

19CT116103ASB
ARREST / NOTICE TO APPEAR

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

ADMI NIST RATIO N

Agency ORI Number: **0500200** Agency Name: **Boca Raton Police Department** Agency Report Number (N.T.A.'s only): **3, 2 2019-011647**

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Location of Arrest (Including Name of Business): **395 NE 28TH TER** Location of Offense (Business Name, Address): **3900 NE 5TH AVE, BOCA RATON, FL 33431**

Date of Arrest: **08/29/2019** Time of Arrest: **18:29** Booking Date: **08/29/2019** Booking Time: **18:39** Jail Date: **08/29/2019** Jail Time: **18:44** Location of Vehicle: **AT HOME**

DEFENDANT

Name (Last, First, Middle): **BOUGIE, DAVID JOSEPH** Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.): _____

Race: **W - White** Sex: **M** Date of Birth: **10/22/1964** Height: **5'11** Weight: **210** Eye Color: **BLUE** Hair Color: **GRAY** Complexion: **LIGHT** Build: **Large**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **SCAR CHEST / OPEN HEART SCAR; TATT R SHOULDER /** Marital Status: **M** Religion: **CATHOLIC** Indication of Alcohol Influence: Yes No Unk.

Local Address (Street, Apt. Number): **395 NE 28TH TER, BOCA RATON, FL 33431** Phone: **(561) 376-3699** Residence Type: 1. City 2. County 3. Florida 4. Out of State 5. Other

Permanent Address (Street, Apt. Number): **395 NE 28TH TER, BOCA RATON, FL 33431** Phone: **(561) 376-3699** Address Source: **FL DL**

Business Address (Name, Street): **BOUGIE CHIROPRACTIC OF BOCA,** (City) (State) (Zip) Phone: **(561) 376-3699** Occupation: **Chiropractor**

D/L Number, State: **B200170643820 / FL** Soc. Sec. Number: _____ IHS Number: _____ Place of Birth (City, State): **SAINT PAUL, MN,** Citizenship: **US**

CO-DEFENDANT

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Other: _____ Name (Last, First, Middle): _____ Residence Phone: _____

Legal Custodian _____ 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 defendant and/or 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.

Yes, by: _____ No: _____

Property Crisis? Yes No Description of Property: _____ Value of Property: _____

CHARGE

Drug Activity: **DUI** Statute Violation Number: **316.193(1)** Violation of ORD #: _____

Drug Activity: **LEAVE SCENE OF ACCIDENT** Statute Violation Number: **316.061(1)** Violation of ORD #: _____

Drug Activity: **REFUSAL TO SUBMIT TO TESTING; PENALTIES** Statute Violation Number: **316.1939(1)** Violation of ORD #: _____

Health / Apparent Physical Condition of Defendant: **GOOD** Any knowledge of the following: Mental Escape Risk Medication Deformities Injuries Explain: _____

IN TAKE

Check which applies: Released O.R. Released to Parent/Guardian T.O.T. County Jail Posted Bond South County Mental Health

PROPERTY - Received By: **CASAS, J** Released By: **CASAS, J** Released To: **TOT CJ**

Transported By: _____ Date Transported: _____ Time Transported: _____ Other: _____

NOTICE TO APPEAR

INSTRUCTION NO. 1 - Mandatory appearance in court
 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: **10-1-19 0830 hrs**

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: _____

No Photo Available

ADMI NIST RATIO N

HOLD for Other Agency: Dangerous Restricted Arrest Suicidal Other

Signature of Arresting Officer: **CASAS, J** ID #: **818** Agency: **BRPD**

Name Verification (Printed by Arrestee): _____ (PRINT)

Witness here: if subject signed with an "X" _____

PAGE 1 OF 1

0433460

AUG 30 2019 3016

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number _____

Agency OR# Number **FL 0500200** Agency Name **BOCA RATON POLICE DEPARTMENT** Agency Report Number **3 | 2 | 2019-011647**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other

Special Notes: _____

Name (Last, First, Middle) **BOUGIE, DAVID JOSEPH** Alias _____ Race **W** Sex **M** Date of Birth **10/22/1964**

Charge Description **316.193(1) DUI** Charge Description **316.061(1) LEAVE SCENE OF ACCIDENT**

Charge Description **316.1939(1A) REFUSAL TO SUBMIT TO TESTING; PENALTY** Charge Description _____

Victim's Name (Last, First, Middle) **STATE OF FLORIDA,** Race _____ Sex _____ Date of Birth _____

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source
100 NW 2ND AVE, BOCA RATON, FL 33432

Business Address (Name, Street) (City) (State) (Zip) Phone Occupation

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 **29** day of **August**, **2019** at **18:29** (Specifically include facts constituting cause for arrest.)

On 8/29/19, I responded to 395 NE 28th Terrace, in reference to a traffic accident without injuries. The accident occurred at approximately 3990 NE 5th Ave. Reference HSMV Crash Report #89206156 for information regarding the traffic accident.

Upon arrival, I met with Cynthia Torres who was the victim driver involved in the accident. While speaking with Torres she advised that her vehicle was struck by a black 2003 Jaguar convertible bearing FL tag EHCQ99 operated by a lone white male driver. According to Torres the driver of the Jaguar made no attempt to exchange vehicle information and continued driving southbound. Torres followed the suspect vehicle, to the above mentioned address (395 NE 28th Ter). According to Torres, she observed the operator, who she described as, a W/M wearing a blue and black shirt, and a hat. Torres advised that the male entered the residence and she contacted police. Officer McGarry made contact with the white male who was later identified as David J Bougie (FL DL). Bougie agreed to speak with officers at that time. I arrived and began conducting the traffic accident investigation. Bougie cooperated with the traffic crash investigation, confessed to hitting Torres' vehicle, and then driving home without any intentions of filing a police report. While speaking with Bougie, I observed that his vehicle had front driver side quarter panel damage and a blown front driver tire which was consistent with Torres' statement. There also appeared to be white paint transfer on his vehicle which would indicate that he struck Torres' white Hyundai.

Upon completion of my traffic crash investigation, I advised Bougie that based on my observations I was going to begin conducting a DUI investigation. My observations of Bougie included slurred speech, glossy and slightly red eyes, and an open bottle of Tito's Vodka that was in plain view inside of Bougie's vehicle.

I advised Bougie of his constitutional warnings and he stated that he understood. Bougie did not wish to answer any questions regarding the consumption of alcohol without an

SWORN AND SUBSCRIBED BEFORE ME

SHANNAHAN, TIMOTHY C *DR 737*
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

08/29/2019
 DATE

Javier Casas
 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASAS, JAVIER (818)
 NAME OF OFFICER (PLEASE PRINT)

08/29/2019
 DATE

PAGE 1 of 3

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 2019-011647
Charge Type: Check as many as apply.				Special Notes:
<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		
Name (Last, First, Middle) BOUGIE, DAVID JOSEPH			Race W	Sex M
			Date of Birth 10/22/1964	

attorney present. I then asked Bougie if he would consent to the Standardized Field Sobriety Tasks to dispel my alarm and he was hesitant but agreed to perform the exercises. When asked about injuries and medical conditions, Bougie claimed to have "heart conditions" and "brain conditions" but could not further explain. According to Bougie, he was taking multiple medications which he stated affected his motor functions. I asked him if he had taken any of the medications today and he informed me that he had. Bougie could not specify what medications were consumed, nor could he specify how those medications supposedly effected his motor functions. I could smell the odor of alcohol emitting from Bougie's person at this time and observed that he was having trouble maintaining his balance.

The first exercise was the Walk and Turn. I read the instructions from a department issued SFST card and Bougie advised that he understood. Bougie did not maintain the starting position and informed me he was in the starting position despite having his feet staggered instead of in-line. He stepped off the line multiple times throughout the exercise and did not take any heel-to-toe steps. Bougie took well over 9 steps forward and well over 9 steps back (approximately 20 steps each way).

The second exercise was the One Leg Stand. I read the instructions from a department issued SFST card and Bougie advised that he understood. Bougie could not follow instructions and did not start immediately after being told to do so. He broke the position 3 times during the exercise and only counted to one thousand and three. Specifically, he lost his balance causing him to put his foot down and nearly fall. Bougie did not perform the exercise for the entire length of time and simply stood in place for the final seconds.

The third exercise was the Rhomberg alphabet. Bougie failed to put his feet together and did not tilt his head back as instructed. He did however complete the alphabet with only one discrepancy; he skipped the letter "w".

The fourth exercise was the Finger to Nose. Bougie had trouble getting into the starting position and then failed to keep his head tilted back as instructed. The sequence was L-R-L-R-L-R. L - performed correctly. R - missed the tip of his nose. L - performed correctly. R - missed the tip of his nose, lost balance, and fell out of the starting position. L - performed correctly. R - missed the tip of his nose.

Based on my investigation and Bougie's performance on the Standard Field Sobriety Tasks, Bougie was placed under arrest for DUI per F.S.S. 316.193(1). While conducting a record check via D.A.V.I.D., Bougie had a prior suspension for a refusal to submit to testing; he was subsequently charged with Prior Refusal to submit to testing per F.S.S. 316.1939(1a). Bougie was additionally charged with Leaving the Scene of a Crash Involving Damage to Another Vehicle per F.S.S 316.061(1).

SWORN AND SUBSCRIBED BEFORE ME	
SHANNAHAN, TIMOTHY C NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<i>[Signature]</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
08/29/2019 DATE	CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT)
	08/29/2019 DATE
	PAGE 2 of 3

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 2019-011647	
	Charge Type: Check as many as apply.		Special Notes:			
D E F E N D	Name (Last, First, Middle) BOUGIE, DAVID JOSEPH		Alias	Race W	Sex M	Date of Birth 10/22/1964
	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other					

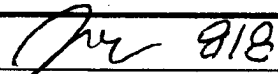
Bougie was placed in my vehicle and was transported to BRPD booking for post arrest processing. During processing Bougie confessed to having a "few" while playing golf earlier in the day. He informed me that he was drinking Tito's Vodka and lemonade. This was captured on my in car video/booking facility footage.

Ofc. Ricciardi responded to booking to assist with the DUI Influence Report and operate the Intoxilyzer 8000, see her supplement for further. Bougie refused to provide a breath sample, at approximately 1942 hours Bougie was read implied consent and he again declined to provide a sample.

Bougie was later transported to Boca Raton Regional Hospital, where he was medically cleared due to being involved in a traffic accident, and later turned over to Palm Beach County Jail.

Cynthia Torres was the other subject involved in the accident and can attest to Bougie being the sole occupant, and operator, of his vehicle.

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	SHANNAHAN, TIMOTHY C NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 17.10)		 CASAS, JAVIER (818)	
	08/29/2019 DATE		08/29/2019 NAME OF OFFICER (PLEASE PRINT) DATE	
			PAGE 3 OF 3	

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

SCANNED

AUG 30 2019

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, ofc. J Casas, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of BOCA RATON POLICE DEPT, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 29 day of AUGUST, 20 19, at 6:29 P.M. A.M.

DRIVER DAVID JOSEPH BOUQUIE,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# B200170W43820, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by J. CASAS and
issued Citation # AGLQ81E (Name of Arresting Officer)

That on or about the 29 day of AUGUST, 20 19, at 7:45 P.M. A.M.
in PALM BEACH County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

[Signature]
Signature of Attesting Officer

Title _____

Date _____

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 29 day of AUGUST, 20 19,

by ofc. J CASAS,

who is personally known to me or who has produced

as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SCANNED

AUG 30 2019

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: 08/29/2019

Date of Last Agency Inspection: 08/06/2019
Observation Period Began: 19:00
Subject's Name: DAVID J BOUGIE

DOB: 10/22/1964 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	19:46
	Air Blank	0.000	19:46
	Control Test	0.079	19:47
	Air Blank	0.000	19:47
	Subject Sample #1	REF*	19:48
	Air Blank	0.000	19:48
	Control Test	0.080	19:48
	Air Blank	0.000	19:49
	Diagnostics Check	OK	19:49

*Subject Test Refused

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 AMANDA L. RICCIARDI, 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: Amara Ruiz Date: 8/29/19
Signature

Sworn to (or affirmed) before me this 29 day of AUGUST, 2019

Signature of Notary Public-State of Florida: Javier Casas 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.

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

SCANNED

AUG 30 2019

BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 29 day of August, at 0656 AM/PM
Subject: David Bougie Case Number: 2019011647

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

NOT A CERTIFIED COPY

SEE PC

Horizontal Gaze Nystagmus:

- Left eye does not follow smoothly
- Left eye jerks at 45 degrees angle or less
- Distinct jerking left eye maximum deviation

- Right eye does not follow smoothly
- Right eye jerks at 45 degrees angle or less
- Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

SLP

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: Refused

State of Florida, County of Palm Beach,

Sworn and subscribed before me this 8/29/19 (date) by _____

Notary/Clerk of Court/ Officer (FSS 117.10)

Date

Signature of Arresting Officer

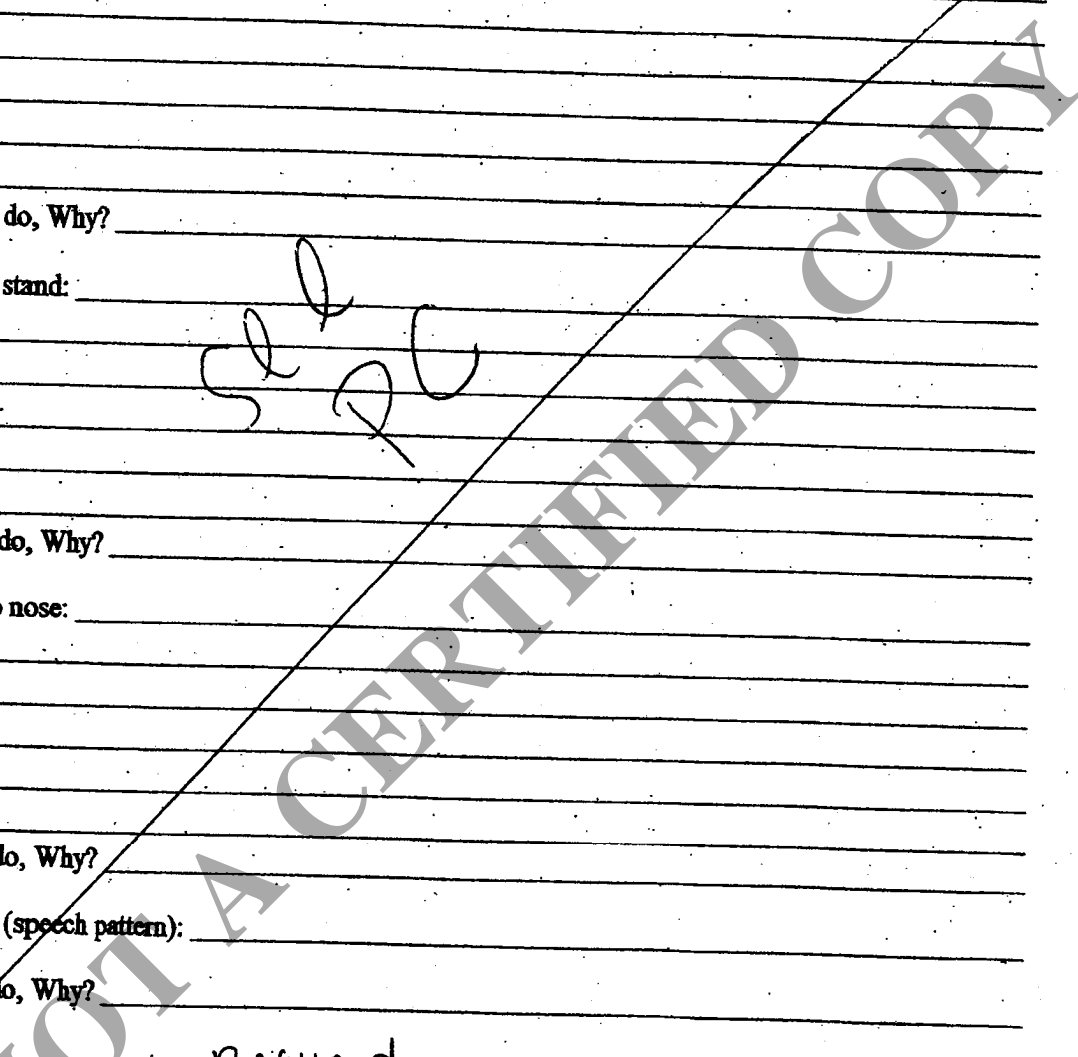
Name of Officer (print)

[Signature]

8/29/19

Javier Casas

SCANNED
AUG 30 2019



ARRESTING OFFICER: OFC. J CASAS

Name: OFC. A RICCIARDI Phone # (561) 7279107 Work # (561) 3686201

Address: 100 NW 2nd AVE BOCA RATON, FL

Can testify to: BREATH OPERATOR

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

BOCA RATON POLICE SERVICES DEPARTMENT
JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.
Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
(If you decide to talk to me then change your mind, you can stop answering my questions 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. *Tell me in your own words what you think this means.*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means.*
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____

Date: _____

Time: _____

SCANNED

AUG 30 2019

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: David Bovic

CASE #: 2019011647 DATE: 8/29/19

BREATH TEST RESULTS

Refused

1) TIME _____ AM/PM 2) TIME _____ AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Ofc. A Ricciardi

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, Repetitive

ATTITUDE: Defensive

CLOTHING: Blue/Black Collar

MEDICAL CONDITION: Amnesia, heart condition, High blood pressure

OTHER: strong odor of alcoholic beverage emitting from his person, blood shot eyes

COMMENTS: _____

NOT A CERTIFIED COPY

BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2019011647

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is ~~THURSDAY~~ THURSDAY AUGUST, 29, 2019.
(day) (month) (date) (year)

B. The time is now approximately 7:42 AM/PM

C. The following is in reference to case number 2019011647

D. Present at this time is Ofc. JAVIER CASAS of the Boca Raton Police Department.
(Officer's Name)

E. Officer CASAS, have you arrested DAVID BOUGIE in violation of
Florida State Statute 316.193? (Defendant's name)

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

G. Mr./Mrs./Ms. BOUGIE, I am required to inform you these
proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

II. 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.

- 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 the presence of chemical or controlled substances.
- 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.

I am J. CASAS of the BOCA RATON POLICE DEPT

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: _____

Note: Also read for CDE 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.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. BOUGIE has refused to submit to a breath test.

The date is AUGUST, 29, 2019, and the time is 745 AM/PM
(month) (day) (year)

A refusal form will be completed by the arresting officer.

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional 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 a right to the presence 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 and representation 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.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

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? _____

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 effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the effects 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? Yes No Did you get a bump on the head? Yes No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? Yes No Who? _____

Are you taking any prescription medications? 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 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 video recording. The time is now approximately 7:45 AM/PM

The date is August, 29, 2019
(month) (day) (year)

SCANNED

AUG 30 2019



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"/>			
Other	<input type="checkbox"/>	539.003	Other: Florida Pawnbroking Act	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019028412	Date: 08/30/2019
	Specialist Name/ID: VARGO/6665

SCANNED
AUG 30 2019