

0482877

## ARREST / NOTICE TO APPEAR

2674

A D M I J S T R A T I O N	OBTS Number <b>0500400</b>	Agency ORI Number <b>0500400</b>	Agency Name <b>Delray Beach Police Department</b>	Arrest / Notice to Appear <b>160721665</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1 JUVENILE					
					Agency Report Number (N.T.A.'s only) <b>4 0 16-017675</b>						
Charge Type: <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					If Weapon Seized Enter Type: <b>None/not Applicable</b>						
Location of Arrest (Including Name of Business) <b>110 E ATLANTIC AVE</b>					Location of Offense (Business Name, Address) <b>110 E ATLANTIC AVE, DELRAY BEACH, FL 33444</b>						
Date of Arrest <b>11/19/2016</b>	Time of Arrest <b>02:44</b>	Booking Date <b>11/19/2016</b>	Booking Time <b>02:54</b>	With Date <b>// : :</b>	With Time <b>110 E ATLANTIC AVE</b>						
Name (Last, First, Middle) <b>BARUCH, ELLIOTT R</b>					Alias (Name, DOB, Soc. Sec. #, Etc.) <b>Alias: BROWN BLACK</b>						
Race W - White B - Black	Sex M - Male F - Female	Date of Birth <b>09/19/1995</b>	Height <b>5'07</b>	Weight <b>150</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLACK</b>	Complexion <b>LIGHT</b>	Build <b>THIN</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status <b>S</b>	Religion					
Local Address (Street, Apt. Number) <b>702 N L ST 5, LAKE WORTH, FL 33460</b>					Phone <b>(516) 404-0702</b>		Indication of: Alcohol Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Drug Influence <input type="checkbox"/>				
Permanent Address (Street, Apt. Number) <b>702 N L ST 5, LAKE WORTH, FL 33460</b>					Phone <b>(516) 404-0702</b>		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Outside State <input type="checkbox"/>				
Business Address (Name, Street)					Phone		Address Source <b>FL DL</b>				
DL Number, State <b>B620218953390 / FL</b>		Soc. Sec. Number	INS Number		Place of Birth (City, State) <b>Long Island, NY</b>	Citizenship <b>US</b>					
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: _____ <input type="checkbox"/> Legal Custodian					Name (Last, First, Middle)						
Address (Street, Apt. Number) <b>ON</b>					(City) (State) (Zip)		Residence 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			
Drug Activity N. N/A D. 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 <b>DRIVING WHILE UNDER INFLUENCE</b>					Statute Violation Number <b>316.193(1)</b>			Violation of ORD #			
Drug Activity <b>N</b>	Drug Type <b>/</b>	Amount / Unit <b>/</b>	Offense # <b>16-017675</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			Bond		
Charge Description					Statute Violation Number			Violation of ORD #			
Drug Activity <b>/</b>	Drug Type <b>/</b>	Amount / Unit <b>/</b>	Offense # <b>/</b>	Counts <b>/</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			Bond		
Charge Description					Statute Violation Number			Violation of ORD #			
Drug Activity <b>/</b>	Drug Type <b>/</b>	Amount / Unit <b>/</b>	Offense # <b>/</b>	Counts <b>/</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			Bond		
Health / Apparent Physical Condition of Defendant					Any knowledge of life 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		Released By		Released To		
Transported By					Date Transported <b>// : :</b>	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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>						
					Court Date and Time <b>12/12/2016 08:30:00</b>						
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT 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.					SCANNED			12/12/2016			
Signature of Defendant (or Juvenile and Parent/Custodian) <b>SCANNED</b>					Date Signed <b>NOV 21 2016</b>			No Photo Available			
HOLD for Other Agency		Signature of Arresting Officer <b>KYOTIKI, TEO J.</b>		Name Verification (Printed by Arrestee) <b>1095</b>							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)							
Intake Deputy <b>DS/103/882</b>		I.D. # <b>1095</b>		I.D. # <b>DBPD</b>				PAGE <b>1 OF 1</b>			
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: Kyotiikki, 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

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**ROADSIDE TASKS****HORIZONTAL GAZE NYSTAGMUS:**

<input type="checkbox"/> LEFT EYE DOES NOT FOLLOW SMOOTHLY	<input type="checkbox"/> RIGHT EYE DOES NOT FOLLOW SMOOTHLY
<input type="checkbox"/> LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS	<input type="checkbox"/> RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS
<input type="checkbox"/> DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION	<input type="checkbox"/> 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

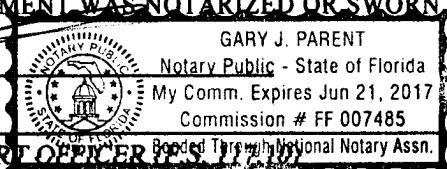
COUNTY OF PALM BEACH

THE FOLLOWING INSTRUMENT WAS NOTARIZED OR SWEORN BEFORE ME THIS \_\_\_\_\_

11/19/16

(DATE)

BY. \_\_\_\_\_



NOTARY/CLERK OF COURT OFFICER \_\_\_\_\_

SIGNATURE OF TESTIMONY OFFICER

SCANNED

NOV 21 2016

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# 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 \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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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 0318 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 PARKER 7909  
MAINTENANCE TECHNICIAN: KARLECKE 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET, NICE, ARrogANT, SARCASmIC, mood SWINGS

CLOTHING: BLACK PANTS, (AND T-SHIRT, RED SWEATERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES GLASSY AND SLIGHTLY REDSHOT, ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

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

A AGREED TO TAKE TEST

TECH REPO BREATH TEST RESULTS A STATED DOES THAT MEAN I'm BEING ARRESTED THEN STATED HE UNDERSTOOD TEST RESULTS

A/LU KNEW RIGHTS

A STATED HE UNDERSTOOD RIGHTS AND WANTS HIS LAWYER

A/LU DID NOT ATTEMPT Q+1

A WANTS A LAWYER

SCANNED

NOV 21 2016

SUBJECT: Bruch, Everett 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.

SCANNED

SUSPECT'S SIGNATURE: (X) Read on Camera

NOV 21 2016

SUBJECT: BORUCH, ELLEOTT 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? \_\_\_\_\_

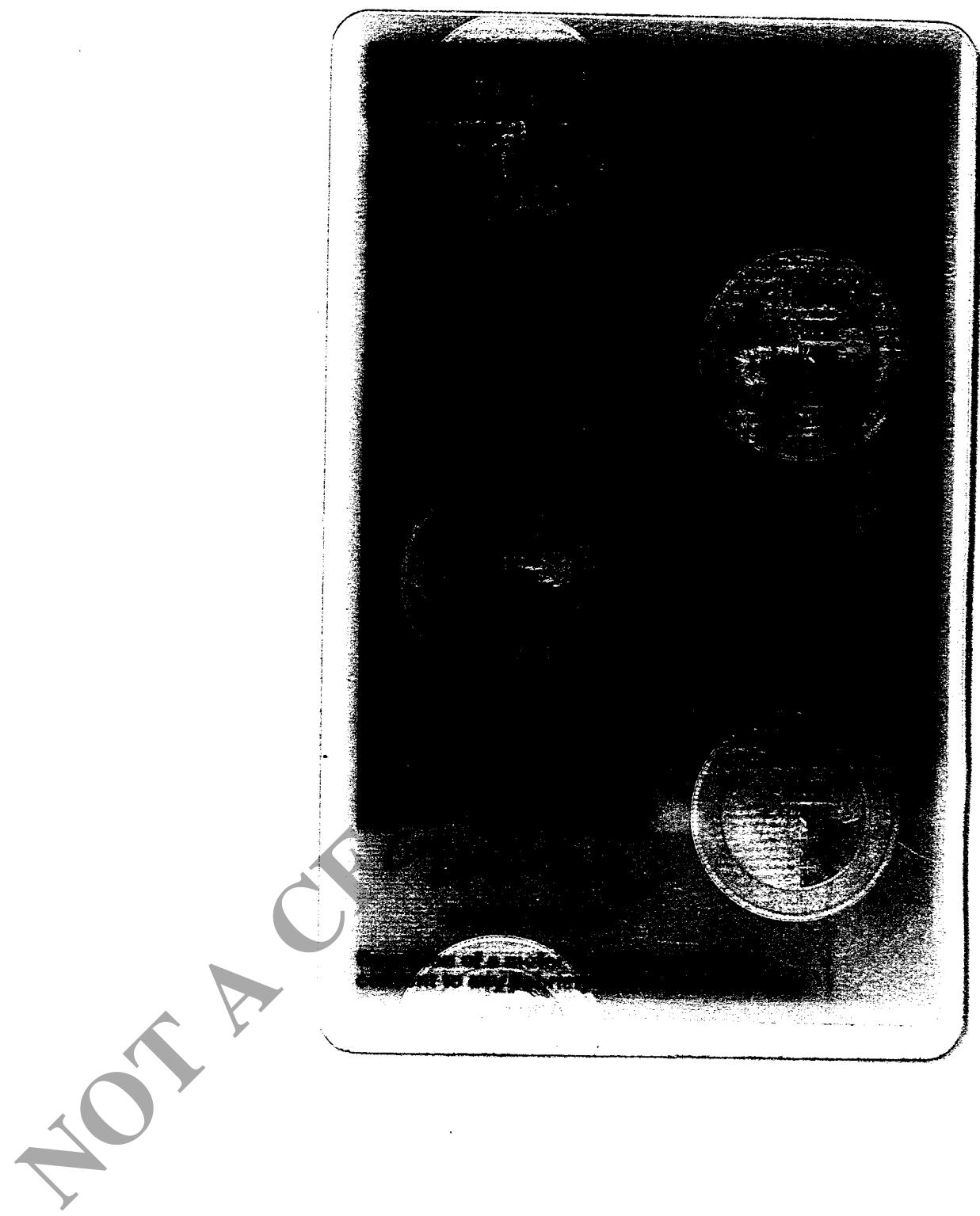
DIABETES? \_\_\_\_\_

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