



Arrest Report 0509960

P-2815 PGM 14352

FLORIDA HIGHWAY PATROL
P.O. BOX 16007, LAKE WORTH, FL 33416

Report Date / Time 8/4/2019 04:38 AM	Report Number FHP99ARR784916	Case Number/Cad Number FHPK19OFF045129 /LWRC19 CAD141793	Reporting Officer Name DERISSIER, BEATRICE
Originating Agency ORI	Occur Date Time Range 08/04/2019 03:09:32 -	Jurisdiction	Clearance

Location of Occurrence

County PALM BEACH	Location Type OTHER	Location Description MM105			
Street Number	Street FLORIDA'S TPKE NB	Apt/Lot/Bldg	City WEST PALM BEACH	State FL	Zip Code 33412

Defendant

First Name LAM	Middle Name VU	Last Name LAM	Suffix	Race A W	Sex MALE	Height 504	Weight 165	Hair BLK	Eyes BRO
MNI #	SSN	Date of Birth 05/12/1984	Age	Place of Birth VIETNAM	Drivers License or other ID L500538841720	State FL	ID Type E		
Address * RESIDENCE / 12321 ACAPULCO AVE , PALM BEACH GARDENS , FL 33410 /									

Arrest

Arrest Date/Time 8/4/2019 4:04:27 AM	Arrest Location Type PUBLIC PLACE	Arrest Location Description				
Street Number	Street FLORIDA'S TPKE NB	Apt/Lot/Bldg	County PALM BEACH	City WEST PALM BEACH	State FL	Zip Code 33412

Charge : S

Counts 1	Charge 316.193.1	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree N	Charge Level MISDEMEANOR	General Offense Code DUI-UNLAW BLD ALCH	
Charge Description DUI ALCOHOL OR DRUGS			

Bond Set by Court

Bond Amount \$0.00	No Bond? No
Bond Type(s)	

Probable Cause

On August 4, 2019, at approximately 3:11AM, I was dispatched to a wrong way driver incident that happened on State Road 91(Florida's Turnpike) at mile marker 100. It was reported that the driver was traveling southbound on the northbound traffic in and out of lane. When I arrived on scene, I turned on my lights and siren. I observed a white Chrysler Van traveling on the right(outside) lane going at approximately 20 MPH. I then slowed down and

SCANNED
AUG 06 2019

AUG 4 AM 8:29

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tried to stop the vehicle. The driver of the vehicle ignored my light and siren and continued his course of travel which forced me to quickly swerved to the right to avoid a collision. I made a U-turn and came back on the northbound traffic trying to stop the vehicle. As I came back a second time to stop the driver I noticed that the driver had his eyes closed and his hand were off the wheel while the vehicle continued to travel southbound on the northbound traffic. I quickly stopped my patrol vehicle on the right shoulder and got out of my vehicle. I tapped the left side of the vehicle and ordered the driver to pull over on the right shoulder. That's when the driver opened his eyes and slowly stopped his vehicle on the right shoulder facing the wrong way.

I approached the vehicle on the driver side and made contact with the driver. I immediately noticed that the driver had red, bloodshot, and watery eyes. I requested his driver's license (DL). I noticed that the driver had very slow speech. I ordered the driver to turned the ignition asked him where he was coming from. He stated that he was just trying to get home to PGA BLVD and that he was drinking a little bit. I asked him again for his DL, registration, and insurance. That's when he stated that he did not have it on him and the vehicle was not his. I could smell the obvious odor of an unknown alcoholic beverage coming from his breath. I asked the driver for his name and date of birth. He advised that his name was Lam Vu Lam and he was born on 5/12/84. I then contacted Lake Worth Regional Communication Center(LWRCC) and had them run his credentials on NCIC/FCIC. I asked Mr. Lam how much he had to drink and he stated that he had a couple beers I asked Mr. Lam to submit to some voluntary roadside field sobriety. I asked if he had anything wrong with him medically and he stated no. I drove Mr. Lam the parking lot at mile marker 99 exit ramp where I administered Field Sobriety Exercises.

The evaluation location was smooth concrete. Lighting conditions consisted of my patrol vehicle headlights, spotlights, overhead lights, and my flashlight. No surface defects were noted and claimed. This traffic stops and the road side sobriety evaluations were captured on my patrol vehicle's mobile video/audio recording equipment (MVR).

I explained and demonstrated the following Standardized Field Sobriety Exercises / Evaluations to Mr. Lam.

I observed the following indicators of Mr. Lam' impairment as a result of the HGN, Walk and Turn and One Leg Stand:

Horizontal Gaze Nystagmus:

Mr. lam Stumbled while listening to the instructions. There was equal pupil size, no resting nystagmus, and equal tracking. Mr. Lam had lack of smooth pursuit in both eyes. He had distinct and sustained nystagmus at maximum deviation in both eyes. He had nystagmus prior to 45 degrees in both eyes. I had to tell Mr. Lam to stop moving his head several times.

Walk and Turn:

Mr. Lam couldn't maintain balance and starting position while giving instructions. He started too soon and did not count his steps out loud. During the first nine steps of this exercise, Mr. Lam lost his balance on step number one. During the second nine steps of the exercise Mr. Lam lost his balance on step number one and walked ten steps.

One Leg Stand:

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Mr. Lam could not maintain his starting position while giving him instructions and started the exercise too soon. Mr. Lam could not maintain his balance during the exercise and used his arms for balance. He dropped his foot seven times and stumbled twice

At 4:04AM, Mr. Lam was placed under arrest for DUI and read his Miranda Rights. Mr. Lam was transported to the Palm Beach County Central Breath testing for a breath test. Upon arrival, Mr. Lam was observed for (20) minutes, then read Implied Consent, before submitting to the breath test. Mr. Lam did provide two samples of breath that show his alcohol level to be 0.132 and 0.141. Mr. Lam was booked into the Palm Beach County Jail.


Court

Court County PALM BEACH	Court Location 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406		
Court CRIMINAL JUSTICE COMPLEX	Court Phone 561-355-2994	Court Appearance Date / Time	Court Fine
Comments			

Officer Name	Officer Rank	Involvement On Report	ID #	Org/Unit	Officer Agency
DERISSIER, BEATRICE	TROOPER		4005	FHPKILWRCCWPB ISR91 73-88	FLORIDA HIGHWAY PATROL

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

Reporting Officer

Officer Name DERISSIER, BEATRICE	Office Rank TROOPER	Officer ID No 4005	Sworn and subscribed before me, the undersigned authority This the _____ day of _____, _____ DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Agency FLORIDA HIGHWAY PATROL	Officer Signature 		

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: 08/04/2019

Date of Last Agency Inspection: 07/19/2019

Observation Period Began: 04:45

Subject's Name: LAM V LAM

DOB: 05/12/1984 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	05:13
Air Blank	0.000	05:13
Control Test	0.080	05:14
Air Blank	0.000	05:14
Subject Sample #1	0.132	05:15
Air Blank	0.000	05:16
Air Blank	0.000	05:17
Subject Sample #2	0.141	05:18
Air Blank	0.000	05:18
Control Test	0.080	05:19
Air Blank	0.000	05:19
Diagnostics Check	OK	05:19

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 SAMANTHA M PALMER, 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: 8/4/19

Sworn to (or affirmed) before me this 4 day of August, 2019

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.

TESTING FACILITY TASK REPORT

AGENCY: FHP/DERISSIER

SUBJECT: LAM, LAM VU

CASE NUMBER: 19-100362

DATE: Aug 4, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0508

ENDING TIME: 0521

BREATH TESTS RESULTS: 1) .132 TIME 515 A.M. P.M. 2) .141 TIME 518 A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT, LOW

ATTITUDE: CALM, QUIET, POLITE, COOPERATIVE

CLOTHING: WHITE SHIRT, BLUE JEANS, TWO DIFFERENT SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGES COMING FROM BREATH,

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0445
SUBJECT AGREED TO TAKE BREATH TEST
AND PROVIDED TWO ADEQUATE SAMPLES SUCCESSFULLY
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD RIGHTS
AND REFUSED ANY QUESTIONING
TECH READ TEST RESULTS
SUBJECT STATED HE UNDERSTOOD RESULTS



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

PBSO CASE # 19-100362 PBSO ZONE 3-23

AGENCY CASE # FHPK19OFF045129 CRASH CASE # N/A

TIME OF STOP 0320 DATE 8/4/19 DAY Sunday

SUBJECT'S NAME Lam Vu Lam RACE A SEX M

HGT 504 WGT 165 DOB 5/12/1984

LOCATION Florida's Turnpike NB MM 99

ARRESTING OFFICER'S NAME & ID Beatrice Derissier 1369 AGENCY FHP

DIVISION: Post 4

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 445

Arrest Time 4:04 Am

BREATH RESULTS:

- 1. .132
- 2. .141
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID 24520 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

SUBJECT: _____ 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? _____

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: _____

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

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 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) _____



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/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)(l)	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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019025453	Date: 08/05/2019
	Specialist Name/ID: AM/31562