

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

20C115355

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

1 Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78- 20005298				
	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		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator						
	Location of Arrest (Including Name of Business) PGA Blvd/ Fairchild Gardens Ave				Location of Offense (Business Name, Address) PGA Blvd/ Fairchild Gardens Ave						
DEFENDANT	Date of Arrest 11/27/2020	Time of Arrest 01:02	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405				
	Name (Last, First, Middle) Lamer, Christopher, Bradley				Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 10/23/1989	Height 5'11"	Weight 178	Eye Color Brown	Hair Color Blonde	Complexion Light	Build Small		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Scar: Left Knee, Left Ankle, Left Elbow Tattoos: Left Arm, Right Arm, Right Leg					Marital Status Single	Religion SATANISM	Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk				
Local Address (Street, Apt. Number) 10136 Daisy Ave Palm Beach Gardens, FL 33410			(City)	(State)	(Zip)	Phone (561) 758-0045	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1				
Permanent Address (Street, Apt. Number) 10136 Daisy Ave Palm Beach Gardens, FL 33410			(City)	(State)	(Zip)	Phone	Address Source FL DL				
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation Bartender				
D/L Number, State L560102893830			INS Number		Place of Birth (City, State) West Palm Beach, FL		Citizenship US				
CO-DEF	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
JUVENILE	Parent Name (Last) (First) (Middle)		Residence Phone								
	Legal Custodian		Business Phone								
	Other:										
	Address (Street, Apt. Number) (City) (State) (Zip)										
	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 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 (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended	Grade						
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property							
CHARGE	Drug Activity S. Sell N. N/A P. Possess	S. Sell B. Buy 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. Barbiturates C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
	Charge Description DUI: Breath Above .08		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)(C)		Violation of ORD #				
	Drug Activity N/A	Drug Type N/A	Amount / Unit N/A	Offense #		Warrant / Capias Number		Bond			
	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		Bond			
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		Bond				
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		Bond				
Location (Court Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700											
Court Date and Time Month _____ Day _____ Year _____ Time 10:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>											
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 11/27/2020					
HOLD for other Agency Name:			Signature of Arresting Officer <i>[Signature]</i>			Name Verification (Printed by Arrestee) NOV 27 AM 4:39					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:			Name of Arresting Officer (Print) Off. James Lovett			I.D. # #523			1 PAGE		
Inmate Deputy CP1 HONORAL			Transporting Officer DA Cameron			ID # 523			Agency PBPGD		
Witness here if subject signed with an "X" <input type="checkbox"/>											

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

J# 0519874

PH 52

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27 DAY OF November 2020, AT 0122 AM PM

SUBJECT: Lamer, Christopher, Bradley CASE NUMBER: 20005298

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. James Lovett #523

PERSONAL CONTACT

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

The vehicle was travelling in excess of 60mph in a 45mph limit zone. The vehicle swerved into the bike lane multiple times between Meadows Lane and Fairchild Gardens Ave. The vehicle then stopped past the stop bar at the PGA Blvd and Fairchild Gardens Ave. at a red traffic light and reversed back behind the stop bar. I initiated a traffic stop when the traffic light turned green. Upon contact at the window I found Christopher Lamer in the driver's seat and an unidentified female in the passenger seat.

OBSERVATION OF DRIVER:

Lamer's eyes were glassy, his face was red, and there was an odor of an unknown alcoholic beverage emitting from his breath.

DRIVER'S STATEMENTS:

Lamer admitted that he had been drinking earlier that night, and that he had 3 or 4 beers. During the field sobriety tasks, Lamer stated that he felt he would be taken to jail. He also turned around at one point and put his hands behind his back as if to be placed in custody with handcuffs. He also stated he wanted to be taken to the jail so that he could blow.

ODORS:

Odor of unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Groggy

ATTITUDE: Scared and flustered during SFST's

CLOTHING: Shirt Wrinkled. Pant legs unevenly rolled up

MEDICAL/OTHER: In Vehicle:
Roadsides:
BAT:

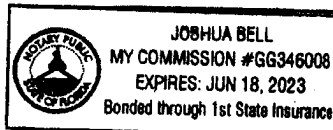
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of November 2020 by Ofc. James Lovett

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

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



SUBJECT: Lamer , Christopher, Bradley CASE NUMBER 20005298

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LT EYE-LACK OF SMOOTH PURSUIT
- RT EYE-LACK OF SMOOTH PURSUIT
- LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Looked away from stimulus multiple times. 4-5 inch orbital sway during task.

WALK & TURN:

Lamer stood with his feet crooked on the line and put his hands behind his back. He stated he knew all the instructions. He attempted the walk and turn 3 times and only completed the second step. He stated he could not do the task because he was scared. On the 4th attempt he took 7 steps down the line and 7 steps back. He also missed multiple heel to toe steps and did not count the steps out loud.

ONE LEG STAND:

Lamer stated he understood all the instructions. He put his foot down multiple times, swayed visibly during the task, and did not complete the task in its entirety.

BREATH TEST RESULTS: 1) 2) 3) 4)

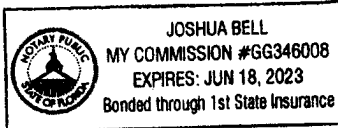
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of November 2020 by Ofc. James Lovett

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

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



TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: LAMER, CHRISTOPHER BRADLEY

DATE: Nov 27, 2020

BEGINNING TIME: 0217

CASE NUMBER: 20-130889

VIDEO DVD NUMBER: N/A

ENDING TIME: 0237

BREATH TESTS RESULTS: 1) .191 TIME 0222 A.M. P.M. 2) .191 TIME 0225 A.M. P.M.
3) N/A TIME XX A.M. P.M. 4) N/A TIME XX A.M. P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, SARCASTIC

CLOTHING: FLORAL SHORT SLEEVE BUTTON UP SHIRT, BLACK PANTS, WHITE SHOES

MEDICAL CONDITIONS: KNEE REPLACEMENT

MEDICATIONS: NONE

OTHER:

EYES: GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

SUBJECT STATED HE DRANK 2 MIMOSA'S AND 3 OR 4 HARD SELTZER'S (Q AND A)

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0155 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

TECH READ BREATH TEST RESULTS

SUBJECT ACKNOWLEDGED HE UNDERSTOOD BREATH TEST RESULTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED Q AND A



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 20-130889 PBSO ZONE 3-14

AGENCY CASE # 20005298 CRASH CASE # _____

TIME OF STOP/CRASH 0103 DATE 11/27/2020 DAY FRIDAY

SUBJECT'S NAME LAMER, CHRISTOPHER BRADLEY RACE W SEX M

HGT 5'11 WGT 178 DOB 10/23/1989

LOCATION PGA BLVD / FAIRCHILD GARDENS AVE

ARRESTING OFFICER'S NAME & ID OFC. JAMES LOVETT #523 AGENCY PBGPD

DIVISION: ROAD PATROL

NOTIFIED BY COMMO YES

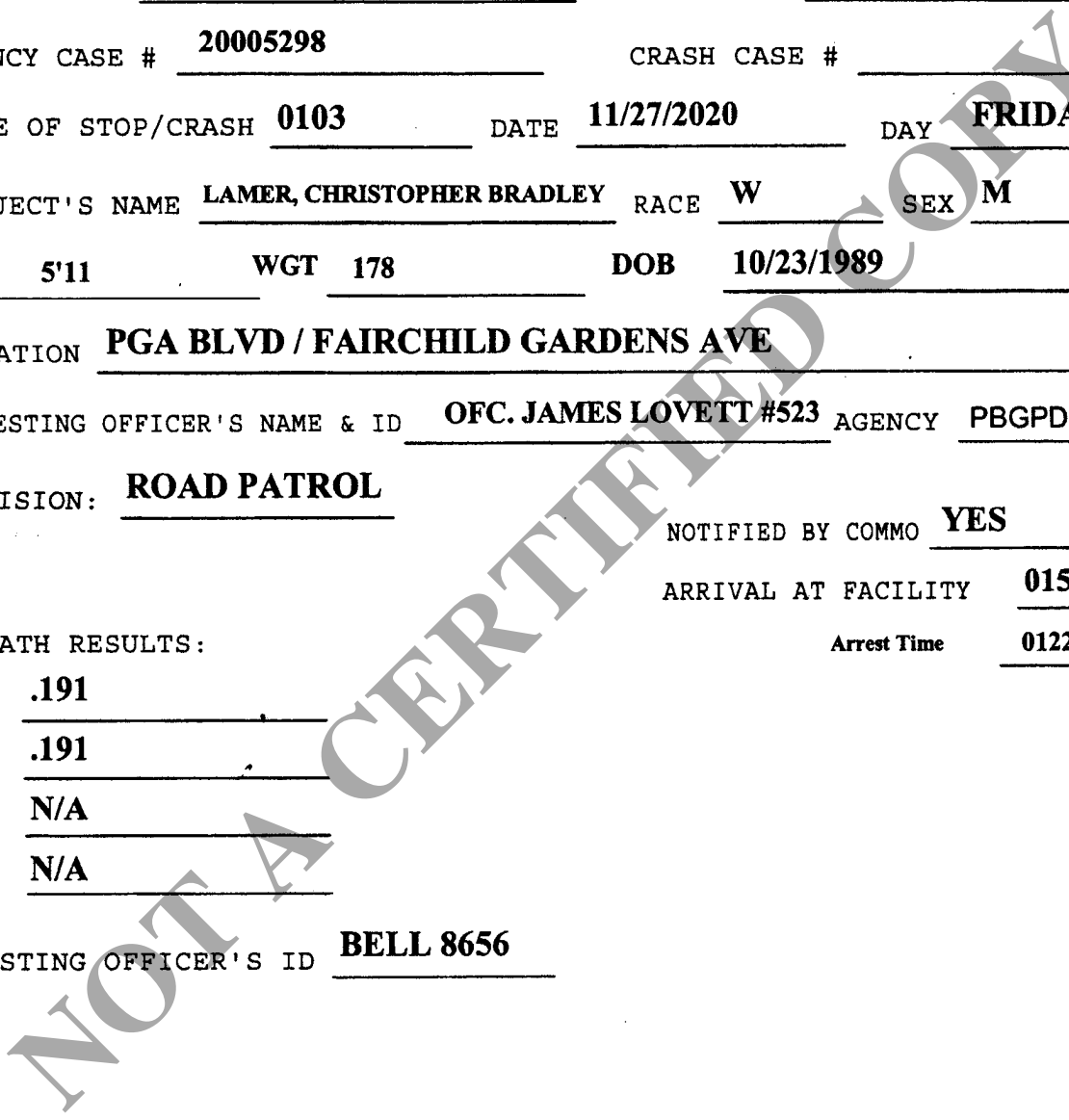
ARRIVAL AT FACILITY 0155

Arrest Time 0122

BREATH RESULTS:

1. .191
2. .191
3. N/A
4. N/A

TESTING OFFICER'S ID BELL 8656



FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 11/27/2020

Date of Last Agency Inspection: 11/13/2020

Observation Period Began: 01:55

Subject's Name: CHRISTOPHER B LAMER

DOB: 10/23/1989 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	02:20
	Air Blank	0.000	02:20
	Control Test	0.081	02:21
	Air Blank	0.000	02:21
	Subject Sample #1	0.191	02:22
	Air Blank	0.000	02:22
	Air Blank	0.000	02:24
	Subject Sample #2	0.191	02:25
	Air Blank	0.000	02:26
	Control Test	0.080	02:26
	Air Blank	0.000	02:26
	Diagnostics Check	OK	02:26

Cylinder Lot: 14020080A1
Exp: 07/05/2022

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I JOSHUA J BELL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____

Signature

Date: 11/27/20

Sworn to (or affirmed) before me this 27 day of November, 2020

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SUBJECT: Lamer, Chr. Stephen B 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? _____

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. J. Lovett # 523

SUBJECT: Lamer, Christopher B

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) _____

Read on camera

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL



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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020027804	Date: 11/28/2020
	Specialist Name/ID: AM/31562