

0497014

## ARREST / NOTICE TO APPEAR

3395

OBTS Number		Agency ORI Number		Agency Name		7CT65C3		1		JUVENILE			
0500200		Boca Raton Police Department				3 2		2017-005407					
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						If Weapon Seized Enter Type		None/not Applicable		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 482 SW 9TH ST						Location of Offense (Business Name, Address) 482 SW 9TH ST, BOCA RATON, FL 33432							
Date of Arrest 04/12/2017		Time of Arrest 20:50		Booking Date 04/12/2017		Booking Time 21:00		Jail Date		Jail Time			
										Location of Vehicle TOWED TO EMERALD			
Name (Last, First, Middle) BURKE, EDWARD ANTHONY													
Alias: <b>Alias:</b>													
Race W - White B - Black		Sex M		Date of Birth 03/01/1967		Height 6'02		Weight 200		Eye Color BROWN			
Marital Status M		Religion CHRISTIAN											
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>							
Local Address (Street, Apt. Number) 451 NW 16TH ST, BOCA RATON, FL 33432						Residence Type: 1. City 3. Florida 2. County 4. Out of State							
Permanent Address (Street, Apt. Number) 451 NW 16TH ST, BOCA RATON, FL 33432						Address Source FL DL							
Business Address (Name, Street) OLYMPIC REAL ESTATE,						Occupation Real Estate Age							
D/L Number, State B620221670810 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) ATLANTIC CITY, NJ,		Citizenship US					
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							
Name (Last, First, Middle) <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian						Residence Phone							
(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:						Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property		Value of Property	
C O D E Drug Activity S. Sell R. Smuggle K. Disperse/ M. Manufacture/ Z. Other						Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate C. Cocaine M. Marijuana Equipment Z. Other P. Posse T. Traffic E. Use A. Amphetamine E. Heroin O. Opium/Deriv.							
C H A R R G E Charge Description <b>DUI</b>						Statute Violation Number <b>316.193(1)</b>				Violation of ORD #			
Drug Activity Drug Type Amount / Unit Offense # <b>N</b> / <b>2017-005407</b>						Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
C H A R R G E Charge Description						Statute Violation Number				Violation of ORD #			
Drug Activity Drug Type Amount / Unit Offense # /						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
C H A R R G E Charge Description						Statute Violation Number				Violation of ORD #			
Drug Activity Drug Type Amount / Unit Offense # /						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
I N T A K E Health / Apparent Physical Condition of Defendant <b>INTOXICATED</b>						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:							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By <b>RAFALKO</b>		Released By <b>RAFALKO</b>		Released To <b>TOT PBCJ</b>			
E Transpored By <b>RAFALKO</b>						Date Transported <b>04/12/2017</b>		Time Transported <b>23:00</b>		Other			
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>				No Photo Available			
						Court Date and Time <b>05/22/2017 08:30:00</b>							
T O A P P E A R 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 WILL FULLY 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.						4/12/17							
Signature of Defendant (or Juvenile and Parent/Custodian) <b>D/S B. SHATARA #7623</b>						Date Signed <b>04/12/2017</b>							
HOLD for Other Agency						Signature of Arresting Officer <b>Pepe</b>		Name Verification (Printed by Arrestee) <b>3</b>					
						Name of Arresting Officer (Print) <b>RAFALKO, TRAVIS</b>		ID. # <b>779</b>					
						Transporting Officer <b>RAFALKO</b>		I.D. # <b>779</b>		Agency <b>BRPD</b>			
						Witness here if subject signed with an "X" <b>3</b>							

APR 14 2017

OBTS Number	PROBABLE CAUSE AFFIDAVIT				
A D M I N I S T R A T I V E	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE	
Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-005407</b>			
Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	Special Notes:		
Name (Last, First, Middle) <b>BURKE, EDWARD ANTHONY</b>			Alias	Race <b>W</b>	Sex <b>M</b> Date of Birth <b>03/01/1967</b>
Charge Description <b>316.193(1) DUI</b>		Charge Description			
Charge Description		Charge Description			
Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>	(City)	(State)	(Zip)	Race	Sex Date of Birth
Local Address (Street, Apt. Number) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>				Phone <b>(561) -</b>	Address Source
Business Address (Name, Street)	(City)	(State)	(Zip)	Phone <b>(56) -</b>	Occupation
<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 type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____</p> <p><input type="checkbox"/> confessed to _____ that he/she saw the arrested person committ the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>12</u> day of <u>April</u>, <u>2017</u> at <u>20:50</u> (Specifically include facts constituting cause for arrest.)</p>					
<p>On 4/12/17 at 2013 hours I responded to the parking lot of 482 SW 9th St in reference to a drunk driver. The caller advised that he saw a heavily intoxicated W/M passed out behind the wheel of a parked 2013 gray Honda Civic bearing FL tag DDXA90.</p> <p>Upon my arrival I made contact with the driver and sole occupant of the vehicle, W/M Edward Burke. Burke was in actual physical control of the vehicle as the vehicle was turned off, the key to the vehicle was easily accessible as it was located in the cup holder near the center console, and the vehicle was in a drivable condition. I observed the odor of alcohol emanating from Burke's person, that his eyes were glassy, and that his speech was slurred. I asked him to step out of the vehicle and walk over to a staircase which was nearby. Burke was unsteady on his feet and had trouble maintain his balance. Burke told me that he had 4-5 drinks an hour ago, but was unable to specify what type of alcoholic beverage he had consumed.</p> <p>I requested BRED respond to evaluate Burke as he was lethargic. BRED Engine 8 responded and evaluated Burke (BRED run #17-5036), they determined that there was no medical need and that he was just intoxicated.</p> <p>I informed Burke that I was conducting a DUI investigation based upon my observations thus far. I again asked him how much he had to drink and he advised that he had 2-3 drinks over 4 1/2 hours ago. I asked Burke if he would submit to the road side exercises to dispel my alarm that he was driving under the influence. Burke replied that he would not do them. I then advised Burke of his Taylor warnings. I explained that if he did not wish to submit to the road side exercises, I would base my decision on the observations that I have observed thus far. Burke then advised that he did not wish to submit to the roadside exercises and he would let me base my decision on my observations thus far.</p> <p>I then placed Burke under arrest for DUI under FSS 316.193(1). It should be noted that</p>					
ADMINISTRATIVE	<p>SWORN AND SUBSCRIBED BEFORE ME <u>JEREMY R. CODLING</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>04/12/2017</u> DATE</p> <p><u>RAFALKO, TRAVIS (779)</u> NAME OF OFFICER (PLEASE PRINT) <u>04/12/2017</u> DATE</p>				
	<p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>JEREMY R. CODLING</u></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>RAFALKO, TRAVIS (779)</u></p>				
	<p>PAGE <u>1</u> OF <u>2</u></p>				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS  
SCANNED

P. I. O.

APR 14 2017

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
D A G ency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-005407</b>			Special Notes:		
N Charge Type: Check as many as apply.	<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				
D E F Name (Last, First, Middle)	Alias			Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/01/1967</b>	
<b>BURKE, EDWARD ANTHONY</b>							
<p>when Burke walked back to my vehicle he was unsteady on his feet and had trouble maintaining his balance.</p> <p>Burke was transported to BRPD for processing. Burke had trouble getting out of my marked unit once inside the sally port area and I assisted him. Once inside the pat down area inside booking, Burke was unsteady on his feet and had trouble keeping his balance. I conducted the Intoxilyzer 8000 due to a lack of available breath test operators. I asked Burke if he would provide a breath sample and he refused. I then read him Implied Consent. I then asked Burke again if he would provide a breath sample and he again refused. Burke was issued a refusal and given a court date of 05/22/2017 at 0830 hours. TOT CJ.</p>							
NOT A CERTIFIED COPY							

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME <i>[Signature]</i>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	<b>CODLING, JEREMY R</b>	<i>[Signature]</i>	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)	
	<b>04/12/2017</b>	<b>RAFALKO, TRAVIS (779)</b>	
	DATE	DATE	
		PAGE <b>2 OF 2</b>	

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STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS  
**SCANNED**

P. I. O.

APR 14 2017

17-5407

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# D. U. I. INFLUENCE REPORT

NOTA COPY

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

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## WITNESS LIST

ARRESTING OFFICER: Rafa IKOName: Ofc. Rafa IKO Phone # Home \_\_\_\_\_ Work 561-338-123Address: 100 NW 2nd Ave Boca Raton, FL 33433Can testify to: Arrest / Breath test operatorName: Ofc. Coronado Phone # Home \_\_\_\_\_ Work "Address: "Can testify to: Back upName: Ofc. Tyson Phone # Home \_\_\_\_\_ Work "Address: "Can testify to: Back up

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

BOCA RATON POLICE DEPARTMENT

Agency Case # 17-5407

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.

**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 controlled substances.

**IMPLIED CONSENT WARNINGS**

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

2.

I am Rafalko 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: ON VIDEO

**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. Burk has refused to submit to a breath test.

The date is April (Month) 12 (Day) 2017 (Year) and the time 932 AM/PM

A refusal form will be completed by the arresting officer.

BOCA RATON POLICE DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Edward Burke

CASE #: 17-5407 DATE 4/12/17

BREATH TESTS RESULTS

1) TIME 2138 Refused AM/PM 2) TIME Refused AM/PM  
3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: Rafalko

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Lethargic / Apologetic

CLOTHING: Blue T-Shirt, Blue Pants

MEDICAL CONDITION: PTSD

OTHER: odor of Alcohol, Glassy Eyes

COMMENTS:

## BOCA RATON POLICE DEPARTMENT

Agency Case # 17-5407ADULT 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?

On video Understood & Refused

## 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? \_\_\_\_\_ Refused

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? \_\_\_\_\_

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What is today's date? \_\_\_\_\_

What day of the week is it? \_\_\_\_\_

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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 9:40 AM/PM **SCANNED**The date is: April (month) 12 (day) 2017 (year) **APR 14 2017**