

ARREST / NOTICE TO APPEAR

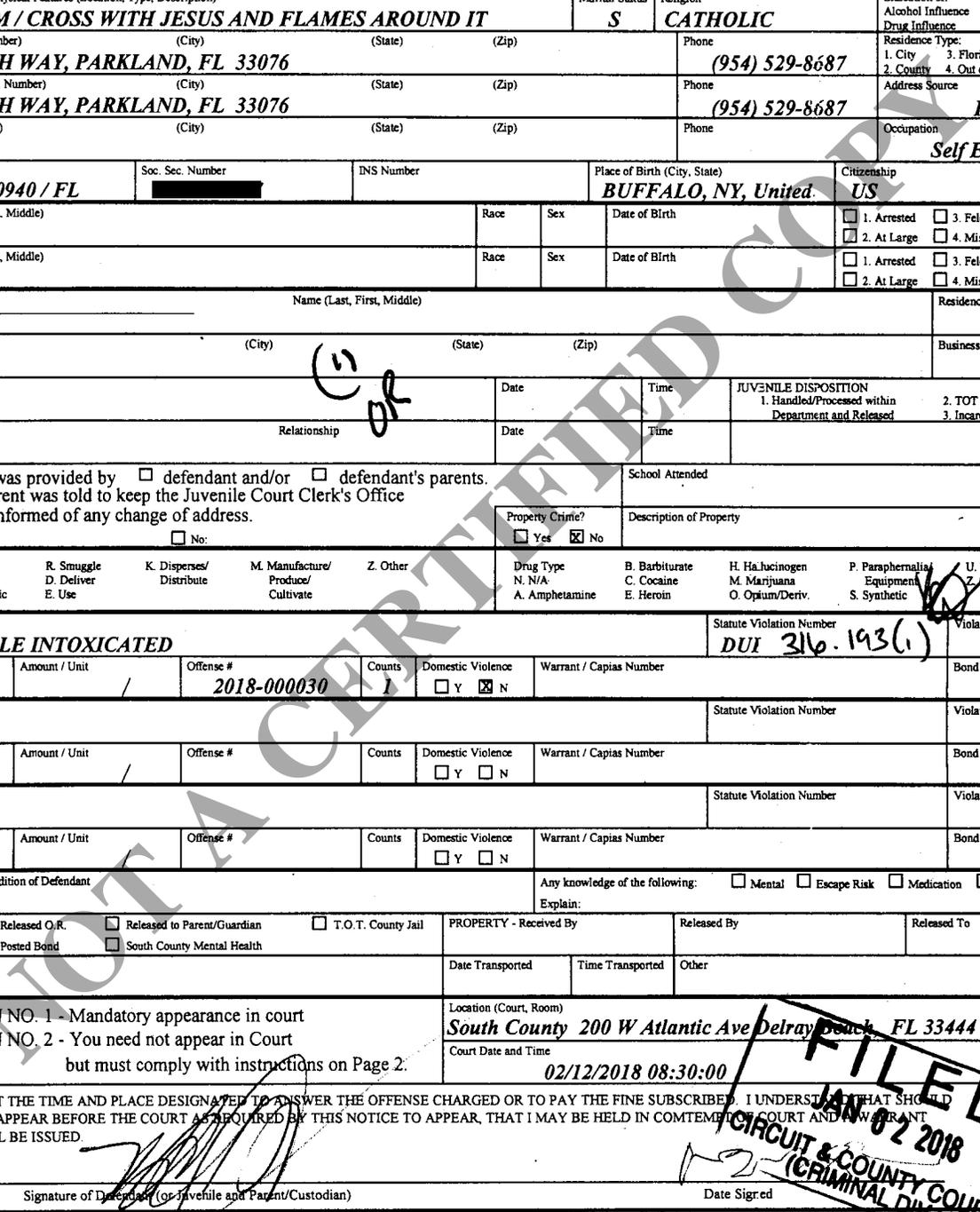
18CT 49

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

1

JUVENILE

OBTS Number	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3   2   2018-000030</b>	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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 <b>None/not Applicable</b>		Multiple Clearance Indicator <b>N</b>			
Location of Arrest (Including Name of Business) <b>1000 SOUTH OCEAN BLVD</b>			Location of Offense (Business Name, Address) <b>1000 SOUTH OCEAN BLVD, BOCA RATON, FL</b>			
Date of Arrest <b>01/02/2018</b>	Time of Arrest <b>02:45</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) <b>RYBINSKI, KARL LEE</b>			Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black	Sex <b>M</b>	Date of Birth <b>03/14/1976</b>	Height <b>6'03</b>	Weight <b>240</b>	Eye Color <b>HAZEL</b>	Hair Color <b>BROWN</b>
Complexion <b>LIGHT</b>		Build <b>Large</b>		Marital Status <b>S</b>		Religion <b>CATHOLIC</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT UL ARM / CROSS WITH JESUS AND FLAMES AROUND IT</b>			Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>7279 NW 127TH WAY, PARKLAND, FL 33076</b>		(City) (State) (Zip)		Phone <b>(954) 529-8687</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State
Permanent Address (Street, Apt. Number) <b>7279 NW 127TH WAY, PARKLAND, FL 33076</b>		(City) (State) (Zip)		Phone <b>(954) 529-8687</b>		Address Source <b>FL DL</b>
Business Address (Name, Street) <b>UNAVAILABLE,</b>		(City) (State) (Zip)		Phone		Occupation <b>Self Employeed</b>
D/L Number, State <b>R152512760940 / FL</b>	Soc. Sec. Number	INS Number		Place of Birth (City, State) <b>BUFFALO, NY, United.</b>		Citizenship <b>US</b>
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
Parent <input type="checkbox"/> Other: _____ Legal Custodian <input type="checkbox"/>		Name (Last, First, Middle)				Residence Phone
Address (Street, Apt. Number)		(City)	(State)	(Zip)		Business Phone
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released		2. TOT IAC 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	
Drug Activity S. Sell B. Buy P. Possess	S. Sell D. Deliver T. Traffic	R. Smuggle 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. Halucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other			
Charge Description <b>DRIVING WHILE INTOXICATED</b>			Statute Violation Number <b>DUI 316.193(1)</b>		Violation of ORD #	
Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>2018-000030</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant				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"/> Posted Bond				<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail
PROPERTY - Received By		Released By		Released To		
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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>			
			Court Date and Time <b>02/12/2018 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 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.				No Photo Available		
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Sigred		
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT) <b>Kirk Andrae</b>		
Name of Arresting Officer (Print) <b>KIRK, ANDRAE</b>		ID.# <b>808</b>		PAGE <b>1 OF 1</b>		
Transporting Officer <b>Home</b>		ID.# <b>741 BRP</b>		Witness here if subject signed with an "X".		



FILED  
JAN 02 2018  
CRIMINAL DIV.

SCANNED

JAN 2 AM 5:30

0494 594

JAN 03 2018

34 JAN 2 AM 5:30

#38

PROBABLE CAUSE AFFIDAVIT

1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2018-000030</b>
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:

Name (Last, First, Middle) <b>RYBINSKI, KARL LEE</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/14/1976</b>
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Charge Description <b>DUI DRIVING WHILE INTOXICATED</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>	Phone <b>(561) -</b>	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone <b>(56) -</b>	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...  
 committed the below acts in my presence.     was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.     was found to have committed the below acts, resulting from my (described) investigation.  
 On the 2 day of January, 2018 at 00:12 (Specifically include facts constituting cause for arrest.)

On 1/2/2018, I responded to 1000 South Ocean BLVD, in reference to a motor vehicle stopped on the side of the road in a grassy area. Upon arrival, I located Karl Rybinski in the driver seat of his motor vehicle with the key in the ignition and the vehicle running.

According to Rybinski, he was coming from JB's on the beach, located at 300 NE 21st Ave, Deerfield Beach, and had approximately 3 to 4 drinks before departing the restaurant at approximately 1130 hours. It should be noted that while speaking to Rybinski I immediately detected the smell of an alcoholic beverage emanating from his person. Additionally, Rybinski was slurring his speech, possessed glassy eyes, and displayed a lack of functional motor skills.

Based on my observations I asked Rybinski if he would submit to Roadside Sobriety Tasks. Rybinski stated that he would perform the tasks. I then walked him over to a well-lit area and asked if he had any medical problems or medical issues that would prevent him from performing the tasks. Rybinski advised that he had had a sore left ankle, but he could perform the tasks. The tasks conducted were the Walk and Turn, One Leg Stand, Finger to Nose, and the Rhomberg Alphabet.

The first Standardized Field Sobriety Task was the Walk and Turn. Rybinski was unable to maintain the starting position while listening to instructions. Rybinski started the task multiple times before being instructed to do so. He stepped completely off the line during the task multiple times. Rybinski made an improper turn by not conducting it the way I demonstrated. Rybinski used his arms to maintain his balance throughout the task. Additionally, he took more than nine steps when returning and I had to confirm with him whether he was done with the task. Rybinski also failed to keep his feet heel to toe during the task.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<b>PATTERSON, MARC P</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<i>[Signature]</i>
<u>01/02/2018</u> DATE	<b>KIRK, ANDRAE (808)</b> NAME OF OFFICER (PLEASE PRINT)
	<u>01/02/2018</u> DATE

Agency ORI Number **FL 0500200** Agency Name **BOCA RATON POLICE DEPARTMENT** Agency Report Number **3 | 2 | 2018-000030**

Charge Type: Check as many as apply.  1. Felony  3. Misdemeanor  5. Ordinance  2. Traffic Felony  4. Traffic Misdemeanor  6. Other Special Notes:

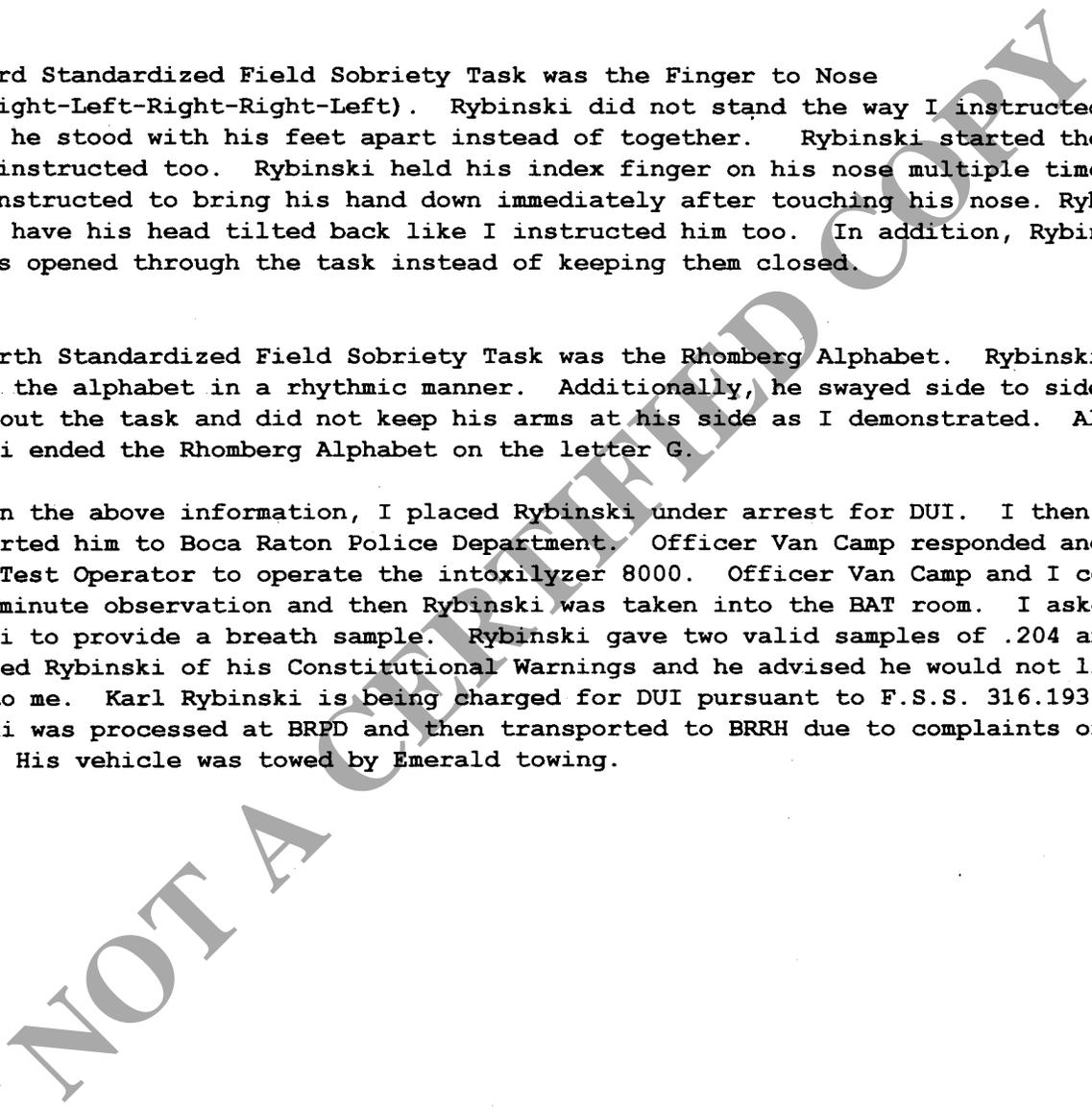
Name (Last, First, Middle) **RYBINSKI, KARL LEE** Alias \_\_\_\_\_ Race **W** Sex **M** Date of Birth **03/14/1976**

The second Standardized Field Sobriety Task was the One-Leg-Stand. Again, Rybinski was unable to follow instructions by raising both arms in the air and not placing them at his side like I instructed him to do. Rubinski also started the task sooner than I instructed him too. He continuously swayed back and forth during the task. Rubinski also placed his foot on the ground multiple times. Rubinski failed to maintain his foot six inches off the ground.

The third Standardized Field Sobriety Task was the Finger to Nose (Left-Right-Left-Right-Left). Rybinski did not stand the way I instructed him to instead he stood with his feet apart instead of together. Rybinski started the test before instructed too. Rybinski held his index finger on his nose multiple times after being instructed to bring his hand down immediately after touching his nose. Rybinski did not have his head tilted back like I instructed him too. In addition, Rybinski kept his eyes opened through the task instead of keeping them closed.

The fourth Standardized Field Sobriety Task was the Rhomberg Alphabet. Rybinski recited the alphabet in a rhythmic manner. Additionally, he swayed side to side throughout the task and did not keep his arms at his side as I demonstrated. Also, Rybinski ended the Rhomberg Alphabet on the letter G.

Based on the above information, I placed Rybinski under arrest for DUI. I then transported him to Boca Raton Police Department. Officer Van Camp responded and was the Breath Test Operator to operate the intoxilyzer 8000. Officer Van Camp and I conducted the 20-minute observation and then Rybinski was taken into the BAT room. I asked Rybinski to provide a breath sample. Rybinski gave two valid samples of .204 and .213. I advised Rybinski of his Constitutional Warnings and he advised he would not like to speak to me. Karl Rybinski is being charged for DUI pursuant to F.S.S. 316.193(1). Rybinski was processed at BRPD and then transported to BRRH due to complaints of a sore ankle. His vehicle was towed by Emerald towing.



SWORN AND SUBSCRIBED BEFORE ME

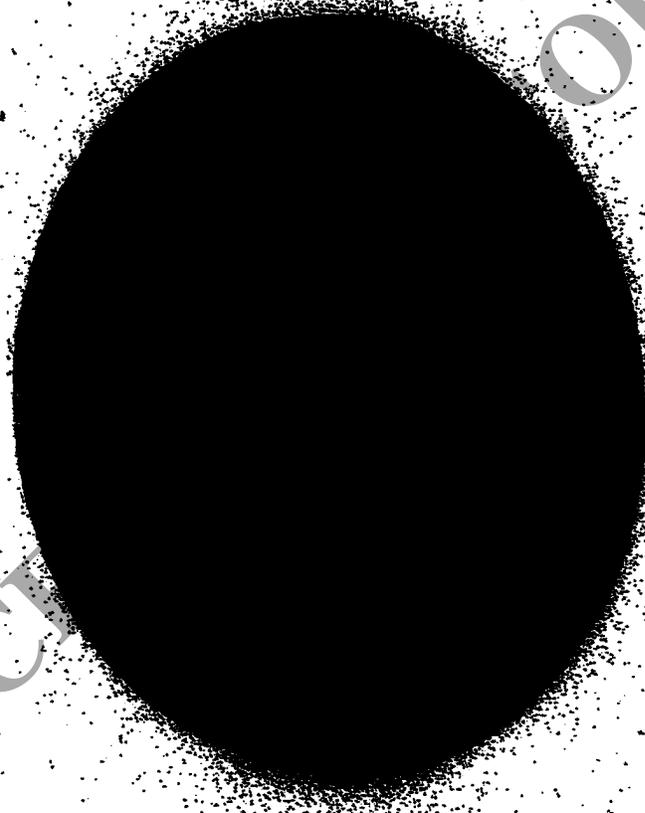
**PATTERSON, MARC P** *[Signature]* SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

**01/02/2018** DATE

**KIRK, ANDRAE (808)** NAME OF OFFICER (PLEASE PRINT)  
**01/02/2018** DATE

PAGE **2** OF **2**

# D. U. I. INFLUENCE REPORT



NOT A COPY

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

SCANNED

JAN 03 2018

ARRESTING OFFICER: Wick

Name: Vankamp Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: Roadsides / Breath

Name: Rafalko Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: Roadsides

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: \_\_\_\_\_

NOT A CERTIFIED COPY

SCANNED

JAN 03 2018

BOCA RATON POLICE DEPARTMENT

Agency Case# 18 30

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

E. INTRODUCTION (Instrument Operator faces video camera)

A. The day is: Tuesday, January, 2nd, 2018  
(day) (month) (date) (year)

B. The time is now approximately 107 AM/PM

C. The following is in reference to case number: 2018-30

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

E. Officer Kirt Have you arrested Wesl. Rybinski  
(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. Rybinski, I am required to  
inform you these proceedings are being video taped.

Operator Note: Video tape breath request, breath sample, and interview.

SCANNED

JAN 03 2018

**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.

**SCANNED**

JAN 03 2018

**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 \_\_\_\_\_

What is today's date? \_\_\_\_\_ What day of the week is it? \_\_\_\_\_

**SCANNED**  
JAN 03 2013

BOCA RATON POLICE DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Karl Rybinski

CASE #: 18-30 DATE: 1-2-18

BREATH TESTS RESULTS

1) TIME \_\_\_\_\_ AM/PM 2) TIME \_\_\_\_\_ AM/PM  
3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: VanCamp

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative / Talkative

CLOTHING: Messy

MEDICAL CONDITION: None

OTHER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 <input type="checkbox"/> No <input type="checkbox"/>	Inner ear trouble? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Glass Eye? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ear Infection? Yes <input type="checkbox"/> No <input type="checkbox"/>
	False Teeth? Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>

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 1:22 AM/PM

The date is: January (month) 2 (day) 2018 (year).

SCANNED  
JAN 03 2018