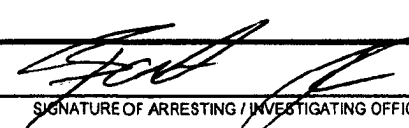


AD M I N I S T R A T I O N		OBT Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1 JUVENILE	
Agency ORI Number		0500200		Agency Name		Boca Raton Police Department		Agency Report Number (N.T.A.'s only)	
Charge Type:		Check as many as apply:		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other	
Location of Arrest (Including Name of Business)		4800 NE 5TH AVE BOCA RATON FL 33431		Location of Offense (Business Name, Address)		4800 NE 5TH AVE, BOCA RATON, FL 33431		If Weapon Seized	
Date of Arrest		09/14/2018		Time of Arrest		21:51		Booking Date	
09/14/2018		21:51		09/14/2018		22:01		Jail Date	
09/14/2018		22:07		Jail Time		22:07		Location of Vehicle	
Name (Last, First, Middle)		STOREY, GRANT ROBERTSON		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)		EMERALD	
Race		W - White		Sex		M		Date of Birth	
08/19/1971		6'00		Weight		190		Eye Color	
HAZEL		Hair Color		BROWN		Complexion		LIGHT	
Build		Large		Marital Status		S		Religion	
NONE		Indication of Alcohol Influence		Yes		No		Unk.	
Drug Influence		Yes		No		Unk.		Indication of	
Residence Type:		1. City		3. Florida		2. County		4. Out of State	
Address Source		FL DL		Occupation					
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone	
4850 NE 5TH AVE 102, BOCA RATON, FL 33433								(954) 263-3817	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone	
4850 NE 5TH AVE 102, BOCA RATON, FL 33433								(954) 263-3817	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone	
AMERICAN RESIDENTIAL WARRANTY, 901 W YAMATO RD, BOCA RATON, FL								(561) -	
DL Number, State		S360296712990 / FL		INS Number		WHEATRIDGE, CO		Citizenship	
US		Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
1. Arrested		3. Felony		5. Juvenile		2. At Large		4. Misdemeanor	
1. Arrested		3. Felony		5. Juvenile		2. At Large		4. Misdemeanor	
Parent		Other:		Name (Last, First, Middle)		Residence Phone		Business Phone	
Legal Custodian		Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Notified by: (Name)		Date		Time		JUVENILE DISPOSITION		1. Handled/Processed within Department and Released	
Released To: (Name)		Relationship		Date		Time		2. TOT JAC	
3. Incorporated		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.	
Property Crime?		Description of Property		Value of Property		Property Crime?		Description of Property	
Yes		No		Yes		No		Value of Property	
Drug Activity		S. Sell		R. Smuggle		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate	
N. N/A		B. Buy		D. Deliver		E. Use		Z. Other	
P. Possess		T. Traffic		E. Use					
Drug Type		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/Equipment		U. Unknown	
N. N/A		C. Cocaine		M. Marijuana		O. Opium/Deriv.		Z. Other	
A. Amphetamine		E. Heroin		O. Opium/Deriv.		S. Synthetic			
Charge Description		DUI		Status Violation Number		316.193(1)		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts	
N		N		/		I		Domestic Violence	
Warrant / Capias Number		Bond		DR					
Charge Description		REFUSAL TO SUBMIT TO TESTING; PENALTIES		Status Violation Number		316.1939(1)		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts	
N		N		/		I		Domestic Violence	
Warrant / Capias Number		Bond		DR					
Charge Description				Status Violation Number				Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts	
								Domestic Violence	
Warrant / Capias Number		Bond							
Health / Apparent Physical Condition of Defendant		GOOD		Any knowledge of the following:		Mental		Escape Risk	
Check which applies:		Released O.R.		Released to Parent/Guardian		T.O.T. County Jail		PROPERTY - Received By	
Posted Bond		South County Mental Health		Released By		Released To		Transported By	
Date Transported		Time Transported		Other					
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	
10/15/2018 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		9-14-18	
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		(PRINT)		SEP 15 AM 1:58	
Dangerous		Restricted Arrest		Name of Arresting Officer (Print)		LD. #		800	
Suicidal		Other		RENTERIA, B.		LD. #		800	
Transporting Officer		Agency		BRPD		Witness here if subject signed with an "X".		PAGE 1 OF 1	

OBS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		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 2018-012297				
	Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony		☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		Special Notes:		
D E F	Name (Last, First, Middle) STOREY, GRANT ROBERTSON				Race W		Sex M		Date of Birth 08/19/1971
	Charge Description 316.193(1) DUI				Charge Description 316.1939(1) REFUSAL TO SUBMIT TO TESTING; PENALTIE				
C H A R G E S	Charge Description				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		
P R O B A B L E	Business Address (Name, Street) (City) (State) (Zip)				Phone (56) -		Occupation		
<p>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.</p> <p>The Person taken into custody...</p> <p>☐ committed the below acts in my presence. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p>☐ confessed to _____ admitting to the below facts. ☒ was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 14 day of September, 2018 at 21:51 (Specifically include facts constituting cause for arrest.)</p> <p>On 9/14/18, at 2128 hours, while patrolling the area of 4800 NE 5th Ave., I observed a vehicle that was stopped in the middle of the roadway that was still running with it's lights on the vehicle</p> <p>The vehicle was a white Toyota Camry bearing FL tag #GFZQ26, which was registered to a Grant Storey. I made contact with the driver, who was later identified by his FL DL as W/M Grant Storey (47 YOA). I identified myself as a BRPD officer and asked Grant if he knew he had stopped in the middle of the roadway. Grant stated he was trying to get home. I again asked Grant if he knew he had stopped his vehicle in the middle of the roadway, which Grant than appeared to be puzzled and confused and did not answer. I then requested Grant to provide me with his FL DL, which he instead provided me with his vehicle registration and insurance. I then paused and asked Grant again to provide me with his FL DL, which he then did.</p> <p>I asked Grant where he was coming from, which he stated the Whistle Stop, a bar located at 499 NE 40th St. While speaking with Grant, I smelled the odor of alcohol emanating from his vehicle. I also noticed he had glossy eyes and was speaking in a slow and slurred manner. I asked Grant if he understood why I came up to his vehicle. Grant stated yes. I then asked Grant to inform me as to why and he then stated, "I don't know". I asked Grant to step out of the vehicle, which he did. As Grant exited out of the vehicle he used the driver side passenger window as support to maintain balance. Once Grant was out of the vehicle, he leaned on the car, in order to maintain his balance. I asked Grant to walk towards me to the rear of his trunk which he did but continued to lean on the vehicle for balance. At one-point Grant leaned forward, appearing to not be able to maintain his balance, before leaning back again against his vehicle. I asked Grant how much he had to drink at the Whistle Stop, which he responded with "a lot". As Grant made the statement, I continued to smell the odor of alcohol now emanating from Grant's person.</p>									
S T A T E M E N T	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>VAZQUEZ-BELLO, YVETTE D</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>09/14/2018</p> <p>DATE</p>								
	<p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>RENTERIA, BARTOLO (800)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>09/14/2018</p> <p>DATE</p>								
A D M I N I S T R A T I V E									<p>PAGE</p> <p>1 OF 2</p>

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBT3 Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE
A	Agency ORI Number	Agency Name	Agency Report Number						
D	FL 0500200	BOCA RATON POLICE DEPARTMENT	3 2 2018-012297						
M	Charge Type: Check as many as apply.		☐ 1. Felony ☐ 2. Traffic Felony		☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		Special Notes:
N	Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth		
I	STOREY, GRANT ROBERTSON				W	M	08/19/1971		
<p>I informed Grant since he was in actual and physical control of his vehicle, I was now requesting for him to submit to the Standard Field Sobriety Task's, in order to dispel my alarm of him driving under the influence of alcohol. Grant stated, "no I just want to go home". I informed Grant that if he refused to submit to SFST's I would be forced to make a determination based on my observations. I again asked Grant to submit to the SFST's which he again refused.</p> <p>Based on my observations, I placed Grant under arrest for violating F.S.S 316.193(1), driving under the influence.</p> <p>A search subsequent to arrest reviled two empty 50 ml bottles of Fleischmanns Gin in his front left pocket. An inventory of the vehicle also reviled a brown plastic bag, which contained two full 50 ml bottles of Fleischmanns Gin in the front passenger seat. The bottles were submitted into BRPD evidence.</p> <p>Once Grant was transported to BRPD booking, Ofc. Murphy arrived and operated the Intoxilizer 8000. Grant was asked to submit to a breath sample in order to determine it's alcohol content. Grant refused, I read him Implied Consent Warnings, and asked again to submit a breath sample to determine it's alcohol content. Grant refused again. Due to Grant having a previous refusal to submit to a lawful test of his blood, urine or breath, he is additionally being charged with F.S.S 316.1939(1), refusal to submit to a breath test, with previous refusal. Grant was processed at BRPD then TOT CJ.</p>									
NOT A CERTIFIED COPY									
S	SWORN AND SUBSCRIBED BEFORE ME								
T	VAZQUEZ-BELLO, YVETTE D NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 17.10)		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER RENTERIA, BAROLO (800) NAME OF OFFICER (PLEASE PRINT)						
A	09/14/2018 DATE		09/14/2018 DATE						
D			PAGE 2 OF 2						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

case#: 2018-012297
1015: 2151
OBY: ~~2011~~ 2211

DUI INFLUENCE REPORT



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

ARRESTING OFFICER: OFC Benteria

Name: OFC Benteria Phone # _____ Work # 561-338-1234

Address: 100 NW 2nd AVE Boca Raton FL 33482

Can testify to: investigation

Name: OFC Castillo Phone # _____ Work # "

Address: "

Can testify to: "

Name: OFC Murphy Phone # _____ Work # "

Address: "

Can testify to: Dooking

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
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2018-012297

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday, September, 14, 2018.
(day) (month) (date) (year)

B. The time is now approximately 1033 AM/PM.

C. The following is in reference to case number 2018-012297.

D. Present at this time is Officer Renteria, Officer Murphy of the Boca Raton Police Department.
(Officer's Name)

E. Officer Renteria, have you arrested Grant Stoney 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. Stoney, 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 Officer Bantaria 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

Note: 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.

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

(IF REFUSAL THEN)

At this time Mr. Stacey has refused to submit to a breath test.

The date is September 14 2018, and the time is 1034 AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.

NOT A CERTIFIED COPY



BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Grant Storey

CASE #: 2018-012297 DATE: 9-14-18

BREATH TEST RESULTS

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

2) TIME _____ AM/PM _____

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

4) TIME _____ AM/PM

BREATH OPERATOR: MURPHY

MAINTENANCE TECHNICIAN: Dave

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: not talkative, just sitting

CLOTHING: sneakers, blue jeans, brown "Hoohey" shirt, glasses

MEDICAL CONDITION: none

OTHER: odor of an alcoholic beverage emitting from person ; red and glassy eyes

COMMENTS:

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: on video Date: 9-14-18 Time: on video

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 1038 AM/PM.

The date is September 14 2018
(month) (day) (year)



**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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2018030962

Date: 9/15/2018

Specialist Name/ID: L.Rouse/ #6673