

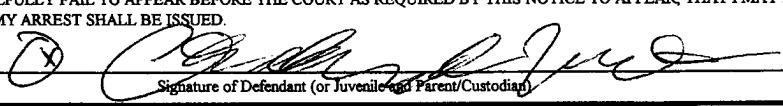
## ARREST / NOTICE TO APPEAR

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

JUVENILE

1

N

OBTS Number			Agency ORI Number 0500200 Agency Name Boca Raton Police Department							Agency Report Number (N.T.A.'s only) 3 1 2   2016-014652	
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply: <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			If Weapon Seized Enter Type <b>None/not Applicable</b>							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 10/8/16	Booking Time 0100	Jail Date -	Jail Time -	Location of Vehicle Westway			
Name (Last, First, Middle) <b>MEINEL, CHARLES FREDERICK</b>										Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:	
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W 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
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 3. Florida 2. County 4. Out of State
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 600 W PALMETTO PARK RD, BOCA RATON, FL 33486										Phone (401) 523-1233	Address Source FL DL
Business Address (Name, Street) (City) (State) (Zip) SELF EMPL,										Phone	Occupation Self
DL Number, State M540146482710 /			Soc. Sec. Number		INS Number		Place of Birth (City, State) PROVIDENCE, RI,		Citizenship US		
Co-Defendant Name (Last, First, Middle)										Race	Sex
Co-Defendant Name (Last, First, Middle)										Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian										Name (Last, First, Middle)	
Address (Street, Apt. Number) (City) (State) (Zip)										Residence Phone	
Notified by: (Name)										Date	Time
Released To: (Name)										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	
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:										Grade	
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:										Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:										Description of Property	
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:										Value of Property	
C O D E Drug Activity S. Sell R. Smuggle K. Dispenses/ M. Manufacture/ Z. Other N. N/A B. Buy D. Deliver Produce/ Cultivate P. Possess T. Traffic E. Use										Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A C. Cocaine M. Marijuana Equipment Z. Other A. Amphetamine E. Heroin O. Opium/Deriv. S. Synthetic	
Charge Description DUI										Statute Violation Number 316.193(1)	Violation of ORD #
Drug Activity Drug Type Amount / Unit N / Offense # 2016-014652 Counts 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N										Warrant / Capias Number	
Charge Description										Statute Violation Number 316.193(1)	Violation of ORD #
Drug Activity Drug Type Amount / Unit N / Offense # Counts <input type="checkbox"/> Y <input type="checkbox"/> N										Warrant / Capias Number	
Charge Description										Statute Violation Number 316.193(1)	Violation of ORD #
Drug Activity Drug Type Amount / Unit N / Offense # Counts <input type="checkbox"/> Y <input type="checkbox"/> N										Warrant / Capias Number	
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 Explain: <i>None</i>	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										PROPERTY - Received By <i>Dennis Reissi</i> Released By <i>Dennis Reissi</i> Released To: <i>Dennis Reissi</i>	
Transported By										Date Transported	Time Transported
N O T I C E <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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b> 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.										No Photo Available	
 Signature of Defendant (or Juvenile and Parent/Custodian) <i>Dennis Reissi</i>											
Date Signed <i>10-8-16</i>											
HOLD for Other Agency			Signature of Arresting Officer <i>Dennis Reissi</i> I.D. # 776				Name Verification (Printed by Arrestee) <i>Dennis Reissi</i> I.D. # 776				
A D M I N <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Officer (Print) <i>DENNIS REISSI</i> I.D. # 776				(PRINT) <input checked="" type="checkbox"/> 10-8-16 PAGE 1 OF 1				
Intake Deputy			ID. #	Pouch #	Transporting Officer <i>Dennis Reissi</i> I.D. # 776	Agency B.R.P.D.	Witness base if subject signed with an "X". <i>Dennis Reissi</i>				

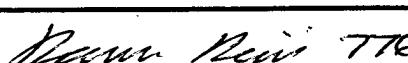
 CHARLES REISSI  
 SCANNED  
 OCT 08 2016

## PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N	OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE	
	Agency ORI Number	Agency Name	3   2   2016-014652						
FL 0500200	BOCA RATON POLICE DEPARTMENT			Special Notes:					
Charge Type: Check as many as apply. 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>									
D E F	Name (Last, First, Middle) <b>MEINEL, CHARLES FREDERICK</b>			Alias	Race	Sex	Date of Birth		
C H A R G E S	Charge Description <b>316.193(1) DUI</b>		Charge Description						
V I C T I M	Charge Description		Charge Description						
Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>					Race	Sex	Date of Birth		
Local Address (Street, Apt. Number) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>		(City)	(State)	(Zip)	Phone	Address Source <b>(561) -</b>			
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation <b>(561) -</b>			
<p>The undersigned certifies and swears that he/she has just and resonable 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> <p><input checked="" type="checkbox"/> committed the below acts in my presence.    <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.    <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>8</b> day of <b>October</b>, <b>2016</b> at <b>00:55</b> (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>									
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  <b>WOLFSCHLAGER, ANTHONY J.</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  <b>10/08/2016</b> DATE		 <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>REISSI, DANIEL (776)</b> NAME OF OFFICER (PLEASE PRINT)</p> <p><b>10/08/2016</b> DATE</p>						
		<p>PAGE <b>1 OF 2</b></p>							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

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OCT 08 2016

A	OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE	
D	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>				Agency Report Number <b>3   2   2016-014652</b>				
M	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:					
N	Name (Last, First, Middle) <b>MEINEL, CHARLES FREDERICK</b>		Alias		Race		Sex	Date of Birth		
D	W M 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>										
NOT A CERTIFIED COPY										

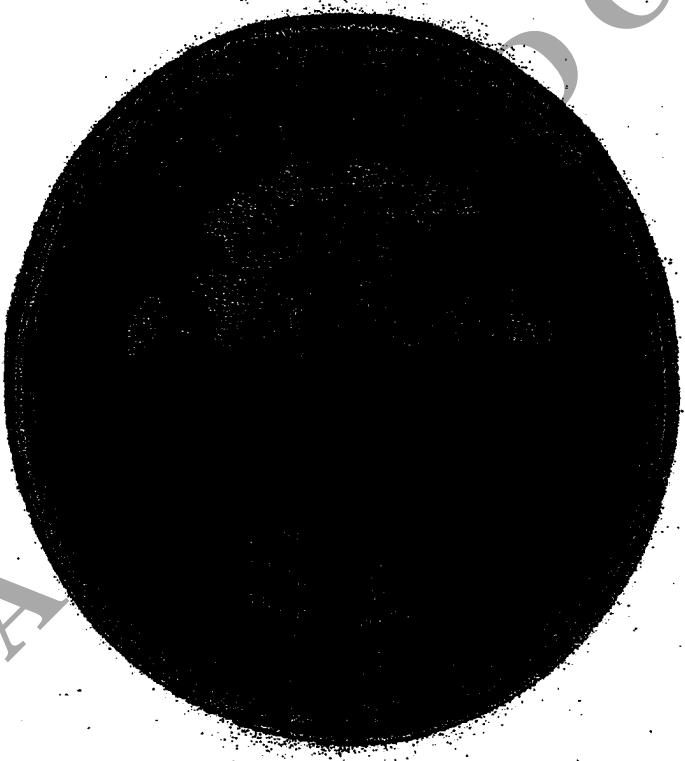
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  <i>John J. Reissi</i> <b>WOLLSCHLAGER, ANTHONY J.</b>		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <i>John J. Reissi</i> <b>REISSI, DANIEL (776)</b>	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  <b>10/08/2016</b> DATE		NAME OF OFFICER (PLEASE PRINT)  <b>10/08/2016</b> DATE	
	PAGE <b>2 OF 2</b>			

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYST  
**SCANNED** I.O.  
 OCT 08 2016

case: #206-014652  
10-15: 0055  
OBV: 0109

# D. U. I. INFLUENCE REPORT

NOT A  
COPY



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

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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: \_\_\_\_\_

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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 (day) October (month) 8 (date) 2016 (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 OIC Reissi, OFC Murphy of the Boca Raton Police Department. (Officer's Name)

E. Officer Reissi, Have you arrested Charles Manci (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. / Mrs. / Ms. Manci, I am required to inform you these proceedings are being video taped.

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

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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.*

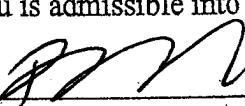
1. A. I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.
- B. I am now requesting that you submit a lawful test of your URINE for the purpose of determining its alcohol content.
- C. I am now requesting that you submit to a lawful test 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.*

2. I am DC RESSI 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: 

**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.

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**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: Brock

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: good

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

MEDICAL CONDITIONS: blood pressure, cholesterol, left leg swelling

OTHER: eyes red/glassy, unsteady on feet

COMMENTS: color of alcoholic beverage emitting from person.

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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? \_\_\_\_\_

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## 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  No  Inner ear trouble? Yes  No Glass Eye? Yes  No  Ear Infection? Yes  No False Teeth? Yes  No  Diabetes? Yes  No 

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/PMThe date is October  (month) 8  (day) 2016  (year)SCANNED  
OCT 08 2016