

2020 OCT 06 18 AM B

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20067116	
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"/> 8. Other	Weapon Seized / Type 2 1. Yes 2. No N/A	Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business) ROYAL PALM BEACH BLVD/ CRESTWOOD BLVD ROYAL PALM BEACH, FL, 33411			Location of Offense (Business Name, Address) ROYAL PALM BEACH BLVD/ CRESTWOOD BLVD, ROYAL PALM, FL, 33411			
Date of Arrest 05/10/2020	Time of Arrest 01:41	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle ALL FLORIDA TOWING
Name (Last, First, Middle) Schlesier, Dawn, Marie						Alias (Name, DOB, Soc. Sec. #, Etc.)
Race W - White - American Indian B - Black - Oriental/Asian	Sex W	Date of Birth 1/13/1970	Height 5'04	Weight 180	Eye Color BRN	Hair Color BRN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status Widowed	Religion CATHOLIC	Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> 1. City <input type="checkbox"/> 3. Florida <input type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State	
Local Address (Street, Apt. Number) 2705 Wedgewood Plaza Dr, Riviera Beach, FL 33404			Phone (561) 889-0625	Residence Type: 1. City 3. Florida 2. County 4. Out of State 2		
Permanent Address (Street, Apt. Number)			Phone	Address Source FL DL		
Business Address (Name, Street)			Phone	Occupation ACCOUNTANT		
D/L Number, State S426173705130, FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) QUEENS, NY		Citizenship YES
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
Parent Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:			Residence Phone			
Address (Street, Apt. Number)			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
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 355-2526) 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 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
Charge Description DUI (PROPERTY DAMAGE)			Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(3C1)	
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20067116	Warrant / Capias Number		
Charge Description			Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	
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	
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	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		
Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406						
Court Date and Time Month 7 Day 2 Year 2020 Time 0830 AM <input checked="" type="checkbox"/> 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 05/10/2020						
Signature of Defendant (or Juvenile and Parent /Custodian)					Date Signed	
HOLD for other Agency Name		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) INV G. LYNCH 8568		(PRINT)		
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		I.D. # 8568		PAGE		
Intra. Deputy Dunn 496		I.D. #		Agency PBSO		
Pouch #		Transporting Officer INV G. LYNCH 8568 8568		Witness here if subject signed with an "X" 1 of 1		

05163741 3683

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Captives	1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06		20-067116		
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			
Defendant Name (Last, First, Middle) SCHLESIER DAWN MARIE					Race W	Sex F	Date of Birth 1/13/1970		
Charge DUI					Charge				
Charge					Charge				
Victim Name (Last, First, Middle) <i>State of Florida</i>					Race	Sex	Date of Birth		
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source			
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation			
The undersign 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...									
<input type="checkbox"/> committed the below acts in my presence.					<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.				
<input type="checkbox"/> confessed to admitting to the below facts.					<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.				
On the <u>10</u> day of <u>MAY</u> 20 <u>20</u> at <u>0115</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM									

On May 10, 2020, at 0045 hours I responded to the area of Crestwood Blvd and Royal Palm Beach Blvd, in the village of Royal Palm Beach about a vehicle crash.

Upon arrival, I observed a single white Ford 4Door car bearing FL tag NHFF07 on the sidewalk facing eastbound with severe front and rearend damage. The sole occupant of the vehicle was a white female (later identified as Dawn Schlesier) who was sitting on the driver side behind the wheel of the vehicle. Upon introducing myself the female quickly stated that something was in the roadway and she turned the wheel to avoid hitting the object, which caused her to wreck. I asked Dawn if she had been drinking at which point she stated "A lot". When Fire Rescue arrived on scene Dawn attempted to step out the vehicle, losing her footing and fell towards me. As Dawn walked to the Rescue Engine she needed assistance due to her stumbling all over the roadway. When questioned by Fire Rescue, Dawn stated she "had multiple drinks tonight".

A witness was on scene who filled out a sworn statement, that put Dawn behind the Wheel of the vehicle during the time of the crash.

At this time a DUI unit was called over for roadside assistance. This is a supplement to the main offense report and a description of my involvement in this case

The foregoing instrument was sworn to and affirmed before me this <u>10</u> day of <u>MAY</u> 20 <u>20</u> by:	
<u>Inv. G. Lynch 8568</u>	<u>D/S D GUEVARA 31278</u>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
<u>[Signature]</u>	<u>[Signature]</u>
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
	Page <u>1</u> of <u>1</u>

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10 DAY OF MAY 2020, AT 00:54 AM PM

SUBJECT: Schlesier, Dawn, Marie CASE NUMBER: 20067116

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV G. LYNCH 8568

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

On 5/10/20 I responded to Royal Palm Beach/ Crestwood Blvd, in Palm Beach County, in reference to a single vehicle crash, with a possibly impaired driver. Upon arrival I met with D/S Guevara id31278, who first arrived on scene.

D/S Guevara advised that she responded in reference to the crash. Upon her arrival she observed a white Ford Fusion, bearing FL tag NHFF07, on the sidewalk facing eastbound. The car had front and rear end damage. D/S Guevara observed the driver, Dawn Schlesier, the sole occupant of the car. Dawn stated that she swerved to avoid hitting something, causing the crash. Dawn stated that she had been drinking a lot. When Dawn exited the car she lost her balance and fell toward D/S Guevara, who had to catch her to keep her from falling. Dawn had to be assisted in walking to the ambulance, and again stated that she had several drinks. 1 witness, Brian Quillen, reported on scene and positively identified Dawn as the driver of the car. Quillen provided a sworn written statement.

I observed the car on the side walk. I examined the crash scene and found that the car was traveling south on Royal Palm Beach Blvd. The driver lost control of the vehicle and it began to slide sideways. The driver side fender struck a tree on the west side of the road. The car continued and the front driver side fender struck an electrical box. The car then spun and can to rest on the sidewalk.

OBSERVATION OF DRIVER:

I met with Dawn, who was seated on the curb. I immediately noticed that Dawn's eyes were bloodshot and glassy. There was an odor of an unknown alcoholic beverage coming from her breath, which got stronger when she spoke. Dawn's speech was slurred and her movements were uncoordinated. Dawn was holding her wallet, which she fumbled and dropped. I advised Dawn that the crash investigation was complete and I was going to conduct a criminal DUI investigation, which she advised she understood. I advised Dawn of Miranda warnings, which she advised she understood. Post Miranda Dawn stated that she was attempting to avoid a raccoon in the road causing her to lose control and crash. Dawn stated she was not injured and did not need EMS or a hospital. Dawn stated that she had been drinking and stated she had approximately 2 beers prior to driving, and her last drink was approximately 2 hours prior. I had Dawn stand in front of my patrol car. While walking Dawn appeared unsteady and she exhibited a sway while standing still. Based on my observations and Dawn's admission to drinking I asked her to perform standard field sobriety tasks.

DRIVER'S STATEMENTS:

Dawn stated that she had 2 beers prior to driving. Dawn stated her last beer was approximately 2 hours prior.

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm/ Inattentive

CLOTHING: black bathing suit

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of MAY 2020 by INV G. LYNCH 8568

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

Shari O'Neal (#6212)

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

SUBJECT: Schlesier, Dawn, Marie

CASE NUMBER 20067116

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Dawn was asked to stand with her feet together and place her hands by her sides. Dawn was asked to focus on the stimulus and follow it with her eyes. Dawn was told not to move her head to assist in following the stimulus. Dawn showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation and onset of Nystagmus prior to 45 degrees in both eyes. I observed vertical nystagmus in both of Dawn's eyes. Dawn exhibited a sway throughout the task and separated her feet for balance. Dawn had to be reminded several times to follow the stimulus.

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS:

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV G. LYNCH 8568

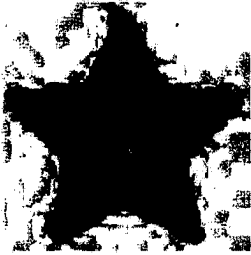
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of MAY 2020 by INV G. LYNCH 8568

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

Shari O'Neal (#6212)

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



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

PBSO CASE # 20067116 PBSO ZONE 9-11

AGENCY CASE # / CRASH CASE # 20067114

TIME OF STOP/CRASH 00:54 DATE 05/10/2020 DAY Sunday

SUBJECT'S NAME Schlesier, Dawn, Marie RACE W SEX F

HGT 5'04 WGT 180 DOB 1/13/1970

LOCATION ROYAL PALM BEACH BLVD/ CRESTWOOD BLVD ROYAL PALM BEACH, FL, 33411

ARRESTING OFFICER'S NAME & ID INV G. LYNCH 8568 (8568) AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 02:12

ARREST TIME 01:41

BREATH RESULTS:

- 1)
- 2)
- 3)
-

REFUSED

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

NOT A CERTIFIED COPY

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

I, INV. G. LYNCH 8568, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PALM BEACH COUNTY SHERIFFS OFFICE, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 10 day of MAY, 20 20, at 01:41 P.M. A.M.


DRIVER DAWN MARIE SCHLESIER
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S426173705130, state of FL, was placed under lawful arrest for
the offense of DUI by INV. G. LYNCH 8568 and
(Name of Arresting Officer)
issued Citation # A2GD6AP

That on or about the 10 day of MAY, 20 10, at 02:37 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

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 _____

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 10 day of MAY, 20 20,

by INV. G. LYNCH 8568,

who is personally known to me or who has produced

KNOWN as identification

Notary Public 

HSMV-BAR1001 (REV. 10/2016)

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: PBSO INV. LYNCH #8568

SUBJECT: SCHLESIER, DAWN MARIE

CASE NUMBER: 20067116

DATE: 05-10-20

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0236HRS

ENDING TIME: 0238HRS

BREATH TESTS RESULT: **REFUS**

1) TIME 0237

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: COOPERATIVE, COMPLAINING

CLOTHING: SHIRT- BLACK & WHITE POLKA DOT/NIGHT SHIRT SHORTS- BLACK NIGHT SHORTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: RED, GLASSY
BODY: DIRT ON HER LEGS

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O
A/O REQUESTED THE BREATH TEST.
D REFUSED THE BREATH REQUEST.
A/O READ THE IMPLIED CONSENT ON CAMERA, D UNDERSTOOD THE IMPLIED CONSENT.
D STILL REFUSED THE BREATH REQUEST.
C/W READ ON CAMERA.
D REFUSED Q&A

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.

SUSPECT'S SIGNATURE: (X) _____

SUBJECT: _____ 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: _____

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

WITNESS LIST

CASE NUMBER: 20067116

ARRESTING OFFICER: INV G. LYNCH 8568

ADDRESS: HQ

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S GUEVARA ID 31278

ADDRESS: DIST 9

PHONE NUMBERS (HOME) 0 (WORK) 561 688 3000

CAN TESTIFY TO: CRASH INVESTIGATION/ IDENTIFY DRIVER

NAME: BRIAN QUILLEN

ADDRESS 232 PARKWOOD DR S., ROYAL PALM BEACH, FL, 33411

PHONE NUMBERS (HOME) 561 215 1149 (WORK) _____

CAN TESTIFY TO: IDENTIFY DRIVER

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #: 20-067116	ZONE: 9-11	SUSPECT: Down Schlesier	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 5/10/20 0118
EVENT TYPE: Crash		DEPUTY: D/S M. Carver	ID#: 31809

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Quillen		FIRST NAME: Brian		MIDDLE INITIAL: K	RACE: W	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) July 07-12-1978	YOUR HEIGHT: 5-7	YOUR WEIGHT: 190	YOUR HAIR COLOR: Brown		YOUR EYE COLOR: Hazel	
YOUR HOME ADDRESS: 232 Parkwood Dr. S.		<input type="checkbox"/> CHECK IF HOMELESS		CITY: Royal Pglm	STATE: FL	ZIP: 33411
YOUR WORK NAME & ADDRESS:		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE ()	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (561) 215-1149	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL:		<input type="checkbox"/> CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: 1 Brian Quillen	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
I heard a loud crash and ran from my house (Parkwood) to Royal Palm beach Blvd. ^{Where the crash was} and I went to the car and asked lady if she was OK, she said yes so I called 911. She was in the car and I opened door to let her out. She smelled of Alcohol but nothing visable. It was a white woman with Black top and very short black bottoms. It is dark but belive she has dark hair and the car was white	
PAGE 1 OF 1	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: X:	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 5/10/20 TIME: 0118 SIGNATURE: ID: 31809

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY



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: 2020012311	Date: 5/10/2020
	Specialist Name/ID: Gammage/5660



FLORIDA DUI UNIFORM TRAFFIC CITATION **A2GD6AP**

COUNTY OF <u>Palm Beach</u>		<input type="checkbox"/> (1) F.R.P. <input type="checkbox"/> (2) P.D. <input checked="" type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY OF APPLICANT <u>Royal Palm Beach</u>		AGENCY NAME <u>P350</u>	
AGENCY # _____		COMPLAINT (RETAINED BY COURT)	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS A JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
DATE OF VIOLATION	MONTH	DAY	TIME
<u>3/10</u>	<u>3</u>	<u>10</u>	<u>2020</u> <u>02:40</u> <input type="checkbox"/> P.M. <input checked="" type="checkbox"/> P.M.
NAME (PRINT) FIRST <u>Dawn</u> MIDDLE <u>Marie</u> LAST <u>Schlesier</u>		IF DIFFERENT THAN ONE OR DRIVER LICENSE 'X' HERE _____	
ADDRESS <u>2705 Widgeonwood Plaza Dr.</u>		STATE <u>FL</u> OF CODE <u>33404</u>	
CITY <u>Royal Palm Beach</u>		TELEPHONE NUMBER _____	
DATE OF BIRTH	MO	DA	YE
<u>7/13</u>	<u>7</u>	<u>13</u>	<u>19</u>
DRIVER LICENSE NUMBER	STATE	CLASS	COL LICENSE
<u>S426173705130</u>	<u>FL</u>	<u>E</u>	<u>2026</u>
YR. LICENSE	CLASS	STYLE	COLOR
<u>2016</u>	<u>Food</u>	<u>4dr</u>	<u>White</u>
VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG GOOD
<u>NHFF07</u>	_____	<u>FL</u>	<u>2021</u>
IF ON A PUBLIC STREET OR HIGHWAY OR OTHER LOCATION, NAMELY <u>Royal Palm Beach Blvd / Cathedral Bl</u>			
MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
COMPANION CITATION(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FT. _____ MILES _____ OF NODE _____			

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF REFUSED

COMMENTS PERTAINING TO OFFENSE: (Only one offense with citation) _____

<input type="checkbox"/> AGGRESSIVE DRIVER	PASSENGER 6 MONTHS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	STATE STATUTE	SECTION
<input checked="" type="checkbox"/> CRIM	DAMAGE TO OTHER PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>316.193</u>	<u>(3C1)</u>
<input checked="" type="checkbox"/> INJURY TO ANOTHER	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

7/2/20 8:30 AM
3228 Gun Club Rd. **A2GD6AP**
West Palm, FL 33406

ARREST DELIVERED TO _____ DATE _____
 I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. UNDERSTAND BY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS IF YOU NEED REASONABLE FACILITY FOR ASSOCIATION TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

SIGNATURE OF VIOLATOR _____

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SUSPENDED? YES NO REASON _____

ELIGIBLE FOR PERMIT? YES NO REASON _____

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE 954-447-1570 BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

Erin Lynch 7568 OUT
 RANK - SIGNATURE OF OFFICER BADGE NO. I. NO. TROOP UNIT
 HSMV 72804 (Rev. 7/13)

NOT A CERTIFICATE