		9		078NV	B		
	OBTS Number		REST / NOTICE TO Juvenile Referral R			Request for Warrant Request for Capias	Juvenile N
<u>"</u>	Agency ORI Number Agen	ncy Name LM BEACH GARD	ENS POLICE DEP		ency Report Number 8 - 22001331		
TRAT	ChargeType: Check as many as apply. 1. Felony 2. Traffic Felony	3. Misdemeand	· =	dinance her	Weapon Seized / Typ 2 1. Yes 2. No	Clea	iple trance cator
ADMINI	Location of Arrest (Including Name of Business) Alternate A1A/PC	GA Pass PBG,	, FL	Location of Offense (E	Business Name, Address ternate A1A/	Burns Rd PBG,	FL
₹	Date of Arrest 03/14/2022 Time of Arres 01:0	t Booking Date		ail Date Jail 1	Time Location of	Vehicle	
1	Name (Last, First, Middle) Le, Than, A		<u> </u>	Al	lias (Name, DOB, Soc. S	ec. #, Ew.)	
	Race W - White I - American Indian B - Black 0 - Oriental/Asian M	Date of Birth	1980 Height	4" Weight 110	Eye Color Brown	Hair Color Complexion Black Ligh	(
	Scars, Marks, Tatoos, Unique Physical Features (I	Location, Type, Description	on)		ried None	Indication of: Alcohol influence Drug influence	Y N Unk.
ENDANT	Local Address (Street, Apt. Number)	Palm Beach G	ardens FL	33410 F	Phone (860) 816-10	Residence Type:	Florida Out of State 1
DEFEND	Permanent Address (Street, Apt. Number)	Palm Beach G	(State)	33410 F	Phone	Address Source	L DL
۵	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation	
	D/L Number State L000801802950 FL	Soc. Se		INS Number	P	ace of Birth (City, State) Vietnam	Citizenship VT
ı.	Co-Defendant Name (Last, First, Middle)			Race Sex	Date of Birth	1. Arrested	3. Felony 4. Misdemeanor
CO-DEF	Co-Defendant Name (Last, First, Middle)			Race Sex	Date of Birth	1. Arrested	3. Felony 4. Misdemeanor
_	☐ Parent Name (Last) ☐ Legal Custodian	N	(First)	(Midd	le)		5. Juvenile nos Phone
	Other: Address (Street, Apt. Number)	9	(City)	(Stal	(Z	p) Busine	as Phone
ш	Notified by: (Name)	of	Date	Time	Juvenile Disposition 1. Handled/ processed Dept. and Released	I within 2. TOT HRS / DY: 3. Incarcerated	s j
JUVENILE	Released To: (Name)		Relationsh	ip	Dept. and Newsess.	Date	Time
5	The above address provided by defendant to keep the Juvenile Court Clerk (Phone 355	end / or _ defendant's 526) informed of any	parents The child and /	or parent was told	School Attended		Grade
	Property Crime? Property Crime? Description of Property Property		Reason)	/	Value of Property		
CODE	Drug Activity S. Sell R. Smuggle N. N/A B. Buy D. Deliver P. Possess T. Traffic E. Use	Distribute	Manufacture/ Z. Other Produce/ Cultivate	Drug Type N. N/A A. Amphetsmine	C. Cocaine M.	Hallucinogen P. Parapi Marijuana Equipr Opium/Derty. S. Synthe	nent Z. Other
Г	Chame Description		Counts Domestic Violence	Statute Violation Nu			Violation of ORD #
CHARGE	Drug Activity Drug Type Amount / Unit	Offense #	ju, ga	Warrant I Capias Nu	mber	Be	ond
3,5	Charge Description DUI - Breath Above .15		Counts Domestic Violence	Statute Violation Nut 316.193(4)	mber	_	Violation of ORD #
CHARGE	Drug Activity Drug Type Amount / Unit	Offense #		Warrant / Capias Nu	mber	FI	ond
35	Charge Description		Counts Domestic Violence	Statute Violation Nu	,	MADLE	oblation of ORD #
CHARGE	Drug Activity Drug Type Amount I Unit	Offense #		Warrant / Capias Nu	mber C/P	CUIT & COUNTY COUNTY COUNTY COUNTY	ond
SGE	Charge Description		Counts Domestic		mber	CRIMINAL COL	Violation of ORD #
CHARGE	Drug Activity Drug Type Amount / Unit	Offense #	-	Warrant / Capies Nu	umber		1469
NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 334					FL 33410 - PH: (561	1) 662-6700	
TO APPEAR		13	Year 2022):00 AM	l ✔ PM	
NOTICE T	I AGREE TO APPEAR AT THE TIME AND PLACE FAIL TO APPEAR BEFORE THE COURT AS RE	CE DESIGNATED TO AN QUIRED BY THIS NOTIC	ICWED THE ACCENCE	CHARGED OR TO PA MAY BE HELD IN COM	THE FINE SUBSCRIENTEMPT OF COURT AND 03/14/20	DA WARRANT FOR MY AR	T SHOULD I WILLFULLY REST SHALL BE ISSUED
2	Signature of Defendant (or Juvenile				Date Sig		
Γ	HOLD for other Agency Name:	Signature of A	wresting Officer		Name Verification (F	rinted by Arrestee)	
ADMIN	Dangerous Resisted Arrest Suicidal Other:	James Lo		I.D. # 523	(PRINT)		PAGE
	Intake Deputy Sam & C.D. # Pour	James Lov	ett 523			ect signed with an -X"	1 OF 1
	DISTRIBUTION: WHITE COURT CO	DPY GREEN-ST	ATE ATTORNEY	ELLOW - AGENCY	PINK - AGENCY	GOLD - DEFENDANT (N.	I.A.'S ONLT)

D.U.I. PROBABLE CAUSE AFFIDAVIT

								1	
On the _	14	day of	March	2022	_ at	0049	_ AM PK	j X	
Subject:	Le, Tha	n, Ai			Case	Number:	2200133	1	
Agency:	PALM BEA	CH GARDENS P	OLICE DEPARTMENT	Arresting O	fficer:	James Lo	vett	523	
			PERSONAL						
			,		D. Addison D	ofondant Robi	and Milhard o	of Vahicla)	
		•	control; Physical Evidence						
IM58SS. traffic A1A drift his emen- under the vehicle driver's	Ofc. Andrew Flink (#514) initiated a traffic stop on a black Mercedes Benz bearing FL tag IM58SS. Prior to the stop, Ofc. Flink obsrved the vehicle stopped at a solid green traffic signal. Ofc. Flink then observed the vehicle travelling northbound on Alternate AlA drifting within the lane and braking excessively for no reason. While Ofc. Flink had his emergency lights activated, the vehicle continued travelling northbound and stopped under the PGA Pass. Ofc. Flink made contact with the driver and sole occupant of the vehicle Than Le, identified by his FL driver's license. While Ofc. Flink was at the driver's window, the vehicle reversed into Ofc. Flink's marked patrol vehicle. It is noted that no damage occurred to either vehicle as a result of this collision.								
	TION OF D								
I arri	ved on	scene and	made contact w	ith Le, w	ho Of	c. FLink	had s	tep out	
of the	vehicl	e. I obser	ved Le's eyes e was seated o	to be blo	odsho mble	t and gl	assy. eft si	de. I	
inform	up off. ed Ofc.	Flink of	what I observe	d and bas	ed on	Ofc. Fl	ink's		
involv	ement i	n the coll	ision, he turn	ed the tr	affic	stop ov	er to	me for a	
	vestiga								
DRIVERS	TATEMEN	TC.				· · · · · · · · · · · · · · · · · · ·	·		
			wanted to go	home to h	nis wi	.fe.			
ODORS:	The odor of	an unknown alc	oholic beverage emittin	g from his brea	th at a co	nversational	distance		
			GENERAL O	BSERVATIO	NS				
		Vietnamese			 				
	E: Complia	int				<u> </u>			
	G: Casual /OTHER:	None							
MEDICAL	JOINER:				/	//			
TATE OF F				Surpl					
COUNTY OF	OUNTY OF PALM BEACH SIGNATURE OF ATTESTING OFFICER								
he forgoing Jam	instrument :	was sworn to or a t 523	ffirmed and subscribed b who is ☑ personally	pefore me this	14 d	ay of M	arch	20_22 by	
11		PB50		NIIOWII CO IIIC OI		,	LE	U	
TO	Jun		7928			MAR	1 4 2022	!	
Notagy Public	c. tierk of Co	urt, Officer (FSS 1	17.10)			CIRCUIT & C	PLINTY C	OURTS	

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: Le, Than, Ai	Case Number: 22001331
ROADSIDE	TASKS
HORIZONTAL GAZE NYSTAGMUS:	
LEFT EYE	RIGHT EYE
Lack of Smooth Pursuit	Lack of Smooth Pursuit
Distinct & Sust. Nystag. at Max. Deviation	Distinct & Sust. Nystag. at Max. Deviation
Onset of Nystagmus Prior to 45 Degrees	Onset of Nystagmus Prior to 45 Degrees
Other Observations:	the state of the s
buring the task, Le stated he understood all incovement, looked away from the stimulus, and mo	oved his head during the task.
Valk and Turn	
maintaing the instruction position. During his and he missed heel to toe on nearly every step second sequence of steps, he took 13 steps, mistepped off the line once.	. He then made an improper turn. During his
One Leg Stand	
During the SFST's I utilized Palm Co (#37928) for translation	ounty Sheriff's Office Deputy Nguyen
0252	SIGNATURE OF ATTESTING OFFICER
Starty Public, Clerk of Court, Officer (FSS 117.10)	

DUI WITNESS LIST

Arresting Officer: James Lovett	523 Email: JLove	tt@PBGF	L.com
	Phone		
Can Testify To: Investigation			
Backup Officers: Ofc. Andrew Flink (#514)			
Agency Address: 10500 N. Military Trl. PBG, FL	Phone	: <u>(561) 799</u> -	4445
Can Testify To: Traffic Stop and Driver Interaction			
Crash Investigator:	Emai	l:	
Agency Address:			
Breathalyzer Technician: Pound	ID: <u>24639</u>	Agency	PBSO
DRE:	ID# Agen	cy Case #: _)
Agency Address:			
_{Name:} Deputy Ngyuen #37928		olvement: T	ranslation
Address: 3228 Gun Club Rd. West Palm Beach,		one: (561)	
Can Testify To: Translation			☐ Wheel Witness
		,	_
Name:	Invo	olvement:	
Address:			
Can Testify To:	*		☐ Wheel Witness
Name:	Invo	olvement:	
Can Testify To:			☐ Wheel Witness
Name:	Invo	olvement:	
Address:	n.		
Can Testify To:			
			_
Name:	Invo	olvement:	
Address:			
Can Testify To:			
Name:	Inve	olvement:	
Address:			
Can Testify To:			

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CC SO
Instrument Serial Number: 80-006029 Software: 8100.27
Date of Test: 03/14/2022

Date of Last Agency Inspection: 02/04/2022

Observation Period Began: 02:11

Subject's Name: THAN A LE

COB: 08/15/1980 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time	
	Diagnostics Check	OK	02:39	,
	Air Blank	0.000	02:39	
	Control Test	0.082	02:40	
	Air Blank	0.000	02:40	
	Subject Sample #1	0.185	02:41	
•	Air Blank	0.000	02:42	
•	Air Blank	0.000	02:44	
	Subject Sample #2	0.190	02:44	
	Air Blank	0.000	02:45	
	Control Test	0.079	02:45	
	Air Blank	0.000	02:45	
	Diagnostics Check	OK	02:46	

Cylinder Lot: 19021080A2 Exp: 09/05/2023

٠,

State of Florida, County of Pacm BoacH,

Personally appeared	before me the	e undersigned authority, who ($ extstyle oldsymbol{arphi}$ is personally known to me	or
() produced		as identification, and who after being placed under oa	.th,
ctates.	V /		

I PARIS D POUND , held 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: 03/14/2

Sworn to (or affirmed) before me this 14th day of MARCH , 2022

Signature of Motary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, torrectional 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.

TESTING FACILITY TASK REPORT

	AGENCY: PBG
SUBJECT: LE, THAN AI	CASE NUMBER: 22-045947
DATE: Mar 14, 2022	VIDEO DVD NUMBER: N/A
BEGINNING TIME: 02:35	ENDING TIME: 02:49
BREATH TESTS RESULTS: 1) .185 TIME 02:41 A.M.⊠ P	.M.
3) N/A TIME N/A A.M. P	.M 4) N/A TIME N/A A.M P.M
BREATH OPERATOR: P.POUND #24639	
MAINTENANCE TECHNICAN: J. KARLECKE# 6467	
TESTING OFFICER'S OBSERVATIONS	
SPEECH: BROKEN ENGLISH	
ATTITUDE: CALM, QUIET	
CLOTHING: BLUE JEANS, GRAY SHIRT, BROWN SANDALS	ANY
MEDICAL CONDITIONS: NONE	
MEDICATIONS: NONE	Y
OTHER: SUBJECT: STATED HE HAD FIVE BEERS IN Qui	A
COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBS SUBJECT: AGREED TO TAKE TEST A/O: READ RIGHTS	SERVATION PERIOD AT 02:11 HRS.

SUBJECT: STATED HE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

SUBJECT: _	66	THINIS	1	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									
contentOR-									
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-									
am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content nd 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) A COLO LA COL									

SUBJECT: _	((11/1/12/11/2019	CASE NUMBER:	<u> </u>	
		QUESTIC	ONS AND ANSWERS		

I AM NOW GOING TO ASK YOU SOME OUESTIONS, 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?
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?
HOW DID YOU CONSUME YOUR LAST TWO DRINKS?
CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? ARE YOU UNDER THE INFLUENCE?
HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? HOW MUCH?
WHAT? WHERE? WHEN?
WHAT? WHEN? WHEN? WHEN DID YOU LAST WORK?
DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? WHAT?
ARE YOU SICK OR INJURED?WHAT'S WRONG?
DO YOU LIMP? DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY?
WERE YOU IN AN ACCIDENT TODAY?
HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? WHEN?
HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? WHO? WHY?
ARE YOU TAKING ANY PRESCRIPTION MEDICINES? WHAT? WHEN?
DO YOU HAVE: EPILEPSY? GLASS EYE?
FALSE TEETH?
EAR INFECTION? INNER EAR TROUBLE?
DIABETES?
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? WHERE?
NTERVIEWER:
WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL



Palm Beach County Sheriff's Office - Arrests Only

	х	Florida State Statute	Description	Page Number(s)
		119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
tions		943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
L/E Exemptions		119.071(4)(c)	Undercover personnel.	
L/E E		119.071(2)(f)	Confidential informants (CIs).	
		119.071(2)(e)	Confession.	
ons		985.04(1)	Juvenile offender records.	
emptic		119.071(h)(i)	Assets of a crime victim.	
fo. Exc		395.3025(7)(a), 456.057(7)(a)	Medical information.	
Public Info. Exemptions		394.4615(7)	Mental health information.	
2		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.	
	×	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
		(viii) 394.4615(7)	Clinical records under the Baker Act.	
of 23)		(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	-
(Rule		(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)				
al Administ				
es of Judici				
Florida Rul				"
Other			Other:	
ŏ			Other:	

REVIEW COMPLETED BY

Booking Number: 2022006670	Date: 03/14/2022
	Specialist Name/ID: T Howard/7185