

0496031

1589

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

ADMINISTRATIVE

OBTS Number: _____

Agency ORI Number: **FLO 5 0 0 2 0 0** Agency Name: **BOCA RATON POLICE SERVICES DEPT.** Agency Report Number (N.T.A.'s only): **3 2 1 1 8 1 0 4 2 6 2 5 1 1**

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Weapon Seized / Type: **2 1. Yes 2. No**

Location of Arrest (Including Name of Business): **BOCA RATON FL** Location of Offense (Business Name, Address): **1599 NMILITARY TRL BOCA RATON FL**

Date of arrest: **0 2 2 3 1 8** Time of Arrest: **2 1 3 7** Booking Date: _____ Booking Time: _____ Jail Date: **2/24/18** Jail Time: _____ Location of Vehicle: **WESTWAY TOWING**

DEFENDANT

Name (Last, First, Middle): **HENLE, ROBERT, CARL** Alias (Name, DOB, Soc. Sec. #, Etc.): _____

Race: **W - White** 1. American Indian 2. Black 3. Oriental/Asian Sex: **M** Date of Birth: **0 1 0 6 5 2** Height: **5 9"** Weight: **195** Eye Color: **BLUE** Hair Color: **GRAY** Complexion: **CLEAR** Build: **MED**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **SCAR LEFT QUAD.** Marital Status: **M** Religion: **PROTESTANT** Indication of Alcohol Influence: Y N Unk. Drug Influence: Y N Unk.

Local Address (Street, Apt. Number): **944 DOGWOOD DR DELRAY BEACH FL 33483** (City) (State) (Zip) Phone: **(561) 859-4560** Residency Type: 1. City 2. County 3. Florida 4. Out of State **12**

Permanent Address (Street, Apt. Number): **944 DOGWOOD DR DELRAY BEACH FL 33483** (City) (State) (Zip) Phone: _____ Address Source: **FLDL**

Business Address (Name, Street): _____ (City) (State) (Zip) Phone: _____ Occupation: **ENGINEER**

D/L Number, State: **H 5 1 0 7 6 3 5 2 0 0 6 - 0** Soc. Sec. Number: _____ INS Number: _____ Piece of Birth (City, State): **POUGHKEEPSIE, NY** Citizenship: **US**

CO-DEF.

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

JUVENILE

Parent Legal Custodian Other: _____ 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 Dept. and Released. 2. TOT HRS/DYS 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: (Name) _____ No: (Reason) _____

School Attended: _____ Grade: _____

Property Crime? Yes No Description of Property: _____ Value of Property: _____

CHARGE

Drug Activity: **N** S. Sell **N/A** R. Smuggle **N/A** K. Dispense/Distribute **N/A** M. Manufacture/Produce/Cultivate **N/A** Z. Other **N/A** Drug Type: **N/A** B. Barbiturate **N/A** C. Cocaine **N/A** E. Heroin **N/A** H. Hallucinogen **N/A** M. Marijuana **N/A** O. Opium/Deriv. **N/A** P. Paraphernalia/Equipment **N/A** U. Unknown **N/A** Z. Other **N/A** S. Synthetic **N/A**

Charge Description: **DUI** Counts: **1** Domestic Violence: **0** Statute Violation Number: **3 1 0 1 1 9 3** Violation of ORD #: **1011**

Drug Activity: **N** Drug Type: **N** Amount / Unit: **N/A** Offense #: _____ Warrant / Capias Number: _____ Bond: _____

Charge Description: _____ Counts: _____ Domestic Violence: **0** Statute Violation Number: **1011** Violation of ORD #: **FEB 24 AM 10:08**

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Warrant / Capias Number: _____ Bond: _____

Charge Description: _____ Counts: _____ Domestic Violence: **0** Statute Violation Number: **1011** Violation of ORD #: **FEB 24 AM 11:00**

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Warrant / Capias Number: _____ Bond: _____

INTAKE INFO.

Health/Apparent Physical Condition of Defendant: _____ Property - Rec'd. By: _____ Released By: _____ Released To: _____

Any knowledge of the following, place an "X" and explain: Mental: Escape Risk: Medication: Deformities: Injuries

Explain: _____

Check which applies: Released O.R.: Posted Bond: Released to Parent/Guardian: S. County Mental Health: T.O.T. County Jail

Transported By: _____ Date: _____ Time: _____ Other: _____

NOTICE TO APPEAR

Instruction No. 1 Mandatory Appearance in Court Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.

Location (Court, Room Number, Address): **200 W ATLANTIC AVE DELRAY BEACH FL**

Court Date and Time: Month **MARCH** Day **22** Year **2018** Time **8:30** P.M.

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 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: **2/24/18** **FEB 26 2018**

ADMIN.

HOLD for other Agency Name: _____ Signature of Arresting Officer: **[Signature]** Name Verification (Printed by Arrestee): **ROBERT HENLE**

Dangerous Resisted Arrest Suicidal Other: _____ Name of Arresting Officer (Print): **OFF. FONG 763** I.D.#: _____ (PRINT) **ROBERT HENLE**

Intake Deputy: **SPAWN 810** I.D.#: _____ Pouch #: _____ Transporting Officer: **FONG 763** I.D.#: _____ Agency: _____ Witness here if subject signed with an "X": _____ PAGE **1** OF **1**

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23 DAY OF February 2018, AT 2043 AM PM

SUBJECT: Henle Robert Carl CASE NUMBER: 18-042625

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Fong

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

Vehicle was involved in a accident.

OBSERVATION OF DRIVER:

While speaking with Henle on scene I observed signs of impairments; there was a pungent odor of alcohol emanating from Henle `s person, he was slurring his words; his eyes were glassy and red. Once I was done with my crash investigation and based on my observations, I asked Henle if he would attempt the field sobriety exercises to dispel my alarm that he may have been operating a motor vehicle under the influence. Henle advised he would be able to attempt the field sobriety tasks.

DRIVER'S STATEMENTS:

Henle advised he was coming from 2240 NW 19th St Boca Raton (Hooters). Henle stated he had two to three IPA beers with some friends.

ODORS:

Strong Odor of alcohol from his breath.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Upset

CLOTHING: Gray shorts, black and gray polo.

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

Fong

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of February 2018 by Fong

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced FLDL

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
FEB 26 2018

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

WALK & TURN:

I then instructed Henle to step towards the front of my vehicle to begin the tasks. Henle then stepped to the designated area to begin the tasks. His movements were slow and unsteady. Once we established the starting point for the first task (Walk and Turn), I asked Henle if he had any problems which would prevent him from conducting the field sobriety tasks. Henle advised he did not have any issues completing the tasks.

While I was giving him the instructions for the task he began walking and failed to stay in the starting position. Henle had trouble keeping his left foot on the line while I repeatedly explained the instructions. I had to remind Henle multiple times to stay in the starting position. I asked if he understood the instructions. Henle advised he understood and I then instructed him to begin the task. During the attempt he was unable to maintain his hands at his side. He used his hands as balance and was unable to walk heel to toe. Henle had done thirteen steps down the line. He took a long pause and then attempted the return steps. The return steps were a total of fifteen steps and he failed to keep his arms at his sides throughout the task.

ONE LEG STAND:

The second task was the one leg stand. I gave the instructions and demonstrated the task. I asked Henle if he had any questions and Henle advised he did not. Henle was unable to maintain the starting position. He needed to be reminded to stay in the starting position. During the task he used his left foot. Henle was unable to keep his arms at his side and had his hands out for balance. Throughout the task, Henle did not count out loud and were not looking at his elevated foot.

FINGER TO NOSE:

The third task was the finger to nose task. I gave Henle the instructions and demonstrated the task at hand. Henle advised he did not have any questions and began the task. During his attempts, Henle used his middle finger on both hands instead of his index finger. Instead of touching the tip of his nose, he was touching the middle of his nose. Throughout the task he was swaying from side to side.

ROMBERG ALPHABET:

The fourth task was to recite the English Alphabet in a non-rhythmic matter. Henle advised he graduated college with a Bachelors degree and knows the English Alphabet. During the attempt his arms were not at his side. Henle recited, M,M,N,O,T and stopped for a few moments and recited L,M,O,P. Henle was unable to complete the rest of the English Alphabet and attempted the task again. On Henle's second attempt, he recited A,B,C,D,E,F,L,L,M,O,P. The fifth task was to estimate 30 seconds. During this task he estimated 60 seconds. Henle's body was swaying throughout the task.

BREATH TEST RESULTS: **Refused** **Refused**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Fong

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of February 2018 by Fong

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced FLDL

Notary Public, Clerk of Court, Officer (F.S.S 117.10)



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
FEB 26 2018

SUBJECT: HENLE ROBERT CASE NUMBER: 2018-2768

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: OFC FONG # 763

SCANNED
FEB 26 2018

SUBJECT: HENLE ROBERT

CASE NUMBER: 2018-2768

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am OFC FONG of the BOCA RATON PD

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'S SIGNATURE: (X) READ ON CAMERA

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence 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 statements 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 and will be used against you in a court of law.

SCANNED
FEB 26 2018

SUSPECT'S SIGNATURE: (X) READ ON CAMERA

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence o chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST

I am Fong of the BRPD

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'S SIGNATURE: ON VIDEO **Henle, Robert, Carl**

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SCANNED
FEB 26 2018

SUSPECT'S SIGNATURE: ON VIDEO **Henle, Robert, Carl**

WITNESS LIST

CASE NUMBER: 18-042625

ARRESTING OFFICER: Fong

ADDRESS: 100 nw 2nd ave Boca Raton FL 33432

PHONE NUMBERS (HOME): _____ (WORK) 561-368-6201

CAN TESTIFY TO: Back Up

NAME: Ofc. McQuiston

ADDRESS: 100 nw 2nd ave Boca Raton FL 33432

PHONE NUMBERS (HOME) _____ (WORK) 561-368-6201

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
FEB 26 2018

Sunshine State



DRIVER LICENSE CLASS E

H540-763-52-006-0



ROBERT CARL

HENLE

514 DOGWOOD DR

DELRAY BEACH, FL 33493-4904

DOB: 01-08-1952 SEX: M

HT: 5-00

2020

Robert C. Henle

SAFE DRIVER

MOTORCYCLE ALSO

Operation of a motor vehicle constitutes consent to any sobriety test required by law

NOT A CERTIFIED COPY

SCANNED
FEB 26 2018