

50-2021-CT-005918-AMB

| | | | | | | | | | | | |
|--|--|--|--|---|--|--|--|---|--|--|--|
| OBTS Number | | ARREST / NOTICE TO APPEAR | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | | Juvenile N | |
| Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | | | Agency Report Number (N.T.A.'s only) 06-21-054200 | | | | | |
| 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 1. Yes N/A 2. No | | Multiple Clearance Indicator 1 | |
| Location of Arrest (Including Name of Business) 17032 41 Rd N, Loxahatchee, FL, 33470 | | | | | | Location of Offense (Business Name, Address) 17032 41 Rd N, Loxahatchee, FL, 33470 | | | | | |
| Date of Arrest 04/10/2021 | | Time of Arrest 2232 | | Booking Date | | Booking Time | | Jail Date | | Jail Time | |
| Name (Last, First, Middle) Lynch, Lisa, Rene | | | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | |
| Race W - White I - American Indian B - Black O - Oriental/Asian | | Sex W F | | Date of Birth 3/16/1980 | | Height 509 | | Weight 150 | | Eye Color Blue | |
| Hair Color Brown | | Complexion Light | | Build Medium | | | | | | | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE | | | | | | Marital Status Married | | Religion CHRISTIAN | | Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Local Address (Street, Apt. Number) (City) (State) (Zip) 5095 Palm Hill Dr, West Palm Beach, FL, 33415 | | | | | | Phone (561) 3890183 | | Residence Type: 1. City 3. Florida 2. County 4. Out of State 1 | | | |
| Permanent Address (Street, Apt. Number) (City) (State) (Zip) | | | | | | Phone () | | Address Source FL DL | | | |
| Business Address (Name, Street) (City) (State) (Zip) Merry Maids 909 S Military Trl West Palm Beach, FL, 33415 | | | | | | Phone (866) 2102991 | | Occupation | | | |
| D/L Number, State L520536805961, | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) West Palm Beach, FL | | Citizenship US | | | |
| Co-Defendant Name (Last, First, Middle) | | | | | | Race | | Sex | | Date of Birth | |
| Co-Defendant Name (Last, First, Middle) | | | | | | Race | | Sex | | Date of Birth | |
| Parent 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 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 DUI | | | | | | Counts 1 | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number 316.193(1)A | |
| Drug Activity N | | | | | | Drug Type N | | Amount / Unit N/A | | Offense # 21-054200 | |
| Charge Description | | | | | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number | |
| Drug Activity | | | | | | Drug Type | | Amount / Unit | | Offense # | |
| Charge Description | | | | | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number | |
| Drug Activity | | | | | | Drug Type | | Amount / Unit | | Offense # | |
| Charge Description | | | | | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number | |
| Drug Activity | | | | | | Drug Type | | Amount / Unit | | Offense # | |
| Charge Description | | | | | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number | |
| Drug Activity | | | | | | Drug Type | | Amount / Unit | | Offense # | |
| Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406 | | | | | | | | | | | |
| Court Date and Time Month May Day 6th Year 2021 Time 0830 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 /Custodian) <i>[Signature]</i> | | | | | | Date Signed 04/10/2021 | | | | | |
| HOLD for other Agency Name: | | | | | | Signature of Arresting Officer <i>[Signature]</i> | | | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: | | | | | | Name of Arresting Officer (Print) D/S Martin Ramirez | | | | | |
| Intake Deputy <i>[Signature]</i> | | | | | | ID # 7209 | | | | | |
| Pouch # | | | | | | Transporting Officer D/S Martin Ramirez | | | | | |
| ID # | | | | | | ID # 37294 | | | | | |
| Agency PBSO | | | | | | Agency PBSO | | | | | |
| Name Verification (Printed by Arrestee) (PRINT) | | | | | | PAGE 1 OF 1 | | | | | |
| Witness here if subject signed with an "X" | | | | | | | | | | | |

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

J# 0522620

P# 1301

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

N

Agency ORI Number
FLO 500000

Agency Name
PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number
06

21-054200

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

Special Notes

Defendant Name (Last, First, Middle)
LYNCH

LISA

Race
W

Sex
F

Date of Birth
03/16/80

Charge
DWI

Charge

Charge

Charge

Victim 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 (Street, Apt. Number)

City

State

Zip

Phone

Occupation

The undersign 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 (described) investigation.

On the 10 day of April 20 21 at 9:03 ☐ AM ☒ PM

On April 10th, 2021 at approximately 2103 hours, while conducting a crash investigation. I observed a silver Kia bearing Florida tag NVFG81 driving east bound on 41st Road N. The vehicle came to the stop sign and then turned south on Cheetham Hill Blvd, almost driving into the PBFR personnel and deputies as they were investigating the rollover crash in the middle of the Cheetham Hill Blvd. The Firefighters and I began shouting at the W/F later identified as Lisa Lynch to stop her vehicle before running into the emergency employees on the crash scene. Lynch finally stopped her vehicle and appeared to be very confused. I asked her where she was coming from and she told me a party. I asked her if she had consumed any alcohol beverages tonight and she stated "a few glasses of wine and a few shots".

Based on my observation, Lynch slurred speech and the odor of an alcohol beverage emitting from her person. I asked Lynch to place her vehicle in park and step out. When Lynch exited her vehicle, I observed that her foot steps were unstable and she could not keep her balance. Based on my past training and experience, I believed that Lisa Lynch was under the influence of an unknown alcohol beverage. I then called DUI 10 who arrived on scene and conducted a DUI investigation with his trainee deputy Rodriguez. Lynch was subsequently arrested for DUI.



The foregoing instrument was sworn to and affirmed before me this 10th day of April 20 21, by:

Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)
Sgt. R. Nandlal 8483

Name of Arresting/Investigating Officer

7209

8483

| | | | | | | | | | | | |
|---|---|---------------------------------|--|---|--|---|--------------------|---|-----------------------------------|------------------------------|--|
| OBTS Number | | PROBABLE CAUSE AFFIDAVIT | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Copies | | 1 | Juvenile | N | |
| ADMIN | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number 06- 21-054200 | | | | | | |
| | Charge Type: Check as many as apply: | | 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/> | | Special Notes: | | | | | | |
| CHARGES DEF | Name (Last, First, Middle) Lynch, Lisa, Rene | | | | Alias | | Race W | Sex F | Date of Birth 3/16/1980 | | |
| | Charge Description DUI | | | | 316.193(1)A | | Charge Description | | | | |
| VICTIM | Victim's Name (Last, First, Middle) ?? | | | | 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 <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 9th day of April 20 21 at 2232 <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.) | | | | | | | | | | | |
| <p>On Saturday, April, 9th, 2021, at approximately 2104 hours, I responded to 17032 41 Rd N Loxahatchee FL, 33470 to assist deputies on an accident with injuries. Upon arrival, I observed the crash scene. There was debris all over the road, beer cans on the roadway, and one damaged ATV in the middle of the roadway with heavy damage. The defendant's vehicle was right in front of the ATV, facing south. Then, I made contact with SGT R. Nandlal, who advised the following:</p> <p>On April 10th, 2021 at approximately 2103 hours, while conducting a crash investigation. I observed a silver Kia bearing Florida tag NVFG81 driving east bound on 41st Road N. The vehicle came to the stop sign and then turned south on Cheetham Hill Blvd, almost driving into the PBFR personnel and deputies as they were investigating the rollover crash in the middle of the Cheetham Hill Blvd. The Firefighters and I began shouting at the W/F later identified as Lisa Lynch to stop her vehicle before running into the emergency employees on the crash scene. Lynch finally stopped her vehicle and appeared to be very confused. I asked her where she was coming from and she told me a party. I asked her if she had consumed any alcohol beverages tonight and she stated "a few glasses of wine and a few shots".</p> <p>Based on my observation, Lynch slurred speech and the odor of an alcohol beverage emitting from her person. I asked Lynch to place her vehicle in park and step out. When Lynch exited her vehicle, I observed that her foot steps were unstable and she could not keep her balance. Based on my past training and experience, I believed that Lisa Lynch was under the influence of an unknown alcohol beverage. I then called DUI 10 who arrived on scene and conducted a DUI investigation with his trainee deputy Rodriguez. Lynch was subsequently arrested for DUI:</p> <p>I also made contact with another witness who observed the defendant driving into the crash scene.</p> | | | | | | | | | | | |
| ADMINISTRATIVE | STATE OF FLORIDA COUNTY OF PALM BEACH  (Signature of Arresting/Investigative Officer) | | | | D/S Martin Ramirez | | | | | | |
| | The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of April 20 21 by D/S Martin Ramirez | | | | | | | | | | |
| | (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: KNOWN | | | | | | | | | | |
| | Joshua Bell (#8656) Notary Public, Clerk of Court, Officer (F.S.S. 117.10) | | | | | | | | | | |
| | | | |  | | | | JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance | | | |
| | | | | | | | | | | PAGE 1 OF 3 | |

| | | | | | | | | | | | |
|--|--|---------------------------------|--|------------------------|---|---|--|-----------------|-----------------------------------|----------------|--|
| OBTS Number | | PROBABLE CAUSE AFFIDAVIT | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | Juvenile | N | |
| ADMIN | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number 06- 21-054200 | | | | | | |
| | 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 | | Special Notes: | | |
| DEF | Name (Last, First, Middle) Lynch, Lisa, Rene | | | | Alias | | Race W | Sex F | Date of Birth 3/16/1980 | | |
| | Charge Description DUI | | | | 316.193(1)A | | Charge Description | | | | |
| CHARGES | Charge Description | | | | Charge Description | | | | | | |
| | Charge Description | | | | Charge Description | | | | | | |
| VICTIM | Victim's Name (Last, First, Middle) | | | | 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 <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. admitting to the below facts. On the <u>9th</u> day of <u>April</u> 20 <u>21</u> at <u>2232</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.) | | | | | | | | | | | |
| <p>I made contact with the driver who was currently sitting in the driver seat of the vehicle right in front of the ATV. She was later identified as Lisa Rene Lynch by her Florida driver license. I noticed her eyes were glossy and her cheeks were flushed. She was wearing ripped blue jeans, a white blouse, and black flip flops. I asked Lynch if she had been drinking and she advised that she had had two glasses of wine and two shots. Based on my suspicion I asked if she would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if she was impaired while operating a motor vehicle. She agreed. Prior to her performance I asked if she had any physical problems with her body that would inhibit her from performing light physical exercises. I also asked if she was taking medication. She stated that she did not have any medical problems nor she took any medication. I escorted her to a level surface that was smooth and free from obstructions and debris. This area was well lighted by the headlights of two patrol vehicles. I could now smell a strong odor of an unknown alcoholic beverage emanating from her breath that intensified when she spoke. A yellow strip of masking tape was placed on the surface that formed a line. The defendant identified the tape by giving its color and attempting to place her left foot on it when prompt to do so. The defendant showed difficulty on keeping her balance while trying to assume this position, and informed me that she had an issue to her left knee. I reminded her that initially, she had told me that she did not have any physical problems but now she remembered that she had recently fallen, and her left knee was injured. The following SFSTs were explained, demonstrated and acknowledged by her prior to her performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. Their deficiencies were recorded on another form in this work sheet. At the conclusion of the SFSTs, coupled with the Sergeant and witness's observations of the defendant's vehicle in motion and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant she was being placed under lawful arrest for DUI. She was searched and handcuffed (double locked and checked for tightness) prior to being seated into the rear of my patrol car. Back up deputies arranged for the defendant's vehicle to be towed by a tow service from PBSO's rotation list.</p> | | | | | | | | | | | |
| STATE OF FLORIDA COUNTY OF PALM BEACH <div style="display: flex; justify-content: space-between; align-items: center;"> <div> (Signature of Arresting/Investigative Officer) </div> <div> D/S Martin Ramirez </div> </div> | | | | | | | | | | | |
| The foregoing instrument was sworn to or affirmed and subscribed before me this <u>10th</u> day of <u>April</u> 20 <u>21</u> by <u>D/S Martin Ramirez</u> (Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced KNOWN) <div style="display: flex; justify-content: space-between;"> <div> Joshua Bell (#8656) Notary Public, Clerk of Court, Officer (F.B.S. 127.10) </div> <div> JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance </div> <div> PAGE 2 OF 3 </div> </div> | | | | | | | | | | | |

| | | | | | | | | | | | |
|--|--|---------------------------------|--|------------------------|--|---|---|----------|----------------------------|-------|----------------|
| OBTS Number | | PROBABLE CAUSE AFFIDAVIT | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | Juvenile | N | |
| ADMIN | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number 06- 21-054200 | | | | | | |
| | Charge Type: Check as many as apply. | | <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | | Special Notes: | | | | | | |
| DEF | Name (Last, First, Middle) Lynch, Lisa, Rene | | | | Alias | | Race W | Sex F | Date of Birth 3/16/1988 | | |
| | Charge Description DUI | | | | 316.193(1)A | | Charge Description | | | | |
| CHARGES | Charge Description | | | | Charge Description | | | | | | |
| | Charge Description | | | | Charge Description | | | | | | |
| VICTIM | Victim's Name (Last, First, Middle) | | | | | | 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 |
| | | | | | | | | | | | |
| <p>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 _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. admitting to the below facts.</p> <p>On the <u>9th</u> day of <u>April</u> 20 <u>21</u> at <u>2232</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>All Florida Towing responded and impounded the defendant's vehicle to their lot. Meanwhile, I began transport to the main jail breath analysis facility for further processing. Upon our arrival, I escorted the defendant into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into her body orally or otherwise. Neither did she regurgitate. I escorted her into the testing room and asked her to provide breath samples for the purpose of determining her alcohol content. She answered "do I have to?" I read the defendant implied consent, which she acknowledged. During the reading of implied consent, the defendant agreed to provide samples. The defendant gave two adequate breath samples that rendered results of .199 and .196. I read her constitutional warnings, which she acknowledged. I asked her if she would participate in an interview, and she agreed. After the interview, the defendant was booked into the main jail for the previous mentioned charge.</p> | | | | | | | | | | | |
| ADMINISTRATIVE | STATE OF FLORIDA COUNTY OF PALM BEACH <div style="display: flex; justify-content: space-between; align-items: center;"> <div>(Signature of Arresting/Investigative Officer)</div> <div>D/S Martin Ramirez</div> </div> | | | | | | | | | | |
| | The foregoing instrument was sworn to or affirmed and subscribed before me this <u>10th</u> day of <u>April</u> 20 <u>21</u> by <u>D/S Martin Ramirez</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u> | | | | | | | | | | |
| | Joshua Bell (#8656) Notary Public, Clerk of Court, Officer (F.S.S. 117.10) | | | | | | JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance | | PAGE 3 OF 3 | | |
| | DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY | | | | | | | | | | |

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 9th DAY OF April 20 21 AT 2232 AM PM

SUBJECT: Lynch, Lisa, Rene CASE NUMBER: 21-054200

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Martin Ramirez

PERSONAL CONTACT

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

SEE PC AFFIDAVIT

OBSERVATION OF DRIVER:

SEE PC AFFIDAVIT

DRIVER'S STATEMENTS:

She had two glasses of wine and two shots

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM SUBJECT'S BREATH

GENERAL OBSERVATIONS

SPEECH: Repetitive

ATTITUDE: Cooperative, apologetic, inattentive

CLOTHING: Normal

MEDICAL/OTHER: No medical issues

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Martin Ramirez

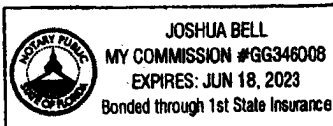
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of April 20 21 by D/S Martin Ramirez

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

Joshua Bell (#8656)

Notary Public, Clerk of Court, Officer (F.S.S. 117.18)



SUBJECT: Lynch, Lisa, Rene

CASE NUMBER 21-054200

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☒ LT EYE-LACK OF SMOOTH PURSUIT

☒ RT EYE-LACK OF SMOOTH PURSUIT

☒ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☒ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Subject was asked to stand with her feet together and place her hands by her side. She was asked to focus on the stimulus and follow it with her eyes. Lastly, she was told not to move her head to assist in following the stimulus with her eyes. Subject showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation. I also saw an onset of Nystagmus prior to 45 degrees in both eyes. Subject swayed while performing this task.

WALK & TURN:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The defendant was unable to maintain her balance, while placed in the instructional position. She lost her balance and abandoned the position and she remembered that she had a knee injury. During her performance she failed to touch heel to toe, she did not keep her arms by her side, she did not look at her feet, she stepped off the line, she turned improperly.

ONE LEG STAND:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The defendant was unable to keep her balance. She kept on dropping her foot on the ground and failed to keep her balance. Then she switched knees to the one she had stated was injured. The defendant was unable to perform the task due to balance. Therefore, for her safety, I ceased to continue with the task.

FINGER TO NOSE:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Defendant swayed while performing the task. She failed to touch the tip of her finger to the tip of her nose in all six attempts. Rather she kept on touching the bridge of her nose, her nostrils and sides; she was using the pad of her finger.

ROMBERG ALPHABET:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Defendant swayed but recited the 26 letter alphabet correctly.

BREATH TEST RESULTS: 1) .199 2) .196 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Martin Ramirez

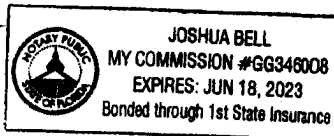
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of April 2021 by D/S Martin Ramirez

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

Joshua Bell (#8656)

Notary Public, Clerk of Court, Officer (F.S.S. 117.38)



WITNESS LIST

CASE NUMBER: 21-054200

ARRESTING OFFICER: D/S Martin Ramirez

ADDRESS: FTO

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

CAN TESTIFY TO: FACTS

NAME: Sgt. R. Nandlal 8483

ADDRESS: District 15-11

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

CAN TESTIFY TO: Seeing the defendant drive into the crash scene

NAME: Danielle Beckemeller

ADDRESS 17119 43rd Rd N Loxahatchee, FL, 33470

PHONE NUMBERS (HOME) 561 472 4776 (WORK) 561 204 3833

CAN TESTIFY TO: Seeing the defendant drive into the crash scene

NAME: E. K. White

ADDRESS VCD

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

CAN TESTIFY TO: Trainer

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: _____

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

~~WITNESS~~ ☐ VICTIM ☐ OTHER

COMPLETE EVERYTHING BELOW PRINT LEGIBLY

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

PAGE 1 OF 1

READ AND SIGN

IF YOU **DO NOT WISH TO PROSECUTE**, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT COOPERATE** ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: LYNCH, LISA RENE

CASE NUMBER: 21-054200

DATE: Apr 11, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0001

ENDING TIME: 0027

BREATH TESTS RESULTS: 1) .199 TIME 0007 A.M. ☒ P.M. ☐ 2) .196 TIME 0010 A.M. ☒ P.M. ☐
3) N/A TIME XX A.M. ☐ P.M. ☐ 4) N/A TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: WHITE TEE SHIRT, BLUE JEANS, BLACK FLIP FLOPS

MEDICAL CONDITIONS: BAD HEARING

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, WATERY

SUBJECT STATED SHE DRANK 3 GLASSES OF WINE AND 2 SHOTS Q AND A

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2336 HOURS

SUBJECT ASKED IF SHE HAD TO TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED SHE UNDERSTOOD I.C AND STATED SHE WOULD TAKE BREATH TEST

TECH READ BREATH TEST RESULTS

SUBJECT ACKNOWLEDGED SHE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED Q AND A

SUBJECT: Lynch, Lisa Rene

CASE NUMBER: 21-054200

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

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

SUBJECT'S SIGNATURE: (X) _____

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

SUBJECT: Lynch, Lisa ReneCASE NUMBER: 21-054200

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? YesWHERE WERE YOU GOING? homeWHAT STREET OR HIGHWAY WERE YOU ON? I don't know. I was following the GPSDIRECTION OF TRAVEL? S WHERE DID YOU START? LotyacheeWHAT TIME DID YOU START? 08 something WHAT TIME IS IT NOW? Probably one o'clock in the AMWHAT IS TODAY'S DATE? 10th I believe WHAT DAY OF THE WEEK IS IT? Sunday instead of SaturdayWHAT COUNTY AND CITY ARE YOU IN NOW? West Palm Beach FL, 33415WHEN DID YOU LAST EAT? 2 o'clock today WHAT DID YOU EAT? Chicken egg rollsWHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Sitting ^{AM} listening to music and dancingHOW MUCH DO YOU WEIGH? 160 - 165 HAVE YOU BEEN DRINKING? Yes WHAT? 3 glasses of wine, 2 shotsHOW MUCH? 3 glasses, 2 shots WHERE? At a friend's house WITH WHOM? FriendWHEN DID YOU HAVE YOUR FIRST DRINK? About 5:05 AND YOUR LAST DRINK? 8 o'clockHOW DID YOU CONSUME YOUR LAST TWO DRINKS? Sipped themCAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? NoHAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? - HOW MUCH? -WHAT? - WHERE? - WHEN? -WHAT LINE OF WORK ARE YOU IN? Clean houses WHEN DID YOU LAST WORK? Last ThursdayDO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? knee issues and hip issuesARE YOU SICK OR INJURED? May be sick WHAT'S WRONG? had a covid test yesterday but have not gotten resultsDO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? Yes, i hit my head all the timeWERE YOU IN AN ACCIDENT TODAY? -HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? My birthdayHAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? / WHY? /ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? / WHEN? /

| | | |
|--------------|--------------------|-------------------------|
| DO YOU HAVE: | EPILEPSY? | <u>No</u> |
| | GLASS EYE? | <u>No</u> |
| | FALSE TEETH? | <u>No</u> |
| | EAR INFECTION? | <u>I don't think so</u> |
| | INNER EAR TROUBLE? | <u>Definitely</u> |
| | DIABETES? | <u>No</u> |

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NoDO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? -HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? -INTERVIEWER: D/S Martin Ramirez #37294

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: 80-006027 Software: 8100.27
Date of Test: 04/11/2021

Date of Last Agency Inspection: 04/09/2021

Observation Period Began: 23:36

Subject's Name: LISA RENE LYNCH

DOB: 03/16/1980 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 | 00:05 |
| | Air Blank | 0.000 | 00:05 |
| | Control Test | 0.077 | 00:06 |
| | Air Blank | 0.000 | 00:06 |
| | Subject Sample #1 | 0.199 | 00:07 |
| | Air Blank | 0.000 | 00:08 |
| | Air Blank | 0.000 | 00:10 |
| | Subject Sample #2 | 0.196 | 00:10 |
| | Air Blank | 0.000 | 00:11 |
| | Control Test | 0.077 | 00:11 |
| | Air Blank | 0.000 | 00:12 |
| | Diagnostics Check | OK | 00:12 |

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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 JOSHUA J BELL, 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]

Signature

Date: 04/11/21

Sworn to (or affirmed) before me this 11 day of April, 2021

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.



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

| | X | Florida State Statute | Description | Page Number(s) |
|---|-------------------------------------|---|--|----------------|
| L/E Exemptions | <input type="checkbox"/> | 119.071(2)(d) | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. | |
| | <input type="checkbox"/> | 943.053, 943.0525 | NCIC/FCIC/FBI and in-state FDLE/DOC. | |
| | <input type="checkbox"/> | 119.071(4)(c) | Undercover personnel. | |
| | <input type="checkbox"/> | 119.071(2)(f) | Confidential informants (CIs). | |
| | <input type="checkbox"/> | 119.071(2)(e) | Confession. | |
| Public Info. Exemptions | <input type="checkbox"/> | 985.04(1) | Juvenile offender records. | |
| | <input type="checkbox"/> | 119.071(h)(i) | Assets of a crime victim. | |
| | <input type="checkbox"/> | 395.3025(7)(a), 456.057(7)(a) | Medical information. | |
| | <input type="checkbox"/> | 394.4615(7) | Mental health information. | |
| | <input type="checkbox"/> | 119.071(4)(d)(2)(a) | Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children. | |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j), 2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers. | 2 |
| | <input type="checkbox"/> | (viii) 394.4615(7) | Clinical records under the Baker Act. | |
| | <input type="checkbox"/> | (xii) 741.30(3)(b) | The victim's address in a domestic violence action on petitioner's request. | |
| | <input type="checkbox"/> | (xiii) 119.071(2)(h), 119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses. | |
| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| Other | <input type="checkbox"/> | | Other: | |
| | <input type="checkbox"/> | | Other: | |

REVIEW COMPLETED BY

| | |
|----------------------------|-----------------------------------|
| Booking Number: 2021008733 | Date: 4/11/2021 |
| | Specialist Name/ID: M. Took #8557 |