

ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE				
OBTS Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 17CT 15845 3 2 2017-011931							
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply: <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other <td colspan="2">If Weapon Seized Enter Type None/not Applicable</td> <td colspan="2">Multiple Clearance Indicator N</td>								If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator N	
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							
Date of Arrest 08/25/2017	Time of Arrest 03:07	Booking Date 08/25/2017	Booking Time 03:17	Jail Date // : :	Jail Time	Location of Vehicle WESTWAY TOWING					
Name (Last, First, Middle) MARKEL, OLENA											
Alias: Alias: (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White B - Black		Sex W - Male F - Female	Date of Birth 03/13/1973	Height 5'10	Weight 146	Eye Color BLUE	Hair Color BLONDE				
				Marital Status M	Religion ORTHODOX		Complexion LIGHT				
						Indication of: Alcohol Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
Local Address (Street, Apt. Number) 461 NE SPANISH CT, BOCA RATON, FL 33432				(City) (State) (Zip)		Phone (813) 919-8797	Residence Type: 1. City <input type="checkbox"/> 3. Florida <input type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/>				
Permanent Address (Street, Apt. Number) 461 NE SPANISH CT, BOCA RATON, FL 33432				(City) (State) (Zip)		Phone (813) 919-8797	Address Source FL DL				
Business Address (Name, Street) PALM BEACH CHARTERS, 461 NE SPANISH CT				(City) (State) (Zip)		Phone (561) -	Occupation Captain				
D/L Number, State M624640735930 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) UKRAINE	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					
Name (Last, First, Middle) <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian											
Address (Street, Apt. Number) (City) (State) (Zip)											
Notified by: (Name) C. O. L. 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.											
<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					
C O D E Drug Activity S. Sell R. Smuggle K. Disperses/ M. Manufacture/ Z. Other N. N/A B. Buy D. Deliver Produce/ Cultivate P. Possess T. Traffic E. Use				Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A C. Cocaine M. Marijuana Equipment Z. Other A. Amphetamine E. Heroin O. Opium/Driv. S. Synthetic							
Charge Description DUI											
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number											
Statute Violation Number 316.193(1)											
Charge Description											
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number											
Statute Violation Number											
Charge Description											
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number											
Statute Violation Number											
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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By SAAVEDRA		Released By SAAVEDRA	Released To PBCJ				
Transported By				Date Transported	Time Transported	Other					
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 09/25/2017 08:30:00							
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.											
Signature of Defendant (or Juvenile and Parent/Custodian)											
HOLD or Other Agency <input checked="" type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicide <input type="checkbox"/> Other				Signature of Arresting Officer 		Name Verification (Printed by Arrestee) AUG 25 2017 6:35 (PRINT)					
Hold or Other Agency <input checked="" type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicide <input type="checkbox"/> Other				Name of Arresting Officer (Print) SAAVEDRA, ALONSO ID. # 777		Transporting Officer ID. # 541 Agency BRPD					
Witness here if subject signed with an "X". Witness: Alonso SaaVEDRA											

No
Photo
Available

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AUG 25 2017

0490874

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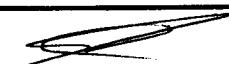
OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-011931			
	Charge Type: Check as many as apply: 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:			
D E F	Name (Last, First, Middle) MARKEL, OLENA			Alias	Race W	Sex F
C H A R G E S	Charge Description 316.193(1) DUI		Charge Description			
V I C T I M	Charge Description		Charge Description			
Victim's Name (Last, First, Middle) STATE OF FLORIDA,				Race	Sex	Date of Birth
Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432				Phone (561) -	Address Source	
Business Address (Name, Street)				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 <u>25</u> day of <u>August</u>, <u>2017</u> at <u>03:07</u> (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 walk 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>						
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME GRAHAM, KEITH T #714 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 08/25/2017 DATE			 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER SAAVEDRA, ALONSO (777) NAME OF OFFICER (PLEASE PRINT) 08/25/2017 DATE		

COURT

STATE ATTORNEY

CENTRAL RECORDS

SCANNED CRIME ANALYSIS

P. I. O.

AUG 25 2017

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT
 1. Arrest 3. Request for Warrant
 2. N.T.A. 4. Request for Capias
1

JUVENILE

A D M I N I S T R A T I V E	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-011931
N	Charge Type: Check as many as apply. 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	Special Notes:	
D E F	Name (Last, First, Middle) MARKEL, OLENA	Alias	Race Sex Date of Birth W F 03/13/1973

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 roadside was submitted into BRPD evidence.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GRAHAM, KEITH T

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

08/25/2017

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

SAAVEDRA, ALONSO (777)

NAME OF OFFICER (PLEASE PRINT)

08/25/2017

DATE

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COURT

STATE ATTORNEY

CENTRAL RECORDS

SCANNED CRIME ANALYSIS

P. I. O.

AUG 25 2017

11931

1015 0307

315 OBS

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: SaradraName: Ofc. Alvarez Phone # Home _____ Work 561 368 6201Address: 100 NW 2nd AveCan testify to: Back upName: Ofc. Coronado Phone # Home _____ Work 11Address: 11Can testify to: 11Name: Ofc. Wassenburg Phone # Home _____ Work 11Address: 11Can testify to: 11Name: Ofc. Rafaiko Phone # Home _____ Work 11Address: 11Can 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

BOCA RATON POLICE DEPARTMENT

Agency Case# 17-11931

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

L. 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 Glenna Market
(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. Market, 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

BOCA RATON POLICE DEPARTMENT

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.

SCANNED

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Olena Market

CASE #: 17-11931

DATE: 8/25/17

BREATH TESTS RESULTS

1) TIME 0345 / .232 AM/PM 2) TIME 0.235 ⁰³⁴⁹ AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Bafalko

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Lethargic

CLOTHING: White Dress

MEDICAL CONDITION: None

OTHER: Blood Shot eyes / ~~smell~~ 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? SCANNED

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

