

05/5352

20CF4088

401

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- 20-046437	
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No NONE	
Location of Arrest (Including Name of Business) Okeechobee Blvd / State Rd 7		Location of Offense (Business Name, Address) Okeechobee Blvd / State Rd 7					
Date of Arrest 03/06/2020	Time of Arrest 21:20	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Released to Owner	
Name (Last, First, Middle) Mendonca Lee N		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 07/30/1963	Height 6'01	Weight 190	Eye Color Brn	Hair Color Brn	Complexion dark
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None		Marital Status Married		Religion CATHOLIC		Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.	
Local Address (Street, Apt. Number) 17040 60TH LANE North		(City) Loxahatchee	(State) FL	(Zip) 33470	Phone (561) 670-9660		
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Address Source FLORIDA DRIVER LICENSE		
Business Address (Name, Street)		(City)	(State)	(Zip)	Occupation		
D/L Number, State MS35-534-63-270-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) San Francisco Cali	
Citizenship Yes		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 <input type="checkbox"/> Other:		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone ()
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	Time		
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Production/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine
B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description DRIVING UNDER THE INFLUENCE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(C)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit NONE	Offense # 20-046437	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
<p align="center">CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406</p> <p>Court Date and Time Month April Day 9th Year 2020 Time 08:30 AM <input checked="" type="checkbox"/> PM</p> <p>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</p> <p align="right">03/06/2020</p> <p>Signature of Defendant (or Juvenile and Parent /Custodian) _____ Date Signed _____</p>							
HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) INV. M. Smith		I.D. # 9621	
Intake Deputy <i>[Signature]</i>		Pouch #		Transporting Officer M. Smith		ID # 9621	
Agency PBSO		Witness here if subject signed with an -X-		PAGE 1		OF 1	

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

SCANNED
MAR 07 2020

60M CLOS BR...
7:52

PROBABLE CAUSE AFFIDAVIT

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias

Juvenile

1

Agency ORI Number: FLO. 5, 0, 0, 0, 0, 0 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 20-016437

Charge Type: 1 Felony, 2 Traffic Felony, 3 Misdemeanor, 4 Traffic Misdemeanor, 5 Ordinance, 6 Other. Special Notes:

Name (Last, First, Middle): Mendonca, Lee Nicholas Alias: Race: W Sex: M Date of Birth: 5/30/63

Charge Description: DUI 316.193 (1)

Victim's Name (Last, First, Middle): State of Florida 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. [X] committed the below acts in my presence. [] was observed by _____ who told _____ [] confessed to _____ [] that he/she saw the arrested person commit the below acts. [] was found to have committed the below acts, resulting from my (described) investigation. On the 06 day of March 20 20 at 2045 [] A.M [X] P.M (Specifically include facts constituting cause for arrest.)

On the above date, Sgt. Muiridge and I were riding PBSO issued motorcycles North on SR 7 extension from Okeechobee Blvd, unincorporated Palm Beach County. We were following behind a black Volkswagon Tiguan SUV when we observed the vehicle alternate speed multiple times. The vehicle would slow to 35 mph in a posted 45mph, and then speed up to 50 mph. The vehicle then swerved to the left over the solid double yellow line and swerve back in the lane of travel. The vehicle proceeded straight and then swerved to the right and braked violently, reducing speed to 20 mph. The vehicle speed up again to 45 and then braked and swerved to the left. I then conducted a traffic stop on the vehicle by activating my emergency lights and siren on my PBSO issued motorcycle. I stopped the vehicle since I did not know if the driver was having a medical issue and since the driver conducted multiple traffic violations. I made contact with the driver who produced a FL DL identifying himself as Lee Nicholas Mendonca. I asked Mendonca why he was driving the way he was, and he responded by saying that he thought it was a "Hillbilly" following him. As Mendonca answered the question, I could smell a strong odor of an alcoholic beverage coming from his breath. Mendonca stated that he had drank 2 beers when I asked him if he had been drinking. I could see that he had bloodshot watery eyes and a slow slurred speech when answering my questions. I requested for a DUI unit to respond to investigate further.

PROBABLE CAUSE STATEMENT (Empty lines for additional notes)

STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting/Investigative Officer) 2625

The foregoing instrument was sworn to or affirmed and subscribed before me this 06 day of March 20 20 by Sgt. S. Yoder 7690

(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.), 192 1-6

SCANNED MAR 07 2020

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 6th DAY OF March 20 20, AT 20:45 AM PM

SUBJECT: Mendonca Lee N CASE NUMBER: 20-046437

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. M. Smith

PERSONAL CONTACT

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

On 03/06/2020 at approximately 20:45hrs, I was called to the scene of a traffic stop near the intersection of Okeechobee Blvd and State Rd 7 (441), unincorporated Palm Beach County, Florida. I arrived at the scene at approximately 2110hrs. Sgt. Yoder #7690 relayed to me, and completed a written signed sworn supplemental Probable Cause Affidavit, that he had stopped the defendant's vehicle, a black Volkswagon Tiguan bearing FL tag RMN0C, because the defendant had varying speeds. the defendant would slow to 35mph in a 45mph zone and then back to 50mph. The defendant then swerved right of the fog line. Sgt. Yoder #7690 noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation. Sgt. Yoder identified the defendant, to me, as the driver of the vehicle, at the time of the stop.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by their Florida Driver License as Lee Nicholas Mendonca, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area. This odor intensified as I spoke to Mendonca. Mendonca had glassy, glazed, and blood shot eyes. Mendonca's speech was slurred, slow, thick, and at times difficult to understand. Mendonca's movements were slow and deliberate. Mendonca had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to him. Mendonca was wearing a button down shirt, blue jeans, and brown cowboy boots. All the clothing appeared normal and neat.

DRIVER'S STATEMENTS:

Mendonca stated that he and his wife were coming from Mario the Baker pizza restaurant and they shared a pitcher of beer at dinner.

ODORS:

obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: Calm, Cooperative, Respectful

CLOTHING: button down shirt, blue jeans, and brown cowboy boots

MEDICAL/OTHER: See Bat report

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. M. Smith
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6th day of March 2020 by INV. M. Smith

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

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



SCANNED
MAR 07 2020

SUBJECT Mendonca

Lee

CASE NUMBER

20-046437

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:

Mendonca would sway roughly in a side to side front to back pattern throughout the task. Mendonca did touch the tip of the pen as directed to positively identify the point to be tracked. Mendonca was reminded numerous times to track the pen with his eyes only.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Mendonca who stated that he understood. During the task, I observed Mendonca to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Stepping off the line coming out of the instruction phase. Mendonca did not count aloud as instructed. Mendonca missed heel-to-toe steps. Mendonca performed an improper turn turning other than which was demonstrated.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Mendonca who stated that he understood. During the task, I observed Mendonca to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Mendonca had to be reminded several times to look at his elevated foot. Mendonca continued to sway while balancing on one leg. Mendonca put his foot down to regain balance numerous times before the 30 seconds had elapsed.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Mendonca who stated that he understood. During the task, I observed Mendonca to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Mendonca index finger did not touch the nose on 5 of 6 attempts. Mendonca used the pad of his index finger instead of the tip as instructed. The sequence used for this task was L, R, L, R, L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhombert Alphabet" task to Mendonca who stated that he understood. During the task, I observed Mendonca to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Mendonca correctly recited the alphabet.

BREATH TEST RESULTS: .074 .069

STATE OF FLORIDA
COUNTY OF PALM BEACH

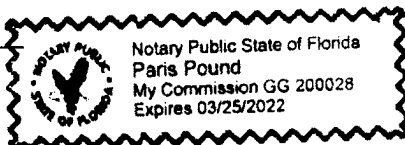
INV. M. Smith

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6th day of March 2020 by INV. M. Smith

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

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



SCANNED
MAR 07 2020

WITNESS LIST

CASE NUMBER: 20-046437

ARRESTING OFFICER: INV. M. Smith

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO

NAME: Sgt. Yoder 7690

ADDRESS: 3228 Gun Club Rd West Palm Beach Fl 33406

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

CAN TESTIFY TO: Supplemental PC, Driving pattern

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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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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: _____

SCANNED

MAR 07 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: 80-006477 Software: 8100.27
Date of Test: 03/06/2020

Date of Last Agency Inspection: 02/14/2020

Observation Period Began: 21:55

Subject's Name: LEE N MENDONCA

DOB: 07/30/1963 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	22:24
	Air Blank	0.000	22:25
	Control Test	0.081	22:25
	Air Blank	0.000	22:25
	Subject Sample #1	0.074	22:26
	Air Blank	0.000	22:27
	Air Blank	0.000	22:28
	Subject Sample #2	0.069	22:29
	Air Blank	0.000	22:29
	Control Test	0.080	22:30
	Air Blank	0.000	22:30
	Diagnostics Check	OK	22:30

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 PARIS D POUND, 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: _____ Date: 03/06/20
Signature

Sworn to (or affirmed) before me this 6th day of MARCH, 2020

[Signature] INV. M. Smith
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 322.2815, F.S.

SCANNED
MAR 07 2020



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: 2020007584	Date: 3/7/2020
	Specialist Name/ID: LaToya Rouse #6673

**SCANNED
MAR 07 2020**