

0444251

10400

Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FL0, 5, 0, 0, 0, 0, 0		Agency Name BOCA RATON PD PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number (N.T.A.'s only) 06-11-18-001814781111
Charge Type: Check as many as apply.	1. Felony <input type="checkbox"/>	2. Traffic Felony <input type="checkbox"/>	3. Misdemeanor <input type="checkbox"/>	4. Traffic Misdemeanor <input type="checkbox"/>
Location of Arrest (Including Name of Business) 200 N. Dixie Hwy, Boca Raton, FL			Location of Offense (Business Name, Address) 200 N. Dixie Hwy, Boca Raton, FL	

Date of Arrest 0.6.23.18	Time of Arrest 0.0.23	Booking Date	Booking Time	Jail Date 06-23-18	Jail Time	Location of Vehicle Emerald Towing
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Name (Last, First, Middle) Garcas, William, Donald	Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black	Sex M	Date of Birth 0.5.18.67	Height 6'3"	Weight 220	Eye Color Blue	Hair Color Brown	Complexion Light	Build Med.

Local Address (Street, Apt. Number) 385 NW 35th Ln, Boca Raton, FL 33431	City Boca Raton, FL	State FL	Zip 33431	Phone ()	Residence Type: 1. City 2. County 3. Florida 4. Out of State
Permanent Address (Street, Apt. Number) 385 NW 35th Ln, Boca Raton, FL 33431	City Boca Raton, FL	State FL	Zip 33431	Phone ()	Address Source FLDL
Business Address (Name, Street) N/A	City N/A	State N/A	Zip N/A	Phone ()	Occupation N/A

D/L Number, State CG52 - 924 - 67 - 1780	INS Number	Place of Birth (City, State) FOOT DEVENOS, MA	Citizenship U.S.
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Co-Defendant (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 (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

Parent <input type="checkbox"/>	Legal Custodian <input type="checkbox"/>	Name (Last) (First) (Middle)	Residence Phone ()
Other <input type="checkbox"/>	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 <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 355-2525) informed of any change of address.	School Attended	Grade
Property Crimes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property

Drug Activity N. N/A P. Possess	S. Sell T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ 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
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Charge Description DUI	Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 31.611.93	Violation of ORD #
Drug Activity DUI	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

Location (Court, Room Number, Address) 200 W. Atlantic Ave, Delray Bch, FL	SCANNED
Court Date and Time Month July Day 23rd Year 2018 Time 0830 (A.M.) JUN 25 2018 PM	

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) W. Garcia		Date Signed 6-23-18	
HOLD for other agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Signature of Arresting Officer Van Kamp 747		Name Verification (Printed by Arrestee) (PRINT)		PAGE
Intake Deputy D.S. Collins 7602	I.D. #	Pouch #	Transporting Officer Van Kamp 747	I.D. #	Agency BRPD

PROBABLE CAUSE AFFIDAVIT

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Copies

1

Juvenile

W

OSTS Number	Agency ORI Number P.O. 5 0 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 2018008498
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	Special Notes

Name (Last, First, Middle) Cairns, William, Donald	Alias	Race W	Sex M	Date of Birth 05-18-1967
Charge Description DUI 316.193(1)	Charge Description	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) 100 NW 2nd Ave	(City) Boca Raton	(State) FL	(Zip) 33432
Business Address (Name, Street)	(City)	(State)	(Zip)

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 _____ that he/she saw the arrested person commit the below acts. _____

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

On the 23rd day of June 20 18 at 0023 A.M P.M (Specifically include facts constituting cause for arrest.)

both eyes. Each eye had a constant jerking while at maximum deviation.

The second task was the Walk and Turn. Cairns started the task early and did not maintain the starting position. Cairns walked ten steps forward and said "10 right?" He returned nine steps correctly.

The third task was the One Leg Stand. Cairns was not looking down at his feet as instructed. Cairns fell off balance at the 1005 count.

The fourth task was the Finger to Nose Task (L-R-L-R-R-L). On two different occasions he missed the tip of his nose with the tip of his finger.

The fifth task was the Rhomberg Alphabet. Cairns got to the letter R and stated U, S, T, W, X, Y, Z.

The sixth task was the Rhomberg Balance. Cairns estimated 30 seconds in 27 seconds.

At 0023 hours, I placed Cairns under arrest for DUI per F.S.S. 316.193(1). I transported him to the PBSO BAT Facility where I conducted the 20 minute observation period. PBSO Employee O'Neal conducted the Intoxilyzer 8000. Cairns provided the breath samples of .097 and .091.

Cairns was later taken to the Palm Beach County Jail without incident.

PROBABLE CAUSE STATEMENT

SCANNED
JUN 25 2018

STATE OF FLORIDA COUNTY OF PALM BEACH	(Signature of Arresting Investigative Officer)
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>23</u> day of <u>June</u> 20 <u>2018</u> by <u>Ofc. Van Camp</u>	
(Print name of Arresting Investigative Officer), who is personally known to me and/or produced identification Type of identification produced <u>ID</u>	
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	

TESTING FACILITY TASK REPORT

AGENCY: BRPD Ofc. VanCamp #74
SUBJECT: Cairns, William D. CASE NUMBER: 18-089224
DATE: 06-23-18 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 0112hrs ENDING TIME: 0121hrs
BREATH TESTS RESULTS: 1) .097 TIME 0116 A.M./P.M. 2) .091 TIME 0119 A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: S. O'Neal #6212

MAINTENANCE TECHNICIAN: Cpl. Harbeck #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slur

ATTITUDE: Calm, Quiet, Cooperative

CLOTHING: Shirt- Red & White / Flaid front Pants- Blue Jeans

MEDICAL CONDITIONS: Blood Pressure

MEDICATIONS: Med for Blood

OTHER: Eyes: Red & Glossy

Face: Flushed

Odor of unknown alcoholic beverage. #747

COMMENTS: 20 min. observation done by AIO VanCamp
AIO requested the breath test.

D submitted to the breath request.

D completed the test correctly.

C/W read on camera.

D refused QTA.

SCANNED

JUN 25 2018

SUBJECT: William Carras CASE NUMBER: _____

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?	_____

SCANNED
JUN 25 2018

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: _____

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.

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JUN 25 2018

SUSPECT'S SIGNATURE: (X) _____



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

NOT A CERTIFIED COPY

SCANNED
JUN 25 2018

REVIEW COMPLETED BY

Booking Number: 2018020845	Date: 6/23/2018
	Specialist Name/ID: L.Rouse/ #6673