053272 SO. 22CF6962 SB SO. 2629

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

ORTS Number					
Agency ORI Number: 0502000	Agency Name: Lantana Police Department			Agency Report Number (N.T.A.'s only): 6 4 22-001771	
Charge Type (Check as many as apply): ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other				If Weapon Seized: Enter Type	Multiple Clearance Indicator: 1
Location of Arrest (Including Name of Business): 302 W LANTANA RD, 302 W LANTANA RD, LANTANA, FL				Location of Offense (Business Name, Address): 302 W LANTANA RD, LANTANA, FL	
Date of Arrest: 4/29/22 04/30/2022	Time of Arrest: 2356	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

DEFENDANT

Name (Last, First, Middle): BECKER, KLAUS HANS-JUERGEN JO J

Alias (Name, DOB, Soc Sec #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	08/12/1957	5'08	185	BLUE	GRAY	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: S

Religion: CHRISTIAN

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence ☐ ☐ ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 8400 S MILITARY TRL 101, BOYNTON BEACH, FL 33426

Phone: (832) 256-3866

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 8400 S MILITARY TRL 101, BOYNTON BEACH, FL 33426

Phone: (832) 256-3866

Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation:

Drl. Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
B260508572920 / FL	[redacted]		PHILIDELPHIA, PA,	US

CO-DEF

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

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian

Name (Last, First, Middle): Residence Phone:

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) Relationship Date Time

The above address was provided by ☐ defendant and/or ☒ 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.
☐ Yes, by: ☐ No:

School Attended: Grade:

Property Crime? ☐ Yes ☒ No Description of Property: Value of Property:

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispenses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other

Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI-PROPERTY DAMAGE/PERSONAL INJURY	316.193(3)(C)1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant:

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☒ Posted Bond ☐ South County Mental Health

PROPERTY - Received By: Released By: Released To:

Transported By: Date Transported: Time Transported: Other:

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): 200 W Atlantic Ave.

Court Date and Time: 05/26/2022 13:00:00

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

ADMIN

HOLD for Other Agency:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer 933

Name of Arresting Officer (Print): SIMMONS, TIMOTHY PAUL I.D. # 933

Transporting Officer I.D. # 933 Agency LPD

Name Verification (Printed by Arrestee) (PRINT):

Witness here if subject signed with an "X":

APR 30 AM 2:22 SCANNED APR 30 2022

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ PRETRIAL SERVICES ☐ JAIL ☐ CRIME ANALYSIS ☐ P.O. ☐ DEFENDANT

SIMMONS 933

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29 DAY OF APRIL 20 22, AT 2316 AM ✔ PM

SUBJECT: BECKER KLAUS H CASE NUMBER: 22001771

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: SIMMONS #933

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
Did not observe defendant driving but observed defendant behind the wheel on the traffic stop.

OBSERVATION OF DRIVER:
Strong odor of alcohol, slurred speech, unsteady on his feet,

DRIVER'S STATEMENTS:
Defendant admitted that he was drinking

ODORS:
Strong odor of alcohol

GENERAL OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **cooperative**

CLOTHING: **black shirt, light color jeans, boots**

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

SIMMONS #933
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this_____ day of_____ 20_____ by SIMMONS #933

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

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

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

PBSO CASE # 22-062332 PBSO ZONE 1-32

AGENCY CASE # 22001771 CRASH CASE # 22001770

TIME OF STOP/CRASH 2316 DATE 04/29/2022 DAY Friday

SUBJECT'S NAME BECKER (LAST) KLAUS (FIRST) H (MID) RACE W SEX M

HGT 508 WGT 185 DOB 08/12/1957

LOCATION 302 W LANTANA RD

ARRESTING OFFICER'S NAME & ID SIMMONS 933 AGENCY LPD

DIVISION: PATROL

NOTIFIED BY COMMO 2347

ARRIVAL AT FACILITY 0006

ARREST TIME 2336

BREATH RESULTS:

1) .194
2) .176
3) N/A
4) N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

SUBJECT BECKER KLAUS CASE NUMBER 22001771

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:
Did not conduct SFST's due to a concern for defendants safety.

WALK & TURN:
Did not conduct SFST's due to a concern for defendants safety.

ONE LEG STAND:
Did not conduct SFST's due to a concern for defendants safety.

ROMBERG ALPHABET:
Did not conduct SFST's due to a concern for defendants safety.

ROMBERG ALPHABET:
Did not conduct SFST's due to a concern for defendants safety.

BREATH TEST RESULTS: 1)0.194 2) **0.176** 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

SIMMONS #933
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this_____ day of_____ 20_____ by SIMMONS #933

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

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

Levesque, Klaus J

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICL

CASE NUMBER: _____

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUES

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alc content.

OR

I am now requesting that you submit to a lawful test of your ***URINE*** for the purpose of determining the presen chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am Ofc T Simmons #933 of the LPD

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your ***breath, urine*** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING, you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to sting will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND EFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

BJECTS SIGNATURE: (X) Read on camera

CONSTITUTIONAL WARNINGS

REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

f at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

can make no threats or promises to induce you to make a statement. This must be of your own free will.

ny statement can and will be used against you in a court of law.

T'S SIGNATURE: (X) Read on camera

SCANNED

APR 30 2022

WHITE: STATE ATTY. YELLOW: DHSMV PINK: CENTRAL RECORDS GOLD

04/22

SUBJECT: Becker Jr, Klaus J 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, NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Unsure

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? at the beginning

WHAT TIME DID YOU START? 830 pm WHAT TIME IS IT NOW? Unsure

WHAT IS TODAY'S DATE? 4-29 WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? Boynton Beach, Palm beach

WHEN DID YOU LAST EAT? 5:00 - 6:00 WHAT DID YOU EAT? Sub and Sandwich

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? at bar, playing pool, talking to GF, drink

HOW MUCH DO YOU WEIGH? 185 HAVE YOU BEEN DRINKING? Yes WHAT? Couple of vodkas

HOW MUCH? 2-3 WHERE? Elmo's bar WITH WHOM? alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 800 AND YOUR LAST DRINK? 930

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Sipped

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Think so ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? N/A

WHAT? N/A WHERE? N/A WHEN? N/A

WHAT LINE OF WORK ARE YOU IN? Retired WHEN DID YOU LAST WORK? 2 years ago

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? bad back, bad knees, bad shoulders

ARE YOU SICK OR INJURED? No WHAT'S WRONG? N/A

DO YOU LIMP? little bit DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? N/A

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? N/A WHY? N/A

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? N/A WHEN? N/A

DO YOU HAVE:
- EPILEPSY? No
- GLASS EYE? No
- FALSE TEETH? No
- EAR INFECTION? No
- INNER EAR TROUBLE? No
- DIABETES? No

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? N/A

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? ~~Yes~~ No WHERE? NJ

INTERVIEWER: _____

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: 04/30/2022

Date of Last Agency Inspection: 04/08/2022
Observation Period Began: 00:06
Subject's Name: KLAUS J BECKER DOB: 08/12/1957 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	00:33
Air Blank	0.000	00:33
Control Test	0.081	00:34
Air Blank	0.000	00:34
Subject Sample #1	0.194	00:36
Air Blank	0.000	00:37
Air Blank	0.000	00:39
Subject Sample #2	0.176	00:40
Air Blank	0.000	00:41
Control Test	0.078	00:41
Air Blank	0.000	00:41
Diagnostics Check	OK	00:41

Cylinder Lot: 29821080A4
Exp: 12/05/2023

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 THOMAS H LEAHEY, 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: T Leahey Date: 04/30/2022
Signature

Sworn to (or affirmed) before me this 30 day of April, 2022

933 Ofc T Simmons #933
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 contained in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SCANNED
APR 30 2022

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

TESTING FACILITY TASK REPORT

AGENCY: LPD

SUBJECT: Becker, Klaus J

CASE NUMBER: 22-062332

DATE: Apr 30, 2022

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0029

ENDING TIME: 0053

BREATH TESTS RESULTS: 1) .194 TIME 0036 A.M. ☒ P.M. ☐ 2) .176 TIME 0040 A.M. ☒ P.M. ☐

3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, slurred

ATTITUDE: sleeping, talkative/profanity

CLOTHING: gray jeans, black t-shirt, brown boots

MEDICAL CONDITIONS: depression

MEDICATIONS: 4 pills names unknown

OTHER:

eyes were glassy & bloodshot
odor of unknown alcoholic beverage on breath
subject stated he drank 2 or 3 vodka drinks - Q&A

COMMENTS:

arrived at center A/O conducted 20 observation period at 0006 hrs

subject agreed to perform breath test - what if I don't do it

A/O read I/C & subject understood I/C

subject agreed to perform breath test

subject completed breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O conducted Q&A

subject answered questions

WITNESS LIST

CASE NUMBER: 22001771

ARRESTING OFFICER: SIMMONS #933

ADDRESS: 901 N 8th St Lantana FL 33462

PHONE NUMBERS (HOME): 561-540-5701 (WORK)

CAN TESTIFY TO: Defendant behind the wheel.

NAME: Investigator Cummings #848

ADDRESS: 901 N 8th St Lantana FL 33462

PHONE NUMBERS (HOME) 561-540-5701 (WORK)

CAN TESTIFY TO: Defendant hitting a street sign and being behind the wheel.

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) 0 (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:

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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:

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022011309	**Date:** 4/30/2022
	Specialist Name/ID: Chantel Daniels/30347