

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2019-002847					
D E F E N D A N T	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" 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) 2200 CLINT MOORE RD				Location of Offense (Business Name, Address) 2200 CLINT MOORE RD, BOCA RATON, FL 33496							
Date of Arrest 02/24/2019		Time of Arrest 08:05		Booking Date 02/24/2019		Booking Time 08:38		Jail Date 02/24/2019				
						Jail Time 08:16		Location of Vehicle 2200 CLINT MOORE RD				
Name (Last, First, Middle) VIDRA, DANIEL JAMES					Alias:							
Race W - White B - Black		Sex M		Date of Birth 11/02/1966		Height 5'11		Weight 175				
Eye Color HAZEL		Hair Color BROWN		Complexion MEDIUM		Build Medium						
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status M		Religion		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 33 WILLOW ST, PLEASANTVILLE, NY 10570		(City)		(State)		(Zip)		Phone (917) 856-2032				
Permanent Address (Street, Apt. Number) 33 WILLOW ST, PLEASANTVILLE, NY 10570		(City)		(State)		(Zip)		Phone (917) 856-2032				
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone				
D/L Number, State 395509665 / NY		Sec. Sec. Number		INS Number		Place of Birth (City, State) BELLEFANT, PA,		Citizenship US				
Co-Defendant Name (Last, First, Middle)					Race		Sex		Date of Birth			
Co-Defendant Name (Last, First, Middle)					Race		Sex		Date of Birth			
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)									Residence Phone			
<input type="checkbox"/> Legal Custodian												
Address (Street, Apt. Number)					(City)		(State)		(Zip)			
Notified by: (Name)					Date		Time		JUVENTILE 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			
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				
Charge Description DUI					State Violation Number 316.193(1)		Violation of ORD #					
Drug Activity		Drug Type N		Amount / Unit /		Offense # 2019-002847		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Charge Description					State Violation Number		Violation of ORD #		Bond			
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		
Charge Description					State Violation Number		Violation of ORD #		Bond			
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		
Health / Apparent Physical Condition of Defendant GOOD					Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> Medical <input type="checkbox"/> Dental <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		PROPERTY - Received By RUTE 641		Released By RUTE 641	
Transported By RUTE 641					Date Transported		Time Transported		Other		Released To COUNTY JAIL	
<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 03/25/19 0830 hours				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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED												
Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed							
HOLD for Other Agency					Signature of Arresting Officer <i>[Signature]</i>			Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) RUTE, E.			I.D. # 641		(PRINT)			
Intake Deputy		I.D. #		Pouch #		Transporting Officer RUTE		I.D. # 641		Agency BRPD		
Witness here if subject signed with an "X".											PAGE 1 OF 1	

FILED
FEB 25 2019
SHARON R. BOCK
Clerk & Comptroller

2019 CT 3808

Received WB
FEB 27 2019

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2019-002847		
	Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) VIDRA, DANIEL JAMES		Race W	Sex M	Date of Birth 11/02/1966
C H A R G E S	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				
V I C T I M	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 (56) -		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> <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 commit the below acts.</p> <p><input checked="" type="checkbox"/> confessed to OFC. RUTE 641 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 24 day of February, 2019 at 09:06 (Specifically include facts constituting cause for arrest.)</p> <p>On 2/24/2019 at 0805 hours I was on patrol in the 2200 block of Clint Moore Road in the City of Boca Raton, Palm Beach County Florida. I observed a vehicle in the 2200 block of Clint Moore Road traveling east in the westbound lanes directly in front of my marked patrol unit (approaching fast). I activated my overhead lights and the vehicle stopped approximately 10 inches from my front bumper in the right travel lane. I exited my vehicle and approached the driver who advised that he was confused. I advised the driver to turn the vehicle off and hand this officer the key for safety concerns. I then asked the driver for his license, registration and proof of insurance.</p> <p>The driver fumbled through his wallet and eventually produced a New York driver's license. The driver was identified as Daniel J. Vidra (DOB 11/2/1966) by his New York driver's license. Daniel has slurred speech and did not know where he was or that he was driving the wrong direction on the roadway. I then asked Daniel if he was suffering any medical issues, Daniel replied "no". I asked Daniel if he had been drinking and Daniel replied "yes", "three wines". At this time, I asked Daniel to exit the vehicle, at which time he exited and almost fell to the ground. Daniel appeared very disheveled and was not wearing any shoes. Daniel used the vehicle for support and attempted to get into the rear driver's side door. I noticed that Daniel had difficulty maintain his balance and looking at this officer, so the Horizontal Gaze Nystagmus was not attempted.</p> <p>I advised Daniel that is was conducting a DUI investigation and informed him of his constitutional warnings from a department preprinted card. Daniel advised that he understood his rights and was willing to answer my questions. Daniel was again asked if he had any medical issues that would limit him form performing road side exercise in which he replied "no". Daniel was also asked if he was on any medication in which he replied "no".</p> <p>Daniel was asked to stand in front of marked patrol vehicle so that video of the</p>									
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>MORAN JOHN TODD NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 02/24/2019 DATE</p> <p>RUTE ERIC (641) SIGNATURE OF ARRESTING / INVESTIGATING OFFICER NAME OF OFFICER (PLEASE PRINT) 02/24/2019 DATE</p> <p>PAGE 1 OF 2</p>									

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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 FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2019-002847
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:
Name (Last, First, Middle) VIDRA, DANIEL JAMES			Aliases	Race W Sex M Date of Birth 11/02/1966

road side exercises could be recorded. The first exercise given was the walk and turn. I asked Daniel to stand with one foot in front of the other while I demonstrated the exercise and not to begin until I told him to do so. Daniel attempted to stand heel to toe and could not, he stood with his feet side by side (left foot slightly ahead of the right) and did not follow instructions. I again asked him to stand heel to toe and he could not. After I demonstrated the walk and turn, Daniel began to attempt the exercise just prior to my instruction to begin. Daniel took approximately 12 steps with his feet apart and not heel to toe. Daniel appeared as if he was going to fall and the exercise was stopped. I then asked Daniel to stand with his feet together as I demonstrated the finger to nose exercise. Daniel could not stand with his feet together. I asked Daniel if he understood my instruction and he replied "yes". Daniel again attempted to begin the test as I was demonstrating and had to be told to stop. I asked him to begin with right hand, Daniel raised his right hand and touched his nose, again I stated right hand and again Daniel raised his right hand and touched his nose. I then said left hand and Daniel raised his left hand and touched his nose. During the finger to nose exercise Daniel swayed side to side.

Due to Daniel almost falling several times during the investigation the one leg stand was not attempted. Based on my observations of Daniel driving on the wrong side of the road almost colliding with my marked patrol vehicle, his slurred speech, his confusion, and his inability to maintain his balance, I placed Daniel under arrest for driving under the influence. Daniel was transported to the Boca Raton Police Department where a breath sample was requested. Daniel provided a breath sample with the results of .182 and .180. Daniel was processed, transported to Boca Raton Regional Hospital for medical clearance due to a small laceration observed on his back, and later turned over to the Palm Beach County jail.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
MORAN, JOHN TODD	RUTE, ERIC (641)
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)
02/24/2019	02/24/2019
DATE	DATE

PAGE 2 OF 2

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 02/24/2019

Date of Last Agency Inspection: 02/21/2019

Observation Period Began: 08:45

Subject's Name: DANIEL J VIDRA

DOB: 11/02/1966 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	09:10
	Air Blank	0.000	09:11
	Control Test	0.079	09:11
	Air Blank	0.000	09:12
	Subject Sample #1	0.182	09:12
	Air Blank	0.000	09:13
	Air Blank	0.000	09:15
	Subject Sample #2	0.180	09:16
	Air Blank	0.000	09:17
	Control Test	0.077	09:17
	Air Blank	0.000	09:18
	Diagnostics Check	OK	09:18

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I ROHALIO E KRIGGER, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____

Signature

Date: 2/24/19

Sworn to (or affirmed) before me this 24 day of Feb, 2019

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



**PALM BEACH COUNTY
SHERIFF'S OFFICE**

Florida State Statute Exemption Sheet

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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019006544	Date: 02/25/2019
	Specialist Name/ID: AM/31562