

0497229

732

A D M I N I S T R A T I O N	OBTS Number 18mm 4094AXXS6		ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE			
	Agency OR1 Number 0500200		Agency Name Boca Raton Police Department			Agency Report Number (N.T.A.'s only) 3, 2 2018-004871									
	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input 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						
D E F E N D A N T	Location of Arrest (Including Name of Business) 3001 N OCEAN BLVD, BOCA RATON, FL					Location of Offense (Business Name, Address) 3001 N OCEAN BLVD, BOCA RATON, FL 33431									
	Date of Arrest 04/06/2018	Time of Arrest 23:06	Booking Date 04/06/2018	Booking Time 23:30	Jail Date 04/06/2018	Jail Time 23:55	Location of Vehicle WESTWAY								
	Name (Last, First, Middle) HAMEL, STEPHEN PAUL														
D E F E N D A N T	Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____														
	Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex M	Date of Birth 03/08/1991	Height 5'09	Weight 175	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Medium					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCAR L KNEE					Marital Status S	Religion CATHOLIC	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input type="checkbox"/>							
	Local Address (Street, Apt. Number) (City) (State) (Zip) 827 SE 10TH TER, DEERFIELD BEACH, FL 33441					Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State 13							
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 827 SE 10TH TER, DEERFIELD BEACH, FL 33441					Phone		Address Source Subject							
	Business Address (Name, Street) (City) (State) (Zip) RAYMOND BUILDINGS SUPPLY,					Phone		Occupation Sales Represent							
	D/L Number, State H540795910880 / FL		Soc. Sec. Number	INS Number		Place of Birth (City, State) PARKLAND, FL,		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 <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					
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other _____ Name (Last, First, Middle) _____ <input type="checkbox"/> Legal Custodian													
Address (Street, Apt. Number) (City) (State) (Zip)										Residence Phone					
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.															
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No					Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property			School Attended APR 7 4 5:00		Grade				
C O D E	Drug Activity N. N/A P. Possess					S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ 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
	Charge Description BUI														
C H A R G E	Drug Activity					Drug Type N	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Statute Violation Number 327.35(1)	Violation of ORD #		
	Charge Description														
C H A R G E	Drug Activity					Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Statute Violation Number	Violation of ORD #		
	Charge Description														
C H A R G E	Drug Activity					Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Statute Violation Number	Violation of ORD #		
	Charge Description														
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD														
	Any knowledge of the following: <input checked="" type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: STATED HE WOULD KILL HIMSELF IN COUPLE D														
	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 BISSOON		Released By BISSOON		Refused To COUNTY JAIL					
N O T I C E T O A P P E A R	Transported By					Date Transported // : : :	Time Transported	Other							
	<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 33447									
	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.					Court Date and Time 05/07/2018 08:30:00									
A D M I N	Signature of Defendant (or Juvenile and Parent/Custodian) [Signature]														
	Date Signed 4/6/18														
	HOLD for Other Agency					Name of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) Stephen Hamel							
A D M I N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other					Name of Arresting Officer (Print) BISSOON, S. R.		I.D. # 664		Witness here if subject signed with an "X".					
	Intake Deputy D/S J. THOMAS #7956		Pouch #		Transporting Officer De Armas		I.D. # 750		Agency BRPD		PAGE 1 OF 1				

SCANNED

APR 08 2018

APR 7 4 5:00

APR 7 4 5:22

APR 8 AM 5:46

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 DÉPARTMENT	Agency Report Number 3 2 2018-004871
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		Special Notes:

Name (Last, First, Middle) HAMEL, STEPHEN PAUL	Alias	Race W	Sex M	Date of Birth 03/08/1991
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Charge Description 327.35(1) BUI	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) 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 resonable 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 _____ that he/she saw the arrested person committ the below acts.

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

On the 6 day of April, 2018 at 23:06 (Specifically include facts constituting cause for arrest.)

On 04/06/2018 I responded 3001 N Ocean Blvd in reference to a possible impaired driver. I met with Ofc Reissi who advised that Stephen Hamel was involved in a boating accident and was the driver of the boat. Ofc Reissi advised that after speaking with Cameron Haider a passenger on the boat stated that Hamel was driving the boat when the accident occurred. Ofc Reissi advised that while he was talking to Hamel he could smell an odor of an alcoholic beverage emanating from his person. Ofc Cohen arrived on scene and conducted an accident investigation. Ofc Cohen R completed his investigation and turned the investigation over to me.

I then met with Stephen Hamel and I could immediately detect an odor of an alcoholic beverage emanating from his person, his eyes were also blood shot and glossy. I then read him his Constitutional Warnings in the presence of Ofc Reissi and Hamel stated he understood and wouldn't answer my questions without an attorney present. Based on my observations I then asked Hamel if he would submit to the roadside sobriety tasks to dispel my alarm that he was under the influence. Hamel stated that he wanted his lawyer and I explained to him that if he refused to submit to the tasks, then I would have to make a decision on what to do based on all off my observations up to this point. Hamel advised that he would conduct the tasks.

I then walked him over to a well-lit area and asked him if he had any medical problems or medical issues that would prevent her from doing the tasks. Hamel advised that he had no medical issues and he was not taking any medications. The tasks that were conducted were the Walk and Turn, One Leg Stand, Finger to Nose, and the Rhomberg Alphabet.

The first SFST was the Walk and Turn. Hamel started before being told to begin and he couldn't maintain the starting position. Hamel stepped off the line and stumbled when he turned around.

SWORN AND SUBSCRIBED BEFORE ME <u>GRAHAM, KEITH J</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>04/07/2018</u> DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <u>BISSOON, STEPHEN R (664)</u> NAME OF OFFICER (PLEASE PRINT) <u>04/07/2018</u> DATE	SCANNED APR 09 2018
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OBTS 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 2018-004871			
Charge Type: Check as many as apply.		Special Notes:					
<input type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance			
<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other			
Name (Last, First, Middle) HAMEL, STEPHEN PAUL				Alias	Race W	Sex M	Date of Birth 03/08/1991
<p>The second SFST was the One Leg Stand. Hamel started before being told to begin. He failed to keep his foot six inches off the ground and put his foot down during the task.</p> <p>The third SFST was the Finger to Nose (L-R-L-R-R-L). Hamel on the first left he touched the tip of his nose. On the first right, he touched the left nostril. On the second left he touched his right nostril. On the second right he touched his left nostril. On the third right he touched the top of the right side of his nose. On the third left he touched the top of his nose.</p> <p>The fourth SFST was the Rhomberg Alphabet which he didn't recited properly. When he got to the letter W he then stated X, R, Z. Based on my investigation I placed Hamel under arrest for DUI. I then transported him to BRPD.</p> <p>Ofc Fong responded as my Breath Test operator. Ofc Fong and I conducted the 20-minute observation and then he was taken into the BAT room. Hamel advised he wouldn't provide a breath sample. I then read him Implied Consent Warnings and he advised that he wouldn't provide a sample. I then reminded Hamel of his Constitutional Warnings and he still refused to answer my questions without an attorney present. See DUI influence report.</p> <p>Hamel is being charged under F.S.S. 327.35(1) for BUI. Hamel was transported to Palm Beach county jail for final disposition.</p>							
SWORN AND SUBSCRIBED BEFORE ME				SCANNED			
<u>GRAHAM, KEITH T</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>04/07/2018</u> DATE				<u>[Signature]</u> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>BISSOON, STEPHEN R (664)</u> NAME OF OFFICER (PLEASE PRINT) <u>04/07/2018</u> DATE			
				APR 09 2018 PAGE 2 OF 2			

NOT A CERTIFIED COPY

2018-4871

2306

2325

BOATING UNDER THE INFLUENCE REPORT



Boca Raton Police Department

100 Northwest Second Avenue

Boca Raton, Florida 33432

SCANNED

APR 09 2018

Rev 4-15

Probable Cause Affidavit

On the _____ Day of _____, at _____ AM/PM:

Subject: _____ Case Number: _____

PERSONAL CONTACT

Vessel Operation: _____

Observation of Vessel Operator: _____

Vessel Operator's Statement(s): _____

GENERAL OBSERVATIONS

Odors: _____

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

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APR 09 2018

ROADSIDE TASKS

Horizontal Gaze Nystagmus:

- Left eye does not follow smoothly
- Left eye jerks at 45 degrees angle or less
- Distinct jerking left eye maximum deviation

- Right eye does not follow smoothly
- Right eye jerks at 45 degrees angle or less
- Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg

stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern) _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,

Sworn and subscribed before me this _____ (date) By: _____

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APR 09 2018

Notary/Clerk of Court/
Officer (F.S. 117.10)

Signature of arresting officer

Date

Name of Officer (please print)

WITNESS LIST

ARRESTING OFFICER: STEPHEN BISSON

Name: Reissi Phone # Home _____ Work 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON

Can testify to: BACK UP

Name: ofc. M. QUISTON Phone # Home _____ Work 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: BACK UP

Name: ofc. R. COHEN Phone # Home _____ Work 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: ofc. who investigated CRASH

Name: SGT K. GRAHAM Phone # Home _____ Work 561-368-6201

Address: 100 NW 2ND AVE BOCA RATON FL 33432

Can testify to: 100 NW 2ND AVE BOCA RATON FL 33432

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

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APR 09 2018

BOCA RATON POLICE DEPARTMENT

Agency Case# 2018-4871

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

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is: FREDDAY, APRIL, 06, 2018
(day) (month) (date) (year)

B. The time is now approximately 1149 AM/PM

C. The following is in reference to case number 2018-4871

D. Present at this time is OFF. BISSON & OFF. FONG of the Boca Raton Police
Department. (Officer's Name)

E. Officer BISSON, Have you arrested STEPHEN HAMEL
(Defendant's name)

In violation of Florida State Statute 327.35?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida?

G. Mr./Mrs./Ms. STEPHEN HAMEL, I am required to
Inform you these proceedings are being video taped.

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

SCANNED
APR 09 2018

BOCA RATON POLICE DEPARTMENT

Agency Case # 2018-4871

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.

- 1. **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 Bisson of the BOCA RATON PD

If you fail to submit to the test I have requested, it will result in a civil penalty of \$500. Additionally, if you have been previously fined for refusal to submit to any lawful test of your breath, urine, or blood, you will be committing a misdemeanor offense as well as any other penalties. The refusal to submit to any of the requested tests is admissible into evidence in any criminal proceeding.

Subject signature: ON VIDEO

After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr/Mrs/Ms. Hamel has refused to submit to a breath test.

The date is April (Month) 6 (Day) 2018 (Year) and the time 2351 **AM/PM**

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APR 09 2018

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: STEPHEN HAMEL

CASE #: 2018-4871 DATE: 4/6/18

BREATH TESTS RESULTS:

- 1) TIME REFUSED AM/PM 2) TIME REFUSED AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: OFC. FONG

MAINTENANCE TECHNICIAN: OFC. PARE

TESTING OFFICER'S OBSERVATIONS

BREATH/ODOR: ALCOHOL

EYES: RED

SPEECH: SLURRED

ATTITUDE: UPSET

CLOTHING: WHITE LONG SLEEVES, TAN SHORTS, BLK SNEAKERS

MEDICAL CONDITIONS: NONE

OTHER: _____

COMMENTS: _____

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APR 09 2018

BOCA RATON POLICE DEPARTMENT

Agency Case # 2018-4871

ADULT CONSTITUTIONAL WARNINGS

"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 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) ON VIDEO

QUESTIONS AND ANSWERS

Were you operating a vessel at the time of the accident/stop? _____

Where were you going? _____

What area of the waterway were you on? _____

Direction of travel? _____

Where did you start operating your boat from? _____

What City (County) were you stopped in? _____

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

What is today's date? _____ What day of the week is it? _____

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APR 09 2018

BOCA RATON POLICE DEPARTMENT

Agency Case # 2018-4871

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

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? _____

When did you last work? _____

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? _____ Did you get a bump on the head? _____

Were you involved in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? _____ Who? _____

Are you taking any prescription medicines? Yes No What? _____ When? _____

Do you have:	Epilepsy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Inner ear trouble? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Glass Eye? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ear Infection? Yes <input type="checkbox"/> No <input type="checkbox"/>
	False Teeth? Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>

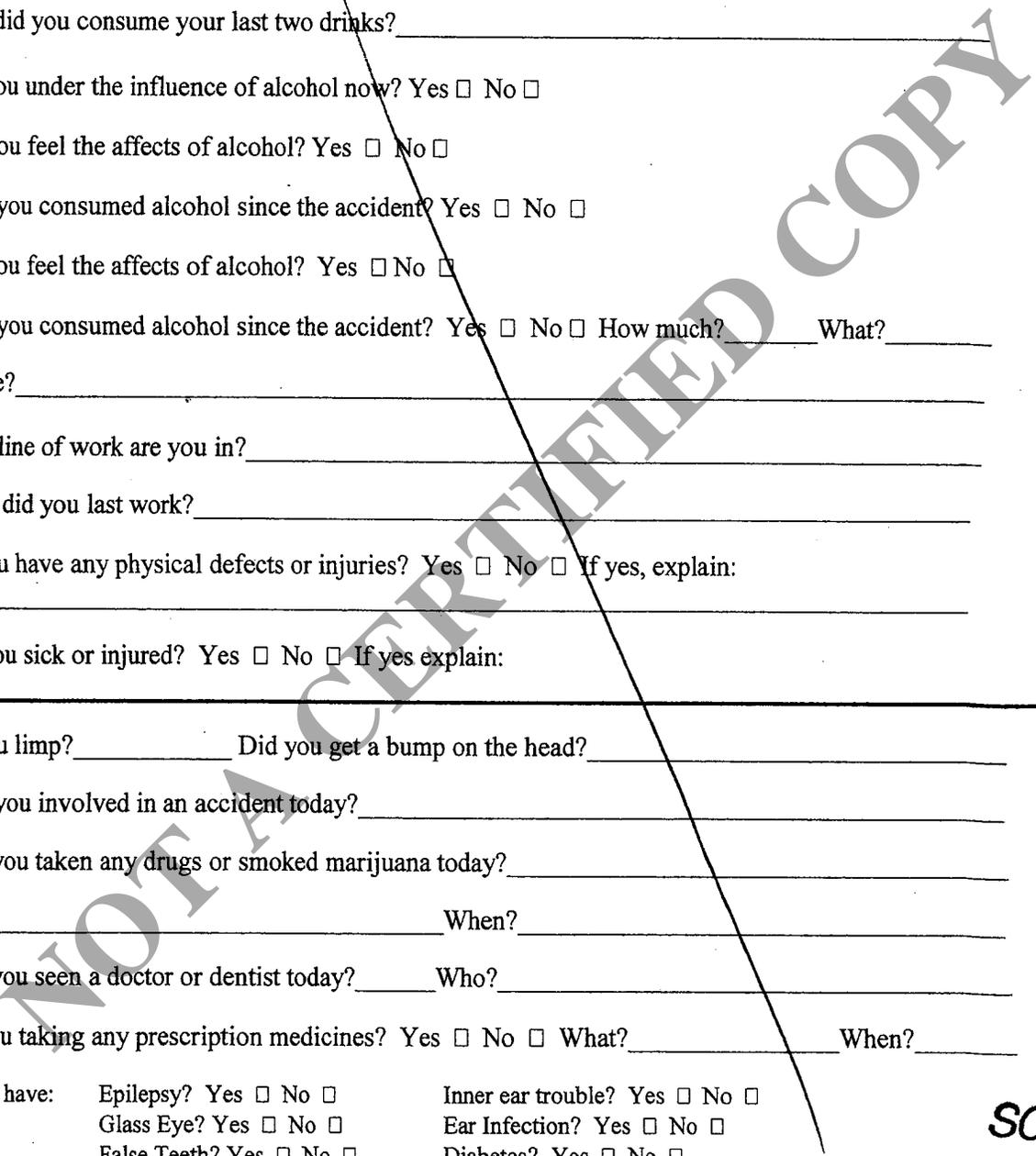
Any eye problems not correctable by glasses or contact lenses? _____

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? _____

I am now ending this videotaping. The time now is approximately 1154 AM/PM

The date is: APRIL (month) 6 (day) 2018 (year).



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APR 09 2018