

J#0490925

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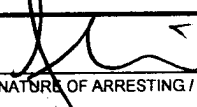
ARREST / NOTICE TO APPEAR

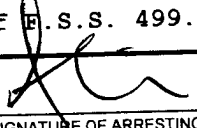
AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2017-012020		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE N		
D E F E N D A N T	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator							
	Location of Arrest (Including Name of Business) 2800 W PALMETTO PARK RD					Location of Offense (Business Name, Address) 2800 W PALMETTO PARK RD, BOCA RATON, FL 33486						
	Date of Arrest 08/27/2017	Time of Arrest 02:48	Booking Date 08/27/2017	Booking Time 02:58	Jail Date 08/27/2017	Jail Time 03:01	Location of Vehicle TOWED BY WESTWAY					
	Name (Last, First, Middle) SAPIO, JOHN ANTHONY					Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:						
J U V E N I L E	Race W - White B - Black W	I - American Indian O - Oriental/Asian M	Sex M	Date of Birth 11/30/1950	Height 5'11	Weight 275	Eye Color BLUE	Hair Color GRAY	Complexion LIGHT	Build Large		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status S	Religion CHRISTIAN	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" 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) (City) (State) (Zip) 7597 COURTYARD RUN WEST, BOCA RATON, FL 33433						Phone (561) -		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 7597 COURTYARD RUN WEST, BOCA RATON, FL 33433						Phone (561) -		Address Source FL DL			
	Business Address (Name, Street) (City) (State) (Zip) ACR ELECTRONICS, DAVIE FL						Phone (561) -		Occupation Senior Buyer			
	D/L Number, State S100461504300 / FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) BROOKLYN, NY		Citizenship US			
C O D E F	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			
J U V E N I L E	Name (Last, First, Middle)										Residence Phone	
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian										Business Phone	
	Address (Street, Apt. Number) (City) (State) (Zip)											
	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. <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____											
C O D E	Drug Activity: <input type="checkbox"/> N/A <input type="checkbox"/> Possess <input type="checkbox"/> Sell <input type="checkbox"/> Traffic <input type="checkbox"/> Smuggle <input type="checkbox"/> Deliver <input type="checkbox"/> Use <input type="checkbox"/> Disperses/Distribute <input type="checkbox"/> Manufacture/Produce/Cultivate <input type="checkbox"/> Other Drug Type: <input type="checkbox"/> N/A <input type="checkbox"/> Amphetamine <input type="checkbox"/> Barbiturate <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Marijuana <input type="checkbox"/> Opium/Deriv. <input type="checkbox"/> Paraphernalia/Equipment <input type="checkbox"/> Synthetic <input type="checkbox"/> Unknown <input type="checkbox"/> Other											
	Charge Description DUI Drug Activity: <input type="checkbox"/> N/A <input type="checkbox"/> Possess <input type="checkbox"/> Sell <input type="checkbox"/> Traffic <input type="checkbox"/> Smuggle <input type="checkbox"/> Deliver <input type="checkbox"/> Use <input type="checkbox"/> Disperses/Distribute <input type="checkbox"/> Manufacture/Produce/Cultivate <input type="checkbox"/> Other Drug Type: <input type="checkbox"/> N/A <input type="checkbox"/> Amphetamine <input type="checkbox"/> Barbiturate <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Marijuana <input type="checkbox"/> Opium/Deriv. <input type="checkbox"/> Paraphernalia/Equipment <input type="checkbox"/> Synthetic <input type="checkbox"/> Unknown <input type="checkbox"/> Other											
C H A R G E	Charge Description POSSESS NEW OR LEGEND DRUG W/O PRESCRIPTION						Statute Violation Number 499.03(1)		Violation of ORD #			
	Drug Activity: <input type="checkbox"/> N/A <input type="checkbox"/> Possess <input type="checkbox"/> Sell <input type="checkbox"/> Traffic <input type="checkbox"/> Smuggle <input type="checkbox"/> Deliver <input type="checkbox"/> Use <input type="checkbox"/> Disperses/Distribute <input type="checkbox"/> Manufacture/Produce/Cultivate <input type="checkbox"/> Other Drug Type: <input type="checkbox"/> N/A <input type="checkbox"/> Amphetamine <input type="checkbox"/> Barbiturate <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Marijuana <input type="checkbox"/> Opium/Deriv. <input type="checkbox"/> Paraphernalia/Equipment <input type="checkbox"/> Synthetic <input type="checkbox"/> Unknown <input type="checkbox"/> Other						Statute Violation Number 499.03(1)		Violation of ORD #			
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	Drug Activity: <input type="checkbox"/> N/A <input type="checkbox"/> Possess <input type="checkbox"/> Sell <input type="checkbox"/> Traffic <input type="checkbox"/> Smuggle <input type="checkbox"/> Deliver <input type="checkbox"/> Use <input type="checkbox"/> Disperses/Distribute <input type="checkbox"/> Manufacture/Produce/Cultivate <input type="checkbox"/> Other Drug Type: <input type="checkbox"/> N/A <input type="checkbox"/> Amphetamine <input type="checkbox"/> Barbiturate <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Marijuana <input type="checkbox"/> Opium/Deriv. <input type="checkbox"/> Paraphernalia/Equipment <input type="checkbox"/> Synthetic <input type="checkbox"/> Unknown <input type="checkbox"/> Other						Statute Violation Number		Violation of ORD #			
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD						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					
	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 LIMA Date Transported 8/27/17 Time Transported 0600 Released By _____ Released To _____					
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) South County 200 W Atlantic Ave Delray Beach, FL 33444 Court Date and Time 09/25/2017 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.						Date Signed 8/27/17					
A P P E A R	Signature of Defendant (or Juvenile and Parent/Custodian) [Signature]						Name Verification (Printed by Arrestee) [Signature]					
	HOLD For Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other Intake Deputy [Signature] Pouch # 3892						Name of Arresting Officer (Print) LIMA, ALFREDO I.D. # 795 Transporting Officer [Signature] I.D. # 542 Agency BRPD					

SCANNED

AUG 28 2017

PAGE 1 OF 1

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-012020			
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:			
Name (Last, First, Middle) SAPIO, JOHN ANTHONY				Alias		Race W	Sex M
						Date of Birth 11/30/1950	
Charge Description 316.193(1) DUI		Charge Description 499.03(13) POSSESS NEW OR LEGEND DRUG W/O PRESCRI					
Charge Description		Charge Description					
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	
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. The Person taken into custody... <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 commit the below acts. <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. On the 27 day of August , 2017 at 02:48 (Specifically include facts constituting cause for arrest.)							
On 08/27/2017, at approximately 0230 hours, I responded to the area of 2800 W Palmetto Park Rd in reference to a traffic stop conducted by Ofc. Van Camp.							
Upon my arrival Ofc. Van Camp advised he observed a black Kia bearing FL Tag 501NTZ travelling westbound on Palmetto Park Rd at a high rate of speed. Ofc. Van Camp caught up to the vehicle and paced it in his calibrated marked patrol vehicle (# 316) at a speed of 45 mph in a 35 mph zone. Ofc. Van Camp also informed me the vehicle swerved in and out of its lane approximately 5 times. See his supplement for further.							
I then approached the vehicle and made contact with the driver, identified as John Sapiro. While speaking with Sapiro I noticed the strong odor of an alcoholic beverage emanating from Sapiro's breath and that his eyes were glossy and bloodshot. I asked Sapiro to exit the vehicle and walk with me to the front of Ofc. Van Camp's patrol vehicle. Sapiro stumbled as he exited his vehicle. As he walked toward Ofc. Van Camp's patrol vehicle, Sapiro was attempting to walk in a straight line with rigid posture and stumbled multiple times. I asked Sapiro if he would consent to perform voluntary field sobriety tasks, to which Sapiro agreed.							
I directed Sapiro to stand on the white line in front of Ofc. Van Camp's patrol vehicle. I then gave Sapiro the instructions and demonstrated the first roadside sobriety task, which would be the Walk and Turn. Sapiro stated he understood all the instructions. Sapiro lost his balance several times as I read the instructions and began the task before being told to do so. While performing the task, Sapiro missed heel to toe several times and stepped off of the line. After turning around, Sapiro stopped and asked me what to do. I instructed him to continue with the 9 return steps.							
I then gave Sapiro the instructions for the One Leg Stand. Sapiro stated he understood the instructions. Sapiro lost his balance while I read the instructions, did not stand with							
SWORN AND SUBSCRIBED BEFORE ME HARDING, BRANDON BLAZE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 08/27/2017 DATE				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  LIMA, ALFREDO (795) NAME OF OFFICER (PLEASE PRINT) 08/27/2017 DATE			

OBT 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 2017-012020				
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:				
Name (Last, First, Middle) SAPIO, JOHN ANTHONY				Alias		Race W	Sex M	Date of Birth 11/30/1950	
<p>his feet together, and started before being told to do so. During the task, Sapio counted to 3 and then stopped and looked at me. I again told Sapio to keep going until I told him to stop. Sapio put his foot down several times and raised his arms up to his side. At one point, Sapio put his foot down and did not lift it again until being told to do so.</p> <p>I gave Sapio the instructions for and demonstrated the Finger to Nose task. Sapio indicated he understood the instructions. Sapio began the task with his left finger and held it to his nose for several seconds. Sapio eventually opened his eyes and asked what was wrong. I again instructed him to put his arm down immediately after touching his nose. Sapio left his finger on his nose for several seconds each time I called left or right. Sapio missed the tip of his nose multiple times and went "right, left" when I called "right, right."</p> <p>I then gave Sapio the instructions for the Rhomberg with Recitation. I asked Sapio for his highest level of education and if he was familiar with the English Alphabet. Sapio stated he has a master's degree and knows the English alphabet. Sapio conducted the test. When Sapio got to the letter "L", he jumped back to the letter "J." Sapio then repeated "M, O" two times. At one point, Sapio stopped and said "you got me." Sapio also stated "U, V, U" before ending with "X, Y, Z"</p> <p>Based on my investigation, I placed Sapio into custody. I then transported Sapio to BRPD.</p> <p>Ofc. Bissoon responded to BRPD as my Breath Test Operator. Ofc. Bissoon and I conducted the 20 minute observation and then took Sapio into the BAT room. Sapio refused to provide a sample of his breath. I then read Sapio the implied consent warning, after which Sapio asked for clarification on the repercussions of a refusal. Ofc. Bissoon and I explained the implied consent warning, after which Sapio once again refused to provide a breath sample.</p> <p>A search incident to arrest was conducted, during which I found 4 pills in Sapio's wallet in their original packages. The Pills were identified on their packages as a blue generic Viagra Pill (0.9 gm with packaging), two red generic Viagra pills (1.5 gm with packaging), and two yellow generic Cialis Pills (0.5 gm with packaging). I called poison control (call number M3567401) and spoke with Frank, who advised he would not be able to identify the pills but advised based on the description that they were generic Viagra and Cialis produced in another country. Frank stated the pills are not scheduled, but do require a prescription. Sapio advised he does not currently have a prescription for any of the pills.</p> <p>Sapio is being charged under F.S.S. 316.193(1) for DUI and 3 counts of possession of legend drugs without a prescription in violation of F.S.S. 499.03(13). Sapio was also</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>HARDING, BRANDON BLAZE</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>08/27/2017</p> <p>DATE</p> </div> <div style="width: 45%; text-align: right;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>LIMA, ALFREDO (795)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>08/27/2017</p> <p>DATE</p> </div> </div>									
				SCANNED				PAGE 2 OF 3	

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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 2017-012020						
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	Name (Last, First, Middle) SAPIO, JOHN ANTHONY				Alias		Race W		Sex M		Date of Birth 11/30/1950
<p>given a citation under F.S.S 316.189(1) for speeding on a municipal road by Ofc. Van Camp. The video footage and was submitted into BRPD evidence. Sapio's vehicle was towed by Westway. Sapio was turned over to Palm Beach County Jail.</p>											
<p>NOT A CERTIFIED COPY</p>											
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME										
	HARDING, BRANDON BLAZE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)										
	08/27/2017 DATE										
<p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>LIMA, ALFREDO (795) NAME OF OFFICER (PLEASE PRINT)</p> <p>08/27/2017 DATE</p>											
PAGE 3 OF 3											

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.