0532324

20 C7 948 3430

Å	OBTS Number	ARREST / NOTICE	TO APPEAR		Arrest 3. Request for 2. N.T.A 4. Request for	
M	Agency ORI Number Agency Name	I. D. U Description and			mber (N.T.A.'s only) 22-007618	
N I S	Charge Type.			1.4 1.0 1.	If Weapon Seized	Multiple Clearance
T R	Check as man) 2. Traffic Felony 4. Traffic Musd as apply. 2. Traffic Ploony 5. Traffic Musd Location of Arrest (Including Name of Business)	demeanor 6 Other	Location of Offense (Bus			
Ť	700BLK WATLANTIC AVE Date of Arrest Time of Arrest Booking Date	Booking Time	Jail Date		Time Locate	IY BEACH, FL 33444
N	06/15/2022 01:46 06/15/2	2022 01:56	06/15/20	22 Atsas (Name	01:47 72 DOB, Soc. Sec #, Etc.)	25 W ATLANTIC AVE
	Name (Last, First, Middle) LEHMAN, EMIL LANCE	Ali		· · · · · · · · · · · · · · · · · · ·	lair Color	Complexion Build
	Race W-White 1-American Indian B-Black 0-Oriental/Asian W M Date of Birth 05/0	08/1961 Height Weight 6'00	185 BI	ROWN	BROWN_	OLIVE Med
D E	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)		Marital L	Status Religion		Indication of Alcohol Influence Yes No W Unk.
EN	Local Address (Street, Apt. Number) (City) 21218 SAINT ANDREWS BLVD 244, BO		(Zip)	Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2
A	Permanent Address (Street, Apt. Number) (City)	(State)	(Zip)	Phono		Address Source VERBAL
T	21218 SAINT ANDREWS BLVD 244, BOO Business Address (Name, Street) (City)	(State)	(Zip)	Phone		Occupation
	b/L Number, State Soc. Sec. Number	INS Number	1	e of Birth (City, State		Citizenship / d C
c	L550212611680 / FL Co-Defendant Name (Last, First, Middle)	R		OUISVILL Date of Birth		1. Arrested 3. Felony 5 Juvenile
0			ace Sex I	Date of Birth		2. At Large 4. Misdemeanor 5. Juvenile
D E F	Co-Defendant Name (Last, First, Middle)		363			2. At Large 4. Misdemeanor
,	Parent Other Legal Custodian	Name (Last, First, Middle)	7	4		
V E	Address (Street, Apt. Number)	(City) (State)	(Zip)			Business Phone
N L	Notified by: (Name)		Date	Time	JUVENILE DISPOSIT 1. Handled/Proce Department an	ssed within 2. TOT JAC
Ë	Released To (Name)	Relationship	Date	Time	- Francisco de la constante de	
	The above address was provided by defendant	and/or defendant's parents		School Attended		Grade
	The child and/or parent was told to keep the Juvenil (Phone 355-2526) informed of any change of address	e Court Clerk's Office ss.	Property Crime?	Description of Pr	орену	Value of Property
L	Yes, by No	M. Manufacture/ Z. Other	Yes No	B Barbiturate	H Hallucinogen	P. Paraphernalia/ U Unknown
ODE	Drug Activity S. Sell R. Sanuggle K. Disperses N. N/A B. Buy D. Deliver Distribute P. Possess T. Traffic E. Use	Produce/ Cultivate	N N/A A. Amphetamine	C Cocaine E Heroin	M Marijuana O Opium/Deriv	Equipment 2. Other S. Synthetic
ç	Charge Description				Statute Violation Number 316.193(1)A	Violation of ORD #
É	DRIVING WHILE UNDER INFLUENCE Drug Activity Drug Type Amount / Unit Offense #	Counts Domestic Vic	±	ias Number	0101110(1)11	Bond
OE C	Charge Description	1 □	M]		Statute Violation Number	Violation of ORD #
1		Counts Domestic Via	olence Warrant / Cap	ias Number		Bond
E	Charge Description	□ Y [אַ		Statute Violation Number	Violation of ORD #
		Counts Domestic Vi	olence Warrant / Cap	ias Number		Bond
E C	/	□ Y □	□ N		n. n.	ape Risk
	Health / Apparent Physical Condition of Defendant		Explain:	e of the following		
5	Check which applies Released O R Released to Parent/Gu	and and an analysis	RTY - Received By	Relea	sed By	Released To
ľ		Date T	,	Transported Other		
1	INSTRUCTION NO. 1 - Mandatory appearance	e in court	on (Court, Room) th County 2016	W Atlantic	: Ave Delray B	each, FL 33444
	INSTRUCTION NO. 2 - You need not appear in but must comply with		Date and Time	022 08:30:		
1		- ISV	ED OR TO BAY THE	ENTE STIDSCOL	DED LUNDERSTAN	NO THAT SHOULD Photo
1	I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REFOR MY ARREST SHALL BE ISSUED	ED TO SEA OF THE OFFENSE CHARG OUR DOBY THIS NOTICE TO APPEAR.	THAT I MAY BE HI	ELD IN COMTE	MPT OF COURT AND	Available
F	50'	, 2011				
7.77		Rarent/Custodian) Signatuse of Arresting Officer			Date Signed Verification (Printed by Arr	ca(ce)
	A HOLD for Other Agency					
1	M Dangerous Resisted Arrest I Suicidal Other	STROUD, ELIZABETH	1.	191		JUN 15 AH 4 726
	Intake Objects ID # Pouch #	Transporting Officer STROUD ELIZABETH		BPD Witne	ss here if subject signed wit	thán X. C7
L F		ENGY GSYRALREC	ORDS [] JA	i De	LIME ANALYSE	TACOLET CARE
ı	TOTAL CITATE ATTORNEY CITAGENCY LICENTRAL RECORDS CITAL CITAGENERAL ANALYSIS CITAGENERS					

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON T	THE <u>15TH</u> DAY OFJ	UNE	AT <u>0055</u> ⊠AM □ PM			
IN THE CI	TY OF DELRAY BEACH	, COUNTY OF PAL	M BEACH, STATE OF FLORIDA			
Case No:	22-007618	Defendant:	LEHMAN, EMIL			
Agency:	Delray Beach Police	Arresting Ofc:	ELIZABETH STROUD			
	Deliay Beach Fonce		ELIZABETH STROOD			
PERSONAL (CONTACT/DRIVING PATT	'ERN/OBSERVATION	S OF DRIVER:			
On 06/15/202	22. I responded to the 500 Bl	lk of W Atlantic Ave in	reference to a subject suspected of			
	the influence.					
•						
			50i bearing FL Tag: NAKI66 (Emil			
			ton Ave with no taillights. The			
	vehicle fail to maintain a sin		Atlantic Ave, Sergeant Rusczyk			
			and sirens. The vehicle stopped in			
	f W Atlantic Ave in front of the					
1	de approach was conducted					
			senger window; however, the driver			
			time figuring out how to roll down			
			the reason for the stop and asked			
	riere ne was coming from. Li e downtown area of E Atlantic		e was coming from SALT (bar			
located in the	OWITOWIT area of E Atlantic	c Avej.				
Upon my arriv	val, the subject was still in th	e vehicle. I conducted	a driver's side approach and could			
•			eech was also slurred. I asked the			
			asked if he had been drinking			
_	•		around 5:00pm. I asked the subject			
			had a hard time telling me what the			
			June 18th. I later asked the subject swalking, he appeared to be			
unsteady on I		ing vehicle. As he was	s walking, he appeared to be			
× (
			the roadside Standardized Field			
			Lehman was notified that they were			
completely vo	completely voluntary; however, he denied.					
1/1						
CAMIL	~vJ					
<u> </u>	Mic					
The for Whing inc	strument was sworn to before me t	this 15TU day of	JUNE , 2022			
by Officer	ELIZABETH STROUD	151H day 01	<u>√JUNE</u> → <u>2022</u>			
Cot.			Notary Public State of Florida			
Arresting Officer	17/	NotaryPolice	Rense Ragin			

ROADSIDE TASKS

Case No:	22-007618	Defendant:	LEHMAN, EMIL
HORIZONTAL GAZ Left Eye: Lack of smooth pur Distinct & sustainer maximum deviation Onset prior to 45 de	rsuit d nystagmus at	O of 6 clues Right Eye: □Lack of smooth pr □Distinct & sustain maximum deviation □Onset prior to 45 of	ed nystagmus at
Notes: Refused			
WALK AND TURN: Refused	0 of 8 clues		CO
ONE LEG STAND:	0 of 4 clues		
Refused			Y
FINGER TO NOSE: Refused	0 of 4 clues	RILL	
ROMBERG/ALPHAI	BET: 0 of 4 clues	5	
Refused			
and, in the DEFENDANT 06/14/2022 11:38pm. Acc The following purchases I then transported DEFEN at 0135 hours, I complete	"S, pockets a receipt for cording to the receipt, th were made: 1 Stella, 11 NDANT to the Breath Ald d the required 20-minut	PARK TAVERN (Downton be payments were made w Coffee Tequila's, 1 Corka cohol Testing facility at the te observation. I then reque	A search incident to arrest was conducted wn restaurant near SALT) was found for ith Lehman's card amounting to \$155.15. age; along with 2 other items. Palm Beach County Jail. Upon my arrival ested DEFENDANT provide a sample of his NT refused the requested breath samples.
Based on the above facts 316.193(1)A. I issued the	s, probable cause does e e DEFENDANT the follo	exist to charge DEFENDA wing citations: DUI and Fa	NT with one count of DUI pursuant to FSS ailure to Drive within Single Lane.
Upon completion of the b	ooking process, DEFEN	IDANT was turned over to	Palm Beach County Jail.
The foregoing instrument by Officer ELIZ Arresting Officer	was sworn to before me		Notary Public State of Florida Ce Office (F) 197 Rense Ragin My Commission GG 966418 Expires 03/05/2024

STATE OF FLORIDA DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES AFFIDAVIT OF REFUSAL TO SUBMIT TO BREATH AND/OR URINE TEST

I, FLIZABETH STROUD (Name of Officer reading Implied Consent Warning)	, a duly certified Law Enforcement (Officer or Correctional Officer,
am a member of Delray B	each Police	, and I do swear
(Name of Law E	inforcement Agency)	. 1
or affirm that on or about the <u>9th</u> day of <u>May</u>	, 2022 at 0203	_ □АМ □РМ
driver EMIL	L	LEHMAN
(First Name) (Midd	le or Maiden Name)	(Last Name)
DL #, state of	Flordia	_ , was placed under arrest for
the offense of Driving Under the Infuence FSS 316	by ELIZABETH S (Name of Arresting	
Issued citation # AFUOGEE	(1.181119-07-111-20-11-8	Office.)
That on or about the <u>16TH</u> day of <u>JUNE</u>	, 2022 at 0413	_ □АМ ☑РМ
in Palm Beach County,		
the presence of chemical or controlled substances. I inform result in the suspension of his or her driving privilege for a eighteen (18) months if his or her driving privilege had be urine or blood test. I also informed the driver that he or she test as requested above if his or her driving privilege has test of his or her breath, urine, or blood. Additionally, I infor a CMV, refusal will result in the disqualification of the Com (1) year in the case of a first refusal or permanently if he or sto submit to any such lawful test. Nonetheless, the drive	a period of one (1) year for a first een previously suspended for refus e commits a misdemeanor by refus been previously suspended for re rmed the driver that if he or she hole mercial Driver's License/driving p she has previously been disqualifie	refusal, or for a period of sing to submit to a breath, ing to submit to a lawful fusal to submit to a lawful ds a CDL, or was operating rivilege for a period of one ed as a result of a refusal quested.
Notary Public State of Florida Renee Ragin My Commission GG 966418 Expires 03/05/2024 (AFFIX SEAL)	The foregoing instrument was swor	n and subscribed before me:
The foregoing instrument was sworn and subscribed before	(Signature of Attes	ting Officer)
me this15TH_ day ofJUNE, 2022	Title	
by ELIZABETH STROUD	Date	
who is personally known to me or who has produced		
as identification.		
	Note: Mail or hand delive Bureau of Administrative Department of Highway S Vehicles, with the driver's appropriate copy of the U cause affidavit.	Reviews office, safety and Motor s license, the

TESTING FACILITY TASK REPORT

	AGENCY: DBPD OFC. STROUD #1191
SUBJECT: LEHMAN, EMIL L.	CASE NUMBER: 22-077690
DATE: 06-15-22	VIDEO DVD NUMBER: N/A
BEGINNING TIME: 02:01 HRS	ENDING TIME: 02:10 HRS
BREATH TESTS RES DS 1 A ST 1 2 3 A.M. P	P.M 2) TIME A.M P.M
3) TIME A.M.	P.M 4) TIME A.M P.M
BREATH OPERATOR: S.O'NEAL #6212	AV
MAINTENANCE TECHNICAN: J. KARLECKE #6467	
TESTING OFFICER'S OBSERVATIONS	
SPEECH: SLURRED	
ATTITUDE: CALM, QUIET, CONFUSED, SARCASTIC, AGITATED	
CLOTHING: SHIRT- WHITE SHORTS- BLACK & WHITE/CH	HECKERED PRINT
MEDICAL CONDITIONS: NO	
MEDICATIONS: NO	
OTHER: EYES: VERY RED, GLASSY FACE: FLUSHED DEXTERITY: A LITTLE UNSTEADY, STUMBLING	
COMMENTS: 20 MIN. OBSERVATION DONE BY A/O STROUD #1191 A/O REQUESTED THE BREATH TEST. D REFUSED THE BREATH REQUEST.	

A/O READ THE IMPLIED CONSENT ON CAMERA.

D UNDERSTOOD THE I/C AS READ.

D STILL REFUSED THE BREATH TEST AFTER THE I/C WAS READ TO HIM.

C/W READ ON CAMERA.

Q&A CONDUCTED.



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

PBSO CASE #: 2	.2- 07769	0	PBSO Z	CONE:	4-12	
AGENCY CASE #:						1
TIME OF CRASH/STO	P: <u>0055</u>	_ DATE:	06/15/202	22 DAY:	WEDNES	DAY
DEFENDANT:	LEHMA	N, EMIL		RACE: _	W SEX:	M
HGT:600	WGT:	180	DOB: _	0 6 /08/196	1	
LOCATION:		700BLK	W ATLAN	TIC AVE		
ARRESTING OFC:	ELIZABETH STF	ROUD ID	:1191_	_ AGENCY:	Delray Beac	h Police
DIVISION: Patro	<u>) </u>		Mr.	NOTIFIED	BY COMM: \	Nalk-in
			A	ARRIVAL AT	FACILITY: _	0135
				TIME (OF ARREST: _	0107
BREATH RESULTS:						
REFUSE	D					
TESTING OFC. ID:	6212		PBSO VII	DEOTAPE #:		

SUBJE	CT:CASE NUMBER:
JODIL	IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE
NO	
NO	TE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.
l am r conte	now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol nt.
	OR
	now requesting that you submit to a lawful test of your <i>URINE</i> for the purpose of determining the presence of ical or controlled substances.
	NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.
l am _	of the
(1) ye SUSF test of driving refuse	refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one par for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY PENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your go privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a lat to submit to a lawful test of your <i>breath, urine</i> or blood, you will be committing a misdemeanor, in addition y other penalties which can be imposed by law.
Refus	sal to submit to the test I have requested is admissible into evidence in any criminal proceeding.
Do you	understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO</or></or>
NOTE	: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,
testing	are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND SAL, you will be permanently disqualified from holding a CDL or operating a CMV.
Do you	understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO</or></or>
SUBJ	ECTS SIGNATURE: (X)
	CONSTITUTIONAL WARNINGS
I AM RI	EQUIRED 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,

WHITE: STATE ATTY.

7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X)_____

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

SUBJECT:	CASE NUMBER:

QUESTIONS AND ANSWERS

QUESTIONS AND ANSWERS
I AM NOW GOING TO ASK YOU SOME QUESTIONS, WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OF 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? WHEN? WHEN?
WHAT LINE OF WORK ARE YOU IN? 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? O
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?
INTERVIEWED

WHITE - STATE ATTY.

PBSO #0129C REV. 9/93

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

WITNESS LIST

Case No:	22-00761	8 Defendant:	LEH	MAN, EMIL		
Arresting Officer	•	ELIZA	ELIZABETH STROUD			
Address: Delray Beach Police Department Phone Numbers: Home: 561-243-7800 Work:						
Phone Numbers:	Home:	561-243-7800	Work:			
				4		
Name:		SGT. JOHNATH	IEN RUSCZYK			
Address:		Delray Beach P	olice Department			
Phone Numbers:	Home:	561-243-7800	Work:			
Can testify to:		Driving pattern & Ph	vsical control of the ve	ehicle		
Nama		OFO BONE	NDA MADO	,		
Address		OFC. BRNE	NDA MARC			
Phone Numbers	Home:	<u>Deiray Beach P</u>	Olice Department			
Can testify to:	110inc.	Tow Slip	/Pack up officer			
	· · · · · · · · · · · · · · · · · · ·	row sup	back up officer			
Name:			NA Y			
Address:						
Phone Numbers:	Home:		Work:			
Can testify to:						
Name:						
Address:						
Phone Numbers:	Home:	<i>\(\)</i>				
Can testify to:						
	A 10					
Name:						
Address:						
Phone Numbers:	Home:		Work:			
Can testify to:						
Name:						
Address:						
Can testify to:						
- 						
Name:						
Address:						
Phone Numbers:	Home:		Work:			
Can testify to:						



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.	4
L/E Exemptions		119.071(4)(c)	Undercover personnel.	
ΛE Γ		119.071(2)(f)	Confidential informants (Cls).	
		119.071(2)(e)	Confession.	·
suc		985.04(1)	Juvenile offender records.	
Public Info. Exemptions		119.071(h)(i)	Assets of a crime victim.	
fo. Ex		395.3025(7)(a), 456.057(7)(a)	Medical information.	
blic in		394.4615(7)	Mental health information.	
- ₹		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		40		
Other			Other:	
රි			Other:	

REVIEW COMPLETED BY

ing Number 2022015404	Date: 06/15/2022
Booking Number: 2022015404	Specialist Name/ID: T.Howard/7185