

Rough Arrest Only ☐

<b>ADMINISTRATION</b>	OBTS Number		<b>ARREST / NOTICE TO APPEAR Juvenile Referral Report</b>										1. Arrest 3. Request for Warrant		1	Juvenile	N					
	Agency ORI Number <b>FL0500700</b>				Agency Name <b>RIVIERA BEACH POLICE DEPARTMENT</b>						Agency Report Number <b>84- 17-05325</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		Weapon Seized/Type 1. Yes 2. No <b>2</b>		Multiple Clearance Indicator <b>01</b>											
	Location of Arrest (Including Name of Business) <b>1600 West Blue Heron Blvd, Riviera Beach, FL 33404.</b>								Location of Offense (Business Name, Address) <b>1600 W. Blue Heron Blvd Riviera Beach</b>													
<b>DEFENDANT</b>	Date of Arrest <b>06-28-2017</b>		Time of Arrest <b>2113</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
	Name (Last, First, Middle) <b>Strusinski Rudolph</b>										Alias (Name, DOB, Soc. Sec. #, Etc.) <b>V</b>											
	Race W - White B - Black		I - American Indian O - Oriental/Asian		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>07-24-1990</b>		Height <b>5-10</b>		Weight <b>190</b>		Eye Color <b>Brown</b>		Hair Color <b>Brown</b>		Complexion <b>Light</b>		Build <b>Med</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>N/A</b>										Marital Status <b>Single</b>		Religion <b>Christian</b>		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.							
	Local Address (Street, Apt. Number) <b>7849 Venture Center Way</b>				(City) <b>Boynton Beach</b>		(State) <b>FL</b>		(Zip) <b>33404</b>		Phone <b>917-613-2892</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State <b>02</b>									
	Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Address Source <b>Defendant</b>									
	Business Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Occupation <b>Unemployed</b>									
	D/L Number, State <b>S362738902640/FL</b>				Soc. Sec. Number <b>[REDACTED]</b>				INS Number				Place of Birth <b>Brooklyn</b>		Citizenship <b>USA</b>							
	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	
<b>JUVENILE</b>	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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/CYF 3. Incarcerated													
	Released To: (Name)				Relationship				FCIC/NCIC		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 informed of any change of address: <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)										School Attended				Grade							
	Recovery Information 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other																					
<b>CODE</b>	Drug Activity S. Sell R. Smuggle K. Dispense/ Distribute M. Manufacture Z. Other N. N/A B. Buy D. Deliver P. Possess T. Traffic E. Use																					
	Drug Type N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/ Equipment U. Unknown A. Amphetamine E. Heroin C. Cocaine M. Marijuana O. Opium/deriv. S. Synthetic																					
<b>CHARGE</b>	Charge Description <b>Driving Under The Influence</b>				Counts <b>01</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>316.193(1)</b>				Violation of ORD #									
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit <b>N/A</b>		Offense # <b>17-05325</b>		Warrant/Capias Number				Bond									
<b>CHARGE</b>	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number				Violation of ORD #									
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
<b>CHARGE</b>	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number				Violation of ORD #									
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
<b>CHARGE</b>	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number				Violation of ORD #									
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
<b>NOTICE TO APPEAR</b>	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)																			
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side.		Court Date and Time Month Day Year Time A.M. 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 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 _____																						
<b>ADMIN.</b>	HOLD for other Agency Name:				Signature of Arresting Officer <b>X [Signature]</b>				Name Verification (Printed by Arrestee) (PRINT) _____													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>Ofc. K. Culver</b>				I.D. # <b>6397</b>													
	Intake Deputy		I.D. #		Pouch #		Transporting Officer <b>Ofc. K. Culver</b>		I.D. # <b>6397</b>		Agency <b>RBPB</b>		PAGE <b>1 OF 1</b>									

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28 DAY OF June, 202017, AT 2035  
SUBJECT: Rudolph V. Strusinski CASE NUMBER# 17-096097  
AGENCY: Riviera Beach Police Dept. ARRESTING OFFICER OFC. K. Culver

## PERSONAL CONTACT

ACTUAL PHYSICAL CONTROL ( PHYSICAL EVIDENCE OR STATEMENT PUTTING DEFT, BEHIND THE WHEEL OF THE VEHICLE

### DRIVING PATTERN:

On Wednesday, June, 28th, 2017, at approximately 9:13 p.m., I responded to the 1600 Block of West Blue Heron Blvd, Riviera Beach, Florida 33404, in reference to an Motor Vehicle Accident with no injuries.

I arrived at the scene at approximately 9:15 p.m. I read the defendant Rudolph Strusinski (W/M 07-24-1990) his Miranda Warning's, Strusinski admitted operating his motor vehicle,

### OBSERVATION OF DRIVER:

Upon making contact with Strusinski, who i identified by his Florida driver's license #S362-738-90-264-0, I obseved Strusinski was having trouble standing on his own, and had slurred speech. Strusinski was having a difficult time keeping both eyes open, and answer my investigative questions. Strusinski's movements were slow and deliberate while retrieving the requested documents. Strusinski was lethargic in his movements, and had poor coordination. Strusinski had an unsteady gait while walking to my patrol vehicle.

### DRIVER'S STATEMENTS;

Post Miranda: Strusinski stated he was operating a motor vehicle, when he was struck by an unknown make or model vehicle that fled the area. Strusinski stated he was not drunk, but had just been arrested for Suspicion of Driving Under The Influence of Drugs or Alcohol a few days prior to 06/28/2017.

ODORS: I did not detect the odor of alcohol coming from Strusinski's person.

## GENERAL OBSERVATIONS

SPEECH: Strusinski's speech was slurred and slow.

ATTITUDE: Strusinski was aggressive towards Officers.

CLOTHING: Strusinski was wearing a gray shirt, and black shorts. No odor of alcohol detected.

### MEDICAL PROBLEMS:

Trouble sleeping.

MEDICATIONS: Trazadone

OTHER: Dicyclomine 20 MG.

1 of 2

SCANNED  
JUN 29 2017

SUBJECT Rudolph V. Strusinski

CASE NUMBER 17-096097

## ROADSIDE TASKS

### HORIZONTAL GAZE NYSTAGMUS:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> LEFT EYE DOES NOT FOLLOW SMOOTHLY           | <input checked="" type="checkbox"/> RIGHT EYE DOES NOT FOLLOW SMOOTHLY           |
| <input checked="" type="checkbox"/> LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS   | <input checked="" type="checkbox"/> RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS   |
| <input checked="" type="checkbox"/> DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION | <input checked="" type="checkbox"/> DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION |

CAN NOT DO, WHY? \_\_\_\_\_

### WALK AND TURN:

Strusinski was given the instructions for the Walk and Turn, and was instructed not to begin the task until told to do so. Strusinski attempted to start the task multiple times while receiving the instructions for the task. Strusinski was unable to walk heel to toe during the task.

CAN NOT DO, WHY? \_\_\_\_\_

### ONE LEG STAND:

Strusinski was given instructions for the One Legged Stand, and was instructed not to begin the task until told to do so. Strusinski attempted to start the task multiple times while receiving the instructions for the task. Strusinski was unable to raise his foot six inches off the ground, and was unable to raise his foot for more than a second at a time.

CAN NOT DO WHY? \_\_\_\_\_

### FINGER TO NOSE:

CAN NOT DO WHY? Strusinski stated his balance was not well enough to perform this task.

### ROMBERG/ALPHABET:

Test was not given.

CAN NOT DO WHY? \_\_\_\_\_

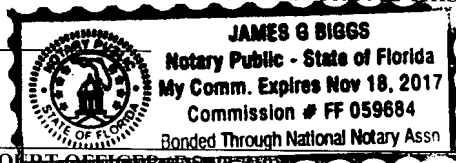
BREATH TEST RESULTS: 0.000

STATE OF FLORIDA

COUNTY OF PALM BEACH

THE FOLLOWING WAS NOTARIZED OR SWORN BEFORE ME THIS \_\_\_\_\_ (DATE)

BY: \_\_\_\_\_



NOTARY/CLERK OF COURT OFFICE (P.B.S. 01/7/10)

SIGNATURE OF ARRESTING OFFICER

SCANNED

# TESTING FACILITY TASK REPORT

AGENCY: RBPD-CULVER

SUBJECT: STRUSINSKI, RUDOPH V

CASE NUMBER: 17-096097

DATE: Jun 28, 2017

VIDEO DVD NUMBER: 52875

BEGINNING TIME: 2202

ENDING TIME: 2227

BREATH TESTS RESULTS: 1) .000 TIME 2208 A.M. ☐ P.M. ☒ 2) .000 TIME 2211 A.M. ☒ P.M. ☐  
3) REF TIME 2315 A.M. ☐ P.M. ☒ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICIAN: D/S J Karklecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUSHED MOUTH, TRAILING OFF, MUMBLING

ATTITUDE: COOPERATIVE, LETHARGIC

CLOTHING: GRAY SHIRT, BLACK SHORTS, BLACK SLIDES

MEDICAL CONDITIONS: NONE

MEDICATIONS: TERAZADONE, PROTONIX

## OTHER:

EYES GLASSY, WATERY

UNABLE TO STAND STRAIGHT, KEPT FALLING OVER

SUBJECT WAS UNABLE TO STAY AWAKE AS WELL

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2140

SUBJECT AGREED TO SUBMIT TO THE TEST

SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST

SUBJECT WAS FALLING ASLEEP DURING THE INSTRUCTIONS, BETWEEN AND DURING BOTH BREATHS

SUBJECT DID COMPLETED 2 SAMPLES SUCCESSFULLY

RESULTS WERE GIVEN

MIRANDA WAS READ

SUBJECT ANSWERED MOST QUESTIONS

SCANNED  
JUN 29 2017

SUBJECT Rudolph V. Strusinski CASE NUMBER 17-096097

QUESTIONS AND ANSWERS

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

WERE YOU OPERATING A MOTOE VEHICLE AT THE TIME OF THE STOP/ACCIDENT? Yes.

WHERE WERE YOU GOING ? Unable to understand response.

WHAT STREET OR HIGHWAY WERE YOU ON ? Near Glades.

DIRECTION OF TRAVEL? Unknown WHERE DID YOU START? My house.

WHAT TIME DID YOU START? 9:00 p.m WHAT TIME IS IT NOW? Unable to answer.

WHAT IS TODAY'S DATE? Unable to answer. WHAT DAY OF THE WEEK IS IT? Unable to answer.

WHAT COUNTY AND CITY ARE YOU IN NOW? Falling asleep/ unable to answer.

WHEN DID YOU LAST EAY? Unable to answer. WHAT DID YOU EAT? Unable to answer.

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Left the house came here.

HOW MUCH DO YOU WEIGH? 190 HAVE YOU BEEN DRINKING? No WHAT? N/A

HOW MUCH? N/A WHERE? N/A WITH WHOM? N/A

WHEN DID YOU HAVE YOUR FIRST DRINK? N/A AND YOUR LAST DRINK? N/A

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? N/A

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL SINCE THE ACCIDENT? N/A HOW MUCH? N/A

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? N/A HOW MUCH? N/A

WHAT? N/A WHERE? N/A WHEN? N/A

WHAT LINE OF WORK ARE YOU IN? Brokering WHEN DID YOU LAST WORK? February

DO YOU HAVE ANY PHYSICAL DEFECTS SINCE THE ACCIDENT? No WHAT? N/A

ARE YOU SICK OR INJURED? No WHATS WRONG? Unable to answer.

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? Falling asleep/ unable to answer.

HAVE YOU SMOKED ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? N/A WHEN N/A

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? N/A WHO? N/A WHEN? N/A

DO YOU TAKE ANY PRESCRIPTION MEDICINES? Yes WHAT? Trazadone WHEN? Unable to answer

DO YOU HAVE EPILEPSY? No GLASS EYE? No FALSE TEETH No EAR INFECTIONS? No

INNER EAR TROUBLE? No DIABETES? No

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? N/A

DO YOU TAKE INSULIN? N/A IF SO, WHEN WAS YOUR LAST INJECTION? N/A

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

INTERVIEWER: Ofc. K. Culver

# WITNESS LIST

CASE NUMBER 17-096097

ARRESTING OFFICER: OFC. K. Culver

ADDRESS: 600 W. Blue Heron Blvd, Riviera Beach, Florida 33404.

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-845-4123.

CAN TESTIFY TO; Case #17-05325.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO; \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO; \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO; \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO; \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

SCANNED  
JUN 29 2017

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

## **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 \_\_\_\_\_ 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'S SIGNATURE: (X) \_\_\_\_\_

## **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.

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

SCANNED  
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