


ADDITIONAL INFORMATION		ARREST / NOTICE TO APPEAR		2918		1		JUVENILE	
OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 2017-009667			
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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Location of Arrest (Including Name of Business) 6100 W GLADES		Location of Offense (Business Name, Address) 6100 W GLADES RD, BOCA RATON, FL 33434		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator	
Date of Arrest 07/08/2017		Time of Arrest 02:44		Booking Date 07/08/2017		Booking Time 03:00		Jail Date 07/08/2017	
Jail Time 03:00		Location of Vehicle EMERALD		Name (Last, First, Middle) HASBUN, JUAN CARLOS		Alias (Name, DOB, Soc. Sec. #, Etc.)		Alias:	
Race W - White B - Black W		Sex M - Male F - Female M		Date of Birth 09/22/1989		Height 6'00		Weight 190	
Eye Color GREEN		Hair Color BLACK		Complexion LIGHT		Build Medium		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	
Marital Status M		Religion UNKNOWN		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		Address Source DEF	
Local Address (Street, Apt. Number) 263 BRIGHTON G, BOCA RATON, FL 33434		(City) BOCA RATON		(State) FL		(Zip) 33434		Phone (561) 221-7375	
Permanent Address (Street, Apt. Number) 263 BRIGHTON G, BOCA RATON, FL 33434		(City) BOCA RATON		(State) FL		(Zip) 33434		Phone (561) 221-7375	
Business Address (Name, Street) 930 CORAL RIDGE DR CORAL SPRINGS, FL		(City) CORAL SPRINGS		(State) FL		(Zip) 33066		Phone (561) -	
D/L Number, State H215423893420 / FL		INS Number		Place of Birth (City, State) COLUMBIA, Columbia		Citizenship US			
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	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)		(State) (Zip)	
<input type="checkbox"/> Legal Custodian		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.		School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
Value of Property		Drug Activity S. Sell N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disposes/ 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 DUI		Statute Violation Number 316.193(1)		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense # 2017-009667		Counts 1	
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		Drug Type		Amount / Unit		Offense #	
Counts		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		Drug Type		Amount / Unit	
Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
Violation of ORD #		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		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	
PROPERTY - Received By		Released By		Released To		Transported By		Date Transported 08/07/2017 08:30:00	
Time Transported		Other		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	
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		Name Verification (Printed by Arrestee)		(PRINT)	
HOLD for Other Agency		Signature of Arresting Officer 774		Name of Arresting Officer (Print) COON, REBECCA		ID.# 794		Agency BRPD	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Intake Agency DS T. BURNSIDE #5406		Witness here if subject signed with an "X"		PAGE 1 OF 1			

SCANNED
JUL 13 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
ADMINISTRATIVE	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-009667				
	Charge Type: Check as many as apply. <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					Special Notes:			
DEFENSE	Name (Last, First, Middle) HASBUN, JUAN CARLOS				Race W		Sex M		Date of Birth 09/22/1989
	Alias								
CHARGES	Charge Description 316.193(1) DUI				Charge Description				
	Charge Description				Charge Description				
VICTIM	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 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><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.</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 8 day of July, 2017 at 02:44 (Specifically include facts constituting cause for arrest.)</p> <p>On 07/08/17, at approximately 0223 hours, Ofc Bissoon and I observed a grey Lincoln bearing FL tag# EQUU67 run the stop sign at 21078 St Andrews Blvd. I then caught up with the vehicle and conducted a traffic stop at 6400 W Glades Rd.</p> <p>Ofc Bissoon met with driver Juan Hasbun and front seat passenger Lina Ospina and advised him the reason for the stop was due to the stop sign violation. Ofc Bissoon then asked him for driver's license, registration and proof of insurance. He was able to provide Ofc Bissoon with his Florida license and registration but was unable to provide his insurance card. While speaking with Hasbun, Ofc Bissoon could smell a strong odor of an alcoholic beverage emanating from his person, his eyes were bloodshot and glossy, and he was slurring his speech. Ofc Bissoon asked if he had been drinking tonight and he said he had only had one beer. Ofc Bissoon relayed to me his observations of the driver and I observed them as well. Based on my observations I asked Hasbun to exit the vehicle and I then asked him if he would submit to roadside sobriety tasks and he did not want to submit. Hasbun was then advised of his Taylor warnings and Hasbun agreed to submit to the roadside sobriety tasks.</p> <p>Hasbun advised that he had no medical problems and that he wasn't taking any medications that would prevent him from performing any tasks. I gave Hasbun the instructions for the first roadside sobriety task, which was the Walk and Turn. Hasbun acknowledged that he understood all of the instructions. During the performance of the task, Hasbun missed several heel to toe steps. Hasbun also used his arms for balance and completed an improper turn with a fast motion spinning around instead of the prescribed manner.</p> <p>I then gave Hasbun the instructions for the One Leg Stand. Hasbun acknowledged that he understood the instructions. During the performance of the task, Hasbun did not follow the instructions. Hasbun bent his left knee and brought his left arm forward for</p>									
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME								
	GRAHAM, KEITH T NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 				
	07/08/2017 DATE				COON, REBECCA (794) NAME OF OFFICER (PLEASE PRINT)				
					07/08/2017 DATE				
PAGE 1 OF 2									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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JUL 13 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE			
Agency ORI Number	Agency Name		Agency Report Number									
FL 0500200	BOCA RATON POLICE DEPARTMENT		3 2 2017-009667									
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 type="checkbox"/> 4. Traffic Misdemeanor			<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:	
Name (Last, First, Middle)			Alias			Race		Sex		Date of Birth		
HASBUN, JUAN CARLOS						W		M		09/22/1989		
<p>balance. Hasbun also swayed while performing the task.</p> <p>I then gave Hasbun the instructions for the Finger to Nose. Hasbun acknowledged that he understood the instructions. During the performance of the task, Hasbun had difficulty finding the tip of his nose with his left pointer finger on the first attempt. Hasbun also kept his finger on his nose for an extended period of time, only returning it to his side when I prompted him to do so. Hasbun continued to leave his finger on his nose for each subsequent attempt, only returning it to his side after I prompted him to do so. After the conclusion of the task Hasbun was asked if he had understood the instructions of the task, which he replied that he had.</p> <p>I gave Hasbun the instructions for the Rhomberg Alphabet. Hasbun advised he has an education level of a Bachelors Degree. He stated he knows the English Alphabet. I asked what Hasbun acknowledged that he understood the instructions. Hasbun was able to recite the the English Alphabet, but had slurred speech while reciting.</p> <p>Based on mt investigation, I placed Hasbun into custody. I then transported Hasbun to BRPD.</p> <p>Ofc. Deen responded to BRPD as my Breath Test Operator. Ofc Deen and I conducted the 20 minute observation and then he was taken into the BAT room. Hasbun intially did not want to give a sample, then I read Hasbun implied consent. Hasbun's first B.A.C. reading was .156 and the second was .155. I read Hasbun his Constitutional Warnings and he refused to speak with me without a lawyer present.</p> <p>Hasbun is being charged under F.S.S. 316.193(1) for DUI. He was also given a citation under F.S.S 316.123(2a) for the stop sign violation. The video footage was submitted into BRPD evidence. Hasbun was transported to the Palm Beach County Jail for further processing and the vehicle was towed by Emerald towing.</p>												
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p style="text-align: center;">GRAHAM, KEITH T 714</p> <p style="text-align: center;">NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p style="text-align: center;">07/08/2017</p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%;"> <p style="text-align: center;"> 794</p> <p style="text-align: center;">SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p style="text-align: center;">COON, REBECCA (794)</p> <p style="text-align: center;">NAME OF OFFICER (PLEASE PRINT)</p> <p style="text-align: center;">07/08/2017</p> <p style="text-align: center;">DATE</p> </div> </div>												
										PAGE 2 OF 2		

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

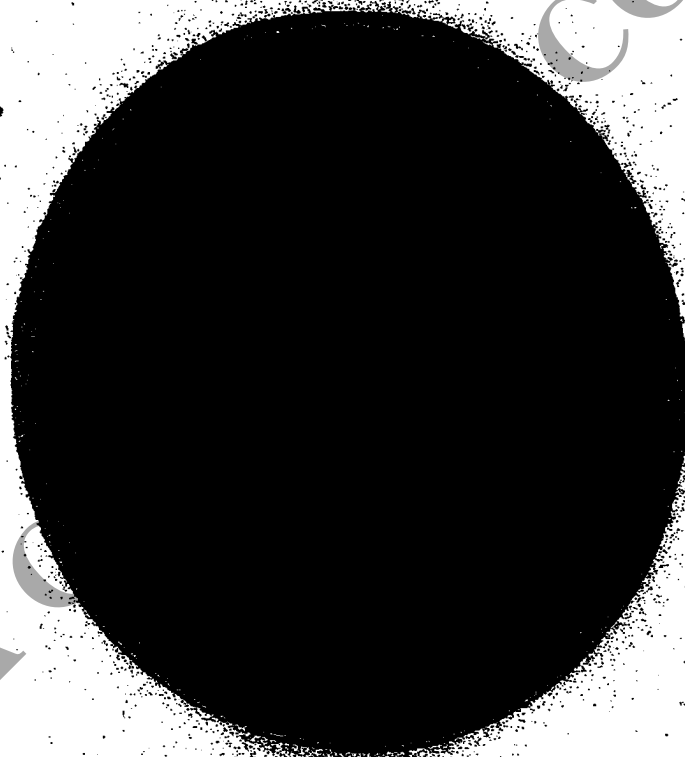
P. I. O.

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JUL 13 2017

1015 = 0344
Began Observation = 0300
2017-009667

D. U. I. INFLUENCE REPORT



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

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JUL 13 2017

WITNESS LIST

ARRESTING OFFICER: Ofc. Coon

Name: Ofc. Coon / ofc. Bissam Phone # Home _____ Work 561 368 6201

Address: 6400 ~~6400~~ W. Glades Rd.

Can testify to: Traffic Stop / DUI Investigation

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: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

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JUL 13 2017

BOCA RATON POLICE DEPARTMENT

Agency Case# 2017 - 009667

PART II D.U.I. REPORT
To be filled out at testing facility

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: Saturday, July, 8, 2017
(day) (month) (date) (year)

B. The time is now approximately 0320 AM/PM

C. The following is in reference to case number 2017 - 009667

D. Present at this time is Officer Coon / Bissom of the Boca Raton Police
Department. (Officer's Name)

E. Officer Coon, Have you arrested Juan Hasbun
(Defendant's name)
In violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida?

G. Mr./Mrs./Ms. Hasbun, I am required to
Inform you these proceedings are being video taped.

Operator Note:

Video tape breath request, breath sample, and interview

SCANNED
JUL 13 2017

BOCA RATON POLICE DEPARTMENT

Agency Case # 2017-009667

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 _____ 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 signature: _____

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. _____ has refused to submit to a breath test.

The date is _____ (Month) _____ (Day) _____ (Year) and the time _____ AM/PM

A refusal form will be completed by the arresting officer.

CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.

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. *Tell me in your own words what you think this means. (You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means. (If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (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. *Tell me in your own words what you think this means. (You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our 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. *Tell me in your own words what you think this means. (If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means. (If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means. (I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means. (Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

Revised 8/2006

SCANNED
JUL 13 2017

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: ② Juan Hasbun

CASE #: 2017-009667 DATE: 7/8/17

BREATH TESTS RESULTS

1) TIME 0331 AM/PM 2) TIME 0335 AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: Normal

ATTITUDE: Calm, Collective, Apologetic

CLOTHING: Gray pants, Blue Jacket, white sneakers

MEDICAL CONDITION: None

OTHER: _____

COMMENTS: _____

BOCA RATON POLICE DEPARTMENT

Agency Case # 2017 - 009667

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) _____

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 **SCANNED**

What is today's date? _____ What day of the week is it? **JUL 13 2017**

Agency Case # 2017 - 009667

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 ☐
Glass Bye? Yes ☐ No ☐
False Teeth? Yes ☐ No ☐Inner ear trouble? Yes ☐ No ☐
Ear Infection? 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 0340 AM/PMThe date is: July (month) 8 (day) 2017 (year).SCANNED
JUL 13 2017