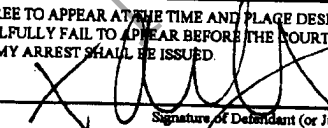
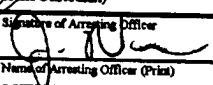


051114 19CT17495 ANB  
ARREST / NOTICE TO APPEAR

1241

OBTS Number	Agency ORI Number <b>0502300</b>		Agency Name <b>North Palm Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>7 0 19-000574</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies	1	JUVENILE	
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Enter Type <b>NONE</b>		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) <b>GOLFVIEW AND US HWY 1, NPB, FL 33406</b>			Location of Offense (Business Name, Address) <b>800 BLK US HWY 1, NORTH PALM BEACH, FL 33408</b>					
Date of Arrest <b>09/19/2019</b>	Time of Arrest <b>23:31</b>	Booking Date <b>09/19/2019</b>	Booking Time <b>23:41</b>	Jail Date <b>09/09/2019</b>	Jail Time <b>00:00</b>	Location of Vehicle		
Name (Last, First, Middle) <b>LAWSON, JAMES MATTHEW</b>			Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>06/22/1975</b>	Height <b>5'11</b>	Weight <b>175</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>Thin</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATTOOS (R) ARM</b>			Marital Status <b>M</b>	Religion <b>OTHER</b>	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>			Indication of Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) <b>195 SHERWOOD AVE, SATELLITE BEACH, FL 32937</b>			(City)	(State)	(Zip)	Phone <b>(321) 292-2782</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>3</b>
Permanent Address (Street, Apt. Number) <b>195 SHERWOOD AVE, SATELLITE BEACH, FL 32937</b>			(City)	(State)	(Zip)	Phone <b>(321) 292-2782</b>		Address Source <b>LICENSE</b>
Business Address (Name, Street) <b>BELCAN,</b>			(City)	(State)	(Zip)	Phone <b>(321) 292-2782</b>		Occupation <b>Salesman</b>
D/L Number, State <b>L250453752220 / FL</b>		Soc. Sec. Number	ID# Number		Place of Birth (City, State) <b>DURHAM, NC, United</b>		Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian Name (Last, First, Middle)			Residence Phone					
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	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. Amphetamines, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opioid/Deriv.		P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other			
Charge Description <b>DUI - DRIVING WHILE UNDER INFLUENCE</b>			Statute Violation Number <b>316.193(1)</b>		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond	
	<b>N</b>			<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
Charge Description			Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond	
					<input type="checkbox"/> Y <input type="checkbox"/> N			
Charge Description			Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond	
					<input type="checkbox"/> Y <input type="checkbox"/> N			
Health / Apparent Physical Condition of Defendant <b>GOOD</b>			Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformation <input type="checkbox"/> Injuries					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			PROPERTY - Received By		Released By		Released To	
Transported By			Date Transported	Time Transported	Other			
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Location (Court, Room)		Court Date and Time			
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 FULLY 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			Name Verification (Printed by Arrestee)		(PRINT) 2019 SEP 20 AM 7:20 No Photo Available			
HOLD For Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Repeated Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Signature of Arresting Officer 		Name of Arresting Officer (Print) <b>NEWMAN, J.</b> ID # <b>9870</b>			
Notary Deputy ID # <b>NSC011MS 7622</b>			Transporting Officer <b>NEWMAN</b> ID # <b>9870</b> Agency <b>NORTH</b>		Witness here if subject signed with an "X".			

COURT  STATE ATTORNEY  AGENCY  CENTRAL RECORDS  JAIL  CRIME ANALYSIS  P. I. O.  DEFENDANT

SCANNED  
 SEP 20 2019

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

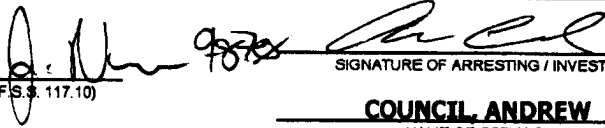
OBTS Number		Agency ORI Number <b>FL 0502300</b>		Agency Name <b>NORTH PALM BEACH POLICE</b>		Agency Report Number <b>7   0   19-000574</b>	
Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) <b>LAWSON, JAMES MATTHEW</b>		Race <b>W</b>	
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Alias		Sex <b>M</b>	
						Date of Birth <b>06/22/1975</b>	
Charge Description <b>316.193(1)* DUI - DRIVING UNDER INFLUENCE</b>		Charge Description		Victim's Name (Last, First, Middle)		Race	
Charge Description		Charge Description				Sex	
						Date of Birth	
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Business Address (Name, Street)		(City)		(State)		(Zip)	

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.  
 The Person taken into custody ...  
 committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
 On the 19 day of September, 2019 at 23:55 (Specifically include facts constituting cause for arrest.)

On 09/19/2019 at approximately 2258 hours, I observed a black 2016 Honda 4-door, FL tag JYRV89, traveling at a high rate of speed northbound in the 800 block of US Highway 1, North Palm Beach FL 33408. I visually estimated the speed of the vehicle to be approximately 60 mph. I activated the rear antenna on my vehicle-mounted radar speed measurement device and received an actual speed reading of 60 mph. The 800 block of US Highway 1 is a marked 35 mph zone. The vehicle was also being operated with the high beam headlights which were not dimmed for oncoming traffic.

I activated the emergency lights on my marked patrol vehicle and conducted a traffic stop at US Highway 1 and Lakeshore Drive. I made contact with the driver and sole occupant of the vehicle and informed him of the reason for the traffic stop. I requested his driver's license, vehicle registration, and proof of insurance. The driver handed me his driver's license from his wallet and then stared straight ahead. The driver was identified by his Florida driver's license as W/M James Matthew Lawson (06/22/75). I again asked Lawson for his vehicle registration and proof of insurance. Lawson searched for several minutes and then stated that he couldn't find them.

While speaking with Lawson, I detected a strong odor of an unknown alcoholic beverage on his breath as he spoke. I asked Lawson if he had consumed any alcohol and he stated, "one drink." I asked Lawson what kind of drink and he paused for several seconds before stating, "one drink."  
 I asked Lawson where he was coming from and he stated "Satellite Beach." When I asked Lawson where he was going, he stated "the hotel." I then asked Lawson which hotel and he stated "the hotel." I observed that Lawson had slurred speech and his eyes were red and glassy. Based on Lawson's driving pattern, obvious signs of impairment, and admission to consuming alcohol, I requested Police Officer Newman respond to the scene to conduct a driving under the influence investigation.

SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
_____ <b>NEWMAN, JENNIFER</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. § 117.10)		 <b>COUNCIL, ANDREW (9794)</b> NAME OF OFFICER (PLEASE PRINT)	
_____ <b>09/19/2019</b> DATE		_____ <b>09/19/2019</b> DATE	

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1 JUVENILE

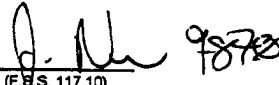
OBTS Number		
Agency ORI Number <b>FL 0502300</b>	Agency Name <b>NORTH PALM BEACH POLICE</b>	Agency Report Number <b>7   0   19-000574</b>
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:

Name (Last, First, Middle) <b>LAWSON, JAMES MATTHEW</b>	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/22/1975</b>
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The subsequent investigation was turned over to Police Officer Newman. Lawson was issued two traffic citations for speeding(60 mph in a 35 mph zone) and Fail to dim high beams within 500 feet of oncoming traffic(Citations A87SZ9E and A87SZ8E).

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SWORN AND SUBSCRIBED BEFORE ME	
<b>NEWMAN, JENNIFER</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) <b>09/19/2019</b> DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>COUNCIL, ANDREW (9794)</b> NAME OF OFFICER (PLEASE PRINT) <b>09/19/2019</b> DATE

PAGE  
2 of 2

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL 0502300</b>		Agency Name <b>NORTH PALM BEACH POLICE</b>		Agency Report Number <b>7 0 19-000574</b>	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:		
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other			
Name (Last, First, Middle) <b>LAWSON, JAMES MATTHEW</b>				Alias	Race <b>W</b>	Sex <b>M</b>
					Date of Birth <b>06/22/1975</b>	
Charge Description <b>316.193(1) DUI - DRIVING WHILE UNDER INFLUENCE</b>		Charge Description				
Charge Description		Charge Description				
Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>				Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)				Phone	Occupation	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> was observed by <b>NEWMAN</b> who told <b>MYSELF</b> that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> confessed to <b>NEWMAN</b> admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>20</b> day of <b>September</b>, <b>2019</b> at <b>01:55</b> (Specifically include facts constituting cause for arrest.)</p> <p>On 9/19/2019 at approximately 10:58 p.m., Police Sergeant Council of the North Palm Beach Police Department conducted a lawful traffic stop on a black Honda Accord (Florida tag- JYRV89) located on the 800 block of US HWY 1, North Palm Beach, FL 33408. I responded as a back-up Officer to the final stop location of Lakeshore Dr. and US HWY 1.</p> <p>Upon making contact with the driver/registered owner James Matthew Lawson 6/22/1975 W/M, I observed he was the sole occupant. I introduced myself as Police Officer Newman of the North Palm Beach Police Department. When Mr. Lawson greeted me, I smelled a strong unknown alcoholic beverage emanating from his person. His eyes appeared glassy, red and bloodshot. I asked him where he was coming from and he replied, "Satellite Beach." I noticed his speech was slurred and his eye lids were droopy. I asked him where he was going and he replied, "Satellite Beach." I then asked Mr. Lawson if he had any medical issues such as diabetes and he replied "no." I asked him if he had been drinking this evening and he was quiet. I then asked him how much he had to drink and he replied with "too much." Mr. Lawson was asked to step out of the vehicle. It was explained to him that I believed he was operating a motor vehicle under the influence. He was then asked to perform Standardized Field Sobriety Tasks, to which he consented. The ground was a flat smooth surface free of debris (asphalt).</p> <p>Mr. Lawson denied being under the care of a Doctor or taking any medications. He also denied wearing glasses or contacts. He denied any injuries that would prohibit him from completing the tasks. Because he was wearing sandals, he was given the option to take them off to perform the tasks (he declined).</p> <p>Horizontal Gaze Nystagmus:  - Pupils were equal  - Equal tracking  - Onset of distinct and sustained nystagmus at maximum deviation (eyes jumping side</p>						
SWORN AND SUBSCRIBED BEFORE ME						
			 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>NEWMAN, JENNIFER (9870)</b> NAME OF OFFICER (PLEASE PRINT)			
DATE <b>9/20/19</b>			DATE <b>09/19/2019</b>			

CRIME ANALYSIS P.I.O. 316.193(1) DUI - DRIVING WHILE UNDER INFLUENCE 09/20/2019

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

1. Arrest 3. Request for Warrant  
2. N.T.A. 4. Request for Copies

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0502300</b>		Agency Name <b>NORTH PALM BEACH POLICE</b>	Agency Report Number <b>7 0 19-000574</b>
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:
Name (Last, First, Middle) <b>LAWSON, JAMES MATTHEW</b>			Race <b>W</b>	Sex <b>M</b>
			Date of Birth <b>06/22/1975</b>	

to side)

- Onset of nystagmus prior to 45 degrees (eyes jumping side to side)
- Vertical gaze nystagmus noted on both passes (eyes jumping up and down)
- Mr. Lawson failed to follow instructions by moving his head to follow the stimulus (blue pen) on all passes. He was reminded multiple times to follow the pen with his eyes only.

Walk and Turn:

- During the instructional period, he failed to maintain the position demonstrated.
- During the instructional period, he began the task before being told to do so when it was explained not to start until told to do so.
- He was asked if he understood the instructions and replied "yes."
- While taking his first nine steps, he missed (did not touch heel to toe) steps 2,4,6,7,8 and counted 9 twice for a total of 10 steps.
- He failed to conduct the "turn around" and did not return 9 steps.
- He fell off line (lost his balance) and did not walk in a straight line.

One Leg Stand:

- During the instructional period, Mr. Lawson failed to maintain the stance demonstrated- feet touching toe to toe and heel to heel with hands at his side.
- While performing the task he chose to stand on his left foot while holding his right foot out.
- He placed his arms out like an airplane when it was demonstrated to keep them at his side.
- He hopped up and down and was unable to hold his balance.
- He placed his foot down at 5 seconds and 8 seconds and was not able to count any higher than 8.
- He said he could not complete the task.
- He refused to complete anymore tasks and was read his Taylor Warnings.

Mr. Lawson said he was unable to complete anymore tasks and was subsequently placed under arrest for driving under the influence at approximately 11:19p.m. He was placed in handcuffs that were checked for proper fit and double locked. A search of his person provided negative results for contraband. He was wearing a light blue colored shirt, blue shorts and brown sandals. He was placed in my marked patrol car and secured properly prior to being transported to the Palm Beach County Jail Breath Alcohol Testing Center.

He was observed for 20 minutes and did not ingest or regurgitate any substances. Mr. Lawson consented to a test of his breath after he was read Florida implied consent. His first sample was .269 at approximately 12:55a.m. and his second sample was .273 at approximately 12:59a.m.

SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>J. Newman</i> 9870	
NOTARY PUBLIC / CLERK OF COURT OFFICER (Notary Public State of Florida) <b>Thomas H. Leashy</b> My Commission GG 347108 Expires 06/20/2023		<b>NEWMAN, JENNIFER (9870)</b> NAME OF OFFICER (PLEASE PRINT)	
DATE <b>9/20/19</b>		DATE <b>09/19/2019</b>	
		PAGE <b>2 of 3</b>	

SCANNED  
SEP 20 2019

OBTS Number

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies

1

JUVENILE

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Agency ORI Number: **FL 0502300** Agency Name: **NORTH PALM BEACH POLICE** Agency Report Number: **7 0 19-000574**

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

Name (Last, First, Middle): **LAWSON, JAMES MATTHEW** Alias: Race: **W** Sex: **M** Date of Birth: **06/22/1975**

Mr. Lawson was read Miranda Warnings and refused to answer any questions. He was subsequently charged with F.S.S. 316.193(1) - Driving Under the Influence. He was taken to the FBSO County Jail without incident.

His vehicle was inventoried prior to being towed by All Time Towing.

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SWORN AND SUBSCRIBED BEFORE ME: *T. Leahy* Notary Public State of Florida Thomas H. Leahy Commission GG 347108 Expires 08/20/2023 DATE: 9/20/19 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER: *J. Newman* **NEWMAN, JENNIFER (9870)** NAME OF OFFICER (PLEASE PRINT) DATE: **09/19/2019**

PAGE 3 of 3

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O.

SCANNED SEP 20 2019

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19 DAY OF SEPTEMBER 20 1919 AT 2258 AM PM

SUBJECT: JAMES MATTHEW LAWSON CASE NUMBER: 19000574

AGENCY: NORTH PALM BEACH PED ARRESTING OFFICER: J. Newman 9870

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
OBSERVED BY POLICE SGT. COUNCIL - VEHICLE TRAVELING AT A HIGH RATE OF SPEED  
NORTH BOUND 800 BLK OF U.S. HWY 1 (POSTED 35 MPH) (TRAVELING AT 60 MPH). VEHICLE  
HAD HIGH BEAMS ON.

## OBSERVATION OF DRIVER:

- SLURRED SPEECH
- RED/BLOODSHOT EYES
- GLASSY EYES
- STRONG ODOR OF UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM HIS PERSON

## DRIVER'S STATEMENTS:

- "TOO MUCH TO DRINK"
- "I'VE BEEN ARRESTED BEFORE FOR DUI"

## ODORS:

- STRONG ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

## GENERAL OBSERVATIONS

SPEECH: SLURRED  
ATTITUDE: CONFUSED / COMPLIANT  
CLOTHING: CLEAN / TUCKED IN - BLUE SHIRT / BLUE SHORTS / SANDALS  
MEDICAL/OTHER: NONE

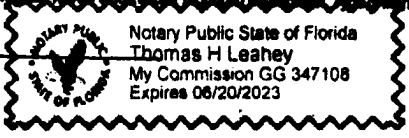
STATE OF FLORIDA  
COUNTY OF PALM BEACH

J. Newman 9870  
(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of SEPTEMBER 20 1919 by \_\_\_\_\_

(Print name of Arresting Investigative Officer), who is personally known to me and is duly qualified in the State of Florida

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



SCANNED  
SEP 20 2019

SUBJECT: JAMES MATTHEW LAWSON CASE NUMBER: 170240574

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

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:**

- INSTRUCTIONAL PERIOD (FAILED TO MAINTAIN POSITION DUE TO LACK OF BALANCE)
- BEGAN BEFORE INSTRUCTED TO DO SO
- FIRST 9 STEPS, MISSED (DID NOT TOUCH HEEL TO TOE) STEPS 2, 4, 6, 7, 8 AND COUNTED 9 TWICE FOR A TOTAL OF 18 STEPS.
- WALKED OFF LINE DUE TO BALANCE
- FAILED TO CONDUCT "TURN" + DID NOT RETURN 9 STEPS.

**ONE LEG STAND:**

- INSTRUCTIONAL PERIOD (FAILED TO MAINTAIN STANCE - TOE TO TOE HEEL TO HEEL)
- PLACED ARMS OUT LIKE AN AIRPLANE DURING TASK
- HOPPED UP + DOWN / UNABLE TO HOLD BALANCE
- SET FOOT DOWN AT 5 SECONDS + 8 SECONDS / DID NOT COMPLETE TASK

**FINGER TO NOSE:**

\_\_\_\_\_

**ROMBERG/ALPHABET:**

\_\_\_\_\_

**BREATH TEST RESULTS:**

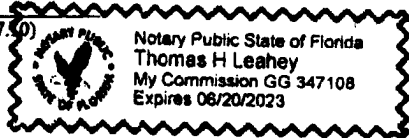
STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature]  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 19 day of SEPTEMBER, 2019 by \_\_\_\_\_

who is personally known to me and/or produced identification. Type of identification produced \_\_\_\_\_

[Signature]  
Notary Public, Clerk of Court, Officer (F.S.S. 117.50)



SCANNED  
SEP 20 2019

**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: 80-006240 Software: 8100.27  
Date of Test: 09/20/2019

Date of Last Agency Inspection: 09/13/2019  
Observation Period Began: 00:27  
Subject's Name: JAMES M LAWSON

DOB: 06/22/1975 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	00:54
	Air Blank	0.000	00:54
	Control Test	0.080	00:55
	Air Blank	0.000	00:55
	Subject Sample #1	0.269	00:55
	Air Blank	0.000	00:56
	Air Blank	0.000	00:58
	Subject Sample #2	0.273	00:59
	Air Blank	0.000	00:59
	Control Test	0.080	01:00
	Air Blank	0.000	01:00
	Diagnostics Check	OK	01:00

Cylinder Lot: 00919080A3  
Exp: 03/05/2021

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 PARIS D POUND, 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: \_\_\_\_\_ Date: 09/20/19  
Signature

Sworn to (or affirmed) before me this 20<sup>th</sup> day of September, 2019  
[Signature] 9878 OFL. J. NEWMAN  
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.

**SCANNED**  
SEP 20 2019



SUBJECT: LANSON, JAMES M

CASE NUMBER: 190000

# 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 the 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 alcohol or controlled substances.

OR

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting the presence of alcohol or controlled substances.

**NOTE: READ ONLY IF THE SUSPECT DOES NOT COMPLY WITH YOUR REQUEST.**

I am \_\_\_\_\_ of the \_\_\_\_\_

If you refuse to submit to the test I have requested of you, your privilege to operate a motor vehicle in this jurisdiction for a period of 30 days for a first refusal, or eighteen (18) months if your privilege has been previously suspended, shall be suspended until a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test requested of you, 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 requested of you is inadmissible in evidence in any criminal proceeding.

SUSPECT'S SIGNATURE (S)

## CONSTITUTIONAL WARNINGS

**I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT MAY BE USED AGAINST YOU IN COURT.**

1. You have the right to remain silent and not answer any questions.
2. Any statement made is freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement or answer 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 statement is for your information only.
7. Any statement you say and will be used against you in a court of law.

SUSPECT'S SIGNATURE (S)

*James M. Lanson*

SUBJECT LADSON, James M

CASE NUMBER 1704

# QUESTIONS AND ANSWERS

PLEASE BE PREPARED TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER OR REFUSE TO ANSWER ANY 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 THE 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?

WHERE? \_\_\_\_\_ WHERE? \_\_\_\_\_

WHAT KIND OF CLOTHING WERE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WASH?

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT?

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG?

DO YOU SLEEP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY?

WHAT TIME WERE YOU ASLEEP TODAY?

DO YOU TAKE ANY MEDICINE OR DRUGS AND MARIJUANA TODAY?

DO YOU VISIT A PHYSICIAN OR DENTIST TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_

DO YOU HAVE \_\_\_\_\_

- \_\_\_\_\_ EPILEPSY?
- \_\_\_\_\_ GLASS EYES?
- \_\_\_\_\_ FALSE TEETH?
- \_\_\_\_\_ EAR INFECTION?
- \_\_\_\_\_ INNER EAR TROUBLE?
- \_\_\_\_\_ DEAFNESS?

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

DO YOU TAKE BLOOD? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION?

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

INTERVIEWER \_\_\_\_\_

INDEXED  
1-2019

# TESTING FACILITY TASK REPORT

AGENCY:                     

SUBJECT: LAWSON, JAMES M

CASE NUMBER: 19-1174

DATE: 09/20/19

VIDEO TAPE NUMBER:                     

BEGINNING TIME: 00:51

ENDING TIME:                     

BREATH TESTS RESULTS: 1) .269 TIME 00:55 PM 2) .233 TIME                                            
3) N/A TIME                                           4) N/A TIME                                          

BREATH OPERATOR: P. POUND # 28629

MAINTENANCE TECHNICIAN: J. CARLETT # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:                     

ATTITUDE:                      QUIET

CLOTHING: ONE PAIRS, DIVE SHIRT, DROWN SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES GLASSY & DIOPHROT

DATE OF UNKNOWN ALLERGENIC BEVERAGE DR. BREATH

COMMENTS: ARRIVED AT CENTER A/P AGED 20  
MINUTE CARAVAN PERSON AT 00:57

A AGREED TO TALK TEST.

A/P. READ RIGHTS

A. STATED HE UNDERSTOOD RIGHTS

TECH. RETD TEST RESULTS

A STATED HE UNDERSTOOD TEST RESULTS

A/P. ATTEMPTED Q/A

A. REFUSED QUESTIONS.



**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"/>	539.003	Other: Florida Pawnbroking Act	
	<input type="checkbox"/>		Other: Matthew Bent v. State and Al Lamberti, 46 So.3d 1047 (4th DCA, 2010)	

REVIEW COMPLETED BY

Booking Number: 2019030713	Date: 09/20/2019
	Specialist Name/ID: VARGO/6665

SCANNED  
SEP 20 2019