

0518369

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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies
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) 06-20104107	
Charge Type: Check as many as apply <input checked="" 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 1. Yes 2. No N/A		Multiple Clearance Indicator 01		
Location of Arrest (Including Name of Business) LANTANA RD/ COUNTRY ESTATES DR WEST PALM, FL, 33467				Location of Offense (Business Name, Address) LANTANA RD/ COUNTRY ESTATES DR, WEST PALM/ FL/33467		
Date of Arrest 09/05/2020	Time of Arrest 01:30	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) Johnson, Leslie, Baucum						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 11/25/1970	Height 5'02	Weight 120	Eye Color BRN	Hair Color BRN	Complexion MED	Build MED			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Single	Religion	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number) 1645 Rence Comms Blvd 1515, Boynton Beach, FL 33426				City	State	Zip	Phone (205) 616 9895	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2			
Permanent Address (Street, Apt. Number)				City	State	Zip	Phone	Address Source FL DL			
Business Address (Name, Street)				City	State	Zip	Phone	Occupation			
DL Number, State J525522709250, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) NEW AGUSTA, MS		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	Name (Last)	(First)	(Middle)	Residence Phone			
Address (Street, Apt. Number)				City	State	Zip	Business Phone
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within 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 358-2528) 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. 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 DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1A)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20104107	Warrant / Capias Number		Bond OR				
Charge Description RESIST AN OFFICER W/ VIOLENCE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 843.01		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20104107	Warrant / Capias Number		Bond 1000.00				
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) TO BE SET					
Court Date and Time Month SEP Day 06 Year 2020 Time 0830 AM <input checked="" type="checkbox"/> PM					

SCANNED
SEP 06 2020

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
09/05/2020

Signature of Defendant (or Juvenile and Parent /Custodian)		Date Signed	
Name: INV G. LYNCH 8568		Name Verification (Printed by Arrestee) INV G. LYNCH 8568	
Signature of Arresting Officer INV G. LYNCH 8568		I.D. # 8568	
Name of Arresting Officer (Print) INV G. LYNCH 8568		Agency PBSO	
Transporting Officer INV G. LYNCH 8568		ID # 8568	
Agency PBSO		PAGE 1 of 1	

Agency ORI Number **FLO 500000** Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number **06-20104107**

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

Name (Last, First, Middle) **Johnson, Leslie, Baucum** Alias _____ Race **W** Sex **F** Date of Birth **11/25/1970**

Charge Description **DUI** 316.193(1A) Charge Description **RESIST AN OFFICER W/ VIOLENCE** 843.01

Charge Description _____ Charge Description _____

Victim's Name (Last, First, Middle) **STATE OF FLORIDA, ,** Race _____ Sex _____ Date of Birth _____

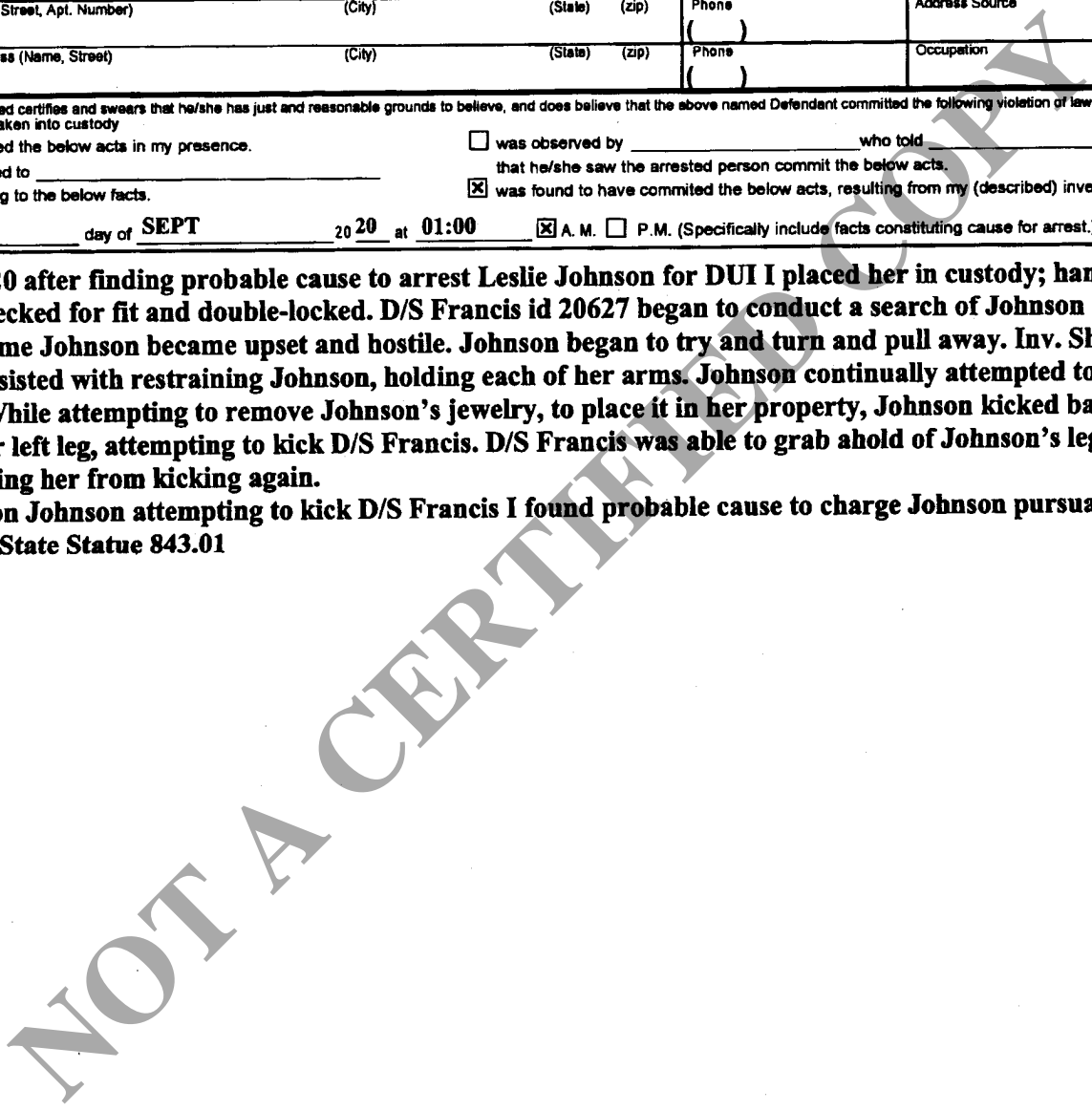
Local Address (Street, Apt. Number) _____ (City) _____ (State) _____ (zip) _____ Phone _____ Address Source _____

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 _____
 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.
 admitting to the below facts.
 On the 5 day of SEPT 2020 at 01:00 A.M. P.M. (Specifically include facts constituting cause for arrest.)

**On 9/5/20 after finding probable cause to arrest Leslie Johnson for DUI I placed her in custody; handcuffs were checked for fit and double-locked. D/S Francis id 20627 began to conduct a search of Johnson at which time Johnson became upset and hostile. Johnson began to try and turn and pull away. Inv. Shafer and I assisted with restraining Johnson, holding each of her arms. Johnson continually attempted to pull away. While attempting to remove Johnson's jewelry, to place it in her property, Johnson kicked back, with her left leg, attempting to kick D/S Francis. D/S Francis was able to grab ahold of Johnson's leg preventing her from kicking again.
 Based on Johnson attempting to kick D/S Francis I found probable cause to charge Johnson pursuant to Florida State Statue 843.01**

PROBABLE CAUSE STATEMENT



SCANNED
 SEP 06 2020

STATE OF FLORIDA
 COUNTY OF PALM BEACH
 INV G. LYNCH 8568
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of SEPT 2020 by INV G. LYNCH 8568
 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)
 Notary Public State of Florida
 Renee Ragin
 My Commission Exp. 03/03/2024



PAGE
 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5 DAY OF SEPT 2020, AT 01:00 PM

SUBJECT: Johnson, Leslie, Baucum CASE NUMBER: 20104107

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV G. LYNCH 8568

PERSONAL CONTACT

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

On 9/5/20 I responded to Lantana Rd/ Country Estates Dr, in Palm Beach County, in reference to a traffic crash, with a possibly impaired driver. Upon my arrival I observed a gold Honda Civic, bearing FL tag KMEH20, stopped in the center turn lane, to the far west of the intersection, next to the median. Fire rescue was attending to the driver, Leslie Johnson, who was seated in the driver seat of the car. I observed both driver side tires of the car to be blown out. There was a fluid trail going from the vehicle into the eastbound lanes of travel. Showing that the vehicle was traveling the wrong direction. I followed the fluid trail and found that the car had crossed over the median approximately a half mile east of the location. I then met with a witness, Asif Khan. Khan advised that he observed the car stopped in the middle of the roadway. He stopped to check on Johnson at which time she exited the car. Johnson began to stumble around at which time he told he told her to sit back in the car. Johnson got back in the car and attempted to start it, attempting to drive away.

OBSERVATION OF DRIVER:

After being check by fire rescue, and finding no medical issues, I met with Johnson. I had Johnson exited her car and stand in front of my patrol car. While exiting her car Johnson used the door to maintain balance. While standing in front of my patrol car Johnson used the front push bumper of my patrol car to maintain balance. I observed an odor of an unknown alcoholic beverage coming from Johnson's breath, which got stronger when she spoke. Johnson's eyes were bloodshot and glassy. Johnson exhibited mood swings from calm to hostile. I advised Johnson that the crash investigation was complete and I was going to conduct a criminal DUI investigation and read her Miranda warnings, which she advised she understood. Johnson immediately stated that she wanted a lawyer. Based on my observations I asked Johnson to perform standard field sobriety tasks, which she refused. I advised Johnson of Taylor warnings, which she advised she understood. I gave Johnson a second opportunity to perform standard field sobriety tasks, to which she initially agreed, but then refused.

DRIVER'S STATEMENTS:

ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: Moodswings from calm to hostile

CLOTHING:

MEDICAL/OTHER: NONE

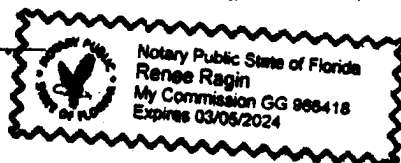
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of SEPT 2020 by INV G. LYNCH 8568

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

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



SCANNED
SEP 06 2020

SUBJECT: Johnson, Leslie, Baucum

CASE NUMBER 20104107

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

REFUSED

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of SEPT 2020 by INV G. LYNCH 8568

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

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



**SCANNED
SEP 06 2020**

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Johnson, Leslie B. CASE NUMBER: 20-104107

DATE: Sep 5, 2020 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:27 ENDING TIME: 02:45

BREATH TESTS RESULTS: 1) .VNM TIME 02:34 A.M. P.M. 2) .105 TIME 02:39 A.M. P.M.
3) .100 TIME 02:42 A.M. P.M. 4) N/A TIME --- A.M. P.M.

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, accent

ATTITUDE: Moody, repetitive, talkative

CLOTHING: Light blue overalls, white tank top, gray flip-flop

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes glassy, watery
Odor of unknown alcoholic beverage on breath.

COMMENTS:

Arrived at center A/O started 20 minute observation period at 02:05 hrs.

Subject agreed to take breath test.

Subject refused to listen to Tech. instructions.

A/O read I/C and subject stated she understood I/C.

Subject agreed to take test again.

A/O read rights.
Subject stated she understood rights.

Tech read breath test results.
Subject stated she understood test results.

No Q&A conducted.
Subject invoke right to counsel.

SCANNED
SEP 06 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: 80-006239 Software: 8100.27
Date of Test: 09/05/2020

Date of Last Agency Inspection: 08/14/2020
Observation Period Began: 02:05
Subject's Name: LESLIE B JOHNSON

DOB: 11/25/1970 Sex: F

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	02:30
	Air Blank	0.000	02:30
	Control Test	0.079	02:31
	Air Blank	0.000	02:31
	Subject Sample #1	VNM*	02:34
	Air Blank	0.000	02:35
	Air Blank	0.000	02:37
	Subject Sample #2	0.105	02:39
	Air Blank	0.000	02:40
	Air Blank	0.000	02:41
	Subject Sample #3	0.100	02:42
	Air Blank	0.000	02:43
	Control Test	0.078	02:43
	Air Blank	0.000	02:43
	Diagnostics Check	OK	02:43

*Volume Not Met (0.100 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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 RENEE M RAGIN, 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: 09/05/20
Signature

Sworn to (or affirmed) before me this 05 day of Sept, 2020

Signature of [Signature] Notary Public-State of Florida Printed Name of Notary Public-State of Florida Inv. G. Lynch # 8568

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.

Leche Douglas 20-104107

QUESTIONS AND ANSWERS

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE. YOU MAY ANSWER SIMPLY "YES" OR "NO" IF THE QUESTION IS A YES/NO QUESTION.

WHERE WAS YOUR VEHICLE AT THE TIME OF THE STOP/ACCIDENT?

WHAT STREET OR HIGHWAY WERE YOU ON AT THE TIME OF TRAVEL? WHERE DID YOU START?

WHAT TIME DID YOU START? WHAT TIME IS IT NOW? WHAT DAY OF THE WEEK IS IT?

WHAT TIME DID YOU STOP? WHAT DID YOU DO AT THE TIME OF THE STOP?

WHAT HAVE YOU BEEN DOING SINCE THE STOP? HOW MANY HOURS? HOW MUCH DO YOU WEIGH? HAVE YOU BEEN THINKING?

WHERE WERE YOU AT THE TIME OF THE STOP? AND YOUR LAST STOP?

ARE YOU CURRENTLY EMPLOYED? ARE YOU CURRENTLY EMPLOYED?

WHAT TIME DID YOU STOP? ARE YOU CURRENTLY EMPLOYED?

WHAT TIME DID YOU STOP? ARE YOU CURRENTLY EMPLOYED?

WHAT TIME DID YOU STOP? ARE YOU CURRENTLY EMPLOYED?

WHAT TIME DID YOU STOP? ARE YOU CURRENTLY EMPLOYED?

WHAT TIME DID YOU STOP? ARE YOU CURRENTLY EMPLOYED?

WHAT TIME DID YOU STOP? ARE YOU CURRENTLY EMPLOYED?

WHAT TIME DID YOU STOP? ARE YOU CURRENTLY EMPLOYED?

DO YOU HAVE ANY PREVIOUS RECORDS THAT ARE NOT CORRECTED BY CLASSIFICATION? IF SO, WHEN WAS YOUR LAST INFLECTION?

HAVE YOU EVER HAD A DRUGS OR ALCOHOL TEST? INTERVIEWER

SUBJECT: Johnnie Lee Bowen 2010410

CONSENT FOR DNA MOTOR VEHICLE

NOTICE: THIS IS AVAILABLE TO THE PUBLIC AND WILL BE MADE AVAILABLE TO THE PUBLIC

I hereby consent to the collection of your HAIR for the purpose of identifying
OR

I hereby consent to the collection of your URINE for the purpose of identifying
OR

I hereby consent to the collection of your BLOOD for the purpose of identifying

NOTE: READ OVER CAREFULLY BEFORE SIGNING THIS CONSENT

of the

By signing this form, you are consenting to the collection of your HAIR, URINE, or BLOOD for the purpose of identifying you. If you do not consent, you will be unable to drive a motor vehicle in the state of Alabama. If you do not consent, you will be unable to drive a motor vehicle in the state of Alabama. If you do not consent, you will be unable to drive a motor vehicle in the state of Alabama. If you do not consent, you will be unable to drive a motor vehicle in the state of Alabama.

Read on Camera

ADDITIONAL WARNINGS

1. I am aware that I am not making any statements or admissions.
2. I am aware that I am not making any statements or admissions.
3. I am aware that I am not making any statements or admissions.
4. I am aware that I am not making any statements or admissions.
5. I am aware that I am not making any statements or admissions.
6. I am aware that I am not making any statements or admissions.
7. I am aware that I am not making any statements or admissions.

Read on Camera



**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: 2020021031	Date: 09/06/2020
	Specialist Name/ID: AM/31562