

0524074 21CT10192 SB 1720

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-21-031412				
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		N/A		Multiple Clearance Indicator 01		
Location of Arrest (Including Name of Business) 1010 Audace Ave, Boynton Beach, FL, 33426		Location of Offense (Business Name, Address) 1010 Audace Ave, Boynton Beach, FL, 33426						
Date of Arrest 06/21/2021	Time of Arrest 0046 hrs	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
Name (Last, First, Middle) Lockey, Samantha Jo								
Alias (Name, DOB, Soc. Sec. #, Etc)								
W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex F	Date of Birth 04/24/1990	Height 503	Weight 120	Eye Color Blu	Hair Color Brn
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Right arm, flowers and skull		Marital Status Single		Religion Catholic		Complexion Lgh		
Local Address (Street, Apt. Number) 1070 Audace Ave Apt 307, Boynton Beach, FL, 33426		(City)		(State)		(Zip)		Phone (321)377-4806
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residence Type 1. City 3. Florida 2. County 4. Out of State 1
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Address Source FL/DL
D/L Number, State L200-790-90-644-0 / FL		INS Number		Place of Birth Orlando, FL		Citizenship US		
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
Parent Name (Last, First, Middle)		Name (Last, First, Middle)		Residence Phone				
Other Name (Last, First, Middle)		Name (Last, First, Middle)		Business Phone				
Address (Street, Apt. Number)		(City)		(State)		(Zip)		
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 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 561-355-2526) informed of any change of address.		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. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic
U. Unknown Z. Other		Counts 01		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 316.193 (4)		Violation of ORD#
Charge Description D.U.I. 0.150 or Higher		Offense # 21-031412		Warrant/Capias Number		Bond		
Drug Activity N		Drug Type N		Amount/Unit		Statute Violation Number		Violation of ORD#
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Warrant/Capias Number		Violation of ORD#
Drug Activity		Drug Type		Amount/Unit		Statute Violation Number		Violation of ORD#
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Warrant/Capias Number		Violation of ORD#
Drug Activity		Drug Type		Amount/Unit		Statute Violation Number		Violation of ORD#
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Warrant/Capias Number		Violation of ORD#
Drug Activity		Drug Type		Amount/Unit		Statute Violation Number		Violation of ORD#
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Warrant/Capias Number		Violation of ORD#
Drug Activity		Drug Type		Amount/Unit		Statute Violation Number		Violation of ORD#
Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444		Court Date and Time Month July Day 12th Year 2021 Time 0830 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
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 Name:		Signature of Arresting Officer W.C. Wertman		Name Verification (Printed by Arrestee) SCANNED		Page 1		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Ofc. Wertman		I.D. # 1111		BU# JUN 21 2021		
Intake Deputy CP1 Neal 7200		Pouch #		Transporting Officer Ofc. Wertman		I.D. # 1111		Agency BBPD
						Witness here is subject Signed with an "X".		

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20th DAY OF June 2021 AT 2359 ☒ A.M. ☐ P.M.

CASE #: 21-031412

DEFENDANT: Lockey, Samantha Jo

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

I responded to 1010 Audace Ave (The District) in reference to an Accident without injuries. BBPD Communications advised a W/F drove approximately 100 feet in reverse and hit the caller's vehicle.

On my arrival, I located a W/F Lockey, Samantha standing the parking lot outside of the vehicle, who explained she was trying to back into a parking space and hit the other vehicle. Lockey was asked where she was coming from and stated from the Ale House. Officer Adea was on scene who conducted the traffic crash investigation. While speaking with Lockey, I did observe her appearing unstable on her feet and stated she wanted to go home. Once Officer Adea completed gathering all information needed for the traffic crash investigation, I then turned my attention to the suspicion of driving under the influence.

Lockey was read her Miranda Warning at 0022 hours from a BBPD issued card, acknowledging she understood. I then asked if Lockey suffers from any medical conditions, stating no and also if she wears contacts or glasses, advising yes for contacts. Lockey then agreed to the Standardized Field Sobriety Tasks. Please see below,

HORIZONTAL GAZE NYSTAGMUS:

- ☒ Left eye does not follow smoothly
- ☒ Left eye prior to 45 degrees
- ☒ Distinct jerking in left eye at maximum deviation
- ☒ Vertical Nystagmus in left eye

- ☒ Right eye does not follow smoothly
- ☒ Right eye prior to 45 degrees
- ☒ Distinct jerking in right eye at maximum deviation
- ☒ Vertical Nystagmus in right eye

WALK AND TURN:

The following task was demonstrated to Lockey, stating she understood. Lockey was asked to stand in the starting position but had a hard time keeping her balance and also could not touch heel to toe at the starting point. During the walking stage, Lockey missed heel to toe on every step and lost her balance. Lockey was instructed to continue the task and proceeded to walk over the 9 steps and had to be instructed to walk back to the starting point.

ONE LEG STAND:

The following task was explained and demonstrated, stating she understood. Lockey started counting out loud and then stopped. Lockey also lost her balance multiple times and said out loud "no one can do this".

FINGER TO NOSE:

The following task was explained, advising she understood. Lockey had to be reminded to keep her feet together prior to starting the task. During the task, Lockey missed one touch with the others touching the bottom part of her nose and upper lip.

ROMBERG/ALPHABET:

As I was explaining the task, it appeared Lockey was concerned about the alphabet. I then asked if she would be more comfortable counting out loud numbers, advising yes. Lockey was asked to count from 26-51. As Lockey was performing the task, she could not keep her feet, appearing unstable and was very emotional.

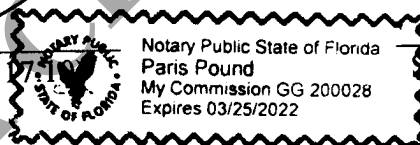
Based on the above, Lockey, Samantha was taken into custody under the suspicion of Driving Under the Influence. Lockey was placed in handcuffs and transport to the Palm Beach County Jail. The 20-minute observation was started at 0105 hours and completed 0130 hours. Upon the completion, I requested Lockey to provide a sample of her breath to determine the alcohol content, in which she agreed. The proper was to provide a sample was explained and acknowledged. Lockey provided a sample of 0.355 and 0.308. After completion a second 20-minute observation was conducted starting at 0141 hours and completing at 0201 hours. Lockey was asked to provided a sample breath again in which she agreed. Lockey provided a sample of 0.303 and 0.290. Lockey was read her Miranda Warnings, stating she understood and agreed to complete the questions and answers.

Based on the above, I established Probable Cause to charge Lockey Samantha with one count of DUI 0.150 or Higher pursuant to F.S.S 316.193(4). Lockey was transported to Good Samaritan Hospital for medical clearance due to being involved in a traffic crash and afterwards turned over the custody of the Palm Beach County Jail.

The following instrument was sworn to before me this 21 day of June 2021

By: _____

Notary/Police Officer (F.S.S. 117.10)



[Signature]
Signature of Arresting Officer

SCANNED
JUN 21 2021

SUBJECT: LOCKEY, SAMANTHA CASE NUMBER: _____

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? YES

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Avenue D

DIRECTION OF TRAVEL? North WHERE DID YOU START? Alhambra, CA

WHAT TIME DID YOU START? 11:00 PM WHAT TIME IS IT NOW? Like 1

WHAT IS TODAY'S DATE? June 17 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? Pasadena, CA

WHEN DID YOU LAST EAT? 6-7 PM WHAT DID YOU EAT? Spaghetti, Bread

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Sleeping, woke up, put on clothes

HOW MUCH DO YOU WEIGH? 120 HAVE YOU BEEN DRINKING? YES WHAT? Vodka Soda

HOW MUCH? 2 WHERE? Post Office WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 2 PM AND YOUR LAST DRINK? 1 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Drinking

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Not really ARE YOU UNDER THE INFLUENCE? Not really

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? 1/2

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? None WHEN DID YOU LAST WORK? Thursday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? _____

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? _____

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? YES

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? YES WHAT? Alcohol WHEN? Monday

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>NO</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO 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: Off. Williams #111

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED
JUN 21 2021

SUBJECT: LUCKY JAMES CASE NUMBER: _____

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) _____

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) _____

SCANNED
JUN 21 2021

TESTING FACILITY TASK REPORT

AGENCY: BBPD

SUBJECT: LOCKEY, SAMANTHA JO

CASE NUMBER: 21-077981

DATE: Jun 21, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:30

ENDING TIME: 02:25

BREATH TESTS RESULTS: 1) .335 TIME 01:35 A.M. ☒ P.M. ☐ 2) .308 TIME 01:38 A.M. ☒ P.M. ☐
3) .303 TIME 02:08 A.M. ☒ P.M. ☐ 4) .290 TIME 02:11 A.M. ☒ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, CRYING

CLOTHING: WHITE SHORTS, BLACK TANK TOP, BLACK SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:05 HRS.

SUBJECT: AGREED TO TAKE TEST

INSTRUMENT READ .020 AGREEMENT AND PURGE FAIL

TECH: CLEARED TESTING ROOM AT 01:40 HRS FOR ANOTHER 20 MINUTES, ALSO ADDED ANOTHER FAN.

A/O: BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:41 HRS

SUBJECT: STATED SHE WOULD TAKE TEST AGAIN

TECH: HAD SUBJECT BLOW AND LEAVE TESTING ROOM SUBJECT THEN BLEW TWO VALID BREATH SAMPLES.

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

SCANNED
JUN 21 2021



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

PBSO CASE # 21-077981 PBSO ZONE 6-12

AGENCY CASE # 21-031412 CRASH CASE # _____

TIME OF STOP/CRASH 2359 HRS DATE 6/20/2021 DAY SUNDAY

SUBJECT'S NAME Lockey, Samantha RACE W SEX F

HGT 503 WGT 120 DOB 4/24/90

LOCATION 1010 Audace Ave, Boynton Bch, FL 33426

ARRESTING OFFICER'S NAME & ID Weetman III AGENCY BBPD

DIVISION: PATROL

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 01:05

Arrest Time 00:46

BREATH RESULTS:

1. .335
2. .308
3. .303
4. .290

TESTING OFFICER'S ID 24639

SCANNED
JUN 21 2021

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: 80-006476 Software: 8100.27
Date of Test: 06/21/2021

Date of Last Agency Inspection: 06/11/2021

Observation Period Began: 01:05

Subject's Name: SAMANTHA J LOCKEY

DOB: 04/24/1990 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	01:34
	Air Blank	0.000	01:34
	Control Test	0.075	01:34
	Air Blank	0.000	01:35
	Subject Sample #1	0.335	01:35
	Air Blank	0.000	01:36
	Air Blank	0.000	01:38
	Subject Sample #2	0.308	01:38
	Air Blank	PUR*	01:39
	Air Blank	0.000	01:40

*Purge Fail

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, DAVID L. PERRY, 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: 06/20/21
Signature

Sworn to (or affirmed) before me this 20th day of JUNE, 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.

SCANNED
JUN 21 2021



**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: 2021015053

Date: 06/21/2021

Specialist Name/ID: T Howard/7185