

0523720

21CT9111ANB

1971

ADDITIONAL INFORMATION		ARREST / NOTICE TO APPEAR		1. Arrest 2. NTA		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
OBTS Number		Agency ORI Number 0503100		Agency Name Tequesta Police Department		Agency Report Number (N.T.A.'s only) 9121-000149					
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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) 741 N US HIGHWAY 1		Location of Offense (Business Name, Address) 741 N US HIGHWAY 1, TEQUESTA, FL 33469		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator			
Date of Arrest 06/03/2021		Time of Arrest 13:46		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) WASON, LAUREN KATHLEEN		Alias:		Place of Birth (City, State) ORANGE, FL, United		Citizenship US					
Race W - White A - Black O - Oriental/Asian S - Other		Sex F		Date of Birth 05/25/1989		Height 5'04		Weight 120		Eye Color BLUE	
Hair Color BLONDE /		Complexion LIGHT		Build Thin		Marital Status S		Religion		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 1902 N WESTMORELAND DR, ORLANDO, FL 32804		(City) ORLANDO		(State) FL		(Zip) 32804		Phone (307) 927-1009		Residence Type 1 City 2 County 3 Florida 4 Out of State 5 Other	
Permanent Address (Street, Apt. Number) 1902 N WESTMORELAND DR, ORLANDO, FL 32804		(City) ORLANDO		(State) FL		(Zip) 32804		Phone (307) 927-1009		Address Source VERBAL	
Business Address (Name, Street) W250531896850 / FL		(City) ORLANDO		(State) FL		(Zip) 32804		Phone		Occupation	
D/L Number, State W250531896850 / FL		Sec. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) ORANGE, FL, United		Citizenship US			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <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"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone		Business Phone					
Address (Street, Apt. Number) 1902 N WESTMORELAND DR, ORLANDO, FL 32804		(City) ORLANDO		(State) FL		(Zip) 32804					
Notified by (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incorporated					
Released To (Name)		Relationship		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		Description of Property		Value of Property			
<input type="checkbox"/> Yes, by <input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Drug Activity S. Sell N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Opior		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
Charge Description DUI - REFUSAL TO SUBMIT WITH A PRIOR REFUSAL		Statute Violation Number 316.1939(1)		Violation of ORD #							
Drug Activity N		Amount / Unit /		Offense # 21-000149		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
Charge Description CITATION - REFUSE TO SIGN/ACCEPT CITATION		Statute Violation Number 318.14(3)		Violation of ORD #							
Drug Activity N		Amount / Unit /		Offense # 21-000149		Counts 1		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	
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"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Ported Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By		Released To					
Transported By		Date Transported		Time Transported		Other					
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) North County TEQUESTA		Court Date and Time 07/01/2021 00:00:00 8:30							
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed						No Photo Available	
HOLD for Other Agency		Signature of Arresting Officer 1005		Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Defendant <input type="checkbox"/> Sheriff <input type="checkbox"/> Other		Name of Arresting Officer (Print) NORVIL K.		ID # 1225		(PRINT)					
Initials [REDACTED]		Touch # [REDACTED]		Transferring Officer NORVIL K.		ID # [REDACTED]		Agency [REDACTED]		Witness here if subject signed with an "X"	
ADDITIONAL INFORMATION		Signature of Arresting Officer		Name Verification (Printed by Arrestee)							
ADDITIONAL INFORMATION		Signature of Arresting Officer		Name Verification (Printed by Arrestee)							

☐ COUNTY ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS

JUN 04 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 03 DAY OF JUNE 20 21 AT 1:00 ☒ AM ☐ PM
SUBJECT: LAUREN KATHLEEN WASON LAUREN KATHELEEN CASE NUMBER: 20-000149

AGENCY: Tequesta Police Department ARRESTING OFFICER: OFFICER NORVIL

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
NO DRIVING PATTERN OBSERVED. OFFICERS WAS DISPATCHED TO 741 N US 1 IN REFERENCE
TO A WHITE FEMALE WHO ASLEEP BEHIND THE WHEEL

OBSERVATION OF DRIVER:

Ms. Wason stepped out the vehicle and stumbled several times before catching her balance. Wason appeared incoherent.

DRIVER'S STATEMENTS:

DRIVER REFUSED TO GIVE STATEMENT.

ODORS:

NO ODORS.

GENERAL OBSERVATIONS

SPEECH: SLURRED SLOW MUMBLED

ATTITUDE: INCOHERENT

CLOTHING: BLACK SLEEVELESS SHIRT BLACK AND PINK DRESS

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

1005

The foregoing instrument was sworn to or affirmed and subscribed before me this 03 day of JUNE 20 21 by OFFICER NORVIL

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

(Signature of Notary Public, Clerk of Court, Officer (F S S 117 10))

Notary Public, Clerk of Court, Officer (F S S 117 10)

20-000149

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

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

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

or affirm that on or about the 03 day of JUNE, 20 21, at 1:00 ☒ P.M. ☐ A.M.

DRIVER LAUREN KATHELEEN LAUREN KATHLEEN WASON
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# W250531896850, state of FL, was placed under lawful arrest for

the offense of DUI W/ REFUSAL by OFFICER NORVIL and
 (Name of Arresting Officer)

issued Citation # A86NZPE

That on or about the 03 day of JUNE, 20 21, at 1:31 ☒ 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

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 3 day of JUNE, 20 21,

by OFFICER NORVIL

who is personally known to me or who has produced

Personally known _____ as identification

Notary Public 1214

Title OFFICER

Date 06/03/2021

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: TPD

SUBJECT: WASON, LAUREN K

DATE: Jun 3, 2021

BEGINNING TIME: 14:38

CASE NUMBER: 21-072213

VIDEO DVD NUMBER: N/A

ENDING TIME: 14:43

BREATH TESTS RESULTS: 1) R TIME 14:41 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 TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: LOW

ATTITUDE: CALM, QUIET

CLOTHING: BLACK / WHITE / PINK DRESS, BLACK TANK TOP, TAN HEELS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

REFUSED

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 14:05 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND REFUSED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

REFUSED



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

PBSO CASE # 21-072213 PBSO ZONE 3-14
AGENCY CASE # 21-000149 CRASH CASE # N/A
TIME OF STOP/CRASH 1308 DATE 6/3/21 DAY N/A THURS
SUBJECT'S NAME LAUREN K. WASON RACE W SEX F
HGT 5'4" WGT 120 DOB 05/25/1989
LOCATION 748 N US1, TEQUESTA, FL
ARRESTING OFFICER'S NAME & ID K. NORVIL #1225 AGENCY TEQUESTA
DIVISION: PATROL
NOTIFIED BY COMMO Y
ARRIVAL AT FACILITY 1405
Arrest Time 1331
BREATH RESULTS:
1. _____
2. **REFUSED**
3. _____
4. _____
TESTING OFFICER'S ID 24639

SUBJECT: WASON, LAUREN A

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: WASON, CAROL A 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: _____



**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: 2021013530

Date: 6/04/21

Specialist Name/ID: J. Beck/9007