



OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		JUVENILE	
0500200		Boca Raton Police Department		3		2		2017-005407					
Charge Type: Check as many as apply:		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 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		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle	
04/12/2017		20:50		04/12/2017		21:00						TOWED TO EMERALD	
Name (Last, First, Middle)		BURKE, EDWARD ANTHONY		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color	
W - White B - Black O - Oriental/Asian		W M		03/01/1967		6'02		200		BROWN		BROWN	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of: Alcohol Influence Drug Influence		Yes No Unk					
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Residence Type:		1. City 2. Country 3. Florida 4. Out of State	
451 NW 16TH ST, BOCA RATON, FL 33432								(561) 339-8592				1	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source			
451 NW 16TH ST, BOCA RATON, FL 33432								(561) 339-8592		FL DL			
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation			
OLYMPIC REAL ESTATE,								(561) -		Real Estate Age			
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship					
B620221670810 / FL						ATLANTIC CITY, NJ,		US					
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 Legal Custodian		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residence Phone	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone					
Notified by: (Name)		Date		Time		JUVENILE DISPOSITION		1. Handled/Processed within Department and Released		2. TOT JAC		3. Incarcerated	
Released To: (Name)		Relationship		Date		Time							
The above address was provided by		defendant and/or		defendant's parents		School Attended		Grade					
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		Property Crime?		Description of Property		Value of Property							
Yes, by:		No:		Drug Activity		S. Sell		R. Smuggle		K. Disperses/ Distribute		M. Manufacture/ Produce/ Cultivate	
N. N/A		B. Buy		P. Possess		T. Traffic		E. Use		Z. Other		Drug Type	
												N. N/A	
												B. Barbiturate	
												C. Cocaine	
												H. Hallucinogen	
												M. Marijuana	
												O. Opium/Deriv.	
												P. Paraphernalia/ Equipment	
												S. Synthetic	
												U. Unknown	
												Z. Other	
Charge Description		Statute Violation Number		Violation of ORD #									
DUI		316.193(1)											
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number	
N		N		/		2017-005407		1		Y N			
Charge Description		Statute Violation Number		Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number	
										Y N			
Charge Description		Statute Violation Number		Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number	
										Y N			
Health / Apparent Physical Condition of Defendant		Any knowledge of the following:		Mental		Escape Risk		Medication		Deformities		Injuries	
INTOXICATED		Explain:											
Check which applies:		Released O.R.		Released to Parent/Guardian		T.O.T. County Jail		PROPERTY - Received By		Released By		Released To	
Posted Bond		South County Mental Health						RAFALKO		RAFALKO		TOT PBCJ	
Transported By		Date Transported		Time Transported		Other							
RAFALKO		04/12/2017		23:00									
INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room)		South County 200 W Atlantic Ave Delray Beach, FL 33444									
INSTRUCTION NO. 2 - You need not appear in Court		Court Date and Time		05/22/2017 08:30:00									
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		4/12/17						No Photo Available	
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		(PRINT)							
Dangerous		Resisted Arrest		Name of Arresting Officer (Print)		ID #		RAFALKO, TRAVIS		779			
Suicidal		Other		Transporting Officer		ID #		RAFALKO		779		BRPD	
D/S B. SHATARA #7623				Witness here if subject signed with an "X"								PAGE 1 OF 1	

APR 14 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE	
A D M I N I S T R A T I V E	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-005407							
	Charge Type: Check as many as apply. <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 _____			Special Notes:						
D E F	Name (Last, First, Middle) BURKE, EDWARD ANTHONY					Alias		Race W	Sex M	Date of Birth 03/01/1967
C H A R G E S	Charge Description 316.193(1) DUI					Charge Description				
	Charge Description					Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) STATE OF FLORIDA,					Race		Sex	Date of Birth	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432					Phone (561) -		Address Source		
	Business Address (Name, Street) (City) (State) (Zip)					Phone (56) -		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 _____ 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 12 day of April, 2017 at 20:50 (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 BFRD respond to evaluate Burke as he was lethargic. BFRD Engine 8 responded and evaluated Burke (BFRD 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>										
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  CODLING, JEREMY R NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 04/12/2017 DATE					 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER RAFALKO, TRAVIS (779) NAME OF OFFICER (PLEASE PRINT) 04/12/2017 DATE				
					PAGE 1 OF 2					

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		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 2017-005407						
	Charge Type: Check as many as apply. <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 _____						Special Notes:		
	Name (Last, First, Middle) BURKE, EDWARD ANTHONY						Race: W Sex: M Date of Birth: 03/01/1967		
	<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>								
P R O B A B L E C A U S E S T A T E M E N T	NOT A CERTIFIED COPY								
	SWORN AND SUBSCRIBED BEFORE ME CODLING, JEREMY R NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 04/12/2017 DATE				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  RAFALKO, TRAVIS (779) NAME OF OFFICER (PLEASE PRINT) 04/12/2017 DATE				
					PAGE 2 OF 2				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

 CRIME ANALYSIS
 SCANNED
 APR 14 2017

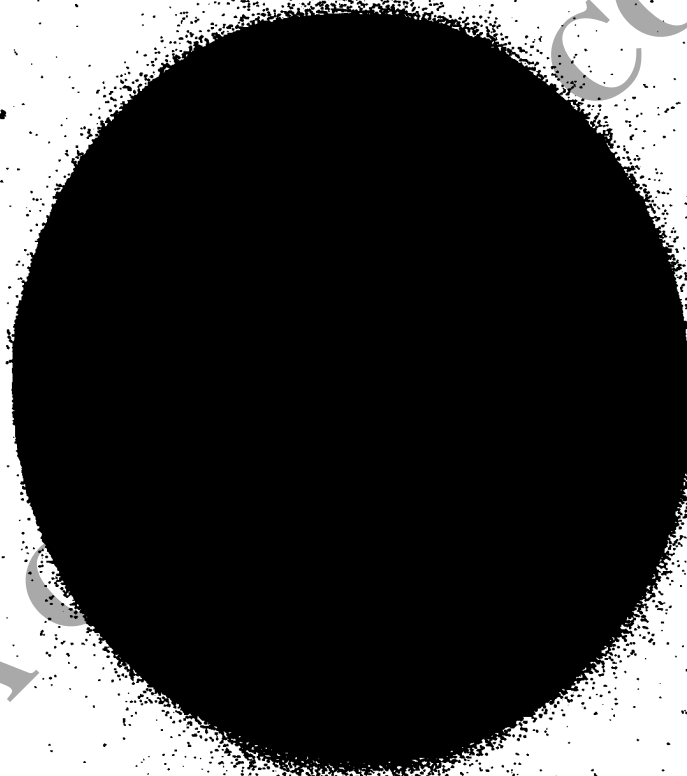
P. I. O.

17-5407

OBserv - 100

1015 2050

D. U. I. INFLUENCE REPORT



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

SCANNED

APR 14 2017

WITNESS LIST

ARRESTING OFFICER: Rafaiko

Name: Ofc. Rafaiko Phone # Home _____ Work 561-338-123

Address: 100 NW 2nd Ave Boca Raton, FL 33433

Can testify to: Arrest / Breath Test operator

Name: Ofc. Coronado Phone # Home _____ Work "

Address: "

Can testify to: Back up

Name: 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: _____

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. Burke 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: Rafaiko

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Lathargic / Apologetic

CLOTHING: Blue T-shirt, Blue Pants

MEDICAL CONDITION: PTSD

OTHER: Odor of Alcohol, Glassy Eyes

COMMENTS:

BOCA RATON POLICE DEPARTMENT

Agency Case # 17-5407

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 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 11:47

What is today's date? _____ What day of the week is it? APR 14 2017

Agency Case # 17-5407

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 940 AM/PM **SCANNED**

The date is: April (month) 12 (day) 2017 (year) **APR 14 2017**