

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2018-001023	
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 type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type None/not Applicable	Multiple Clearance Indicator NO	
Location of Arrest (Including Name of Business) 215 N DIXIE HWY, Boca Raton FL, 33432			Location of Offense (Business Name, Address) 215 N DIXIE HWY, BOCA RATON, FL 33432			
Date of Arrest 01/22/2018	Time of Arrest 03:33	Booking Date 01/22/2018	Booking Time 03:45	Jail Date 01/22/2018	Jail Time 03:45	Location of Vehicle WEST WAY TOWING BOCA
Name (Last, First, Middle) MARTINEZ, RYAN HARRIS			Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black	Sex M	Date of Birth 11/29/1992	Height 5'11	Weight 170	Eye Color BROWN	Hair Color BROWN
Complexion MEDIUM			Build Medium			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			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 type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip) 22828 HORSESHOE WAY, BOCA RATON, FL 33428			Phone (561) 213-2608		Residence Type: 1. City 3. Florida 2. County 4. Out of State	
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 22828 HORSESHOE WAY, BOCA RATON, FL 33428			Phone (561) 213-2608		Address Source FL DL	
Business Address (Name, Street) (City) (State) (Zip) HUSTON'S,			Phone		Occupation Bartender	
D/L Number, State M635728924290 / FL	Soc. Sec. Number	INS Number		Place of Birth (City, State) WEST BOCA, FL,	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)						Residence Phone
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____						Business Phone
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. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.						Grade
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description of Property NONE		Value of Property	
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traff	R. Smuggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine
B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other
Charge Description DUI				Statute Violation Number 316.193(1)		Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit	Offense #	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
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
Health / Apparent Physical Condition of Defendant FUNCTIONAL				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: NONE		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail			PROPERTY - Received By		Released By	Released To
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			Date Transported // : : :		Time Transported	Other
Transported By			Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 02/19/2018 08:30:00	
<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.			
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.						No Photo Available
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed		
HOLD for Other Agency		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arresting Officer) JAMES M. BOCK		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) KIRK, A.		ID.# 808		
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Transposing Officer Kenteria		ID.# Agency 800 727D		
Intake Deputy D/S J. THOMAS #7956		Witness here if subject signed with an "X".		PAGE 1 OF 1		

049 0459329

SCANNED
JAN 23 2018 12

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2018-001023	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes: NONE		
Name (Last, First, Middle) MARTINEZ, RYAN HARRIS		Alias	Race W	Sex M	Date of Birth 11/29/1992	
Charge Description 316.193(1) DUI		Charge Description				
Victim's Name (Last, First, Middle) STATE OF FLORIDA,		Race	Sex	Date of Birth		
Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432		Phone (561) -		Address Source		
Business Address (Name, Street) (City) (State) (Zip)		Phone (56) -		Occupation		

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 **NICHOLAS GRIFFIN** who told **OFFICER KIRK** that he/she saw the arrested person commit the below acts.

confessed to **OFFICER KIRK** admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **22** day of **January**, **2018** at **03:33** (Specifically include facts constituting cause for arrest.)

On 01/22/2018 at 0320 hours, I responded to 215 N Dixie Hwy, in reference to a motor vehicle crash. Upon arrival I made contact with B/M Nicholas Griffin.

According to Griffin, he observed Ryan Martinez operating the motor vehicle and get into an accident and continue to drive. Griffin advised that Martinez ran into the curb at the location, hit a posted business sign, then continue north on N Dixie Hwy where he subsequently ran into a cable transformer box outside of the complex.

According to Martinez, he was leaving Obrien's. Martinez stated that he had approximately 3 to 4 drinks. I then asked Martinez if he would submit to conduct some road side field sobriety task for me and he advised that he would. Martinez stated that he did not have any physical injuries that would prevent him from performing the tasks. The test conducted were the Walk and Turn, One Leg Stand, Finger to Nose, and the Rhomberg Alphabet.

The first task conducted was the Walk and Turn, Martinez started the test twice without being instructed to do so. While conducting the test the subject almost fell down. Martinez could not keep balance throughout the test. Martinez stepped off of the line numerous times and also missed heel to toe. Martinez also did not complete the test the way I instructed him to do, instead of turning using several small steps like I instructed him to do Martinez just turned around and ended the test.

The next task conducted was the One-Leg-Stand, Martinez did not bring his foot off of the ground six inches the way I demonstrated to him. Also, while conducted this task Martinez almost fell down. Martinez swayed to maintain balance using his arms and placed his foot on the ground multiple times throughout the test.

I then conducted the Finger to Nose test, Martinez did not keep his eyes closed through

SWORN AND SUBSCRIBED BEFORE ME

PATTERSON, MARC P

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

01/22/2018

 DATE

[Signature]

 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

KIRK, ANDRAE (808)

 NAME OF OFFICER (PLEASE PRINT)

01/22/2018

 DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2018-001023
Charge Type: Check as many as apply.					Special Notes: NONE
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other					Race: W Sex: M Date of Birth: 11/29/1992
Name (Last, First, Middle) MARTINEZ, RYAN HARRIS					Alias

the task. Martinez also started the test before he was instructed to. Additionally, Martinez did not immediately bring his arms down to his side like I instructed him to do.

The last test I conducted was the Rhomberg Alphabet, after Martinez informed me that he obtained a college education. Martinez then performed a the task, but did not keep his eyes open like I instructed him too. Martinez did not keep his arms at his side like I instructed him to do and recited the alphabet in a rhythmic manner.

Based on all of my observations, I place Ryan Martinez under arrest for DUI 316.193(1). Martinez was transported back to BRPD were he was processed. Officer Miller responded to BRPD and conducted the 20 minute observation of Martinez. I then asked Martinez if he would consent to a breath sample and he provided two valid samples of .268% and .278%. A DUI influence report was completed. The vehicle was removed from the location by West Way towing Company.

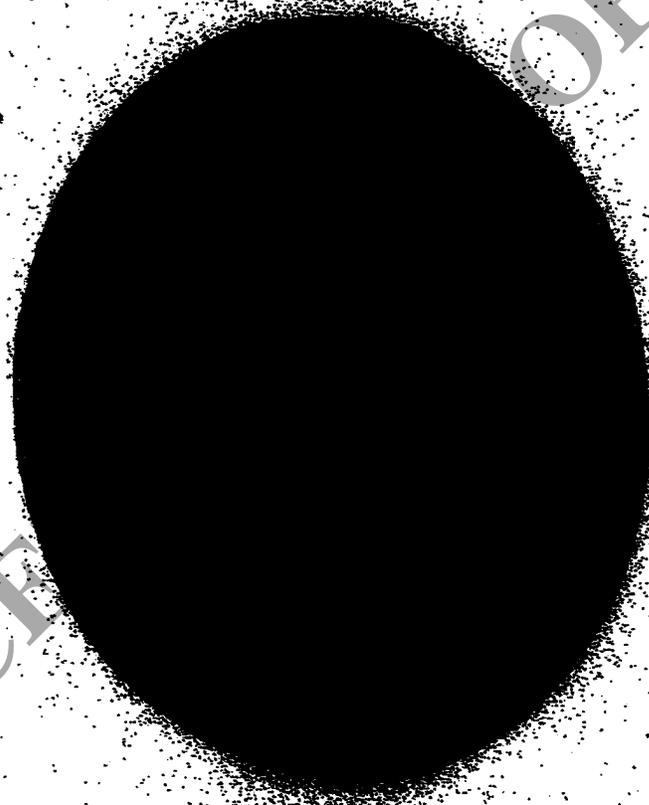
NOT A CERTIFIED COPY

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	<i>[Signature]</i>
	PATTERSON, MARC P	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	NOTAR PUBLIC / CLERK OF COURT / OFFICER (F.S. §117.10)	KIRK, ANDRAE (808)
	01/22/2018	NAME OF OFFICER (PLEASE PRINT)
	DATE	01/22/2018
		DATE

2018-001023

085. TIME: 0205
1015: 0236

D. U. I. INFLUENCE REPORT



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

SCANNED

JAN 24 2018

ARRESTING OFFICER: VAN CAMP/KERK

Name: VAN CAMP/KERK Phone # Home _____ Work 561-338-1234

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: ROADSIDE TASKINGS

Name: FOWLER Phone # Home _____ Work 561 338 1234

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: INVESTIGATION

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

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: BROKING

Name: DFC BRUGEMAN Phone # Home _____ Work 561-338-1234

Address: _____

Can testify to: INVESTIGATION

Name: DFC GAUSKA Phone # Home _____ Work 561-338-1234

Address: _____

Can testify to: INVESTIGATION

Name: DFC CHRISWISER Phone # Home _____ Work 561-338-1234

Address: _____

Can testify to: INVESTIGATION

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

NOT A CERTIFIED COPY

SCANNED
JAN 23 2018

BOCA RATON POLICE DEPARTMENT

Agency Case# 2018-001023

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

I. INTRODUCTION (Instrument Operator faces video camera.)

A. The day is: MONDAY, JANUARY, 22, 2018
(day) (month) (date) (year)

B. The time is now approximately 0300 AM PM

C. The following is in reference to case number: 2018-001023

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

E. Officer KIRK Have you arrested MATELIZ
(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?

Mr./Mrs./Ms. MATELIZ, RYAN I am required to
inform you these proceedings are being video taped.

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

SCANNED
JAN 23 2018

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 OFC KERK 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 signature: ON VIDEO

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. MARTINEZ, RYAN 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: MARTINEZ, RYAN

CASE #: 2018-001029 DATE: 1/22/18

BREATH TESTS RESULTS

1) TIME 0309 .288 AM/PM 2) TIME 0313 .257 AM/PM
3) TIME 0316 .270 AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: OFC MEUER

MAINTENANCE TECHNICIAN: OFC PARE

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: DEJACKETED BLUE SHIRT, BLACK JEANS, BLACK SHOES

MEDICAL CONDITION: NONE

OTHER: _____

COMMENTS: RED GLASSY EYES, ALCOHOL EMANATING FROM HIS MOUTH.

SCANNED
JAN 23 2018

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?

ON VIDEO

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? Yes

Where were you going? Back to my house

What street or highway were you on? 201 SW 28th Ave

Direction of travel? South

Where did you start driving from? North, Obriens

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

What time did you start? PM AM/PM What time is it now? 2 something

What is today's date? 1/20/18 What day of the week is it? Monday

When did you last eat? 7 hours ago What did you eat? Pizza
What have you been doing the past three hours prior to this stop/accident? hanging out
How much do you weigh? 170 Have you been drinking? Yes What were you drinking? Henka h
How much? 2 Bottle Where? O'Brian With whom were you drinking? Alon C
When did you have your first drink? 9:00 AM/PM When did you stop drinking? 02:00 AM/PM
How did you consume your last two drinks? order @ Obriens

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? Bartending

When did you last work? today

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? Yes

Have you taken any drugs or smoked marijuana today? No

What? _____ When? _____

Have you seen a doctor or dentist today? _____ Who? No

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? No

I am now ending this videotaping. The time now is approximately 3:26 **SCANNED**

The date is: 1 (month) 22 (day) 2018 **JAN 23 2018**