotate(-45deg); font-size: 150px; opacity: 0.1; pointer-events: none;">NOT A CERTIFIED COPY</div> </div>									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> WOLLSCHLAGER, ANTHONY J NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">10/08/2016</div> DATE </div> <div style="width: 45%;"> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER REISSI, DANIEL (776) NAME OF OFFICER (PLEASE PRINT) <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">10/08/2016</div> DATE </div> </div>								
	<div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-left: 10px;"> PAGE 2 OF 2 </div> </div>								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

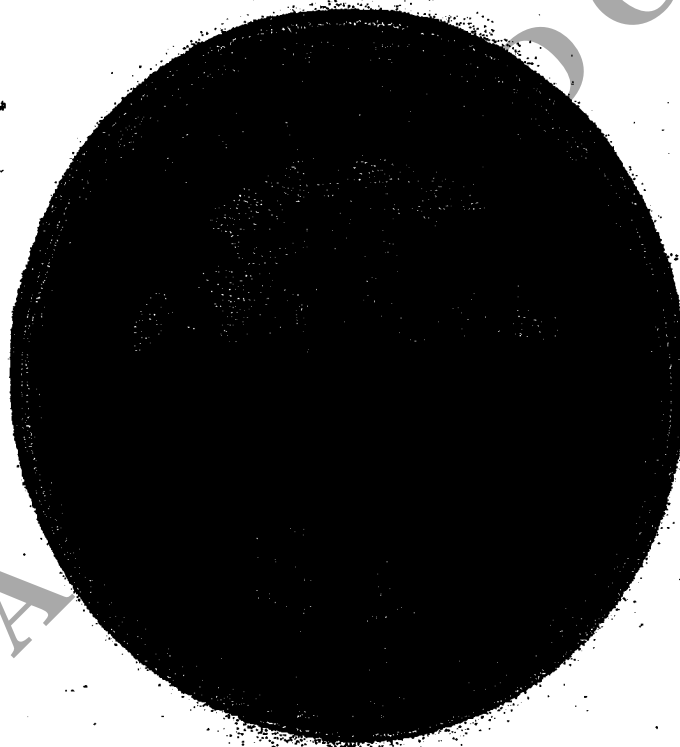
CRIME ANALYST

SCANNED I.O.

OCT 08 2016

case: #2016-014652
10-15:0055
OBV:0109

D. U. I. INFLUENCE REPORT



Boca Raton Police Services Department
100 Northwest Second Avenue
Boca Raton, Florida 33432

SCANNED
OCT 08 2016

WITNESS LIST

ARRESTING OFFICER: Reissi

Name: Reissi Phone # Home _____ Work 561-338-1234

Address: 100 NW 2nd Ave Boca Raton FL 33432

Can testify to: investigation

Name: Mazer Phone # Home _____ Work "

Address: "

Can testify to: "

Name: Murphy Phone # Home _____ Work "

Address: "

Can testify to: booking

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

SCANNED
OCT 08 2016

BOCA RATON POLICE DEPARTMENT

Agency Case# 2016-014652

PART II D.U.I. REPORT
To be filled out at testing facility

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is: Saturday, October, 8, 2016
(day) (month) (date) (year)

B. The time is now approximately 0131 AM/PM

C. The following is in reference to case number 2016-014652

D. Present at this time is Off. Beissi, Off. Murphy of the Boca Raton Police
Department. (Officer's Name)

E. Officer Beissi, Have you arrested Charles Meinel
(Defendant's name)

In violation of Florida State Statute 316.193?

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

G. Mr. Meinel, I am required to
inform you these proceedings are being video taped.

Operator Note: Video tape breath request, breath sample, and interview

SCANNED
OCT 08 2016

BOCA RATON POLICE DEPARTMENT

Agency Case # 2016-014652

H. 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.

1. 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 toxic substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

2. I am ORC BOSSI of the BRPD

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: [Signature]

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.

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 _____ (Month) _____ (Day) _____ (Year) and the time _____ AM/PM

A refusal form will be completed by the arresting officer.

SCANNED

OCT 08 2016

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Meinel, Charles

CASE #: 2016-014652 DATE: 10-8-16

BREATH TESTS RESULTS:

1) TIME .243 0141 AM/PM 2) TIME VNM 0146 AM/PM
3) TIME .236 0150 AM/PM 4) TIME AM/PM

BREATH OPERATOR: Murphy

MAINTENANCE TECHNICIAN: Broch

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: good

CLOTHING: blue/black plaid shirt, blue jeans, brown shoes

MEDICAL CONDITIONS: blood pressure, cholesterol, left leg swelling

OTHER: eyes red/glassy, unsteady on feet

COMMENTS: odor of alcoholic beverage emitting from person.

SCANNED

OCT 08 2016

BOCA RATON POLICE DEPARTMENT

Agency Case # 2016-014652

ADULT CONSTITUTIONAL WARNINGS
(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following 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 the right to the presence of a lawyer 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 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.

DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?

(X) on video

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? _____

SCANNED
OCT 08 2016

BOCA RATON POLICE DEPARTMENT

Agency Case # 2016-014652

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 affects of alcohol? Yes ☐ No ☐

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

Can you feel the affects 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? _____ Did you get a bump on the head? _____

Were you involved in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? _____ Who? _____

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

Do you have:	Epilepsy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Inner ear trouble? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Glass Eye? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ear Infection? Yes <input type="checkbox"/> No <input type="checkbox"/>
	False Teeth? Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>

Any eye 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 videotaping. The time now is approximately 0159 AM/PM

The date is: October (month) 8 (day) 2016 (year).

SCANNED
OCT 08 2016