

Marsy's Law invoked - CVI present

ARREST / NOTICE TO APPEAR

O. On-View  
S. Summons  
T. Taken into Custody

3357

JUVENILE

Agency ORI Number: **0500800** Agency Name: **West Palm Beach Police Department** Agency Report Number (N.T.A.'s only): **9, 4 | 2023-0014470**

Charge Type:  1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  5. Ordinance  6. Other

Location of Arrest (Including Name of Business): **1401 CLARE AVE, WPB, FL 33401** Location of Offense (Business Name, Address): **1401 CLARE AVE, WEST PALM BEACH, FL 33401**

Date of Arrest: **08/20/2023** Time of Arrest: **19:19** Booking Date: **08/20/2023** Booking Time: **19:29** Jail Date: [ ] Jail Time: [ ] Location of Vehicle: [ ]

Enter Type: **UNARMED** Multiple Clearance Indicator: [ ]

Name (Last, First, Middle): **CLARE, DANIEL** Alias (Name, DOB, Soc. Sec. #, Etc.): [ ]

Race: **W - White** Sex: **M** Date of Birth: **11/10/1981** Height: **6'01** Weight: **180** Eye Color: **BLUE** Hair Color: **BLOND/BR** Complexion: **MEDIUM** Build: **Large**

Local Address (Street, Apt. Number): **1504 BAY RD N827, MIAMI BEACH, FL 33139** (City) (State) (Zip) Home Phone: **(201) 889-6329**

Permanent Address (Street, Apt. Number): **1504 BAY RD N827, MIAMI BEACH, FL 33139** (City) (State) (Zip) Mobile Phone: [ ] Address Source: **VERBAL**

Business Address (Name, Street): **SELF, 4200 N FLAGLER DR** (City) (State) (Zip) Work Phone: [ ] Occupation: **Captain**

D/L Number, State: **2038585804 / OT** Soc. Sec. Number: [ ] INS Number: [ ] Place of Birth (City, State): **SIDNEY, Australia** Citizenship: **AU**

Co-Defendant Name (Last, First, Middle): [ ] Race: [ ] Sex: [ ] Date of Birth: [ ]

Co-Defendant Name (Last, First, Middle): [ ] Race: [ ] Sex: [ ] Date of Birth: [ ]

Parent:  Other: [ ] Name (Last, First, Middle): [ ] Residence Phone: [ ]

Legal Custodian:  Address (Street, Apt. Number): [ ] (City) (State) (Zip): [ ] Business Phone: [ ]

Notified by: (Name) [ ] Date [ ] Time [ ] JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released [ ] 2. TOT IAC [ ] 3. Incarcerated [ ]

Released To: (Name) [ ] Relationship [ ] Time [ ]

The above address was provided by  defendant and/or  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.

Property Crime?  Yes  No Description of Property: [ ] Value of Property: [ ]

Drug Activity:  S. Sell  R. Smuggle  K. Disperse/Distribute  M. Manufacture/Produce/Cultivate  Z. Other

Drug Type:  N. N/A  B. Buy  D. Deliver  E. Use  A. Amphetamine  B. Barbiturate  C. Cocaine  E. Heroin  H. Hallucinogen  M. Marijuana  O. Opium/Derv.  P. Paraphernalia/Equipment  S. Synthetic  U. Unknown  Z. Other

Charge Description: **DUI INFLUENCE OF ALCOHOL OR DRUGS** State Violation Number: **316.193(1A)** Violation of ORD #: [ ]

Drug Activity: **N** Drug Type: [ ] Amount / Unit: [ ] Counts: **1** Domestic Violence:  Y  N Warrant / Capias Number: [ ] Bond: **OR**

Charge Description: [ ] State Violation Number: [ ] Violation of ORD #: [ ]

Drug Activity: [ ] Drug Type: [ ] Amount / Unit: [ ] Offense #: [ ] Counts: [ ] Domestic Violence:  Y  N Warrant / Capias Number: [ ] Bond: [ ]

Charge Description: [ ] State Violation Number: [ ] Violation of ORD #: [ ]

Drug Activity: [ ] Drug Type: [ ] Amount / Unit: [ ] Offense #: [ ] Counts: [ ] Domestic Violence:  Y  N Warrant / Capias Number: [ ] Bond: [ ]

Health / Apparent Physical Condition of Defendant: [ ] Any knowledge of the following:  Mental  Escape Risk  Medication  Deformation  Injuries Explain: [ ]

Check which applies:  Released O.J.  Released to Parent/Guardian  T.O.T. County Jail  Posted Bond  South County Mental Health

PROPERTY - Received By: **OFC E HOWARD** Released By: **OFC E HOWARD** Released To: **PBC JAIL**

Transported By: **OFC E HOWARD** Date Transported: [ ] Time Transported: [ ] Other: [ ]

INSTRUCTION NO. 1 - Mandatory appearance in court  
 INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): **Criminal Justice CRIMINAL JUSTICE COMPLEX**  
Court Date and Time: **09/28/2023 08:30:00** **3228 GUN CLUB ROAD**

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: [ ]

I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.

(201) 889-6329 INITIAL: [ ]

HOL for Other Agency: **DETAINER** Signature of Arresting Officer: **CH #2201** Name Verification (Printed by Arrestee): [ ]

Dangerous  Resisted Arrest  Suicidal  Other

Name of Arresting Officer (Print): **HOWARD, EDWARD** I.D. #: **02201**

Transporting Officer: **OFC E HOWARD** I.D. #: **2201** Agency: **WPB**

Witness here if subject signed with an "X": [ ]

FILED PBC - GUN CLUB  
29 AUG 21 AM 7:39

SCANNED  
AUG 21 2023

PAGE 1 OF 1

# DUI PROBABLE CAUSE AFFIDAVIT

On the 20th Day of August at 1919 A.M. P.M.  
Subject: Daniel J. Clare Case Number: 20230014470  
Agency: West Palm Beach Police Department Arresting Officer: Officer Edward Howard #2201

## Personal Contact

<b>Driving Pattern</b>	Actual physical control (physical evidence putting the driver behind the wheel)
The driver was sitting in the driver seat and passed out behind the wheel. He was the sole occupant of the vehicle.	

<b>Observation of Driver</b>
The driver would heavily sway while standing up. He had reddened and glassy eyes. The driver was sweating profusely.

<b>Drivers Statements:</b>
He said he was waiting on his girlfriend to pick him up to drive him home. He said she was 20 mins away then he said he was going to "chill" in the parking lot until his girlfriend arrives tomorrow. He mentioned he had too much to drink tonight that's why he was parked in the parking lot. He said he was drunk and didn't want to drive drunk. The driver would lose train of thought when he was asked questions and would not give an answer. He needed instructions repeated multiple times.

<b>Odors:</b>
A strong odor of an unknown alcoholic beverage could be smelled emanating from the driver, which grew stronger the more they spoke to me.

## General Observations

<b>Speech:</b> Slurred
<b>Attitude:</b> Uncooperative and belligerent, drastic mood swings.
<b>Clothing:</b>
<b>Medical Problems/Medications:</b>
<b>Other:</b> The driver was then asked if he was willing to participate in Standardized Field Sobriety Tasks (SFST's), which he declined. He was advised refusal to participate could be used against him in court, which he replied he would not participate.

# DUI PROBABLE CAUSE AFFIDAVIT

Subject: Daniel J. Clare Case Number: 20230014470

## Roadside Tasks

### Horizontal Gaze Nystagmus

- |   |  |
|---|--|
| <input type="checkbox"/> Left Eye Does Not Follow Smoothly              | <input type="checkbox"/> Right Eye Does Not Follow Smoothly              |
| <input type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less      | <input type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less      |
| <input type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

The driver refused to participate in SFST's.

### Walk and Turn Task

The driver refused to participate in SFST's.

### One Leg Stand

The driver refused to participate in SFST's.

### Finger To Nose

The driver refused to participate in SFST's.

### Romberg Balance

The driver refused to participate in SFST's.

## Breath Results from Instrument

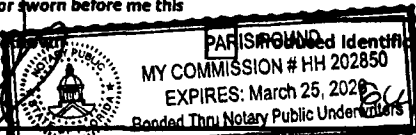
1st Result **0.266** 2nd Result **0.239** 3rd Result **0.229**  
If Applicable

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this \_\_\_\_\_ (DATE)

Personally



Notary Public

Notary / Clerk of Courts / (954) 443-1171

#2201

Signature of Arresting Officer

# TESTING FACILITY TASK REPORT

AGENCY: WPPD

SUBJECT: CLARE, MR DANIEL J

DATE: Aug 20, 2023

BEGINNING TIME: 20:51

ENDING TIME: 21:11

CASE NUMBER: 23-101635

VIDEO DVD NUMBER: N/A

BREATH TESTS RESULTS: 1) .266 TIME 20:59 A.M.  P.M.  2) .239 TIME 21:02 A.M.  P.M.   
3) .229 TIME 21:05 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: SLURRED

ATTITUDE: TALKATIVE,

CLOTHING: BLUE SHORTS , MAROON SHIRT , TAN SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 19:40 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C TWO TIMES

SUBJECT: STATED HE UNDERSTOOD I/C AND AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS



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: 08/20/2023

Date of Last Agency Inspection: 08/11/2023  
Observation Period Began: 19:40  
Subject's Name: MR DANIEL J CLARE

DOB: 10/11/1981 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	20:56
	Air Blank	0.000	20:57
	Control Test	0.079	20:57
	Air Blank	0.000	20:58
	Subject Sample #1	0.266	20:59
	Air Blank	0.000	21:00
	Air Blank	0.000	21:02
	Subject Sample #2	0.239	21:02
	Air Blank	0.000	21:03
	Air Blank	0.000	21:05
	Subject Sample #3	0.229	21:05
	Air Blank	0.000	21:06
	Control Test	0.077	21:06
	Air Blank	0.000	21:07
	Diagnostics Check	OK	21:07

Cylinder Lot: 15922080A3  
Exp: 08/05/2024

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 PARIS D FOUNO, 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: 8/20/2023

Sworn to (or affirmed) before me this 20th day of AUGUST, 2023

ECH H2101

DFC. E. HOWARD

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.

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 determining 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 refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your **breath, urine** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal 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

**NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,**

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, 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

SUBJECTS 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) \_\_\_\_\_

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

SUBJECT: LAKE ... 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? \_\_\_\_\_

WHERE WERE YOU GOING? At home ...

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 LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No 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? No

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

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_