

CS06864

1795
19CTB469

Arrest Report

FLORIDA HIGHWAY PATROL
P.O. BOX 540007, GREENACRES, FL 33454

Report Date / Time 4/8/2019 3:06:24AM	Report Number FHP99ARR767695	Case Number/CAD Number FHP19OFF022905 / LWRC19CAD062668	Reporting Officer Name C.X MITCHELL
Originating Agency ORI FL0509000	Occurrence Date Time Range 4/7/2019 3:51:31 PM -	Jurisdiction	Clearance

21.5'

Location of Occurrence

Location Type ► OTHER	Location Description SB I-95/N OF PGA BLVD		
Street Number I-95	Street		
County PALM BEACH	City PALM BEACH GARDENS	State FL	Zip 33418

Defendant

► First Name LAUREN	Middle Name WOODLEY	Last Name ASBY	Suffix	Date Of Birth 9/7/1986	Age 32	Race WHITE	Sex FEMALE
SSN [REDACTED]	MNI # [REDACTED]	Place of Birth LONG ISLAND, NY, USA		Height 507	Weight 125	Hair BLO	Eyes BRO
DL or ID Number A210539868270		ID State FL	ID Type E	Address Type RESIDENCE			
Street Number 4427	Street MAIN STREET						Apt/Lot/Bldg 4080
County PALM BEACH	City JUPITER	State FL	Zip 33458	Phone Number	Extension		
Location Description							

Arrest

► Arrest Date/Time 4/8/2019 12:41:13AM	Arrest Location Type RESIDENCE	Arrest Location Description				
Street Number 4427	Street MAIN STREET		Apt/Lot/Bldg	County PALM BEACH		
City JUPITER		State FL	Zip 33458			

Charge(s)

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

Probable Cause

On the above date and time, I was in service in Palm Beach County, Florida. I was dispatched to a motor vehicle crash that occurred southbound on Interstate 95 (State Road 9) north of PGA Boulevard (State Road 786) involving a red sedan and a silver sedan. The driver of silver sedan fled the scene of the crash after colliding with the red sedan. According to the witness, the driver of V01 was Caucasian female who fled the scene. The witness provided the tag number for the silver sedan. The driver of red sedan also provided the tag number of the silver sedan. After running the tag of the silver sedan, I was provided with a local address (17 SE Club Circle Tequesta, FL 33469). Upon my arrival at the address, I made contact with the father of the registered owner who was later identified as Tom Asby. Mr. Asby stated that his daughter Lauren Asby who later identified was the owner of silver sedan, but no longer resided at the residence. Mr. Asby provided a local address (4427 Main Street Apt. 4080 Jupiter, FL 33458) for where his daughter resided. Upon my arrival at the address, I observed a silver sedan with the same tag number provided to me by the other driver and witness. I fully inspected the silver sedan, and noticed the left side damage was consistent with the damage on the red sedan. I made contact with the
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driver of the silver sedan who was later identified through her Florida driver license as Lauren Asby. While speaking with Ms. Asby about the sequence of events from the crash, I noticed the odor of an unknown alcoholic beverage emitting from her mouth area. Her eyes were red in color, and glassy. Her speech was mumbled and slurred. While interviewing Ms. Asby, she admitted that she was involved in a crash on Interstate 95 north of PGA Boulevard, and was driving the vehicle at the time of the crash. Ms. Asby stated that she hadn't consumed any alcohol since the accident. I escorted Ms. Asby downstairs to where her vehicle was located. While escorting her downstairs, I noticed Ms. Asby had a moderate orbital sway. I advised Ms. Asby that I was done conducting a crash investigation, and was now conducting a criminal investigation in reference to her being impaired at the time. I advised Ms. Asby that I was going to go ahead, and read her Miranda rights to which she stated she understood. After reading Ms. Asby her rights, I asked her if she had anything to drink today to which she stated yes, and two glasses of wine. I asked Ms. Asby if she would be willing to do roadside exercises to determine if she was ok to which she stated yes. I proceeded back to my marked patrol vehicle, and prepared an area to conduct roadside exercises.

Horizontal Gaze Nystagmus:

Prior to beginning the exercise, it was determined the subject was not wearing contacts or corrective lenses at the time. The subject's eyes displayed equal tracking and her pupils were equal sizes. The subject was instructed to follow the stimulus with her eyes only, keeping her head still. After stating she understood the instructions, the subject started the exercise.

The results of this exercise displayed 6 of the 6 possible clues.

- A lack of Smooth Pursuit in her left eye.
- A lack of Smooth Pursuit in her right eye.
- A distinct and sustained nystagmus in the left eye at maximum deviation.
- A distinct and sustained nystagmus in the right eye at maximum deviation.
- An onset of nystagmus in the left eye prior to 45 degrees.
- An onset of nystagmus in the right eye prior to 45 degrees.

Walk and Turn:

The subject was instructed to put her left foot on the line and her right foot in front of it with her right heel touching the toe of her left foot. She was instructed to stand in this manner with her hands to her sides until the instructions were completed and demonstrated. The subject was instructed not to begin until told to start. She was instructed to take nine steps along the line in a heel- to- toe manner. After the nine step, she was advised to stop and turn around keeping her pivot foot on the ground, taking several small steps with the other foot to turn around. After turning around, the subject was instructed to take nine steps in a heel-to-toe manner back along the line in the direction she had come from. The subject was further instructed to watch her feet at all times while walking, keeping her arms down to her side, and to count her steps out loud. After the exercise was demonstrated, the subject stated she understood the instructions, and was instructed to begin the exercise.

After attempting the Walk and Turn, the subject displayed 6 of 8 possible clues

The subject failed to stay in the starting position. On the first set of steps, the subject failed to touch in a heel to toe. The subject failed to take the correct number of steps. The subject stepped off the line on steps 1 and 8. The subject failed to make a proper turn. On the second set of steps the subject failed to touch heel to toe.

One Leg Stand:

Prior to attempting this exercise, the subject indicated she did not have any medical problems that would have prevented her from performing the exercise. The subject was instructed to stand with her heels together and hands down at her sides while the instructions were given. The subject was instructed not to begin until told to do so. The subject was advised to raise either foot of her choice off the ground approximately 6 inches keeping her foot parallel with the ground. While her leg was raised, the subject was advised to keep her leg straight, watch her raised foot, and to count out loud by thousands (one thousand one, one thousand two, one thousand three...) and to continue until told to stop. After the exercise was demonstrated, the subject was advised if she understood the

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instructions to which she replied yes. I advised the subject if she didn't have any questions, she may begin the exercise. When the subject attempted the exercise, she raised her right foot. During the exercise, the subject displayed 2 of the 4 clues. The subject put foot down several times. The subject hopped while performing the exercise.

Finger to Nose:

The subject was asked to stand with feet together and her hands at her sides with her index fingers pointed. The subject was advised to not start until told to do so. The subject was instructed to close both eyes and tilt her head back. I advised the subject when I tell you to bring the hand I direct upward touching the tip of your index finger to the tip of your nose. After demonstrating the instructions, I advised the subject if she understood the instructions, to which she replied yes. The exercise was conducted in the following manner of left, right, left, right, right, left. The subject failed to touch the tip of his finger to the tip of her nose on each attempt.

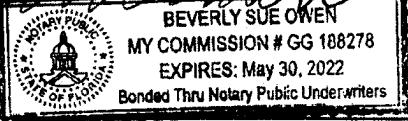
I then advised the subject as well as dispatch at 12:41 AM, that she was being placed under arrest for operating a motor vehicle under the influence of alcohol and or a controlled substance pursuant to Chapter 316.193 of the Florida State Statutes. The subject was properly searched by Officer Eriksson of Palm Beach Gardens Police Department, and placed in the front seat of my marked patrol vehicle. The subject was transported to the Palm Beach County Jail. Upon arrival to the county jail, the subject was escorted to the Breath and Alcohol testing center, and a 20 minute observation was conducted to ensure the subject did not take anything by mouth or regurgitate. After the 20 minute observation, the subject was taken into the testing room. The subject was asked to submit to a breath test to determine the alcohol content to which he stated yes. The subject provided two samples of her breath. The first sample (.183) was provided at 02:03 AM. The second sample (.186) was provided at 02:06 AM. I read the subject her Miranda rights on camera. The subject complied with the questions and answers portion. The subject was transported over to the booking side without any incident to herself. Video of roadside exercises and transport to the county jail are available upon request from the FHP custodian.

Court

► Court County PALM BEACH	Court Location 200 WEST ATLANTIC AVE. DELRAY BEACH, FL 33444		
Court PALM BEACH SOUTH COUNTY COURTHOUSE	Court Phone 561-274-1530	Court Appearance Date / Time 5/9/2019 8:30AM	Court Fine
Comments			

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 C.X MITCHELL	Officer Rank TROOPER	Officer ID No 3667	Sworn and subscribed before me, the undersigned authority This the <u>1st</u> day of <u>April</u> <u>2019</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT OFFICER   BEVERLY SUE OWEN MY COMMISSION # GG 188278 EXPIRES: May 30, 2022 Bonded Thru Notary Public Underwriters
Officer Signature 			

Report Date / Time 4/8/2019 3:06:24AM	Report Number FHP99ARR767695	Case Number/CAD Number FHPL19OFF022905 / LWRC19CAD062668	Reporting Officer Name C.X MITCHELL
Originating Agency ORI FL0509000	Occurrence Date Time Range 4/7/2019 3:51:31 PM -	Jurisdiction	Clearance

Approving Supervisor

Officer Name	Officer Rank	Officer ID No	Officer Agency
Officer Signature			

NOT A CERTIFIED COPY

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE

HIGHWAY SAFETY & MOTOR VEHICLES

TRAFFIC CRASH RECORDS

NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

Crash Date 4/7/2019	Time of Crash 9:45 PM	Date of Report 4/7/2019	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPL19OFF022905	HSMV Crash Report Number 58054195-01
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CRASH IDENTIFIERS

County Code 6	City Code 78	County of Crash PALM BEACH	Place or City of Crash PALM BEACH GARDENS	Within City Limits YES	Reported Date/Time 4/7/2019 9:51 PM	Dispatched Date/Time 4/7/2019 9:58 PM
On Scene Date/Time 4/7/2019 10:28 PM	Cleared Scene Date/Time	Investigation Completed NO	Reason (if Investigation Not Complete)			Notified By LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway INTERSTATE 95 (STATE ROAD 9)	At Street Address #	At Latitude N 26 51.1413	And Longitude W 80 6.6218
At Foot Or Miles	Direction	From Intersection With Street, Road, Highway PGA BOULEVARD	Or From Milepost Number
Road System Identifier INTERSTATE	Type of Shoulder PAVED	Type of Intersection NOT AT INTERSECTION	

CRASH INFORMATION

Light Condition DARK-UNKNOWN LIGHTING	Weather Condition CLEAR	Roadway Surface Condition DRY	School Bus Related NO	Manner of Collision SIDESWIPE, SAME DIRECTION
First Harmful Event Type COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT	First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT	First Harmful Event Location ON ROADWAY	Within Interchange NO	First Harmful Event's Relation to Junction NON-JUNCTION
Contributing Circumstances: Road NONE	Contributing Circumstances: Road	Contributing Circumstances: Road		
Contributing Circumstances: Environment NONE	Contributing Circumstances: Environment	Contributing Circumstances: Environment		
Work Zone Related NO	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone

VEHICLE

Vehicle Motor Vehicle Type V01	MOTOR VEHICLE IN TRANSPORT			Hit & Run (by this vehicle) YES	License Number HPYR53	State FL	Reg. Expires 9/7/2019	Permanent Reg. VIN 3VWLX7AJ9BM325591				
Year 2011	Make VW	Model JETTA	Style 4D	Color WHI	Extent of Damage FUNCTIONAL	Est. Damage 800	Towed Due to Damage NO	Vehicle Removed By				
Insurance Company GEICO	Insurance Policy Number 4115755151											
Name of Vehicle Owner LAUREN WOODLEY ASBY	Business <input type="checkbox"/>	Current Address 17 SE CLUB CIR		City TEQUESTA	State Zip Code FL 33469-0001	Phone Number(s)						
Trailer License Number One	State	Reg. Expires	Permanent Reg. VIN	NO	Year	Make	Length	Axes				
Trailer License Number Two	State	Reg. Expires	Permanent Reg. VIN	NO	Year	Make	Length	Axes				
Vehicle Direction Traveling SOUTH	On Street, Road, Highway INTERSTATE 95 (STATE ROAD 9)				At Est. Speed 65	Posted Speed 65	Total Lanes 5					
CMV Configuration	Cargo Body Type			Area of Initial Impact								
Common GVWR/GCWR	Trailer Type (Trailer One)		Trailer Type (Trailer Two)		Most Damaged Area							
Haz. Mat. Release	Haz. Mat. Placard	Haz. Mat. Number	Haz. Mat. Class	Undercarriage								
Motor Carrier Name	US DOT Number			Overtur								
Motor Carrier Address	Address Other			Windshield								
Commercial/Non-Commercial	Vehicle Body Type PASSENGER CAR	Vehicle Defects (one) NONE		Vehicle Defects (two)			Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION				
Vehicle Maneuver Action CHANGING LANES	Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT	Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT							
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION NON-FIXED OBJECT		Second (2) Sequence of Events MOTOR VEHICLE IN TRANSPORT		Third (3) Sequence of Events		Fourth (4) Sequence of Events					

VEHICLE

Vehicle Motor Vehicle Type V02	MOTOR VEHICLE IN TRANSPORT			Hit & Run (by this vehicle) NO	License Number HYDY06	State FL	Reg. Expires 10/8/2019	Permanent Reg. VIN 2MEFM74W01X707123
Year 2001	Make MERC	Model GRAND MARQUIS	Style 4D	Color RED	Extent of Damage FUNCTIONAL	Est. Damage 700	Towed Due to Damage NO	Vehicle Removed By
Insurance Company USAA	Insurance Policy Number 033682222071018							
Name of Vehicle Owner ERNEST LEON KNIGHT	Business <input type="checkbox"/>	Current Address 410 LA MANCHA AVE		City ROYAL PALM BEACH	State Zip Code FL 33411-103	Phone Number(s)		
Trailer License Number One	State	Reg. Expires	Permanent Reg. VIN	NO	Year	Make	Length	Axes
Trailer License Number Two	State	Reg. Expires	Permanent Reg. VIN	NO	Year	Make	Length	Axes
Vehicle Direction Traveling SOUTH	On Street, Road, Highway INTERSTATE 95 (STATE ROAD 9)				At Est. Speed 65	Posted Speed 65	Total Lanes 5	

Crash Date 4/7/2019	Time of Crash 9:45 PM	Date of Report 4/7/2019	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPL19OFF022905	HSMV Crash Report Number 88054195-01
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CMV Configuration		Cargo Body Type		Area of Initial Impact	Most Damaged Area	
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)	<input checked="" type="checkbox"/> Underride			<input type="checkbox"/> Overtur
Haz. Mat. Release	Haz. Mat. Placard	Haz. Mat. Number	Haz. Mat. Class	<input type="checkbox"/> Windshield	<input type="checkbox"/> Trailer	
Motor Carrier Name		US DOT Number				
Motor Carrier Address		Address Other		City	State Zip Code	Phone Number
Comm/Non-Commercial	Vehicle Body Type PASSENGER CAR	Vehicle Defects (one) NONE		Vehicle Defects (two)	Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION
Vehicle Maneuver Action STRAIGHT AHEAD	Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT	Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT	
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION NON-FIXED OBJECT MOTOR VEHICLE IN TRANSPORT	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events		

PERSON RECORD

#	Person Type 1 DRIVER	Vehicle # V01	Name LAUREN WOODLEY ASBY	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO		
Date of Birth 09/07/1986	Sex F	Condition at Time of Crash UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/AL		Address 17 SE CLUB CIR, TEQUESTA FL 33469				
Driver License Number A210439888270		State FL	Expires 09/07/2025	Type CLASS E / OPERATOR	Required Endorsements NO			
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other				
Driver Distracted By NOT DISTRACTED		Driver Vision Obstructions VISION NOT OBSCURED						
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) OTHER CONTRIBUTING ACTION		Driver Actions at Time of Crash 2 (based on judgement of investigation officer)						
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)		Driver Actions at Time of Crash 4 (based on judgement of investigation officer)						
Suspected Alcohol Use YES	Alcohol Tested TEST GIVEN	Alcohol Test Type BREATH	Alcohol Test Result COMPLETED	BAC .183	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To			

PERSON RECORD

#	Person Type 2 DRIVER	Vehicle # V02	Name ERNEST LEON KNIGHT	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO		
Date of Birth 10/08/1981	Sex M	Condition at Time of Crash APPARENTLY NORMAL		Address 410 LA MANCHA AVE, ROYAL PALM BEACH FL 33411				
Driver License Number K52212813680		State FL	Expires 10/08/2021	Type CLASS E / OPERATOR	Required Endorsements NO			
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other				
Driver Distracted By NOT DISTRACTED		Driver Vision Obstructions VISION NOT OBSCURED						
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		Driver Actions at Time of Crash 2 (based on judgement of investigation officer)						
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)		Driver Actions at Time of Crash 4 (based on judgement of investigation officer)						
Suspected Alcohol Use NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To			

PERSON RECORD

#	Person Type 3 PASSENGER	Vehicle # V02	Name SYLVANIA LEROY COWART J	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 07/04/1977	Sex M	Address 4707 E CITRUS CIR APT 19, TAMPA FL 33617		Phone Number		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other		
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To	

PERSON RECORD

#	Person Type 4 PASSENGER	Vehicle # V02	Name KIMBERLY JENAE BREWINGTON	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 10/18/1972	Sex F	Address 1532 W 33RD ST APT 3, RIVIERA BEACH FL 33404		Phone Number		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection	
Motor Vehicle Seating Position: Row SECOND		Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other		
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To	

VIOLATION

Person # 1	Violator Name Lauren Woodley Asby	FL Statute Number 316.193(1)	Violation Description D.U.I. - DRIVING UNDER THE INFLUENCE (MISDEMEANOR)	Citation Number A76HO1E
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VIOLATION

Person # 1	Violator Name Lauren Woodley Asby	FL Statute Number 316.061(1)	Violation Description CRASH - LEAVING SCENE WITHOUT GIVING INFO MORE THAN 350 DAMAGE	Citation Number AB4E81E
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Crash Date 4/7/2019	Time of Crash 9:45 PM	Date of Report 4/7/2019	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPL19OFF022905	HSMV Crash Report Number 88054195-01
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VIOLATION

Person# 1	Violator Name Lauren Woodley Asby	FL Statute Number 316.085(2)	Violation Description IMPROPER-CHANGE-OF-LANE/ PULLING OUT IN FRONT OF VEHICLE GOING	Citation Number AB4E82E
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NARRATIVE

ID Number 3687	Rank TROOPER	Name C.X MITCHELL	Troop / Post L	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 561-357-4040
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Vehicle 01 (V01) was traveling southbound on Interstate 95 (State Road 9) in the outside travel lane north of PGA Boulevard (State Road 786). Vehicle 02 (V02) was traveling southbound on Interstate 95 in the center right travel lane north of PGA Boulevard. The driver of V01 improperly changed from the outside travel lane to the center right travel lane into V02's direct path of travel. As a result, the left side of V01 collided with the right side of V02. The driver of V01 immediately fled the scene without leaving any information with V02 driver. The driver of V02 described V01 to be a silver colored Volkswagen Jetta with a Florida tag bearing HYPR53. I ran the tag through FCIC/ NCIC, and was provided with a local address (17 SE Club Drive Tequesta, FL 33469). Upon my arrival at the address, I made contact with registered owner of V01's father who was later identified as Tom Asby. Mr. Asby advised that his daughter Lauren Asby was the registered owner of the silver Volkswagen Jetta, but no longer resided at the residence. Mr. Asby provided me with another local address (4427 Main Street Apt. 4080 Jupiter, Florida 33458) for his daughter. Upon my arrival at the address, I observed a silver colored Volkswagen Jetta with the same Florida tag number provided to me by the driver of V02. I fully examined the vehicle, and noticed the vehicle had left side damage that was consistent with the damage on V02. I placed my hand on the hood of vehicle, and noticed that the hood was still warm. I made contact with the registered owner of V01 who was later identified as Lauren Asby. While interviewing, Ms. Asby about the crash, she admitted to being involved in a crash, and operating the vehicle at the time of the crash. Ms. Asby was cited for Improper Change of Lane, Driving Under the Influence, and Leaving the Scene of an Accident pursuant to Chapter 316.085(2), Chapter 316.193, and Chapter 316.061(1) of the Florida State Statutes.

REPORTING OFFICER

ID Number 3687	Rank TROOPER	Name C.X MITCHELL	Troop / Post L	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 561-357-4040
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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8th DAY OF April 20 19 AT 12:41AM AM PM

SUBJECT: Lauren Woodley Asby CASE NUMBER: FHPL19OFF022905

AGENCY: FHP

ARRESTING OFFICER: Tpr. Cedric Mitchell

PERSONAL CONTACT

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

See witness statement

OBSERVATION OF DRIVER:

red in color and glassy eyes
slurred speech
moderately slurred speech

DRIVER'S STATEMENTS:

Subject stated that she was drivng the vehicle at the time of the crash, and had two glasses of wine.

ODORS:

strong odor of an unknown alcoholic beverage emitting from driver's mouth area

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: calm

CLOTHING: grey top , black leggings, and white sandals

MEDICAL/OTHER: N/A

STATE OF FLORIDA

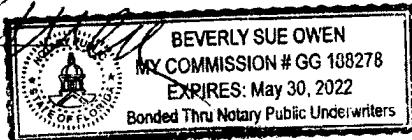
COUNTY OF PALM BEACH

Tpr. Cedric Mitchell 
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of April 20 19 by Tpr Mitchell

(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)



SUBJECT: Lauren Woodley Asby

CASE NUMBER FHPL19OFF022905

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

<input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT	<input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT
<input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION	<input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
<input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES	<input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WALK & TURN:

After attempting the Walk and Turn, the subject displayed 6 of 8 possible clues. The subject failed to stay in the starting position. On the first set of steps, the subject failed to touch in a heel to toe. The subject failed to take the correct number of steps. The subject stepped off the line on steps 1 and 8. The subject failed to make a proper turn. On the second set of steps the subject failed to touch heel to toe.

ONE LEG STAND:

During the exercise, the subject displayed 2 of the 4 clues. The subject put foot down several times. The subject hopped while performing the exercise.

FINGER TO NOSE:

The subject failed to touch the tip of his finger to the tip of her nose on each attempt.

ROMBERG ALPHABET:

N/A

BREATH TEST RESULTS: 1) .183 2) .186 3) 4)

STATE OF FLORIDA

COUNTY OF PALM BEACH

Tpr. Cedric Mitchell

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of April 2019 by Tpr Mitchell

(Print name of Arresting/Investigative Officer), who is personally known to me or whose identification, type of identification produced

BEVERLY SUE OWEN

MY COMMISSION # GG 188278

EXPIRES: May 30, 2022

Bonded Thru Notary Public Underwriters

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

WITNESS LIST

CASE NUMBER: **FHPL19OFF022905**

ARRESTING OFFICER: **Tpr. Cedric Mitchell**

ADDRESS: **P.O. Box 54007 Troop L Greenacres, FL 33454**

PHONE NUMBERS (HOME): **(561) 357-4000** (WORK) _____

CAN TESTIFY TO: **Investigation**

NAME: **Officer Eriksson**

ADDRESS: **10500 N Military Trail**

PHONE NUMBERS (HOME) **(561) 799-4445** (WORK) _____

CAN TESTIFY TO: **Pat down of subject**

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

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) _____

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Interstate 70

DIRECTION OF TRAVEL? S WHERE DID YOU START? Home

WHAT TIME DID YOU START? 6:45 AM WHAT TIME IS IT NOW? 2:00 AM

WHAT IS TODAY'S DATE? 4/1/91 WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? Park City

WHEN DID YOU LAST EAT? 3:00 AM WHAT DID YOU EAT? Nothing

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Driving

HOW MUCH DO YOU WEIGH? 165 HAVE YOU BEEN DRINKING? Yes WHAT? Wine

HOW MUCH? 2 WHERE? Home WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 6:45 AM AND YOUR LAST DRINK? 2:00 AM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? With a glass

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? None

WHAT? None WHERE? None WHEN? None

WHAT LINE OF WORK ARE YOU IN? None WHEN DID YOU LAST WORK? Friday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? None

ARE YOU SICK OR INJURED? No WHAT'S WRONG? None

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? Yes

WERE YOU IN AN ACCIDENT TODAY? No WHEN? None

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? None

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? None WHEN? None

DO YOU HAVE: EPILEPSY? No

GLASS EYE? None

FALSE TEETH? None

EAR INFECTION? None

INNER EAR TROUBLE? None

DIABETES? None

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? None

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? None

INTERVIEWER: TD- C. Mitchell 187

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

**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	<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"/>		
Other	<input type="checkbox"/>		
	<input type="checkbox"/>	Other:	
	<input type="checkbox"/>	Other:	

REVIEW COMPLETED BY

Booking Number: 2019011607	Date: 4/8/2019
	Specialist Name/ID: J. Beck/9007