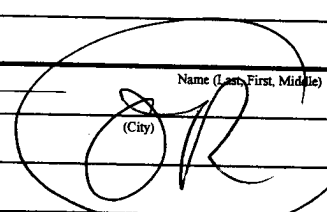
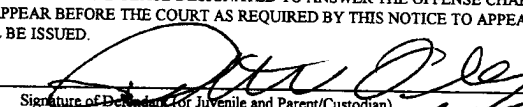

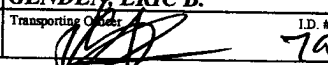


ADMISSION		ARREST / NOTICE TO APPEAR		252	
OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Agency Report Number (N.T.A.'s only) 3 2 2017-010726		If Weapon Seized Enter Type None/not Applicable	
Location of Arrest (Including Name of Business) 5440 W GLADES ROAD		Location of Offense (Business Name, Address) 5440 W GLADES RD, BOCA RATON, FL 33431		Multiple Clearance Indicator	
Date of Arrest 07/30/2017	Time of Arrest 17:42	Booking Date 07/30/2017	Booking Time 17:52	Jail Date 07/30/2017	Jail Time 17:42
Name (Last, First, Middle) OBERG, PETER RICHARD		Alias: DARA KANE		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 02/17/1975	Height 5'06	Weight 185	Eye Color BROWN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT L NECK / CHINESE SYMBOL; TATT R ARM / TRIBAL; TATT L		Marital Status S	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 5750 COACH HOUSE CIR F, BOCA RATON, FL 33486		(City)	(State)	(Zip)	Phone (561) 255-3573
Permanent Address (Street, Apt. Number) 5750 COACH HOUSE CIR F, BOCA RATON, FL 33486		(City)	(State)	(Zip)	Phone (561) 255-3573
Business Address (Name, Street) FOSTER HOUSE,		(City)	(State)	(Zip)	Phone (561) -
D/I. Number, State 0162676750570 / FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) MANCHESTER, CT,	Citizenship U.S.
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 <input type="checkbox"/> 5. Juvenile
<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)		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.		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 N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate
Z. Other		Drug Type A. Amphetamine B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic
U. Unknown Z. Other		Statute Violation Number 316.193(1)		Violation of ORD #	
Charge Description DUI		Drug Activity		Drug Type N	Amount / Unit /
Offense # 2017-010726		Counts 1	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		Bond	
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		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 applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By GENDEN	
Transported By		Released By GENDEN		Released To TOT COUNTY	
<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) South County 200 W Atlantic Ave Delray Beach, FL 33434		Court Date and Time 08/28/2017 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 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 		Name Verification (Printed by Arrestee) GENDEN	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) GENDEN, ERIC B.		I.D. # 680	
Intake Deputy D/S B. SHATARA #7623		Transporting Officer 		Agency 791 BRPD	
Witness here if subject signed with an "X".		PAGE 1 OF 1			

Horne 791

SCANNED
AUG 02 2017

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

BTS Number

Agency ORI Number

FL 0500200

Agency Name

BOCA RATON POLICE DEPARTMENT

Agency Report Number

3 | 2 | 2017-010726

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)

OBERG, PETER RICHARD

Alias

Race

Sex

Date of Birth

W

M

02/17/1975

Charge Description

316.193(1) DUI

Charge Description

Charge Description

Charge Description

Victim's Name (Last, First, Middle)

STATE OF FLORIDA,

Race

Sex

Date of Birth

Local Address (Street, Apt. Number)

(City)

(State)

(Zip)

Phone

Address Source

100 NW 2ND AVE, BOCA RATON, FL 33432

(561) -

Business Address (Name, Street)

(City)

(State)

(Zip)

Phone

Occupation

(56) -

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 _____

admitting to the below facts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 30 day of July, 2017 at 17:04 (Specifically include facts constituting cause for arrest.)

On 07/30/2017 at 1704 hours, I was in the area of 5440 W Glades Rd, Boca Raton, FL in reference to a possible impaired driver. I observed W/M Peter Oberg falling off his 2003 Harley Davidson motorcycle bearing FL Tag 3658RC in the west parking lot. The bike appeared to have fallen on Peter and he was struggling to pick it up. As I entered the west parking lot entrance I observed store employee W/F Genesis Ocasio exit the store to flag down Officer Ruiz and I. Officer Ruiz was in the north part of the lot and I requested him to back me up as I made a consensual encounter with Peter who was in actual physical control of the motorcycle and sitting on it. The motorcycle was not running and it appeared his fiancée W/F Dara Kane was trying to stop him from driving away. Additionally, W/F Genesis Ocasio (BP store employee) advised in a sworn written witness statement that Peter came in the store and she said hello but he did not answer. She went outside to help someone else and Peter was trying to drive away on his bike and fell after 3 feet. The bike fell on Peter and another man went to help Peter.

I asked Peter if he had any medical problems and he said he had a knee injury a while back. Peter advised he takes Lithium, Busbar, Klonopin, Haloperidol, Seroquel and Topomax. It should be noted he originally told me he does not take any medications. Peter appeared lethargic, uncoordinated, disoriented, sluggish and he displayed a drunk like behavior. I requested BRFD on scene to rule out any immediate medical issues and they advised Peter was medically okay.

At this point I asked Peter if he would conduct some roadside exercises and he said "yes." Peter was uneasy on his feet and he was slow to get off his motorcycle. First, Peter conducted the Horizontal Gaze Nystagmus Exercise and he advised he understood my instructions. He displayed a lack of smooth pursuit in the right and left eye. He also displayed a distinct nystagmus at maximum deviation and an onset of nystagmus prior to forty five degrees in the right and left eyes. Lastly, Peter's right left eye did not converge normally.

SWORN AND SUBSCRIBED BEFORE ME

HARDING, BRANDON BLAZE

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

07/30/2017

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

GENDEN, ERIC BRADLEY (680)

NAME OF OFFICER (PLEASE PRINT)

07/30/2017

DATE

PAGE

1 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

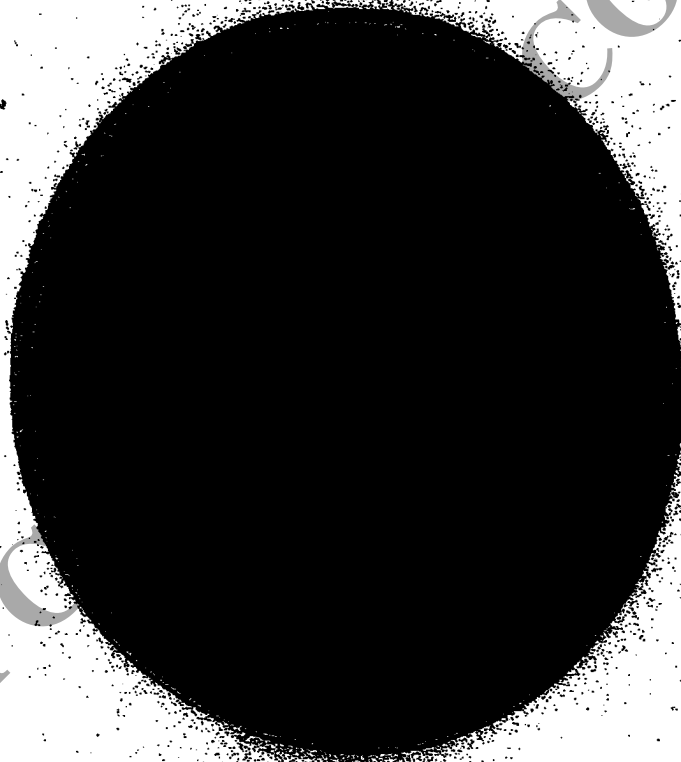
CRIME ANALYSIS

P.I.O.

AUG 02 2017

BTS 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 2017-010726							
Charge Type: Check as many as apply.		Special Notes:									
<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											
Name (Last, First, Middle) OBERG, PETER RICHARD		Alias		Race W		Sex M		Date of Birth 02/17/1975			
<p>Next, I asked Peter to conduct the Walk and Turn exercise. Peter advised he understood my instructions. Peter did not remain in the starting position and he took too many steps. I had to remind Peter to turn around. Peter stepped off the line and he did not count out loud. Peter was swaying, shaking and he was having difficulties balancing on the line. Peter did not use heel to toe steps on all of his steps.</p> <p>Next, I asked Peter to conduct the one leg stand exercise and he advised he understood my instructions. Peter did not count out loud and he dropped his foot on the ground. Peter was swaying and shaking during this exercise.</p> <p>Lastly, I asked Peter to conduct the finger to nose exercise and he advised he understood my instructions. Peter was extremely slow moving his finger to his nose and his finger was shaking. The sequence I requested and the results are: Left - Slow; Right - touched his mustache; Left- Inside nose; Right- Tip of nose; Right - Tip of nose; Left - Inside nose.</p> <p>Based on my training (DRE #028046), experience and the totality of circumstances, Peter was placed under arrest for driving under the influence. I transported him to the Boca Raton Police Department and Officer Frenz conducted the breath tech operation. Peter provided two breath samples of .000 and .000. Next, Peter provided a urine sample and it was sent for analysis to the Palm Beach County Sheriff's Office Toxicologist on 07/30/2017. I asked Peter if he would cooperate with a drug influence evaluation and he said "yes." It is my opinion that Peter was under the influence of CNS depressants. See my drug influence evaluation report for further information.</p> <p>Peter was transported to Palm Beach County Jail and his motorcycle was released to his fiancée Dara Kane. The video of the incident was downloaded into evidence on 07/30/2017. A copy of the sworn statement by Genesis and the Urine sample were submitted into evidence on 07/30/2017.</p> <p>Per Florida State Statute 316.193(1), Peter did drive or was in actual physical control of a vehicle, while under the influence of alcoholic beverages/ chemical substances and was affected to the extent that his normal faculties were impaired.</p>											
<div>SWORN AND SUBSCRIBED BEFORE ME</div> <div><div><div>HARDING, BRANDON BLAZE</div><div>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</div><div>07/30/2017</div><div>DATE</div></div><div><div></div><div>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</div><div>GENDEN, ERIC BRADLEY (680)</div><div>NAME OF OFFICER (PLEASE PRINT)</div><div>07/30/2017</div><div>DATE</div></div></div> <div>PAGE 2 OF 2</div>											

D. U. I. INFLUENCE REPORT



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

SCANNED

AUG 02 2017

WITNESS LIST

ARRESTING OFFICER: Genden

Name: Genden Phone # Home _____ Work 561-338-1234

Address: 100 NW 2nd Ave Boca Raton

Can testify to: Investigation

Name: ofc Ruiz, Lucarigale Phone # Home _____ Work _____

Address: Same as above

Can testify to: Backup

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: _____

BOCA RATON POLICE DEPARTMENT

Agency Case# 2017-010726

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

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: Sunday, July, 30, 2017
(day) (month) (date) (year)

B. The time is now approximately 1821 AM/PM

C. The following is in reference to case number 2017-010726

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

E. Officer Garden, Have you arrested Peter Ober
(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. Ober, I am required to
Inform you these proceedings are being video taped.

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

SCANNED
AUG 02 2017

BOCA RATON POLICE DEPARTMENT

Agency Case # 2017-010726

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

AUG 02 2017

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Oberg, Peter

CASE #: 2017-010726 DATE: 7/30/17

BREATH TESTS RESULTS .000 / .000

1) TIME 6:24 AM/PM AM 2) TIME 6:27 AM/PM AM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Frenz

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: slow

ATTITUDE: cooperative

CLOTHING: red marie shirt blue jeans

MEDICAL CONDITION: None

OTHER: _____

COMMENTS: walking slowly while coming in, lethargic

Lithium to perine, guanter, busbore, to perine

SCANNED

AUG 02 2017

Agency Case # 2017-010726

6:34 am

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? out of gas station

What street or highway were you on? Glades/Botts

Direction of travel? North

Where did you start driving from? Cash House circle east

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

What time did you start? Don't know AM/PM What time is it now Don't know

What is today's date? 28th Jan What day of the week is it? Sunday

SCANNED
AUG 11

Agency Case # 2017-010726

When did you last eat? yesterday night What did you eat? spaghetti Hamburger

What have you been doing the past three hours prior to this stop/accident? getting gas figuring out bike

How much do you weigh? 184 Have you been drinking? NO What were you drinking? Nothing

How much? 1 Where? gas station With whom were you drinking? Byn. Meant to

When did you have your first drink? that know AM/PM When did you stop drinking? AM/PM Minut after 1st drink

How did you consume your last two drinks? Gulps

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?

What line of work are you in? Substance abuse + mental health

When did you last work? Friday

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? NO Did you get a bump on the head? NO

Were you involved in an accident today? NO

Have you taken any drugs or smoked marijuana today? NO

What? When?

Have you seen a doctor or dentist today? NO Who? All at night

Are you taking any prescription medicines? Yes ☒ No ☐ What? When?

Do you have: Epilepsy? Yes ☐ No ☒ Inner ear trouble? Yes ☐ No ☒
Glass Bye? Yes ☐ No ☒ Ear Infection? Yes ☐ No ☒
False Teeth? Yes ☐ No ☒ Diabetes? Yes ☐ No ☒

Any eye problems not correctable by glasses or contact lenses? NO

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? NO

I am now ending this videotaping. The time now is approximately 6:42 AM/PM **SCANNING**

The date is: July (month) 30 (day) 2017 (year) AUG