

0482877

ARREST / NOTICE TO APPEAR

2674

ADMI NIST RATI ON	OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 16-017675		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE		
DEF END ANT	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 1		
	Location of Arrest (Including Name of Business) 110 E ATLANTIC AVE					Location of Offense (Business Name, Address) 110 E ATLANTIC AVE, DELRAY BEACH, FL 33444						
C O D E F	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Subj. Date	Subj. Time	Location of Vehicle 110 E ATLANTIC AVE					
	11/19/2016	02:44	11/19/2016	02:54	//	::						
J U V E N I L E	Name (Last, First, Middle) BARUCH, ELLIOTT R					Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex M	Date of Birth 09/19/1995	Height 5'07	Weight 150	Eye Color BROWN	Hair Color BLACK	Complexion LIGHT	Build THIN		
C H A R G E	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status S	Religion	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	Local Address (Street, Apt. Number) (City) (State) (Zip) 702 N L ST 5, LAKE WORTH, FL 33460					Phone (516) 404-0702		Residence Type: 1. City 2. Country 3. Prison 4. Out of State				
C O D E F	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 702 N L ST 5, LAKE WORTH, FL 33460					Phone (516) 404-0702		Address Source FL DL				
	Business Address (Name, Street) (City) (State) (Zip)					Phone		Occupation				
C H A R G E	D/L Number, State B620218953390 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) Long Island, NY		Citizenship US						
	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth				
C H A R G E	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth				
	Name (Last, First, Middle)					Residence Phone		Business Phone				
C H A R G E	Address (Street, Apt. Number) (City) (State) (Zip)					Notified by: (Name) Date Time						
	Address (Street, Apt. Number) (City) (State) (Zip)					Relationship Date Time						
C H A R G E	The above address was provided by <input checked="" 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						
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Description of Property			Value of Property			
C H A R G E	Drug Activity	S. Sell N. N/A P. Possess	B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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 DRIVING WHILE UNDER INFLUENCE					Statute Violation Number 316.193(1)		Violation of ORD #				
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
		N		16-017675	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
C H A R G E	Charge Description					Statute Violation Number		Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
C H A R G E	Charge Description					Statute Violation Number		Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
I N T A K E	Health / Apparent Physical Condition of Defendant					Any Knowledge of Use Following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <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		Released By
N O T I C E	Transported By					Date Transported	Time Transported	Other				
	<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 12/12/2016 08:30:00				
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 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 (if Juvenile and Parent/Custodian)		Date Signed NOV 21 2016		Name Verification (Printed by Arrister)		No Photo Available
	HOLD for Other Agency					Signature of Arresting Officer		Name of Arresting Officer (Print) KYOTIKKI, TEO J.		ID.# 1095		
I D M I N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Intake Deputy W/S [Signature]		ID.# 1095		Agency DBPD		PAGE 1 OF 1	
	Witness here if subject signed with an "X".											

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19 DAY OF November 2016, AT 0214 AM PM
SUBJECT: Baruch, Elliot CASE NUMBER: 16-017675
AGENCY: DELRAY BEACH ARRESTING OFFICER: Kyotikki, Teo

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On the above date and time I responded to the area of 110 E Atlantic Ave for a DUI investigation. On arrival I observed a four vehicle accident. I was advised by Ofc. Liberta and Ofc. Schwartz that a silver Infiniti, bearing FL tag 260JBQ had caused the accident and was driven by Elliot Baruch. Ofc. Liberta stated that upon his arrival on scene, he observed Baruch exit the infiniti through the driver's door. Ofc. Liberta then observed Baruch walk away from the vehicle until he was stopped by a security guard. Ofc. Liberta did not lose sight of Baruch at any point. Ofc. Liberta approached Baruch and had him return to the scene of the crash. Ofc. Liberta advised that Baruch was the sole occupant of the silver infiniti.

OBSERVATION OF DRIVER:

Baruch appeared impaired as he had glassy, reddened eyes; slurred speech; and slow comprehension. Baruch was unable to stay awake in my patrol vehicle on the way from Delray Beach to the PBSO Breath Alcohol Testing Center. Upon my arrival at PBSO Breath Alcohol Testing center Baruch was hard to get awake and was unable to walk or stand by himself. While inside the Breath Alcohol Testing Center Baruch stated he felt nauseous and that he may have to vomit.

DRIVER'S STATEMENTS:

Baruch refused to speak and stated he wanted his lawyer.

ODORS:

Baruch had the odor of an unknown alcoholic beverage coming from his breath.

GENERAL OBSERVATIONS

SPEECH: Slurred and mumbled

ATTITUDE: Uncooperative

CLOTHING: Normal attire

MEDICAL PROBLEMS:

NONE

MEDICATIONS: NONE

OTHER:

Breath testing request is video recorded.

SCANNED

NOV 21 2016

1/2

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LEFT EYE DOES NOT FOLLOW SMOOTHLY
- LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION
- RIGHT EYE DOES NOT FOLLOW SMOOTHLY
- RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION

CAN NOT DO, WHY? _____

WALK AND TURN:

Not tested due to defendant refusing.

CAN NOT DO, WHY? _____

ONE LEG STAND:

Not tested due to defendant refusing.

CAN NOT DO, WHY? _____

FINGER TO NOSE:

Not tested due to defendant refusing.

CAN NOT DO, WHY? _____

ROMBERG/ALPHABET:

Not tested due to defendant refusing.

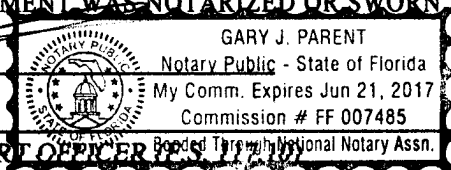
CAN NOT DO, WHY? _____

BREATH TEST RESULTS: 0.208/0.200

STATE OF FLORIDA
COUNTY OF PALM BEACH

THE FOLLOWING INSTRUMENT WAS NOTARIZED OR SWORN BEFORE ME THIS 11/19/16 (DATE)

BY. _____



[Handwritten Signature]

SIGNATURE OF REQUESTING OFFICER

NOTARY/CLERK OF COURT OFFICER (ES, J, D)

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NOV 21 2016

2/2

WITNESS LIST

CASE NUMBER: 16-017675

ARRESTING OFFICER: Kyotikki, Teo

ADDRESS: 300 WEST ATLANTIC AVE DELRAY BEACH, FL. 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: DUI

NAME: Liberta, Michael

ADDRESS: 300 WEST ATLANTIC AVE DELRAY BEACH, FL, 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: ACTUAL PHYSICAL CONTROL OF VEHICLE

NAME: Schwartz, Michael

ADDRESS 300 WEST ATLANTIC AVE DELRAY BEACH, FL, 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: ACTUAL PHYSICAL CONTROL OF VEHICLE

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

NOV 21 2016

TESTING FACILITY TASK REPORT

AGENCY: DBPD
SUBJECT: BARUCH, ELLIOTT T. CASE NUMBER: 16-153991
DATE: 11/19/16 VIDEO TAPE NUMBER: 61678
BEGINNING TIME: 0342 / 0355 ENDING TIME: 0351 / 0357
BREATH TESTS RESULTS: 1) .208 TIME 0348 (A.M.) P.M. 2) .200 TIME 0351 (A.M.) P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.
BREATH OPERATOR: G PARANT #7909
MAINTENANCE TECHNICIAN: KARLECKE #6167

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED
ATTITUDE: CALM, QUIET, JAGGY, AROGANT, SARCASTIC, MOOD SWINGS
CLOTHING: BLACK PANTS, CAMO T-SHIRT, RED SWEATERS
MEDICAL CONDITIONS: NONE
MEDICATIONS: NONE
OTHER: EYES GLISSY AND SLIGHTLY REDDISH, ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

COMMENTS: ARRIVED AT CENTER A/U BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 0318 HRS.

Δ AGREED TO TAKE TEST

TECH READ BREATH TEST RESULTS Δ STATED DOES THAT MEAN I'M BEING ARRESTED THEN STATED HE UNDERSTOOD TEST RESULTS

A/U READ RIGHTS

Δ STATED HE UNDERSTOOD RIGHTS AND WANTED HIS LAWYER

A/U DID NOT ATTEMPT Q+A

Δ INVOKED RIGHT -

SCANNED
NOV 21 2016

SUBJECT: BORUCH, EUGENE T. CASE NUMBER: 16-017675

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

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'S SIGNATURE: (X) Not Read

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence 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 statements 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 and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) READ ON CAMERA

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NOV 21 2016

SUBJECT: BARUCH, FLEISCH T. CASE NUMBER: 16-1767

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

- DO YOU HAVE:
- EPILEPSY? _____
 - GLASS EYE? _____
 - FALSE TEETH? _____
 - EAR INFECTION? _____
 - INNER EAR TROUBLE? _____
 - DIABETES? _____

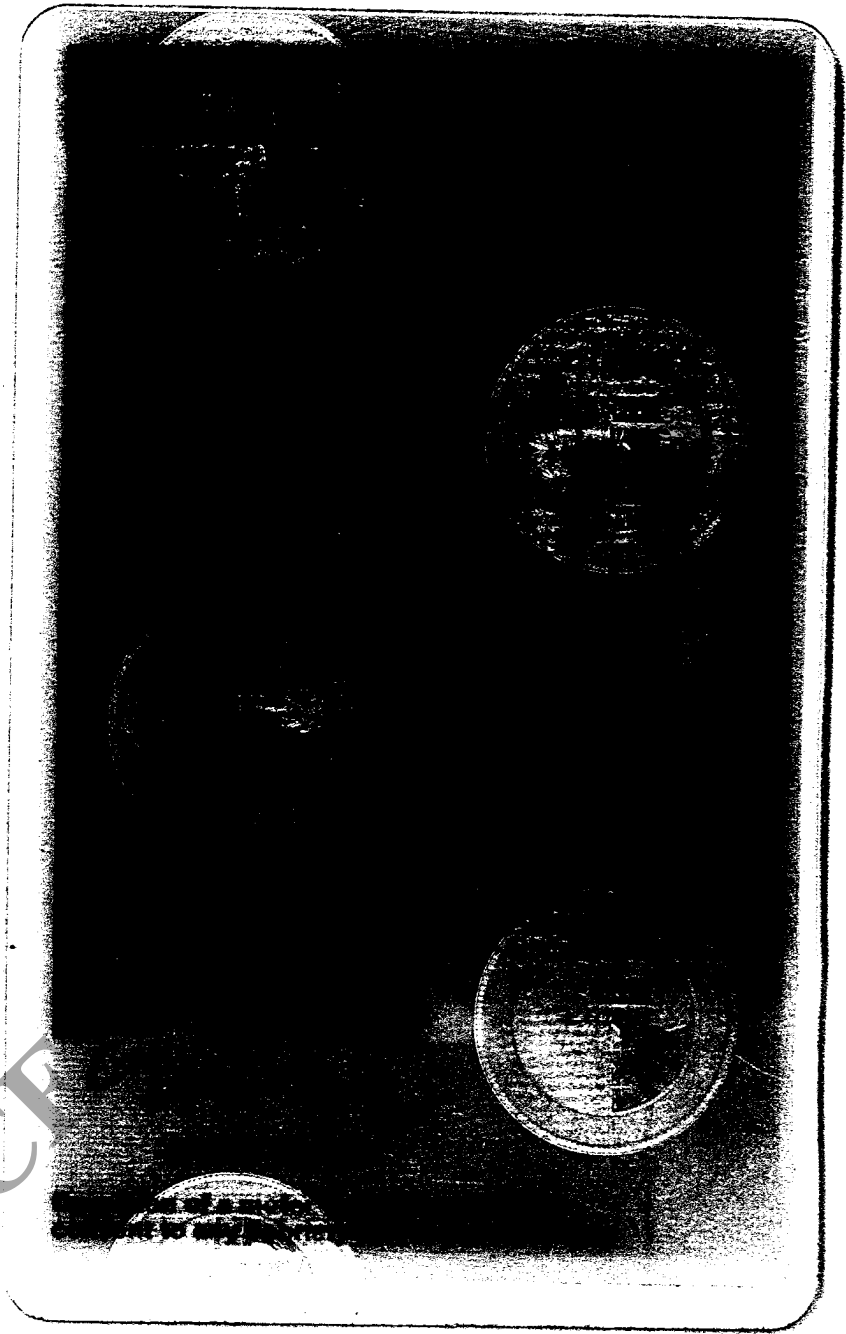
DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

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NOV 21 2016



NOT A CF

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NOV 21 2016