0195662 19CF23097 P#3498

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 1 | Juvenile: N

OBTS Number:

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-147754

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type (1. Yes 2. No): 2 | Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): GATEWAY AND CONGRESS Boynton Beach FL

Location of Offense (Business Name, Address): Gateway and Congress, Boynton Beach FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/13/2019	01:36					Becks Towing

DEFENDANT

Name (Last, First, Middle): **Lenhart, David, Edward** | Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	08/17/1961	6'03	180	BROWN	GRAY	LIGHT	SLIM

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): NONE | Marital Status: Single | Religion: NONE

Indication of: Alcohol Influence: Y ☒ | Drug Influence: Unk. ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 2443 Beach Ct, Riviera Beach, FL 33404 | Phone: (561) 9516234 | Residence Type (1. City 2. County 3. Florida 4. Out of State): 3

Permanent Address (Street, Apt. Number) (City) (State) (Zip): , | Phone: ( ) | Address Source:

Business Address (Name, Street) (City) (State) (Zip): | Phone: ( ) | Occupation: RESTRUANT MANAGER

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
L563165612970, FL	[redacted]		WIESBADEN,GERMANY	USA

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: | Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone ( )

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 provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

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. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetics, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI	01	☐Y ☒N	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		19-147754		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): South County Courthouse 200 West Atlantic Ave Delray Beach FL 33444 COURTROOM #1

Court Date and Time: Month January Day 6 Year 2019 Time 8:30 AM X PM

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

X [signature] | 12/13/2019

Signature of Defendant (or Juvenile and Parent /Custodian) | Date Signed

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: X [signature] | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: | Name of Arresting Officer (Print): C. Maldonado(35631) | I.D. #: 35631

Intake Deputy	I.D. #	Pouch #	Transporting Officer	ID #	Agency
[signature]			C. Maldonado	35631	PSO

Witness here if subject signed with an "X" | PAGE 1 OF 1

SCANNED

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

C. WARD 16305 DEC 13 2019

SUBJECT: Lenhart, David, Edward CASE NUMBER 19-147754

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] 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:

MOVED HIS HEAD ALTHOUGH INSTRUCTED NOT TO, SUBJECT SWAYED WHILE STANDING

WALK & TURN:

I INSTRUCTED THE DEFENDANT TO STAND WITH LEFT FOOT ON THE LINE WITH RIGHT FOOT IN FRONT, I INSTRUCTED THE DEFENDANT NOT TO COME OUT THE POSITION PRIOR BEING TOLD TO BEGIN. WHILE GIVEN THE DFENDANT THE INSTRUCTIONS, THE SUBJECT CAME OUT OF POSITION AND STARTED TO WALK PRIOR ME TELLING HIM TO BEGIN. ONCE TOLD TO BEGIN THE DEFENDANT RAISED HIS HANDS, HE DID NOT WALK HEEL TO TOE, STEPPED OFF THE LIGHT, DID NOT TURN IN THE MANNER INSTRUCTED, DID NOT WALK THE CORRECT NUMBER OF STEPS AND SPONTANEOUS STOPPED DURING THE TASK. THE DEFENDANT SWAYED WHILE WALKING AND STANDING.

ONE LEG STAND:

I INSTRUCTED THE DEFENDANT TO STAND WITH FEET TOGETHER AND HANDS TO THE SIDE AND WAS TOLD TO STAY IN THIS POSITION UNTIL BEING TOLD TO BEGIN. THE SUBJECT CAME OUT POSITION DURING INSTRUCTIONAL PHASE.ONCE TOLD TO BEGINT HE DEFENDANT PUT HIS FOOT DOWN, USED HIS ARMS FOR BALANCE AND SWAYED. THE DEFENDANT DID NOT COUNT IN THE MANNER INSTRUCTED

FINGER TO NOSE:

THE DEFENDANT WAS PLACED WITH HIS FEET TOGETHER HAND DOWN BY HIS SIDE. THE DEFENDANT WAS TOLD TO REMAIN IN THE POSTION PRIOR TO BEING TOLD WHEN TO BEGIN. PRIOR TO BEGIN THE DEFENDANT CLOSED HIS EYES AND TILTED HIS HEAD BACK. ONCE TOLD TO BEGIN THE DEFENDANT DID NOT KEEP HIS HEAD BACK AS INSTRUCTED AND DID NOT CLOSE HIS EYES AS INSTRUCTED. THE DEFENDANT MISSED AND/OR SEARCHED FOR HIS NOSE WITH EVERY ATTEMPT. HE DID NOT BRING HIS HAND BACK AFTER EACH ATTEMPT EVEN AFTER NUMEROUS REMINDERS. THE DEFENDANT SWAYED THROUGHOUT THE TASK.

ROMBERG ALPHABET:

THE DEFENDANT WAS PLACED WITH HIS FEET TOGETHER HAND DOWN BY HIS SIDE. THE DEFENDANT WAS TOLD TO REMAIN IN THE POSTION PRIOR TO BEING TOLD WHEN TO BEGIN. THE DEFENDANT STARTED THE TASK PRIOR TO BEING TOLD TO BEGIN. THE DEFENDANT DID THE TASK IN A RHYMATIC MANNER ALTHOUGH INSTRUCTED NOT TO. THE DEFENDANT STATED HIS ALPHABET WITHOUT ISSUE.

BREATH TEST RESULTS: 1) .159 | 2) .165 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

C. Maldonado(35631)
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of DECEMBER 20 19 by C. Maldonado(35631)

(Print name of Arresting/Investigative Officer) 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)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF DECEMBER 20 19, AT 0059 ✓ AM PM

SUBJECT: Lenhart, David, Edward CASE NUMBER: 19-147754

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: C. Maldonado(35631)

PERSONAL CONTACT

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

UPON ARRIVAL AT THE INTERSECTION OF GATEWAY AND CONGRESS I OBSERVED A BLACK HONDA SEDAN BEARING FLORIDA TAG ID23BQ STOPPED SEVERAL FEET BEHIND THE WHITE STOP BAR OF THE LEFT TURN LANE. THE DRIVER A WHITE MALE, LATER IDENTIFIED FL DL AS DAVID LENHART, WAS SLUMPED OVER THE WHEEL. THE VEHICLE WAS ON, KEY IN THE INGNITION, CAR WAS IN DRIVE BRAKE LIGHTS WERE ACTIVATED. THE VEHICLE DID NOT PROCEED FORWARD AS THE LIGHT CYCLED TO GREEN AND BACK TO RED. I APPROACHED THE VEHICLE ON THE DRIVER SIDE WHERE I ATTEMPTED TO MAKE CONTACT WITH THE DRIVER. I FLASHED MY FLASHLIGHT AT THE VEHICLE AND KNOCKED AT THE WINDOW AND THE DRIVER DID NOT RESPOND.WHILE WAITNG FOR FIRE RESCUE TO RESPOND THROUGH CONTINUED CYCLES OF THE LIGHT THE DRIVER SLUMPED OVER FURTHER AND HIS HEAD HIT THE HORN AND THE DRIVER STILL DID NOT WAKE UP. AFTER A FEW MORE MOMENTS THE DRIVER WOKE UP AND DROVE ABOUT ONE FOOT PRIOR TO STOPPING I KNOCKED ON THE BACK OF THE CAR AND THE VEHICLE CONTINUED TO MOVE UNTIL I KNOCKED AGAIN THE DRIVER STOPPED. BOYNTON BEACH FIRE RESUCE ARRIVED AND MADE CONTACT WITH THE SUBJECTA ND ADVISED ALL HIS VITALS WERE NORMAL. THE DEFENDANT WAS NOT TRANSPORTED BY FIRE RESCUE.

OBSERVATION OF DRIVER:

AS FIRE RESCUE TOOK THE DRIVER OUT THE CAR TO CHECK VITALS I COULD DETECT A STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE AND OBSERVED THE DRIVER SWAYING AS HE STOOD. THE DRIVER HAS GLASSY BLOODSHOT WATERY EYES. HE HAD SLURRED SPEECH. WHEN ASKED FOR HIS DRIVER LICENSE HE GAVE A DIFFERENT CARD, AND I ASKED FOR HIS LICENSE AGAIN WHERE HE FINALLY WAS ABLE TO PROVIDE AFTER BEING ASKED A SECOND TIME.

DRIVER'S STATEMENTS:

DRIVER STATED HE HAD BEEN WORKING 16 HOURS AT A RESTRUANT AND WAS EXTEMELY TIRED. WHEN ASKED IF HE HAD MEDICAL ISSUES HE SAID NO.

ODORS:

STRONG ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

GENERAL OBSERVATIONS

SPEECH: **SLURRED**

ATTITUDE: **COMPLIANT**

CLOTHING: **WHITE LONG SLEEVE SHIRT BROWN PANTS**

MEDICAL/OTHER: **NONE**

STATE OF FLORIDA
COUNTY OF PALM BEACH

C. Maldonado(35631)
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of DECEMBER 20 19 by C. Maldonado(35631)

(Print name of Arresting/Investigative Officer), 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)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

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: 80-006239 Software: 8100.27
Date of Test: 12/13/2019

Date of Last Agency Inspection: 12/06/2019
Observation Period Began: 02:04
Subject's Name: DAVID E LENHART DOB: 08/17/1961 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	02:30
Air Blank	0.000	02:31
Control Test	0.080	02:31
Air Blank	0.000	02:32
Subject Sample #1	0.159	02:32
Air Blank	0.000	02:33
Air Blank	0.000	02:35
Subject Sample #2	0.165	02:35
Air Blank	0.000	02:36
Control Test	0.080	02:36
Air Blank	0.000	02:37
Diagnostics Check	OK	02:37

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 JOSHUA J BELL, 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: JBell Date: 12/13/19
Signature

Sworn to (or affirmed) before me this 13 day of December 2019

Signature of Notary Public-State of Florida

D/S Maldonado #35631
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.

WITNESS LIST

CASE NUMBER: 19-147754

ARRESTING OFFICER: C. Maldonado(35631)
ADDRESS: 3228 GUNCLUB RD
PHONE NUMBERS (HOME): 561-688-3000 (WORK)
CAN TESTIFY TO: DUI INV
NAME: DAVID COSLAY
ADDRESS: 3228 GUNCLUB RD
PHONE NUMBERS (HOME) 561-688-3000 (WORK)
CAN TESTIFY TO: BACK UP OFFICER
NAME: C. WARD(ID 16305)
ADDRESS 3228 GUNCLUB RD
PHONE NUMBERS (HOME) 561-688-3000 (WORK)
CAN TESTIFY TO: BACK UP OFFICER FTO
NAME: R. RODRIGUEZ(ID13919)
ADDRESS 3228 GUNCLUB RD
PHONE NUMBERS (HOME) 0 (WORK) 0
CAN TESTIFY TO: FTO BACK UP OFFICER WHEEL WITNESS
NAME: J.RAMIREZ (ID26733)
ADDRESS 3228 GUNCLUB RD
PHONE NUMBERS (HOME) 561-688-3000 (WORK)
CAN TESTIFY TO: FTO BACK UP OFFICER
NAME: A. LEAL (ID30105)
ADDRESS 3228 GUNCLUB RD
PHONE NUMBERS (HOME) 561-688-3000 (WORK)
CAN TESTIFY TO: TOW
NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:
NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:
NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:
NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: LENHART, DAVID E CASE NUMBER: 19-147754

DATE: 12/13/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0229 ENDING TIME: 0247

BREATH TESTS RESULTS: 1) .159 TIME 0232 A.M./P.M. 2) .165 TIME 0235 A.M./P.M.

3) N/A TIME XX A.M./P.M. 4) N/A TIME XX A.M./P.M.

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: MUMBLED

ATTITUDE: QUIET, COOPERATIVE, POLITE, REPEATITIVE

CLOTHING: WHITE LONG SLEEVE BUTTON UP SHIRT, BROWN DRESS PANTS, BROWN DRESS SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES:BLOODSHOT, GLASSY

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

SUBJECT STATED HE DRANK 1 GLASS OF WINE WITH DINNER (Q AND A)

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 0204 HRS

SUBJECT STATED HE WOULD TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

TECH READ BREATH TEST RESULTS AND EXPLAINED

SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED QUESTIONS

CPL. WARD PBSO

SUBJECT: Lenhart, David E CASE NUMBER: 19-147754

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? _____

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? _____ 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? _____

INTERVIEWER: D/S Maldonado #35631

SUBJECT: Lenhart, David E CASE NUMBER: 19-147754

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) Read On Camera

SCANNED
DEC 13 2019

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #9129B REV. 06/11

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	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.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(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.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019039785	**Date:** 12/13/2019
	Specialist Name/ID: howardt7185