

0517036

20CT75387SB

P2045

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 6, 4 20-001148	
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	Location of Arrest (Including Name of Business) 106 E OCEAN AVE LANTANA FL 33462		Location of Offense (Business Name, Address) 106 E OCEAN AVE, LANTANA, FL 3362		Enter Type None/not Applicable	
Date of Arrest 06/19/2020	Time of Arrest 16:04	Booking Date 06/19/2020	Booking Time 16:14	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) FLAUTT, DAVID ERNEST			Alias:			Alias (Name, DOB, Soc. Sec. #, Etc.)
Race W - White A - American Indian O - Oriental/Asian W	Sex M	Date of Birth 06/03/1983	Height 5'11	Weight 170	Eye Color BLUE	Hair Color BROWN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status	Religion CATHOLIC	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 376 WINTERS ST, WEST PALM BEACH, FL 33405			Phone		Residence Type 1 City 3 Florida 2 County 4 Out of State 2	
Permanent Address (Street, Apt. Number) 376 WINTERS ST, WEST PALM BEACH, FL 33405			Phone		Address Source VERBAL	
Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation	
DL Number, State F430165832030 / FL		Sec. Sec. Number	INS Number		Place of Birth (City, State) OXFORD, MS, United	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	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor	
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)			Residence Phone	
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip)			Business Phone	
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
Released To: (Name)		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.				School Attended		Grade
<input type="checkbox"/> Yes, by		<input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	
Drug Activity S. Sell N. N/A P. Possess		S. Sell D. Distribute E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine
B. Buy T. Traffic		R. Smuggle			B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Drug
U. Unknown Z. Other				P. Paraphernalia/ Equipment S. Synthetic		
Charge Description DUI-DRIVING UNDER THE INFLUENCE				Statute Violation Number 316-193(1)		Violation of ORD # 316.193(1) DS
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	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				Any knowledge of the following Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		
Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond				<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail
Transmitted By SANTANA, DELVIS				Date Transported 06/19/2020	Time Transported 16:11	Other
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room) Criminal Justice DELRAY BEACH		
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Court Date and Time 07/13/2020 08:30:00		
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 SANTANA, DELVIS		Name Verification (Printed by Arrestee) JUN 19 PM 3:24		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)		
Intake Date 06/19/2020	ID # 8033	Pouch #	Transporting Officer SANTANA, DELVIS	ID # 900	Agency LPD	PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19 DAY OF June 2020, AT 1604 AM / PM
SUBJECT: David E. Flautt CASE NUMBER: 20-001148
AGENCY: LPD ARRESTING OFFICER: Santana, Delvis

PERSONAL CONTACT

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

Flautt was traveling northbound (outside lane) on the 100-BLK of S Dixie Hwy. Flautt failed to keep distance with ongoing traffic crashing it's front passenger side bumper into another vehicle that was driving on the same direction as Flautt. Flautt then made contact with sole occupant of the vehicle that was driving southbound b/m Roysten Reddick 07/27/1976, who advised that Flautt was unable to stand on his own and was observed to be Swaying back and forth while trying to communicate with him.

OBSERVATION OF DRIVER:

Flautt was slurring his speech and had blood shot glassy eyes. Flautt had a strong odor of an unknown alcohol beverage emitting from his mouth as well. In addition, Flautt had a hard time maintaining balance.

DRIVER'S STATEMENTS:

I am not drunk, just allow me to get an Uber driver to drop me off at home and I wont bother anyone. I had a few beers a while ago.

ODORS:

Odor of an unknown alcohol beverage emitting from his mouth.

GENERAL OBSERVATIONS

SPEECH: slurr

ATTITUDE: calm

CLOTHING: Blue T-shirt, Blue shirts, brown shoes.

MEDICAL / OTHER:

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 19 day of June 2020 by Santana, Delvis

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

TRME 0059 PRPD

Notary Public, Clerk of Court, Officer (F.S. 1 17.10)

SCANNED

JUN 20 2020

SUBJECT: David E. Flautt CASE NUMBER: 20-001148

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:

Swaying back and forth and left and right while I was conducting a pen exercise.

WALK & TURN:

Swayed during instructions
Missed heel-to-toes.
Stepped off the line.
Used arms for balance.
Performed improper turn.

ONE LEG STAND:

Refused

FINGER TO NOSE :

Refused

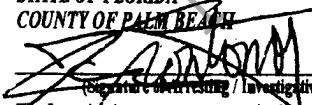
ROMBERG / ALPHABET :

Refused

BREATH TEST RESULTS :

Refused

STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting / Investigative Officer)

The foregoing instrument was notarized on sworn before me this 19 day of June 2020 by Santana, Delvis

who is personally known to me and/or produced identification. Type of identification produced _____

TRME 0059 PBPO
Notary Public, Clerk of Court, Officer F.S.S. 117-10)

SCANNED
JUN 20 2020

TESTING FACILITY TASK REPORT

AGENCY: LPD OFC. SANTANA #900

SUBJECT: FLAUTT, DAVID E.

CASE NUMBER: 20-079658

DATE: 06-19-2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1716 hrs

ENDING TIME: 1723 hrs

BREATH TESTS RESULTS: 1) **REFUSED** TIME 1722 A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, COOPERATIVE, ANXIOUS, SARCASTIC, INDECISIVE

CLOTHING: SHIRT- BLUE/WHITE SHORTS-BLUE

MEDICAL CONDITIONS: NONE

MEDICATIONS: OVER THE COUNTER INDEGESTION MEDICINE

OTHER:

EYES: RED, GLASSY

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O SANTANA #900
A/O REQUESTED THE BREATH TEST.
D REFUSED THE BREATH REQUEST.
A/O READ THE IMPLIED CONSENT ON CAMERA.
D WAS HESITANT ON ANSWERING THE BREATH REQUEST QUESTION AGAIN.
IMPLIED CONSENT BROKEN DOWN TO THE D.
D EVENTUALLY REFUSED TO SUBMIT TO THE BREATH REQUEST AGAIN.
C/W READ ON CAMERA TO THE D.
D REFUSED Q&A.

SCANNED
JUN 20 2020



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

PBSO CASE # 20-079658 PBSO ZONE 1-32

AGENCY CASE # 20-001148 CRASH CASE # _____

TIME OF STOP/CRASH 1534 DATE 06/19/2020 DAY Friday

SUBJECT'S NAME David E. Flann RACE W SEX M

HGT 5'11 WGT 170 DOB 06/03/1983

LOCATION 106 E Ocean Ave Lantana FL 33462

ARRESTING OFFICER'S NAME & ID Santana, Delvis 900 AGENCY LPD

DIVISION: B

NOTIFIED BY COMMO

ARRIVAL AT FACILITY 1655hrs

BREATH RESULTS: Arrest Time 1604

- 1. _____
- 2. _____
- 3. _____
- 4. _____

TESTING OFFICER'S ID 6212

NOT A CERTIFIED OFFICER

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Santana Delvis, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Lantana Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 19 day of June, 20 20, at P.M. A.M.

DRIVER David Ernest Flautt,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

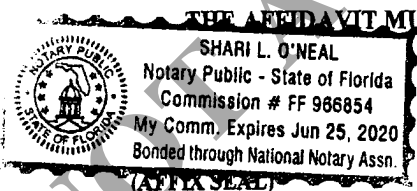
DL# F430165832030, state of Florida, was placed under lawful arrest for
the offense of Driving Under the influence by Santana Delvis and
(Name of Arresting Officer)

issued Citation # A87L3E

That on or about the 19 day of June, 20 20, at 1722 P.M. A.M.
in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
Signature of Law Enforcement Officer or Correctional Officer



THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)
The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

The foregoing instrument was sworn and subscribed before me this 19 day of June, 20 20, by _____, who is personally known to me or who has produced _____ as identification

Notary Public [Signature]

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SUBJECT: David E. Flutt CASE NUMBER: 20-001148

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? Refused

WHERE WERE YOU GOING? Refused

WHAT STREET OR HIGHWAY WERE YOU ON? Refused

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? Refused

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? Refused

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? Refused

WHAT COUNTY AND CITY ARE YOU IN NOW? Refused

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? Refused

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Refused

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? Refused

HOW MUCH? _____ WHERE? _____ WITH WHOM? Refused

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? Refused

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Refused

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? Refused

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? Refused

WHAT? _____ WHERE? _____ WHEN? Refused

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? Refused

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? Refused

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? Refused

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? Refused

WERE YOU IN AN ACCIDENT TODAY? Refused

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: Santana, Delvis

SCANNED
JUN 20 2020

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 Santana, Delvis of the Lantana Police Department.

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) Read on Camera

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.

SCANNED

JUN 20 2020

SUSPECT'S SIGNATURE: (X) Read on Camera



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

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

REVIEW COMPLETED BY

Booking Number: 2020015149	Date: 06/20/2020
	Specialist Name/ID: AM/31562

SCANNED
JUN 20 2020