

0249004

826

ARREST / NOTICE TO APPEAR

18CT 10233

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   2018-007902</b>	1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Citrus	<b>1</b>	JUVENILE
Charge Type Check as many as apply	<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	Wagon Search Enter Type: <b>None/not Applicable</b>	Male Clearance Indicator: <b>N</b>	

Location of Arrest (Including Name of Business) <b>99 SE 6TH ST, BOCA RATON, FL</b>			Location of Offense (Business Name, Address) <b>99 SE 6TH ST, BOCA RATON, FL 33432</b>			
Date of Arrest <b>06/09/2018</b>	Time of Arrest <b>21:35</b>	Booking Date <b>06/09/2018</b>	Booking Time <b>21:45</b>	Jail Date <b>06/09/2018</b>	Jail Time <b>00:00</b>	Location of Vehicle <b>LEFT ON SCENE</b>

Name (Last, First, Middle) <b>POJOGA, MITICA</b>		Alias:		Alias (Name, DOB, Sex, Sec. 8, Etc.)	
Race W - White B - Black O - Other/Asian	Sex <b>M</b>	Date of Birth <b>01/26/1961</b>	Height <b>5'10</b>	Weight <b>210</b>	Eye Color <b>BROWN</b>

Local Address (Street, Apt. Number) <b>15811 MENTON BAY CT, DELRAY BEACH, FL 33446</b>	Phone <b>(561) 866-3460</b>	Residence Type 1 City 2 County 3 Florida 4 Out of State <b>1</b>
Permanent Address (Street, Apt. Number) <b>15811 MENTON BAY CT, DELRAY BEACH, FL 33446</b>	Phone <b>(561) 866-3460</b>	Address Source <b>FL DL</b>

Business Address (Name, Street) <b>SELF EMPLOYED</b>	Phone	Occupation <b>Construction</b>
DL Number, State <b>P220540610260 / FL</b>	Sec. No. Number	INS Number

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 2 At Large	<input type="checkbox"/> 3 Felony <input type="checkbox"/> 4 Misdemeanor	<input type="checkbox"/> 5 Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 2 At Large	<input type="checkbox"/> 3 Felony <input type="checkbox"/> 4 Misdemeanor	<input type="checkbox"/> 5 Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Other	Name (Last, First, Middle)	Residence Phone
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)	Business Phone

Notified by (Name)	Date	Time	JUVENILE DISPOSITION 1 Held/Prepared/Status 2 TDT JAC 3 Incarcerated
Released To (Name)	Relationship	Date	Time

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

Yes, by \_\_\_\_\_  No

Drug Activity N N/A P Potent	S Sell B Buy T Traffic	R Smuggle D Deliver E Use	K Dispenser/ Distribute	M Manufacturer/ Product/ Cultures	Z Other	Drug Type N N/A A Amphetamine	B Barbiturate C Cocaine E Heroin	H Hallucinogen M Marijuana O Opium/Opium	P Phencyclidine/ Ecstasy S Synthetic	U Unknown Z Other
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Charge Description <b>DUI</b>	State Violation Number <b>316.193(1)</b>	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit

Charge Description	State Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit

Charge Description	State Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit

Health / Apparent Physical Condition of Defendant <b>GOOD</b>	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Delirium <input type="checkbox"/> Injury
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Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Pooled Bond <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health	<input checked="" type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By <b>VAN CAMP</b>	Released By <b>VAN CAMP</b>	Released To <b>PBCJ</b>
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Transported by	Date Transported <b>06/09/2018</b>	Time Transported <b>00:00</b>	Other
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33446</b>	
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Court Date and Time <b>07/16/2018 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.

Signature of Defendant (or Juvenile and Parent/Custodian): \_\_\_\_\_ Date Signed: \_\_\_\_\_

Signature of Arresting Officer <b>[Signature]</b>	Name Verification (Printed by Arrestee)
Name of Arresting Officer (Print) <b>VAN CAMP, J. A.</b>	ID # <b>747</b>
Transporing Officer <b>[Signature]</b>	ID # <b>74</b>
Agency <b>BOCA</b>	Page <b>1 OF 1</b>

SCANNED JUN 12 2018

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OSTB Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3 2 2018-007902</b>
Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other				Special Notes

Name (Last, First, Middle) <b>POJOGA, MITICA</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/26/1961</b>
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Charge Description <b>316.193(1) DUI</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) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)

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

confessed to \_\_\_\_\_ that he/she saw the arrested person commit the below acts admitting to the below facts     was found to have committed the below acts, resulting from my (described) investigation.

On the 9 day of June, 2018 at 20:32 (Specifically include facts constituting cause for arrest)

On 6-9-2018 at approximately at 2005 hours, BRPD Dispatch put out a BOLO over main channel that a White Van bearing Fl Tag#Y00TZX was driving erratically on N. Ocean Blvd. in Boca Raton, Fl. BRPD Dispatch advised that the van, according to the anonymous caller, kept slowing down and speeding up while traveling northbound on N. Ocean Blvd. I responded to the area and observed the van traveling westbound on E. Palmetto Park Rd. I conducted a U-turn in the roadway and began following the car. After initially following the car, the vehicle was traveling 45 mph in a 35 mph zone. The vehicle also had an obstructed tag. The vehicle traveled southbound on SE Mizner Blvd. and then southbound on S. Federal Hwy. I then conducted a traffic stop on the vehicle, it stopped on SE 6th St. just west of S. Federal Hwy in a parking space. I walked to the driver's side portion of the car and made contact with the driver, W/M Mitica Pojoga. As I was approaching the car, Pojoga opened the door and it appeared as if he was trying to exit the car, I ordered him to go back into the car. Pojoga was also smoking a freshly lit cigarette and what I believed to be in effort to mask the odor of an alcoholic beverage. I began speaking with Pojoga who informed me that he did not feel as if he was driving erratically and was only trying to avoid an accident with another vehicle. Pojoga had red eyes and a slurred speech. I asked how much alcohol Pojoga had consumed and he stated that he consumed "one glass of wine" while in Boynton Beach, Fl. Pojoga stated he was going to a local Publix to pick up groceries. Ofc. Alvarez arrived on scene a short time later.

At this point, I requested that Pojoga exit his vehicle so that I could speak to him further. Pojoga exited without incident and walked to the front of my marked police vehicle along a solid white line in the roadway. I had Pojoga throw down the cigarette and while he was outside of his vehicle I could smell the strong odor of an alcoholic beverage. Pojoga informed me that he consumed about "16 oz" of wine while in Boynton Beach, Fl. Pojoga stated he did not feel as if he was impaired and would consent to the standard field sobriety tasks to dispel my alarm he was driving impaired.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<b>GRAHAM, KEITH T</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)	<b>YAN CAMP, JEFFERY ALAN (747)</b> NAME OF OFFICER (PLEASE PRINT)
<u>06/09/2018</u> DATE	<u>06/09/2018</u> DATE

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1 JUVENILE

Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2018-007902</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		Special Notes:

Name (Last, First, Middle) <b>POJOGA, MITICA</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/26/1961</b>
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Pojoga stated he was not injured and was not taking medications.

I performed and demonstrated each task before he attempted them.

The first task was the Horizontal Gaze Nystagmus. Pojoga had a hard time following instructions. Pojoga kept moving his head from side to side. He also was not following the stimulus, Pojoga would momentarily follow the stimulus and then look directly at me. I had to re-explain the task a few times so that he understood what I was asking him to do. He eventually followed instructed and I observed lack of smooth pursuit in both eyes and each eye had a constant jerking while at maximum deviation. He was awaying during the task.

The second task was the Walk and Turn. While explaining the task, Pojoga did not maintain the starting position by stepping off the line on three different occasions. I had to remind Pojoga to stay in the starting position. He began the exercise and seemed confused after completing his first 9 steps and asked if he should turn left. Upon returning, he lost his balance and said "shit."

The third task was the One Leg Stand. While explaining the task, Pojoga informed me that he has a broken knee and wasn't sure if he could do the task. I reminded Pojoga that he had just informed me that he did not have any injuries. He stated that he broke his knee two years ago and I asked if he could perform the task. Pojoga stated that he would be able to complete the task. Pojoga said that he felt as if he was going to take a "damp." I asked Pojoga what that meant and he told to me that he needed to take a "number 2." I informed Pojoga that we needed to get through the tasks before going to the bathroom.

Pojoga began the exercise early before being told to start. He didn't complete the task correctly by not counting and stopping before I told him too. His leg was also bent in order to maintain his balance. After he was done, I re-explained the task and he started the exercise over. On his second attempt, he fell off balance and said "I'm screwed." I asked him what he meant by that and he said that because he didn't eat anything today the glass of wine was effecting him more then normal.

The fourth task was the Finger to Nose exercise. He completed this task without incident.

The fifth task was the Rhomberg Number Sequence (30-60). He started the task early but counted correctly.

At 2032 hours, I placed Pojoga under arrest for DUI and transported him to the Boca Raton Police Dept. for processing. Ofc. Rafalko conducted the 20 minute observation and

SWORN AND SUBSCRIBED BEFORE ME  <u>GRAHAM, KEITH T # 211</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117.10)  <u>06/09/2018</u> DATE	<u>[Signature]</u> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <u>VAN CAMP, JEFFERY ALAN (747)</u> NAME OF OFFICER (PLEASE PRINT)  <u>06/09/2018</u> DATE	PAGE <b>2 of 3</b>
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PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1 JUVENILE

OSTB Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2018-007902</b>
Charge Type: Check as many as apply. <input type="checkbox"/> 1 Felony <input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other				Special Notes:

Name (Last, First, Middle) <b>POJOGA, MITICA</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/26/1961</b>
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the Intoxilyzer 8000. Pojoga provided the breath samples of .156 and .147.

Pojoga was later transported to the Palm Beach County Jail.

Pojoga's vehicle was left on scene in a parking space per his request.

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SWORN AND SUBSCRIBED BEFORE ME  <u>GRAHAM, KEITH T</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117(10))  <u>06/09/2018</u> DATE	<u>[Signature]</u> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <u>VAN CAMP, JEFFERY ALAN (747)</u> NAME OF OFFICER (PLEASE PRINT)  <u>06/09/2018</u> DATE	PAGE <b>3 of 3</b>
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18-7902

AR  
2032

OBSV  
2038

## DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT  
100 NW 2<sup>nd</sup> Avenue  
Boca Raton, FL 33432

SCANNED

JUN 12 2018



**BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART I**

On the \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_ AM/PM:

Subject: \_\_\_\_\_ Case Number: \_\_\_\_\_

**PERSONAL CONTACT**

Driving Pattern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Observation of Driver: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's Statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Odors: \_\_\_\_\_  
\_\_\_\_\_

**GENERAL OBSERVATIONS**

Speech: \_\_\_\_\_

Attitude: \_\_\_\_\_

Clothing: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

Horizontal Gaze Nystagmus:

- |  |   |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly           | <input type="checkbox"/> Right eye does not follow smoothly           |
| <input type="checkbox"/> Left eye jerks at 45 degrees angle or less  | <input type="checkbox"/> Right eye jerks at 45 degrees angle or less  |
| <input type="checkbox"/> Distinct jerking left eye maximum deviation | <input type="checkbox"/> Distinct jerking right eye maximum deviation |

Can not do, Why? \_\_\_\_\_

Walk and turn: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

One leg stand: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Finger to nose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Alphabet (speech pattern): \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Breath/Blood test results: \_\_\_\_\_

State of Florida, County of Palm Beach,  
Sworn and subscribed before me this \_\_\_\_\_ (date) by \_\_\_\_\_

\_\_\_\_\_  
Notary/Clerk of Court/ Officer (FSS 117.10) Date

\_\_\_\_\_  
Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: van camp

Name: ofc. Rafalko Phone # \_\_\_\_\_ Work # 561 338 1234

Address: 100 NW 2<sup>nd</sup> Ave Boca

Can testify to: Breath TEST

Name: ofc. Alvarez Phone # \_\_\_\_\_ Work # 11

Address: 11

Can testify to: Back up

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: \_\_\_\_\_

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 # 18-7902

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is saturday, June, 9, 2018.  
(day) (month) (date) (year)

B. The time is now approximately 902 AM/PM

C. The following is in reference to case number 18-7902.

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

E. Officer van camp, have you arrested Mitica Pojoga 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./Mrs./Ms. Pojoga, I am required to inform you these  
proceedings are being video recorded.

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

NOT A CERTIFIED COPY

**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 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.*

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: \_\_\_\_\_

*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./Mrs./Ms. \_\_\_\_\_ has refused to submit to a breath test.

The date is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and the time is \_\_\_\_\_ AM/PM.  
(month) (day) (year)

A refusal form will be completed by the arresting officer.

NOT A CERTIFIED COPY



**BOCA RATON POLICE SERVICES DEPARTMENT**  
**JUVENILE 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: \_\_\_\_\_

SCANNED  
JUN 12 2018



BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Mitica pojoga

CASE #: 18-7902 DATE: 6/9/18

BREATH TEST RESULTS

1) TIME .156 2105 AM/PM 2) TIME .147 2108 AM/PM

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

BREATH OPERATOR: Bafaiko 779

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Good

CLOTHING: White t-shirt, Green shorts, Red sandals

MEDICAL CONDITION: None

OTHER: odor of alcohol, bloodshot eyes

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCANNED

JUN 12 2018

**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: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**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? \_\_\_\_\_

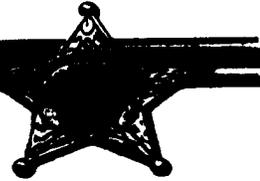
Have you ever had a driver's license in any other state? \_\_\_\_\_

I am now ending this video recording. The time is now approximately 9:13 AM/PM

The date is June 9<sup>th</sup> 2018  
(month) (day) (year)

SCANNED

JUN 12 2018



### Notification of Arrest or Detentions

Date & Time: 6/9/18 @ 2330

To the Embassy of \_\_\_\_\_, Washington, D.C.  
or

Consulate of Romania New York NY  
(Country) (City) (State)

From: Name: Sgt McGuckian #7192  
Office: Palm Beach County Sheriffs Office  
Street Address: 3228 Gun Club Rd  
City & State: West Palm Beach, FL  
Zip Code: 33406  
Telephone: (561) 688-4561  
Fax: (561) 688-4562

Subject: **Notification of Arrest/Detention of a National of Your Country**

We arrested/detained the following foreign national, whom we understand to be a national of your country on,  
9-Jun-18

Mr./Ms. Mitica Pojoga  
Date of Birth: 1/26/1961  
Place of Birth: Romania  
Passport Number: N/A  
Date of Passport Issuance: N/A  
Place of Passport Issuance: N/A

To arrange for consular access, please call (561) 688-4561 between the hours of 0800hrs  
and 1600hrs. Please refer to case number 2018019290 when you call.

Comments: Copy of Booking cards faxed to (212)972-8463  
\_\_\_\_\_  
\_\_\_\_\_

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JUN 12 2018



**Palm Beach County Sheriff's Office – Arrests Only**

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

REVIEW COMPLETED BY

Booking Number: 2018019290	Date: 06/10/2018
	Specialist Name/ID: howardt/7185

SCANNED  
 JUN 12 2018