

0519161

20 OCT 13 196 NB 1324
ARREST / NOTICE TO APPEAR

OBTS Number	Agency Name Palm Beach Gardens Police Department		Agency Report Number (N.T.A.'s only) 7, 8 20-004664	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE				
Agency ORI Number 0502600	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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized	Enter Type NONE	Multiple Indicator	1				
Location of Arrest (Including Name of Business) BURNS RD/ALT A1A			Location of Offense (Business Name, Address) 3699 BURNS RD/ALT A1A, PALM BEACH GARDENS, FL 33410							
Date of Arrest 10/18/2020	Time of Arrest 11:50	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) LOOMIS, SPENCER SHAW			Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:							
Race W - White B - Black O - Oriental/Asian	I - American Indian Q - Oriental/Asian	Sex M	Date of Birth 07/29/1987	Height 6'00	Weight 190	Eye Color BLUE				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status M	Religion OTHER	Complexion FAIR	Build Med	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) 936 S HOWARD AVE 323, TAMPA, FL 33606		(City)	(State)	(Zip)	Phone (952) 484-1150	Residence Type: 1. City 2. County 3. Florida 4. Out of State 3				
Permanent Address (Street, Apt. Number) 936 S HOWARD AVE 323, TAMPA, FL 33606		(City)	(State)	(Zip)	Phone (952) 484-1150	Address Source				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation				
D/L Number, State L520797872690 / FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) MINNEAPOLIS, MN,	Citizenship					
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			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<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)			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. Smuggle D. Deliver E. Use	K. Disperse/ 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 - BREATH .08 OR ABOVE				Statute Violation Number 316.193(1)(C)		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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			
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				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						
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond				<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By				
Transported By				Date Transported	Time Transported	Other				
<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) North County PALM BEACH GARD						
				Court Date and Time 11/18/2020 10:00:00						
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				No Photo Available						
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed						
HOLD for Other Agency		Signature of Arresting Officer Howell		Name Verification (Printed by Arrestee) #501		PAGE 1 OF 1				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) HOWELL, D.		I.D. # 501				
Intake Deputy Shivara		Pouch #		Transporting Officer Howell		I.D. # 501				
				Agency POGHD		Witness here if subject signed with an "X"				

SEARCHED INDEXED SERIALIZED FILED OCT 19 2020

Howell

5:30

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18th DAY OF October 2020, AT 11:50 AM PM
SUBJECT: Spencer Loomis CASE NUMBER: 20-004664

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Howell, Dave #501
PERSONAL CONTACT

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

I responded to a traffic crash involving the defendant. Loomis was found at fault for the crash. No driving pattern observed.

OBSERVATION OF DRIVER: Loomis was asked to step out of the vehicle after the conclusion of the traffic crash report. Loomis stumbled out of the car. Loomis was delayed in reaction and slow in speech. Loomis also had trouble keeping his eyes open during the investigation. Loomis was asked approximately 5 times if he is physically capable of doing the sobriety task. He went around the questions

DRIVER'S STATEMENTS: Loomis advised that he was made impaired by the officers talking to him on scene. He then stated that he took prescribed medication earlier today. After avoiding my questions, Loomis advised that he can do the Field Sobriety Task. He abruptly stated afterwards that he couldn't do the task.

ODORS: A strong odor of an alcoholic beverage was coming from Loomis's breath by officers on scene.

GENERAL OBSERVATIONS

SPEECH: Slurred speech
ATTITUDE: Calm
CLOTHING: Fully clothed T-shirt and Jeans
MEDICAL/OTHER: N/A

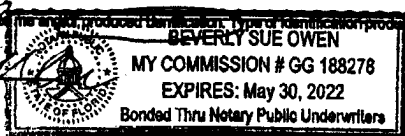
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] #501
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of October 2020 by Dave Howell

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

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



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SUBJECT: Spencer Loomis CASE NUMBER: 20-004664

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS: N/A

- 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:

WALK & TURN:

N/A

ONE LEG STAND:

N/A

FINGER TO NOSE:

N/A

ROMBERG/ALPHABET:

N/A

BREATH TEST RESULTS: .215 | .198

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)
The foregoing instrument was notarized or sworn before me this 15th day of October, 2020 by ofc stowell
who is personally known to me and/or produced identification. Type of identification produced _____

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


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TESTING FACILITY TASK REPORT

AGENCY: PALM BEACH GARDENS P.D.

SUBJECT: LOOMIS, SPENCER SHAW

CASE NUMBER: 20117906

DATE: 10/18/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1300

ENDING TIME: 1323

BREATH TESTS RESULTS: 1) .215 TIME 1309 A.M. P.M. 2) .198 TIME 1312 A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: QUIET, SLEPT THRU OBSERVATION

CLOTHING: TENNIS SHOES, JEANS, BLUE SHIRT

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

DEFENDANT IN ACCIDENT

COMMENTS:

A/O AND DEFENDANT ARRIVED AT 1230 HOURS. A/O HAD TO GO TO CAR TO GET SOMETHING SO DEFT PUT IN HOLDING CELL AND NEW OBSERVATION BEGAN AT 1240. A/O OBSERVED 20 MINUTES. DEFENDANT KEPT EYES CLOSED DURING OBSERVATION, SAID HE WASN'T SLEEPING. A/O REQUESTED BREATH TEST, DEFENDANT AGREED. NO PROBLEM WITH TEST, TECH EXPLAINED RESULTS. A/O READ C/W DEFENDANT UNDERSTOOD, ANSWERED Q & A, DECLINED THE FIRST COUPLE BUT THEN ANSWERED THE REST. 1ST DRINK 12:30 P.M. COULDN'T FEEL EFFECTS. SAID HE IS DETOXING FROM ALCOHOL. TAKING MALTROXONE TO STOP DRINKING. BEEN TAKING DAILY SINCE THURSDAY, TAKEN AT 9 A.M.

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

PBSO CASE # 20117906 PBSO ZONE 3-13

AGENCY CASE # 20004664 CRASH CASE # _____

TIME OF STOP/CRASH 1123 hrs DATE 10/18/20 DAY Sunday

SUBJECT'S NAME Spencer Loomis RACE W SEX M

HGT 6'0 WGT 190 DOB 07/29/1987

LOCATION Burns Rd / Alt A1A

ARRESTING OFFICER'S NAME & ID Howell, Dave #501 AGENCY PBGPD

DIVISION: _____

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 1230

Arrest Time 1150

BREATH RESULTS:

- 1. 215
- 2. 198
- 3. /
- 4. /

TESTING OFFICER'S ID 3184

NOT A CERTIFIED COPY

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OCT 19 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: 80-006029 Software: 8100.27
Date of Test: 10/18/2020

Date of Last Agency Inspection: 10/16/2020
Observation Period Began: 12:40
Subject's Name: SPENCER S LOOMIS

DOB: 07/29/1987 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		13:05
Air Blank	0.000	13:05
Control Test	0.080	13:06
Air Blank	0.000	13:06
Subject Sample #1	0.215	13:09
Air Blank	0.000	13:09
Air Blank	0.000	13:11
Subject Sample #2	0.198	13:12
Air Blank	0.000	13:12
Control Test	0.078	13:13
Air Blank	0.000	13:13
Diagnostics Check OK		13:13

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 SUE OWEN, 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] Date: 10/18/2020
Signature

Sworn to (or affirmed) before me this 18th day of October, 2020

[Signature] #501 ofc D. Howell #501
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.

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SUBJECT: _____ 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? NO

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? 12:30 AM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? YES

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? 10/18/20

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

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

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? NO

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

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? YES WHAT? NALBEX WHEN? 10/18/20

DO YOU HAVE:

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

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DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? YES WHERE? _____

INTERVIEWER: _____

SUBJECT: _____ 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.

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SUSPECT'S SIGNATURE: (X) _____



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: 2020024628

Date: 10/19/2020

Specialist Name/ID: AM/31562

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