

ARREST / NOTICE TO APPEAR

17CF 912

AD MIN IS TR 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 2017-001267		1. Arrest <input type="checkbox"/> 2. N.T.A. <input type="checkbox"/> 3. Request for Warrant <input type="checkbox"/> 4. Request for Capias <input type="checkbox"/> 1		JUVENILE <input checked="" type="checkbox"/> N	
D E F E N D A N T	Charge Type: <input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other _____		Check as many as apply: <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor		If Weapon Seized: _____		Enter Type: None/not Applicable		Multiple Clearance Indicator: _____		
	Location of Arrest (Including Name of Business): 1200 S MILITARY				Location of Offense (Business Name, Address): 1200 S MILITARY TRL, BOCA RATON, FL 33433						
	Date of Arrest: 01/26/2017	Time of Arrest: 03:54	Booking Date: 01/26/2017	Booking Time: 04:04	Jail Date: 01/26/2017	Jail Time: 00:00	Location of Vehicle: WESTWAY TOWING				
	Name (Last, First, Middle): O'NEIL, KELLEN FRANCIS				Alias: _____				Alias (Name, DOB, Soc. Sec. #, Etc.): _____		
C O D E D	Race: W - White	1. American Indian <input type="checkbox"/> 2. Black <input type="checkbox"/> 3. Hispanic/Latino <input type="checkbox"/> 4. Asian/Pacific Islander <input type="checkbox"/> 5. Other <input type="checkbox"/>	Sex: M	Date of Birth: 01/27/1996	Height: 6'01	Weight: 190	Eye Color: BROWN	Hair Color: BLACK	Complexion: LIGHT	Build: Large	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): _____				Marital Status: S	Religion: CATHOLIC	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Drug Influence <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		
	Local Address (Street, Apt. Number): 4101 NE 26TH AVE, LIGHTHOUSE POINT, FL 33064				(City): _____	(State): _____	(Zip): _____	Phone: (954) 621-5367	Residence Type: 1. City <input checked="" type="checkbox"/> 2. Country <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>		
	Permanent Address (Street, Apt. Number): 4101 NE 26TH AVE, LIGHTHOUSE POINT, FL 33064				(City): _____	(State): _____	(Zip): _____	Phone: (954) 621-5367	Address Source: FL DL		
J U V E N I L E	Business Address (Name, Street): FLANIGANS,				(City): _____	(State): _____	(Zip): _____	Phone: _____	Occupation: Server		
	D/L Number, State: 0540506960270 / FL		Soc. Sec. Number: _____		INS Number: _____		Place of Birth (City, State): FORT LAUDERDALE, FL		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 <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			
C H A R G E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle): _____				Residence Phone: _____				
	Address (Street, Apt. Number): _____		(City): _____	(State): _____	(Zip): _____	Business Phone: _____					
	Notified by: (Name) _____		Relationship: _____		Date: _____	Time: _____		JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released <input type="checkbox"/> 2. TOT JAC <input type="checkbox"/> 3. Incarcerated <input type="checkbox"/>			
	Released To: (Name) _____		Relationship: _____		Date: _____	Time: _____					
I N T A K E	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 S. Sell <input type="checkbox"/> B. Buy <input type="checkbox"/> T. Traffic <input type="checkbox"/> R. Smuggle <input type="checkbox"/> D. Deliver <input type="checkbox"/> E. Use <input type="checkbox"/> K. Disposes/Distribute <input type="checkbox"/> M. Manufacture/Produce/Cultivate <input type="checkbox"/> Z. Other <input type="checkbox"/>		Drug Type: N. N/A A. Amphetamine <input type="checkbox"/> B. Barbiturate <input type="checkbox"/> C. Cocaine <input type="checkbox"/> E. Heroin <input type="checkbox"/> H. Hallucinogen <input type="checkbox"/> M. Marijuana <input type="checkbox"/> O. Opium/Deriv. <input type="checkbox"/> P. Paraphernalia/Equipment <input type="checkbox"/> S. Synthetic <input type="checkbox"/> U. Unknown <input type="checkbox"/> Z. Other <input type="checkbox"/>								
	Charge Description: DUI		Statute Violation Number: 316.193(1)		Violation of ORD #: _____						
C H A R G E	Drug Activity: N	Drug Type: /	Amount / Unit: /	Offense #: 2017-001267	Counts: 1	Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number: _____		Bond: _____		
	Charge Description: POSSESSION OF PARAPHERNALIA (USE)				Statute Violation Number: 893.147(1B)		Violation of ORD #: _____				
	Drug Activity: N	Drug Type: /	Amount / Unit: /	Offense #: 2017-001267	Counts: 1	Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number: _____		Bond: _____		
	Charge Description: POSSESSION OF CONTR SUBSTANCE				Statute Violation Number: 893.13(6A)		Violation of ORD #: _____				
C H A R G E	Drug Activity: N	Drug Type: /	Amount / Unit: /	Offense #: 2017-001267	Counts: 1	Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number: _____		Bond: _____		
	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 apply: <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: D. GRAHAM		Released By: D. GRAHAM		Released To: TOT CL		
	Transported By: _____				Date Transported: 01/26/2017	Time Transported: 00:00	Other: _____				
C H A R G E	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" 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: JAN 28 AM 8:00				
	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: _____						
	HOLD for Other Agency: _____				Signature of Arresting Officer: D. GRAHAM		Name Verification (Printed by Arrestee): _____				
C H A R G E	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other <input type="checkbox"/>		Name of Arresting Officer (Print): GRAHAM, DALE L.		I.D. #: 773		(PRINT): _____				
	Intake Deputy: W		Pouch #: _____		Transporting Officer: MENICAN		I.D. #: 676		Agency: BRPD		
					Witness here if subject signed with an "X": _____				PAGE 1 OF 1		

01/18/18

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTs Number		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-001267	
Charge Type: Check as many as apply.		<input checked="" 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	
Name (Last, First, Middle) O'NEIL, KELLEN FRANCIS		Alias		Race W		Sex M	
Date of Birth 01/27/1996							
Charge Description 316.193(1) DUI		Charge Description 893.13(6A) POSSESSION OF CONTR SUBSTANCE					
Charge Description 893.147(1B) POSS OF A PARAPHERNALIA		Charge Description					
Victim's Name (Last, First, Middle) STATE OF FLORIDA,		Race U		Sex U		Date of Birth	
Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432		(City)		(State)		(Zip)	
Business Address (Name, Street)		(City)		(State)		(Zip)	
Phone (561) -		Address Source		Phone (561) -		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.
☐ confessed to admitting to the below facts.
☐ was observed by _____ that he/she saw the arrested person commit the below acts.
☒ was found to have committed the below acts, resulting from my (described) investigation.

On the **26** day of **January**, **2017** at **03:54** (Specifically include facts constituting cause for arrest)

On 01/26/17 at 0304 hours, I responded to 1200 South Military Trail (Parkside) in reference to a back-up request from Officer Fong (ID#763).

Officer Fong responded to the aforementioned address in reference to a suspicious silver Chevrolet (FL tag HHYY28) with it hazards on and the tires were blown.

Upon arrival, I observed the Chevrolet parked at the entrance of Parkside adjacent to the security gatehouse. The vehicles two left tires were blown. When I approached the vehicle I observed a white male, later identified by his FL DL as Kellen O'neil. I spoke to O'neil and asked him how his left two tires got blown. He stated he hit the curb at an unknown location while driving to his friend's house somewhere on Military. While speaking to O'neil I observed possible signs of impairment; O'neil was slurring his words, his eyes were glassy and red, and he swayed back and forth several times. I asked O'neil if he had been drinking tonight and he advised he drank one margarita at Chili's at approximately 1800 hours on 01/25/17.

Due to my observations I asked O'neil if he would be willing to participate in some Standardized Field Sobriety Tasks to dispel my alarm that he is driving impaired. O'neil stated, "yes". I asked O'Neil if he had any medical issues or injuries. He stated "no". O'neil also stated that he had an associates degree from Palm Beach State College. It should be noted that we were on a flat smooth dry surface.

The first task was the horizontal gaze nystagmus. O'Neil was swaying side to side while standing. There was a lack of smooth pursuit in each eye. There was distinct and sustained nystagmus at maximum deviation in each eye. There was an onset of nystagmus prior to 45 degrees in each eye.

The second task was the walk and turn, O'neil advised that he understood the

SWORN AND SUBSCRIBED BEFORE ME

DALY, MICHAEL D
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)
01/26/2017
 DATE

GRAHAM, DALE LEO (773)
 NAME OF OFFICER (PLEASE PRINT)
01/26/2017
 DATE

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COURT



STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

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 FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-001267			
Charge Type: Check as many as apply.		<input checked="" 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	
Name (Last, First, Middle) O'NEIL, KELLEN FRANCIS		Alias		Race W	Sex M	Date of Birth 01/27/1996	
<p>instructions. O'neil could not maintain the starting position as he was instructed. O'neil did not have his arms at his side and did not stay still. He was swaying back and forth. O'neil did not stay on the line on the pavement, both on the way forward and the way back. He failed to maintain his balance while conducting the heel to toe, and he made an improper turn. O'neil failed to complete the task as instructed.</p> <p>The third task was the Romberg Alphabet. O'neil completed the task without incident.</p> <p>The fourth task was the finger to nose (L-R-L-R-R-L). O'neil completed the task without incident.</p> <p>The Fifth task was the one leg stand. O'neil was unable to maintain the starting position. He was swaying back and forth and did not keep his arms to his side. He failed to look at his toe like he was instructed. O'neil put his foot down several times. O'neil did not follow the instructions even though he stated he understood them.</p> <p>The sixth task was for O'neil to count from 25 to 75, with his hands and feet at his side, his eyes closed and his head titled back. O'neil completed the task without incident.</p> <p>At 0354 hours, I placed O'neil under arrest. The vehicle was towed by West Way Towing. Post search to arrest a white pill inside of a container was found in O'neil's right pocket during my search of his persons. I contacted Poison control and described the pill to them. Operator Eddie (Case # M3557971) advised that the pill was a 2mg Xanax pill (Schedule 4).</p> <p>I transported O'neil to BRPD to be processed. Officer Reissi (ID#776) conducted the Intoxilyzer 8000 testing. I asked O'neil to provide a breath sample. He stated, "No". I read him Implied Consent. He had no questions and understood. I asked him again to provide a breath sample and he stated, "No". O'neil was charged with DUI FSS 316.193(1). My in car video (262) was classified as evidence. O'neil was additionally charged for possession of a controlled substance F.S.S. 893.13(6A) and possession of paraphernalia F.S.S. 893.147(1B). After processing, he was transported to The Palm Beach County Jail.</p>							
SWORN AND SUBSCRIBED BEFORE ME  DALY, MICHAEL D NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 01/26/2017 DATE				#773  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER GRAHAM, DALE LEO (773) NAME OF OFFICER (PLEASE PRINT) 01/26/2017 DATE			
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COURT

STATE ATTORNEY

CENTRAL RECORDS

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CRIME ANALYSIS

P. I. O.