

20 CT 5625 ASB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1  N  N

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-20-058719</b>			
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Weapon Seized / Type 2 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator <b>01</b>			
	Location of Arrest (Including Name of Business) <b>23500 Via De Sonrisa Del Norte, Boca Raton, FL 33433</b>				Location of Offense (Business Name, Address) <b>23500 Via De Sonrisa Del Norte, Boca Raton, FL 33433</b>					
	Date of Arrest <b>04/14/2020</b>	Time of Arrest <b>23:00</b>	Booking Date <b>04/15/2020</b>	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Interstate Towing, 898 NW 1st Ave., Boca Raton, FL 33432, (561) 496-4650</b>			
Name (Last, First, Middle) <b>Krieg, Lavon, Steven</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race <b>W - White I - American Indian B - Black O - Oriental/Asian</b>	Sex <b>M</b>	Date of Birth <b>11/29/1953</b>	Height <b>5'11</b>	Weight <b>194</b>	Eye Color <b>blue</b>	Hair Color <b>blond</b>	Complexion <b>light</b>	Build <b>small</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>none</b>				Marital Status <b>Widowed</b>	Religion <b>CHRISTIAN</b>	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.				
Local Address (Street, Apt. Number) <b>22352 Ensenada Way, Boca Raton, FL 33433</b>		(City)	(State)	(Zip)	Phone <b>(954) 242 6112</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>				
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>DL</b>				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation <b>unemployed</b>				
DL Number, State <b>K620537534290, FL</b>		Sec. Sec. Number		INS Number		Place of Birth (City, State) <b>Toledo, Ohio</b>	Citizenship <b>US</b>			
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			
Name (Last)		(First)	(Middle)	Residence Phone						
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone					
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handed 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 355-2526) 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	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description <b>Driving Under the Influence</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>316.193(1)/</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>20-058719</b>	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 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) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>										
Court Date and Time Month <b>June</b> Day <b>29th</b> Year <b>2020</b> Time <b>08:30</b> 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										
Signature of Defendant (or Juvenile and Parent/Guardian)				Date Signed <b>04/14/2020</b>						
HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest	<input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Other:	Name of Arresting Officer (Print) <b>D/S POINTU P.</b>		I.D. # <b>16032</b>		PAGE				
Intake Deputy <b>3/01</b>	I.D. #	Pouch #	Transporting Officer <b>D/S POINTU P.</b>	ID # <b>16032</b>	Agency <b>PBSO</b>	Witness here if subject signed with an -X" <b>1</b> OF <b>1</b>				

0471442

APR 15 2020

33588

PROBABLE CAUSE AFFIDAVIT

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

Juvenile  N

Agency ORI Number: **FLO 500000** Agency Name: **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number: **06-20-058719**

Charge Type: Check as many as apply.  1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  5. Ordinance  6. Other  Special Note:

Name (Last, First, Middle): **Krieg, Lavon, Steven** Alias: Race: **W** Sex: **M** Date of Birth: **11/29/1953**

Charge Description: (Two empty fields for charge descriptions)

Victim's Name (Last, First, Middle): **Victim's Name** Race: Sex: Date of Birth: **Victim's Name**  
Local Address (Street, Apt. Number) (City) (State) (zip) Phone: Address Source:  
Business Address (Name, Street) (City) (State) (zip) Phone: Occupation:

The undersigned certifies and 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  
 committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
On the **14** day of **April** 20**20** at **11:15**  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

On 04/14/2020 at approximately 2212, I was responding to an attempted suicide call when I observed a black SUV bearing tag Z78HMW in front of me swerving on Powerline southbound from Palmetto Park RD. Vehicle then made a right turn on Canary Palm Dr., where the vehicle almost collided into a fire rescue truck going westbound on the 6700 block of Canary Palm Dr. Vehicle then began to go eastbound in the westbound lane of Canary Palm Dr. I then conducted a traffic stop on said vehicle by turning on my red and blue overhead lights.

As I approached the vehicle I observed a white male drink an unknown drink from a red cup. The white male was later identified as Lavon Steven Krieg. As he opens the driver side door I smelled a strong odor of alcoholic beverages omitting from the vehicle. When I asked Lavon for his license and registration, he kept acting nervous. After asking for the documents the third time, he hand them to me. I observed Lavon's eyes to be glassy. He then grabs the red cup and dumps what was inside the cup into the roadway. The liquid had a strong smell of alcohol.

This case was turned over to (TOT) to Deputy Pointu ID #16032.

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 **14** day of **April** 20**20** by **D/S Fundora** **33099**  
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: **LEO**

Notary Public, State of Florida  
Thomas H. Leahey  
My Commission GG 347108  
Expires 06/30/2023

PAGE **1** OF **1**

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14 DAY OF April 20 20, AT 22:16 AM PM

SUBJECT: Krieg, Lavon, Steven CASE NUMBER: 20-058719

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

## PERSONAL CONTACT

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

Was observed by D/S Fundora driving a black SUV bearing FL tag Z78HMW swerving Southbound on Powerline Road from Palmetto Park road, in unincorporated Boca Raton, Palm Beach County, FL. The vehicle then made a turn on Canary Palm Dr almost colliding into a Palm Beach County Fire Rescue going Westbound on Canary Palm Dr. Krieg was the driver and only occupant of the vehicle and was identified by his Florida Driver's License.

## OBSERVATION OF DRIVER:

Was drinking out of cup and drop its content on the roadway. A strong smell of unknown alcohol beverage was coming from the cup. Driver was slow to respond to command and appeared nervous.

## DRIVER'S STATEMENTS:

Post Miranda admitted having been drinking a couple of beers. When asked what a couple was, he answered three beers.

## ODORS:

Strong odor of unknown alcohol beverage coming from his breath.

## GENERAL OBSERVATIONS

SPEECH: slurred, slow

ATTITUDE: crying, praying, pleading.

CLOTHING: gray and black shirt, black shirt, flip flops

MEDICAL/OTHER: Anxiety, high blood pressure, cholesterol, right knee injury

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S POINTU P.

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of April 20 20 by D/S POINTU P.

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

Thomas Leahey (#19183)

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



APR 15 2020

SUBJECT: Krieg, Lavon, Steven

CASE NUMBER 20-058719

**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:**

glassy and bloodshot eyes, very early onset of nystagmus around 30 degrees, no resting nystagmus. No VGN. Swayed. Had a hard time keeping his head still.

**WALK & TURN:**

Could not maintain the instructional stance. Fell into the bush. Did not walk heel to toe. Did not count out loud and did not take the proper number of step. Stepped off the line. Improper turn.

**ONE LEG STAND:**

Almost fell as soon as he raised his left leg. Task stopped for safety.

**FINGER TO NOSE:**

Touched the top of the bridge of his nose on steps 1, 3, 6. Touched his right eye on steps 2 and 4 and his cheek on step 5. Had to be reminded to lower his hand on every step.

**ROMBERG ALPHABET:**

Swayed more than 2 inches in all directions.

Modified Romberg: stopped the 30s count at 20 s. Swayed more than 2 inches in all directions.

**BREATH TEST RESULTS:**      0.193                      0.202

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S POINTU P.

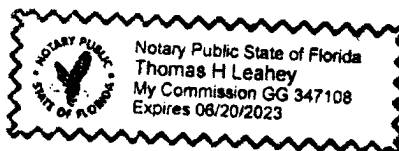
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of April 2020 by D/S POINTU P.

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

Thomas Leahey (#19183)

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



SCANNED  
APR 15 2020

# WITNESS LIST

CASE NUMBER: 20-058719

ARRESTING OFFICER: D/S POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 688 3000

CAN TESTIFY TO: see report

NAME: D/S Fundora (#33089)

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

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

CAN TESTIFY TO: \_\_\_\_\_

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: \_\_\_\_\_

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ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

SCANNED

APR 15 2020

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

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

BREATH OPERATOR:

MAINTENANCE TECHNICAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

eyes are glassy & bloodshot  
odor of unknown alcoholic beverage on breath  
subject drank 2-3 beers - Q&A

## COMMENTS:

arrived at center A/O conducted 20 minute observation period at 00:00 hrs  
subject refused to perform breath test  
A/O read I/C - multiple times & subject stated he understood I/C  
subject agreed to perform breath test  
A/O read rights & subject stated he understood rights  
tech read breath test results & subject stated he understood breath test results  
A/O conducted Q&A  
subject answered questions

CLASSIFIED  
APR 15 2020

SUBJECT: Kvily, Laron Steven CASE NUMBER: 20 058719

## 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 D/S P Pointa # 10032 of the PBSO

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) Read on camera

## CONSTITUTIONAL WARNINGS

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

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on camera

APR 15 2020

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

SUBJECT: Krieg, Lavan Steven CASE NUMBER: 20-058719

### 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? 2 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: [Signature]

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

SEARCHED  
APR 15 2020

SUBJECT: Kring, Lavin Steven CASE NUMBER: 20 058 719

## 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.

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HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

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CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

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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? \_\_\_\_\_

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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

SEARCHED  
SERIALIZED  
APR 15 2020

SUBJECT: Rodriguez, Steven CASE NUMBER: 20 053719

**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 AL Rodriguez of the MSO

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) Rodriguez

**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) Rodriguez APR 15 2020



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

PBSO CASE # 20-058719 PBSO ZONE 7-21

AGENCY CASE # \_\_\_\_\_ CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 22:16 DATE 04/14/2020 DAY Tuesday

SUBJECT'S NAME Krieg, Lavon, Steven RACE W SEX M

HGT 5'11 WGT 194 DOB 11/29/1953

LOCATION 23500 Via De Sonrisa Del Norte, Boca Raton, FL 33433

ARRESTING OFFICER'S NAME & ID D/S POINTU P. (16032) AGENCY Palm Beach County Sheriff's Office

DIVISION: D7-RP

NOTIFIED BY COMMO yes

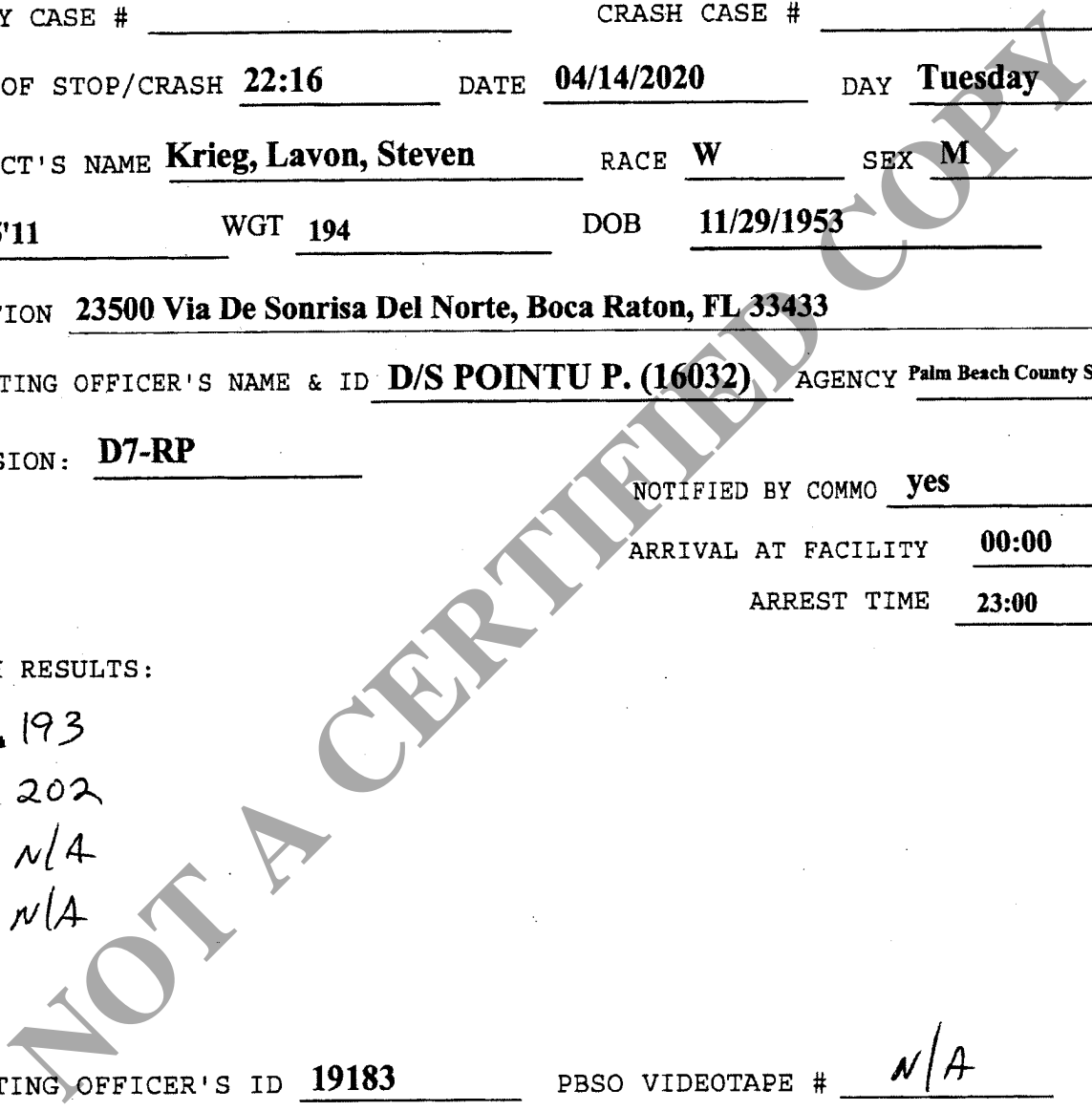
ARRIVAL AT FACILITY 00:00

ARREST TIME 23:00

BREATH RESULTS:

- 1 .193
- 2 .202
- 3 n/a
- 4 n/a

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # n/a



APR 15 2020

**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: 80-006029 Software: 8100.27  
Date of Test: 04/15/2020

Date of Last Agency Inspection: 03/20/2020  
Observation Period Began: 00:00  
Subject's Name: LAVON S KRIEG

DOB: 11/29/1953 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	00:27
	Air Blank	0.000	00:28
	Control Test	0.080	00:28
	Air Blank	0.000	00:29
	Subject Sample #1	0.193	00:29
	Air Blank	0.000	00:30
	Air Blank	0.000	00:32
	Subject Sample #2	0.202	00:33
	Air Blank	0.000	00:33
	Control Test	0.078	00:34
	Air Blank	0.000	00:34
	Diagnostics Check	OK	00:34

Cylinder Lot: 28719080A1  
Exp: 12/05/2021

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. Lehey Date: 04/15/2020  
Signature

Sworn to (or affirmed) before me this 15th day of April, 2020  
D/S P Pointu #16032  
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. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

APR 15 2020



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

REVIEW COMPLETED BY

Booking Number: 2020010580	Date: 04/15/2020
	Specialist Name/ID: T Howard/7185

APR 15 2020