

20 CT 006800 AX NB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 [] Juvenile [N]

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-20-002551		
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input 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		
	Location of Arrest (Including Name of Business) GARDENS EAST DR / BURNS RD PBG FL 33410				Location of Offense (Business Name, Address) GARDENS EAST DR / BURNS RD PBG FL 33410				
	Date of Arrest 05/28/2020	Time of Arrest 01:32	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) DEESE, DAVID, LAFEHR								Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex M	Date of Birth 10/19/1977		Height 06' 03"	Weight 165	Eye Color BLUE	Hair Color BROWN	
Complexion FAIR		Build MEDIUM		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOOS (RIGHT LEG, BACK RIGHT ARM), SCARS (KNEE, NECK SHOULDER, BACK)		Marital Status Divorced	Religion NON DENOM	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 4801 WATER OAK COURT PALM BEACH GARDENS FL 33410		Phone (561) 335-7969		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Address Source VERBAL		Occupation RETIRED	
Permanent Address (Street, Apt. Number) 4801 WATER OAK COURT PALM BEACH GARDENS FL 33410		Phone ()		Business Address (Name, Street) RETIRED		Phone ()		Citizenship US	
D/L Number, State D-200-172-77-379-0 FL		INS Number		Place of Birth (City, State) TALLAHASSEE, FL		Citizenship US			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile	
Parent Name (Last)		(First)		(Middle)		Residence Phone			
Legal Custodian									
Other:									
Address (Street, Apt. Number)		(City)		(State)		(Zip)			
Business Phone									
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Held/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					
Drug Activity S. Sell N. N/A P. Possess		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. Synthetics		U. Unknown Z. Other	
Charge Description DRIVING UNDER THE INFLUENCE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(A)		Violation of ORD #			
Drug Activity N/A		Drug Type N/A	Amount / Unit	Offense #	Warrant / Capias Number	Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" 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 JULY Day 1 Year 2020 Time 1330 AM <input type="checkbox"/> PM <input checked="" 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) X [Signature]						Date Signed 05/28/2020			
HOLD for other Agency Name:		Signature of Arresting Officer X [Signature]		Name Verification (Printed by Arrestee) [Signature]					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Ofc. ANDREW FLINK		I.D. # 514		PAGE 1 OF 1	
Intake Deputy Sian v Elvi		I.D. #	Pouch #	Transporting Officer ANDREW FLINK		I.D. # 514	Agency PBGPD	Witness here if subject signed with an -X" 28 2020	

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

0516690

550

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28TH DAY OF MAY 2020, AT 0126 AM PM

SUBJECT: DEESE, DAVID, LAFEHR CASE NUMBER: 20-002551

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514

PERSONAL CONTACT

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

While conducting a traffic selective enforcement, at the intersection of Alt A1A and N Entrada Way, PBG, FL this Officer observed a vehicle traveling North bound at an increased rate of speed. This Officer's initial visual estimation of the vehicle, was approximately 60 MPH in a posted 45 MPH zone. Using RADAR Stalker DSR2X (S/N DB001317) (Front Antenna #KC086606), this Officer received a steady tone and reading of 61 MPH. It should be noted, the RADAR unit was checked for accuracy at the start and conclusion of this tour of duty. This Officer informed Ofc Butzbach 507 of the violation, as we was positioned in a more safe location to enter traffic flow. A traffic stop was conducted at Gardens East Dr and Burns Rd where contact was made with the driver and sole occupant of the vehicle, David Deese, identified by his FL DL, while he was still in actual physical control of the vehicle.

OBSERVATION OF DRIVER:

The driver had difficulty following instructions, could not provide the proper documentation when asked, he had slowed slurred speech, watery bloodshot eyes, heavy/drooping eyelids, flushed red face and had the odor of an unknown alcoholic beverage emanating from his breath.

DRIVER'S STATEMENTS:

Deese stated he was coming from Pirate's Well and admitted to consuming alcoholic beverages on this night.

ODORS:

unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: slow, slurred

ATTITUDE: calm

CLOTHING: khaki shorts, black shirt and gray sneakers

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

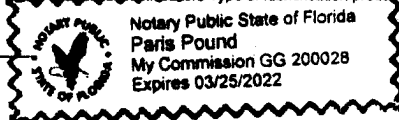
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of May 2020 by Ofc. ANDREW FLINK

(Print name of Arresting/Investigative Officer, who is personally known to me and the type of identification produced)

Personally Known

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



SUBJECT: DEESE, DAVID, LAFEHR

CASE NUMBER 20-002551

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:

refusal post Taylor Warnings

WALK & TURN:

refusal post Taylor Warnings

ONE LEG STAND:

refusal post Taylor Warnings

ROMBERG ALPHABET:

refusal post Taylor Warnings

FINGER TO NOSE:

refusal post Taylor Warnings

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

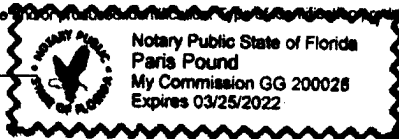
STATE OF FLORIDA
COUNTY OF PALM BEACH

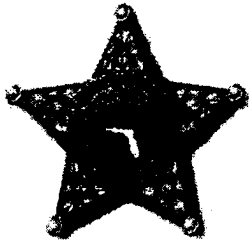
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of May 2020 by Ofc. ANDREW FLINK

(Print name of Arresting/Investigative Officer), who is personally known to me and who has taken the oath of office and is duly qualified Personally Known

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





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

PBSO CASE # 20-072527 PBSO ZONE 3-13

AGENCY CASE # 20-002551 CRASH CASE # _____

TIME OF STOP/CRASH 0126 DATE 05/28/2020 DAY THURSDAY

SUBJECT'S NAME DEESE DAVID LAFEHR RACE W SEX M
LAST FIRST MID

HGT 06' 03" WGT 165 DOB 10/19/1977

LOCATION GARDENS EAST DR / BURNS RD PBG FL 33410

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO _____

ARRIVAL AT FACILITY 0204

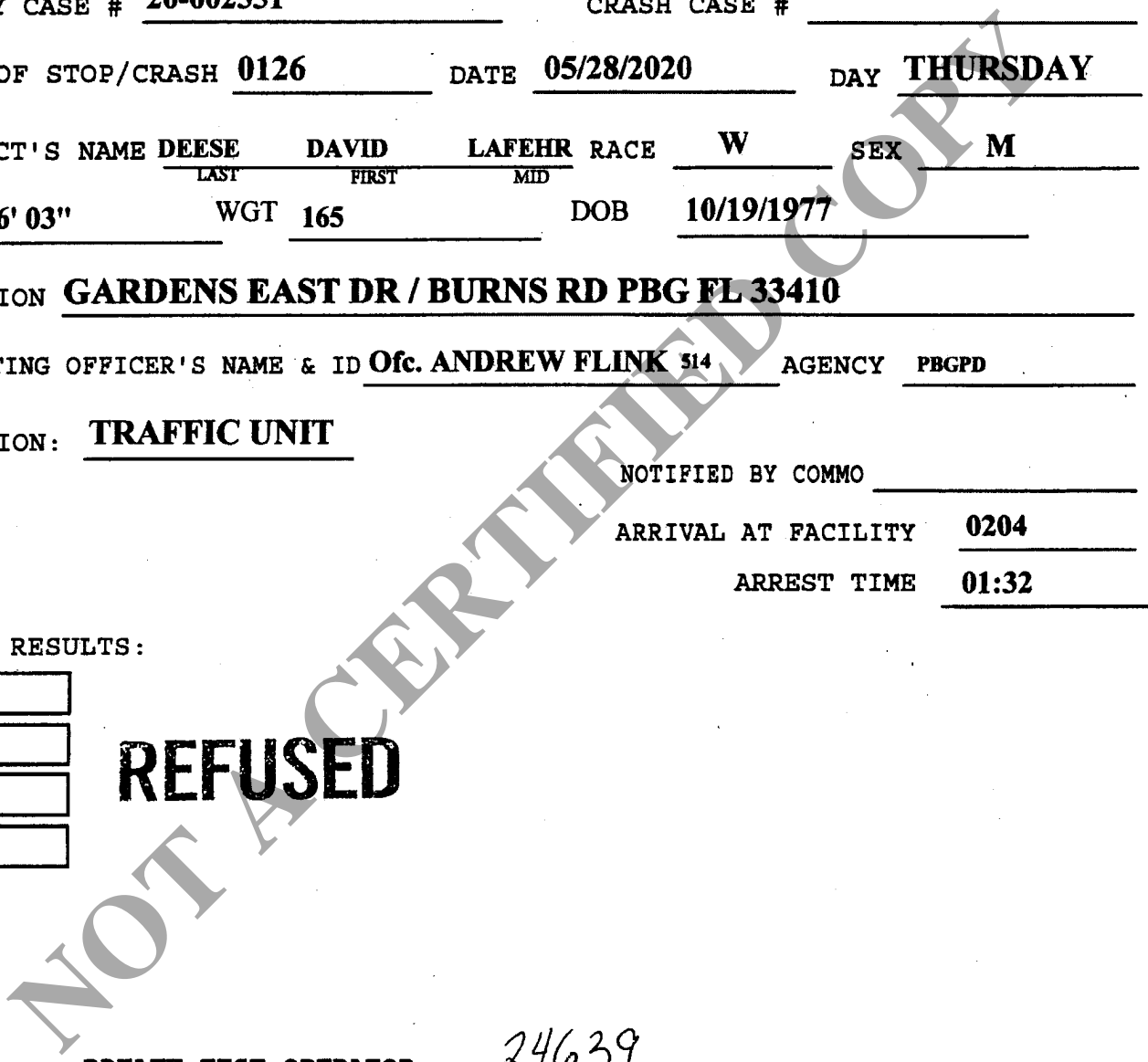
ARREST TIME 01:32

BREATH RESULTS:

- 1)
- 2)
- 3)
- 4)

REFUSED

BREATH TEST OPERATOR: 24639



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

I, Ofc. ANDREW FLINK, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

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

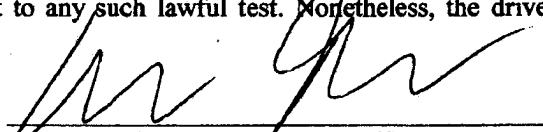
or affirm that on or about the 28th day of May, 20 20, at 01:32 P.M. A.M.

DRIVER DAVID LAFEHR DEESE
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# D-200-172-77-379-0, state of FL, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE by Ofc. ANDREW FLINK and
issued Citation # A56H9LE
(Name of Arresting Officer)

That on or about the 28th day of May, 20 20, at 0231 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 of Law Enforcement Officer or
Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 28th day of May, 20 20,

by Ofc. ANDREW FLINK,

who is personally known to me or who has produced
Personally Known as identification

Notary Public 

THIS 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 05/28/2020

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.

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: DEESE, DAVID L

CASE NUMBER: 20-072527

DATE: 05/28/2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:29

ENDING TIME: 02:32

BREATH TESTS RESULTS: 1) R TIME 02:31 A.M. P.M. 2) N/A TIME N/A A.M. P.M.

3) N/A TIME N/A A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: THICK

ATTITUDE: CALM

CLOTHING: TAN SHORTS, BLACK/WHITE T-SHIRT, BLACK/GREY SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

REFUSED

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 02:04 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND WOULD REFUSE TO TAKE TEST AGAIN.

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

NO Q&A CONDUCTED SUBJECT INVOKED HIS RIGHTS TO COUNSEL

REFUSED

SUBJECT: David, David L. 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 David L. David of the DCGVD.

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) David L. David

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) _____

SUBJECT: Boose, David L. 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: Jfc / LMP - H



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: 2020013677	Date: 5/28/2020
	Specialist Name/ID: B Evans / 23649