

AD M I N I S T R A T I O N		OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number		0500200		Agency Name		Boca Raton Police Department		Agency Report Number (N.T.A.'s only)		2017-011931	
Charge Type:		<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		If Weapon Seized		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business)		50 E CAMINO REAL BOCA RATON FL 33432		Location of Offense (Business Name, Address)		50 E CAMINO REAL, BOCA RATON, FL 33432		Enter Type		None/not Applicable	
Date of Arrest		08/25/2017		Time of Arrest		03:07		Booking Date		08/25/2017	
Booking Time		03:17		Jail Date		// : :		Jail Time		WESTWAY TOWING	
Name (Last, First, Middle)		MARKEL, OLENA		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race		W - White 1 - American Indian B - Black 2 - Oriental/Asian		Sex		F		Date of Birth		03/13/1973	
Height		5'10		Weight		146		Eye Color		BLUE	
Hair Color		BLONDE		Complexion		LIGHT		Build		Medium	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status		M		Religion		ORTHODOX	
Local Address (Street, Apt. Number)		461 NE SPANISH CT, BOCA RATON, FL 33432		Phone		(813) 919-8797		Indication of: Alcohol Influence		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Permanent Address (Street, Apt. Number)		461 NE SPANISH CT, BOCA RATON, FL 33432		Phone		(813) 919-8797		Residence Type:		1. City 2. County 3. Florida 4. Out of State	
Business Address (Name, Street)		PALM BEACH CHARTERS, 461 NE SPANISH CT		Phone		(561) -		Occupation		Captain	
D/L Number, State		M624640735930 / FL		Soc. Sec. Number				INS Number		UKRAINE	
Citizenship		US		Co-Defendant Name (Last, First, Middle)				Race		Sex	
Date of Birth				Date of Birth				Date of Birth			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth			
Parent <input type="checkbox"/> Other: <input type="checkbox"/>		Name (Last, First, Middle)		Residence Phone				Business Phone			
Legal Custodian <input type="checkbox"/>		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.		School Attended		Grade							
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		Property Crime?		Description of Property		Value of Property					
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Drug Activity		S. Sell		R. Smuggle		K. Disperses/Distribute		M. Manufacture/Produce/Cultivate		Z. Other	
N. N/A		B. Buy		D. Deliver		E. Use					
P. Possess		T. Traffic									
Drug Type		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/Equipment		U. Unknown		Z. Other	
N. N/A		C. Cocaine		M. Marijuana		S. Synthetic					
A. Amphetamine		E. Heroin		O. Opium/Deriv.							
Charge Description		DUI		Statute Violation Number		316.193(1)		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence	
N						2017-011931		1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
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	
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	
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	
<input type="checkbox"/> Posted Bond		<input type="checkbox"/> South County Mental Health						SAAVEDRA		SAAVEDRA	
Transported By				Date Transported		Time Transported		Other		Released To	
										PBCJ	
INSTRUCTION NO. 1 - Mandatory appearance in court		<input checked="" type="checkbox"/>		Location (Court, Room)		South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time		09/25/2017 08:30:00	
INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		<input type="checkbox"/>									
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed				No Photo Available	
HOLD for the Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		AUG 25 AM 6:35					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print)		ID #		777		(PRINT)			
<input type="checkbox"/> Suspect <input type="checkbox"/> Other		SAAVEDRA, ALONSO		Transporting Officer		ID #		Agency		PAGE	
Cpt. [Signature]		7200		Pouch #		542		BRPD		1 OF 1	
Witness here if subject signed with an "X".											

AUG 25 2017

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OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		<b>1</b>	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-011931</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:					
D E F	Name (Last, First, Middle) <b>MARKEL, OLENA</b>					Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/13/1973</b>	
C H A R G E S	Charge Description <b>316.193(1) DUI</b>				Charge Description				
	Charge Description				Charge Description				
V I C T I M	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	
<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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence.  <input type="checkbox"/> confessed to _____ admitting to the below facts.         </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.  <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </div> </div> <p>On the <b>25</b> day of <b>August</b>, <b>2017</b> at <b>03:07</b> (Specifically include facts constituting cause for arrest.)</p> <p>On 08/25/2017 at 0234 hours, I responded to 50 E. Camino Real, in reference to a DUI investigation.</p> <p>Upon arrival, I met with Officer Coronado who initiated the traffic stop. Officer Coronado advised he observed a gray 2017 Audi A5 traveling eastbound on Camino Real. Officer Coronado advised he observed the vehicle ran the red light at 200 W. Camino Real, almost causing a traffic accident with his unmarked vehicle. Officer Coronado then initiated the traffic stop and made contact with the sole occupant W/F Olena Markel. Officer Coronado was able to smell a strong odor of an alcoholic beverage emitting from her breath. I then arrived to the location and took over the investigation.</p> <p>Upon speaking with Markel, I was able to smell a strong odor of an alcoholic beverage emitting from her breath. Her eyes were red and bloodshot and had slurred speech. Markel advised she was at a friend's house somewhere out west. Markel stated she had "a few drinks" of champagne. According to Markel, her last drink was 40 minutes before she decided to start driving.</p> <p>At this point, I requested Markel to walked in front of Officer Alvarez marked police unit (335), which was parked in front of a solid white line. I then asked Markel if she will perform the standard roadside exercises to dispel my alarm she was driving under the influence. She provided consent. Markel advised she had no injuries and was not taking any medication.</p> <p>I then performed and demonstrated each task before he performed them.</p> <p>I conducted the first task, which was the Horizontal Gaze Nystagmus. While observing HGN, each eye had a constant jerking while at maximum deviation. Lack of</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>GRAHAM, KEITH J</b> #714</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><b>08/25/2017</b></p> <p>DATE</p> </div> <div style="width: 45%;"> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>SAAVEDRA, ALONSO (777)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>08/25/2017</b></p> <p>DATE</p> </div> </div>									
								PAGE 1 OF 2	

COURT

STATE ATTORNEY

CENTRAL RECORDS

SCANNED CRIME ANALYSIS

P. I. O.

AUG 25 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-011931</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>MARKEL, OLENA</b>				Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/13/1973</b>

A  
D  
M  
I  
N  
I  
S  
T  
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E

smooth pursuit was present in both eyes. While in close proximity with Markel the odor of alcohol became stronger. She was slightly swaying.

The second task was the Walk and Turn. She was unable to keep the starting position. Markel started the task without being instructed to do so. She took 10 non heel to toe steps forward. She then did not turn as instructed and walked 10 non heel to toe steps back. Markel then looked at me and said I can do this again and took 10 non heel to toe steps forward. Once she finished she stood on one leg and raised her arms to the sky. She then walked back 10 non heel to toe steps.

The third task was the One Leg Stand. She raised her foot 3 inches from the ground and then cross her feet. She used her arms for balance. She did not count as instructed. Markel then started laughing.


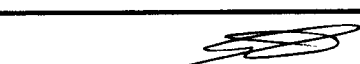
The fourth task was the Finger to Nose. L- held her finger to her nose. She then moved her head to the left and did not bring her finger back down. I then reminded Markel of the instructions. Markel stated she understood. R- held her finger, missed the tip of her nose and moved her head to the left. L- held her finger, moved her head to the left and used her right finger. After the third attempt, she would stare at me and would not follow my commands.

The fifth task was the Rhomberg Alphabet. Markel said A, B, C, D, E, F, G, H, J and whatever I do not know the rest.

At 0307 hours, I placed Olena Markel under arrest for DUI per F.S.S. 316.193(1). She was transported to Boca Raton Police Department for processing. Ofc. Rafalko conducted the Intoxilyzer Testing. While in the DUI Room, Markel provided the breath samples of .232%, .235%

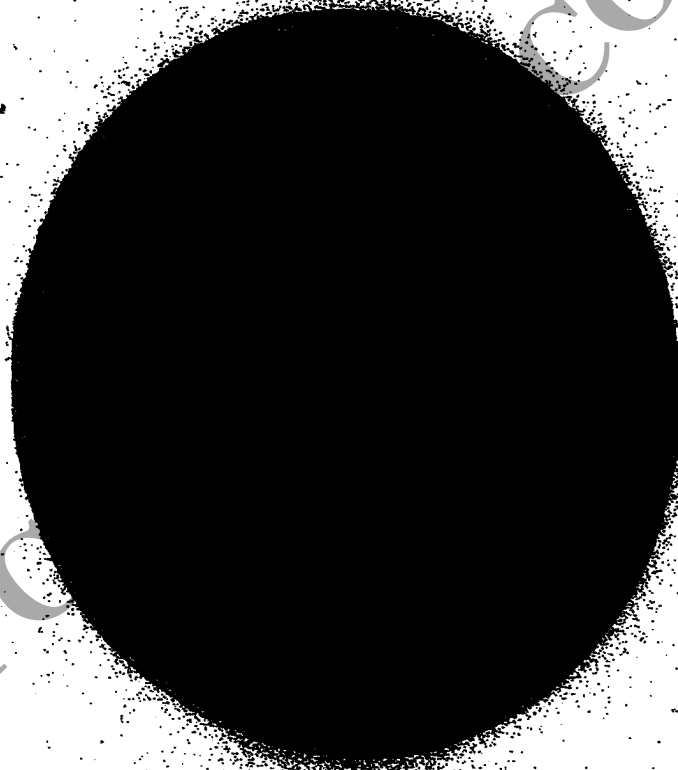
Markel was later taken to Palm Beach County jail for final disposition. The vehicle was towed from the scene by Westway Towing. The video of the roadsides was submitted into BRPD evidence.

SWORN AND SUBSCRIBED BEFORE ME  <div style="text-align: center;">   <b>GRAHAM, KEITH T</b>          NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)   <b>08/25/2017</b>          DATE       </div>	<div style="text-align: center;">           SIGNATURE OF ARRESTING / INVESTIGATING OFFICER   <b>SAAVEDRA, ALONSO (777)</b>          NAME OF OFFICER (PLEASE PRINT)   <b>08/25/2017</b>          DATE       </div>
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# **D. U. I. INFLUENCE REPORT**



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

**SCANNED**

**AUG 25 2017**

WITNESS LIST

ARRESTING OFFICER: Savandra

Name: Ofc. Alvarez Phone # Home \_\_\_\_\_ Work 561 3686201

Address: 100 NW 2nd Ave

Can testify to: Back up

Name: Ofc. Coronado Phone # Home \_\_\_\_\_ Work 11

Address: 11

Can testify to: 11

Name: Ofc. Wassenburg Phone # Home \_\_\_\_\_ Work 11

Address: 11

Can testify to: 11

Name: Ofc. Bafaiko Phone # Home \_\_\_\_\_ Work 11

Address: 11

Can testify to: Breath Test

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

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

Can testify to: \_\_\_\_\_

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

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

Can testify to: \_\_\_\_\_

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

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

Can testify to: \_\_\_\_\_

SCANNED

AUG 25 2017

BOCA RATON POLICE DEPARTMENT

Agency Case# 17-11931

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

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is: Friday, August, 25, 2017  
(day) (month) (date) (year)

B. The time is now approximately 3:35 AM/PM

C. The following is in reference to case number 17-11931

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

E. Officer Savadra, Have you arrested Olenna Markel  
(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. Markel, I am required to  
Inform you these proceedings are being video taped.

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

SCANNED

AUG 25 2017

Agency Case # 17-11931**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.

BOCA RATON POLICE DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Olena Markel

CASE #: 17-11931 DATE: 8/25/17

BREATH TESTS RESULTS

1) TIME 0345 / .232 AM/PM 2) TIME 0.235 <sup>0349</sup> AM/PM  
3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: Rafalko

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Lathargic

CLOTHING: White Dress

MEDICAL CONDITION: None

OTHER: Blood Shot eyes / ~~slur~~ Odor of alcohol

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



BOCA RATON POLICE DEPARTMENT

Agency Case # 17-11931

**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? Yes

Where were you going? Home 461 NE Spanish Ct Boca Raton

What street or highway were you on? Camino

Direction of travel? East

Where did you start driving from? Camino

What City (County) were you stopped in? Boca Raton

What time did you start? Do not recall AM/PM What time is it now? 11:00

What is today's date? 08/24 What day of the week is it? Friday **SCANNED** AUG 25 2017

Agency Case # 17-11931

When did you last eat? 7:00 pm What did you eat? Chicken, fish, vegetable

What have you been doing the past three hours prior to this stop/accident? Talking to friend

How much do you weigh? 145 Have you been drinking? Yes What were you drinking? Champagne

How much? 3 Where? Friend House With whom were you drinking? Friend

When did you have your first drink? Not recall 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 ☐ Inner ear trouble? Yes ☐ No ☐  
Glass Eye? Yes ☐ No ☐ Ear Infection? Yes ☐ No ☐  
False Teeth? 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 358 AM/PM

The date is: August (month) 25 (day) 2017 (year).

SCANNED  
AUG 25 2017