

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|--|--|--|--|--|---|---|---------------------------------------|--|---|----------------------------|--|-------------------|--|--|------------------------|--|
| AD M I N I S T R A T I O N | OBTS Number | | Agency ORI Number 0500200 | | Agency Name Boca Raton Police Department | | Agency Report Number (N.T.A.'s only) 3 2 2021-007101 | | 1. Arrest (No Warrant) 3. Request for Warrant 6. Arrest (Warrant) 4. Request for Capias 2. N.T.A. 5. Juvenile Referral | | 1 | | JUVENILE | | | | | | | | |
| | 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 | | If Weapon Seized Enter Type UNARMED | | Multiple Clearance Indicator | | | | | | | | | | | | | | | | |
| | Location of Arrest (Including Name of Business) 1698 SW 17TH ST, BOCA RATON FL 33486, 1698 SW 17TH ST, | | | | | | Location of Offense (Business Name, Address) 1698 SW 17TH ST, BOCA RATON, FL 33486 | | | | | | | | | | | | | | |
| | Date of Arrest 06/16/2021 | | Time of Arrest 01:29 | | Booking Date 06/16/2021 | | Booking Time 01:39 | | Jail Date 06/16/2021 | | Jail Time 03:34 | | Location of Vehicle REMOVED BY FRIEND | | | | | | | | |
| | Name (Last, First, Middle) TWYFORD, LEE VERNON 3 | | | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: | | | | | | | | | | | | | | |
| | Race W - White B - Black O - Oriental/Asian W | | Sex M | | Date of Birth 11/17/2001 | | Height 6'02 | | Weight 155 | | Eye Color BROWN | | Hair Color BLACK | | Complexion LIGHT | | Build S | | | | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | | | Marital Status S | | Religion NONE | | Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> | | | | | | | | | | |
| | Local Address (Street, Apt. Number) (City) (State) (Zip) 1471 SW 14TH ST, BOCA RATON, FL 33486 | | | | | | Phone | | | | | | Residence Type: 1. City 3. Florida 2. County 4. Out of State Address Source FL DL | | | | | | | | |
| | Permanent Address (Street, Apt. Number) (City) (State) (Zip) 1471 SW 14TH ST, BOCA RATON, FL 33486 | | | | | | Phone | | | | | | Occupation Student | | | | | | | | |
| | Business Address (Name, Street) (City) (State) (Zip) TCC, | | | | | | Phone (561) - | | | | | | | | | | | | | | |
| D/L Number, State T163538014170 / | | Soc. Sec. Number | | D/S Number | | Place of Birth (City, State) BOCA RATON, FL, | | Citizenship US | | | | | | | | | | | | | |
| Co-Defendant Name (Last, First, Middle) | | Race | | Sex | | Date of Birth | | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor | | | | | | | | | | | | | |
| Co-Defendant Name (Last, First, Middle) | | Race | | Sex | | Date of Birth | | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor | | | | | | | | | | | | | |
| <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ | | Name (Last, First, Middle) | | Residence Phone | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Legal Custodian | | 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 <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 | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes, by: <input type="checkbox"/> No: | | Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Description of Property | | Value of Property | | | | | | | | | | | | | | | |
| Drug Activity N. N/A P. Possess | | S. Sell B. Buy T. Traffic | | R. Struggle D. Deliver E. Use | | K. Disperses/ 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 Description DUI | | Statute Violation Number 316.193(1)(a) | | Violation of ORD # | | | | | | | | | | | | | | | | | |
| Drug Activity | | Drug Type N | | Amount / Unit / | | Offense # 2021-007101 | | Counts 1 | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Warrant / Capias Number | | Bond OR | | | | | | | |
| Charge Description | | Statute Violation Number | | Violation of ORD # | | | | | | | | | | | | | | | | | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Warrant / Capias Number | | Bond | | | | | | | |
| Charge Description | | Statute Violation Number | | Violation of ORD # | | | | | | | | | | | | | | | | | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Warrant / Capias Number | | Bond | | | | | | | |
| Health / Apparent Physical Condition of Defendant GOOD | | Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries | | Explain: | | | | | | | | | | | | | | | | | |
| Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail | | PROPERTY - Received By HARRISON | | Released By PBCJ | | Released To OWNER | | | | | | | | | | | | | | | |
| Transported By HARRISON | | Date Transported 06/16/2021 | | Time Transported 03:34 | | | | | | | | | | | | | | | | | |
| <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) South County 200 W Atlantic Ave Delray Beach, FL 33444 | | Court Date and Time 07/20/2021 08:30:00 | | | | | | | | | | | | | | | | | |
| 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. | | Signature of Defendant (or Juvenile and Parent/Custodian) | | Date Signed | | | | | | | | | | | | | | | | | |
| HOLD for Other Agency | | Signature of Arresting Officer | | Name Verification (Printed by Arrestee) | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other | | Name of Arresting Officer (Print) HARRISON, D. M. | | ID.# 856 | | | | | | | | | | | | | | | | | |
| Pouch # | | Transporting Officer HARRISON | | ID.# 856 | | Agency BRPD | | | | | | | | | | | | | | | |
| Witness here if subject signed with an "X". | | PAGE 1 OF 1 | | | | | | | | | | | | | | | | | | | |

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

| | | | | | | |
|--|--|--|------------------------------|--|----------------------|-----|
| A D M I N I S T R A T I V E | OBTS Number | | Agency Name | | Agency Report Number | |
| | FL 0500200 | | BOCA RATON POLICE DEPARTMENT | | 3 2 2021-007101 | |
| | Charge Type: Check as many as apply. | | Special Notes: | | | |
| | <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 | | | | | |
| D E F E N D A N T | Name (Last, First, Middle) | | | | Race | Sex |
| | TWYFORD, LEE VERNON 3 | | | | W | M |
| | Date of Birth | | | | 11/17/2001 | |
| | Charge Description | | | | | |
| C H A R G E S | 316.193(1) DUI | | | | | |
| | Charge Description | | | | | |
| | Charge Description | | | | | |
| | Charge Description | | | | | |
| V I C T I M | Victim's Name (Last, First, Middle) | | | | Race | Sex |
| | STATE OF FLORIDA, | | | | U | U |
| | Local Address (Street, Apt. Number) | | | | Address Source | |
| | 100 NW 2ND AVE, BOCA RATON, FL 33432 | | | | (561) 338-1234 | |
| P R O B A B L E | Business Address (Name, Street) | | | | Occupation | |
| | | | | | (561) - | |
| | Phone | | | | | |
| | Phone | | | | | |
| S T A T E M E N T | 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... <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 my (described) investigation. On the <u>16</u> day of <u>June</u> , <u>2021</u> at <u>01:29</u> (Specifically include facts constituting cause for arrest) | | | | | |
| | On 06/16/2021 at approximately 0050 hours, I responded to the area of 1698 SW 17th St to assist Ofc Vrabel who was conducting a traffic stop on a silver Honda Civic bearing FL tag PGRC18. | | | | | |
| | Upon arrival, Ofc Vrabel explained to me that he had observed this vehicle driving on the wrong side of the road (driving eastbound in the westbound lanes) on SW 18th St while going over the bridge near I95. At this point, Ofc Vrabel then conducted a traffic stop on this vehicle and observed white male Lee Twyford (DOB: 11/17/2001) as the driver and sole occupant of the vehicle. Upon asking Twyford why he had been driving on the wrong side of the road, Twyford had told Ofc Vrabel that he did not realize it. Ofc Vrabel also told me that Twyford had told him that he had three beers and a Fireball shot before driving. (See Ofc Vrabel's supplemental report and In-Car video for further details). | | | | | |
| | I then made contact with Twyford who was still seat-belted in the driver seat of the vehicle. I then asked Twyford why he had been driving on the wrong side of the road, Twyford advised that he was trying to go to his mother's house and then realized he was supposed to go to his father's house. He advised he did not realize he had been driving on the wrong side of the road. Upon asking Twyford if he had anything to drink, Twyford advised that he had three beers of Ultralite and a shot of Fireball approximately one hour ago. Based on Twyford's statements and the driving pattern that Ofc Vrabel observed, I asked Twyford to step outside of the vehicle onto a dry, flat surface in a well-lit area. I then asked Twyford when the last time he had anything to eat. Twyford advised that the last time he ate was approximately five hours ago and he had a burger. I then asked Twyford if he was taking any prescription medication, and Twyford advised he was not. I then asked Twyford if he has any physical injuries or impairments that would prevent his ability to walk, stand or balance, he advised he did not. I also asked if English was his primary language, which he advised it was. I also asked what his | | | | | |
| A D M I N I S T R A T I V E | SWORN AND SUBSCRIBED BEFORE ME | | | | | |
| | VOLGUARDSON, ROBERT R | | | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER | | |
| | NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.1) | | | HARRISON, DANIELLE MARIE (856) | | |
| | 06/16/2021 | | | 06/16/2021 | | |
| DATE | | | DATE | | | |
| | | | PAGE 1 OF 3 | | | |

| OBT Number | | PROBABLE CAUSE AFFIDAVIT SUPPLEMENT | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | JUVENILE |
|--|---|--|--|------------------------|--|---|------------------------------------|-----------------------|----------|
| A D M I N I S T R A T I V E | Agency ORI Number FL 0500200 | | Agency Name BOCA RATON POLICE DEPARTMENT | | Agency Report Number 3 2 2021-007101 | | | | |
| | Charge Type: <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 | | Special Notes: | | | | | | |
| Name (Last, First, Middle) TWYFORD, LEE VERNON 3 | | Alias | | | Race W | Sex M | Date of Birth 11/17/2001 | | |
| <p>highest level of education was, and he advised he graduated from high school and was attending college as a freshman. While speaking with Twyford, I could smell an odor of alcohol emanating from Twyford's breath and person and his eyes were bloodshot red and glossy.</p> <p>I then asked Twyford if he would be willing to participate in roadside field sobriety tasks to dispel my alarm that he was under the influence. Twyford advised that he would submit to the tasks. The tasks that were completed were the Horizontal Gaze Nystagmus, Walk and Turn, One Leg Stand, and Finger to Nose.</p> <p>The first SFST was the Horizontal Gaze Nystagmus. Twyford was able to keep his head still and only move his eyes. I observed his eyes to not have smooth tracking and to be bouncing back and forth once the stimulus reached maximum deviation.</p> <p>The second SFST was the Walk and Turn. I laid out a bright yellow tape to use as a straight line. Twyford was unable to follow directions and started before told to do so. I explained to him prior that I would explain the instructions, demonstrate the task, then he could begin. While performing the task, Twyford had to raise his arms to help himself balance, he would step off the line a few times, and not keep every step heel-to-toe as I demonstrated. He did take nine steps forward while counting out loud, and he took nine steps back while counting out loud.</p> <p>The third SFST was the One Leg Stand. Twyford chose to balance on his left leg. Twyford was swaying and had to put his foot down once. He counted out loud as I instructed (i.e. One thousand one, one thousand two, one thousand three...) but he reached one thousand fifteen at approximately 30 seconds. He also did not keep his foot six inches off the ground as I instructed and demonstrated.</p> <p>The fourth SFST was the Finger to Nose (L-R-L-R-R-L). I had Twyford show me which had was his left and which hand was his right, and what his index finger was and what the tip of his nose was. After instructing Twyford to not keep his finger on his nose and to bring it back down immediately after touching the tip of his nose, Twyford's performance was as follows:</p> <p>L1: Used his left hand, Kept finger on his nose R1: Used his right hand L2: Used his left hand R2: Used his right hand. R3: Started with his left hand, then used his right hand L3: Used his left hand</p> <p>Based on the above information, I placed Twyford under arrest for DUI. I handcuffed Twyford and checked for double-lock and proper fit. Ofc Vrabel assisted with searching</p> | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>VOLGUARDSON, ROBERT R</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>06/16/2021</p> <p>DATE</p> </div> <div style="width: 45%; text-align: center;"> <p><i>[Signature]</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>HARRISON, DANIELLE MARIE (856)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>06/16/2021</p> <p>DATE</p> </div> </div> | | | | | | | | | |
| | | | | | | | | PAGE 2 OF 3 | |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

| OBT Number | | PROBABLE CAUSE AFFIDAVIT SUPPLEMENT | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | JUVENILE |
|--|---|--|--|------------------------|--|---|-----------------|---|------------------------------------|
| A D M I N I S T R A T I V E | Agency ORI Number FL 0500200 | | Agency Name BOCA RATON POLICE DEPARTMENT | | Agency Report Number 3 2 2021-007101 | | | | |
| | 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 | | Special Notes: | | | | | | |
| D E F | Name (Last, First, Middle) TWYFORD, LEE VERNON 3 | | | | Race W | | Sex M | | Date of Birth 11/17/2001 |
| | Alias | | | | | | | | |
| P R O B A B L E C A U S E S T A T E M E N T | <p>Twyford's person and then placed Twyford into my police vehicle. I then transported him to Boca Raton Police Department BAT. Upon arrival, I conducted a 20-minute observation and then Twyford was taken into the BAT room where Ofc De La Rua assisted as the breath test operator. Prior to providing a breath sample, I read Twyford his Constitutional Warnings which he advised he understood and agreed to answer my questions (See DUI Influence report). During questioning, Twyford stated that he had smoked marijuana earlier today at approximately 1500 hours. Twyford then agreed to provide a sample of his breath for the purpose of determining the alcohol content. Twyford provided two breath samples of 0.074 and 0.071. I then requested Twyford to provide a urine sample to determine the presence of any controlled substances or narcotics. Twyford stated he refused to provide a urine sample. I then read Twyford the Florida Implied Consent Warnings, and he advised he understood these warnings and again refused to provide a urine sample. Lee Twyford is being charged under F.S.S. 316.193(1)(a) for DUI (DUI citation issued: A6LQDME). Twyford was also issued a citation for careless driving by Ofc Vrabel pursuant to F.S.S. 316.1925(1) (citation # ADR4LBE). Twyford's vehicle was removed from the roadway by Twyford's friend. (See Ofc Vrabel's and Ofc De La Rua's supplemental reports for further details). Twyford was then transported to Palm Beach County Jail.</p> | | | | | | | | |
| | | | | | | | | | |
| A D M I N I S T R A T I V E | SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>VOLGUARDSON, ROBERT R</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 10-10)</p> <p>06/16/2021</p> <p>DATE</p> </div> <div style="width: 45%; text-align: center;"> <p><i>[Signature]</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>HARRISON, DANIELLE MARIE (856)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>06/16/2021</p> <p>DATE</p> </div> </div> | | | | | | | | |
| | JUN 17 2021 | | | | | | | | |
| | PAGE 3 OF 3 | | | | | | | | |
| | | | | | | | | | |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

21-7101

W/m Twyford, Lee

11/17/2001 (DOB)

105 at: 012941

6/16/21

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue

Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 16 day of June, 2021, at 0129 PM:

Subject: w/m Twyford, Lee Case Number: 31-7101

PERSONAL CONTACT

Driving Pattern: In-car / BWD

Observation of Driver: In-car / BWD

Driver's Statement: In-car / BWD

Odors: See P/C

GENERAL OBSERVATIONS

Speech: See Report

Attitude: See report

Clothing: See report

Medical Problems: None

Medications: None

Other: N/A

Horizontal Gaze Nystagmus:

- | | |
|---|--|
| <input type="checkbox"/> Left eye does not follow smoothly | <input type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye jerks at 45 degrees angle or less | <input type="checkbox"/> Right eye jerks at 45 degrees angle or less |
| <input checked="" type="checkbox"/> Distinct jerking left eye maximum deviation | <input checked="" type="checkbox"/> Distinct jerking right eye maximum deviation |

Can not do, Why? _____

Walk and turn: In-car / BWD

Can not do, Why? _____

One leg stand: In-car / BWD

Can not do, Why? _____

Finger to nose: In-car / BWD

Can not do, Why? _____

Alphabet (speech pattern): In-car / BWD

Can not do, Why? _____

Breath/Blood test results: 0.071 5 0.071 , urine refused

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 6/16/21 (date) by Off B. De La Rue

Notary/Clerk of Court/ Officer (FSS 117.10) Date 6/16/21

[Signature]
Signature of Arresting Officer
D. HARRISON # 876
Name of Officer (print)

ARRESTING OFFICER: D. Harrison ID 856

Name: OFC Vlabel Phone # 561-338-1234 Work # _____

Address: 100 NW 2nd Ave, Boca Raton, FL 33432

Can testify to: SFSTs, Traffic Stop, Driving pattern

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2021-007101

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Wednesday, June, 16, 2021.
(day) (month) (date) (year)

B. The time is now approximately 0205 AM/PM.

C. The following is in reference to case number 21-7101.

D. Present at this time is Off. Harrison of the Boca Raton Police Department.
(Officer's Name)

E. Officer Harrison, have you arrested Twyford, Lee in violation of
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr. Twyford, I am required to inform you these
proceedings are being video recorded.

Operator Note: Video record breath request, breath sample, and interview.

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

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 Signature: _____

ON VIDEO at 0240 Hr

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your **SECOND REFUSAL**, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time ^{Tony Ford} (Mr./Mrs./Ms. _____) has refused to submit to a breath test. urine test

The date is June, 16, 2021, and the time is 0241 AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT

JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.
Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Twyford, Lee

CASE #: 21-7101 DATE: 6/16/21

BREATH TEST RESULTS

1) TIME _____ AM/PM 2) TIME _____ AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Off. B. De la Ruc

MAINTENANCE TECHNICIAN: Off. J. Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurr

ATTITUDE: Calm, relax

CLOTHING: Gray shirt, Black shorts

MEDICAL CONDITION: None

OTHER: Odor of alcohol coming from person's breath

COMMENTS: _____

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: Reid on camera Date: 6/16/21 Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? Yes

Where were you going? Dads, but going to mom's

What street or highway were you on? 18th St

Direction of travel? West

Where did you start driving from? friends house on Camino Real, from Mizner Forest

What city (county) were you stopped in? Boca Raton Palm Beach County

What time did you start? 1225 AM/PM What time is it now? 2 something

What is today's date? 6/15/2021 What day of the week is it? Tuesday

When did you last eat? 7:30-8pm What did you eat? hamburger, rice and beans

What have you been doing the past three hours prior to this stop/accident? drinking

How much do you weigh? 150lbs Have you been drinking? Yes What were you drinking? Captain (4) beer, friends single shot

How much? _____ Where? friends house With whom were you drinking? friends

When did you have your first drink? 830-9 AM/PM When did you stop drinking? 1205 AM/PM

How did you consume your last two drinks? Sipped beer and took a shot

Are you under the influence of alcohol now? ☒ Yes ☐ No

Can you feel the effects of alcohol? ☒ Yes ☐ No

Have you consumed alcohol since the ^{stop} accident? ☐ Yes ☒ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? _____

What? _____ Where? _____

What line of work are you in? door dash, student

When did you last work? 6pm earlier today

Do you have any physical defects or injuries? ☐ Yes ☒ No If yes, explain: _____

Are you sick or injured? ☐ Yes ☒ No If yes, explain: _____

Do you limp? ☐ Yes ☒ No

Did you get a bump on the head? ☐ Yes ☒ No

Were you in an accident today? NO

Have you taken any drugs or smoked marijuana today? Yes, 3pm smoked marijuana

What? marijuana When? 3pm earlier today

Have you seen a doctor or dentist today? ☐ Yes ☒ No Who? _____

Are you taking any prescription medications? ☐ Yes ☒ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☒ No

Inner ear trouble? ☐ Yes ☒ No

Glass eye? ☐ Yes ☒ No

Ear infection? ☐ Yes ☒ No

False teeth? ☐ Yes ☒ No

Diabetes? ☐ Yes ☒ No

Any problems not correctable by glasses or contact lenses? NO

Do you take insulin? ☐ Yes ☒ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? NO

I am now ending this video recording. The time is now approximately 212 PM.

The date is 06, 16, 2021.
(month) (day) (year)

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 06/16/2021

Date of Last Agency Inspection: 05/29/2021
Observation Period Began: 02:00
Subject's Name: LEE V TWYFORD

DOB: 11/17/2001 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 | 02:34 |
| | Air Blank | 0.000 | 02:35 |
| | Control Test | 0.079 | 02:35 |
| | Air Blank | 0.000 | 02:35 |
| | Subject Sample #1 | 0.074 | 02:36 |
| | Air Blank | 0.000 | 02:37 |
| | Air Blank | 0.000 | 02:38 |
| | Subject Sample #2 | 0.071 | 02:39 |
| | Air Blank | 0.000 | 02:40 |
| | Control Test | 0.077 | 02:40 |
| | Air Blank | 0.000 | 02:40 |
| | Diagnostics Check | OK | 02:41 |

Cylinder Lot: 22419086A3
Exp: 10/05/2021

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, DAVID ALLEN RICE, 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: [Signature] ⁷⁸⁸ Date: 6/16/21
Signature

Sworn to (or affirmed) before me this 16 day of June, 2021

x [Signature] D. HARRISON
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.

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

I, D. Harrison, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)
am a member of Boca Raton Police Department, and I do swear
(Name of law enforcement agency)
or affirm that on or about the 16 day of June, 20 21, at 0129 ☐ P.M. ☒ A.M.
DRIVER Lee V Twyford
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
DL# T163538-01-4170, state of FL, was placed under lawful arrest for
the offense of DUI by D. Harrison and
(Name of Arresting Officer)
issued Citation # AGLQDME.
That on or about the 16 day of June, 20 21, at 0240 ☐ 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]
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] ESK
Signature of Attesting Officer

Title Officer
Date 6/16/21

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this 16 day of June, 20 21,
by _____,
who is personally known to me or who has produced
_____ as identification

Notary Public [Signature]

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.



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

REVIEW COMPLETED BY

Booking Number: 2021014653

Date: 6/16/2021

Specialist Name/ID: M. Tooks #8557