

0482832

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

1. Arrest

2. N.T.A.

3. Request for Warrant

4. Request for Capias

Juvenile

1

N

ADMINISTRATIVE	OBTS Number			Agency ORI Number			Agency Name			Agency Report Number (N.T.A.'s only)			1509										
	FLO 502600			Palm Beach Gardens Police Department			78-16-006001																
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		Weapon Seized / Type		Multiple Clearance Indicator													
		<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		1. Yes 2. No															
Location of Arrest (Including Name of Business) Kew Gardens Avenue/Tuscany Court, PBG 33410						Location of Offense (Business Name, Address) Gardens Parkway/Kew Gardens Avenue, PBG 33410																	
Date of Arrest 11/17/16		Time of Arrest 2257		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle parked											
Name (Last, First, Middle) Dear, Laurie B												Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W		Date of Birth 02/23/67		Height 5'01		Weight 150		Eye Color blue		Hair Color blond		Complexion flush		Build medium							
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) none												Marital Status married		Religion atheist		Indication of Alcohol Influence Drug Influence		Y <input checked="" type="checkbox"/>		N <input type="checkbox"/>		Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 2916 Tuscany Court #115		(City) PBG		(State) FL		(Zip) 33410		Phone (561) 676-1278				Residence Type: 1. City 2. County		3. Florida 4. Out of State		1							
Permanent Address (Street, Apt. Number) Same as Local Address		(City)		(State)		(Zip)		Phone () Same				Address Source defendant											
Business Address (Name, Street) Oceans Alure, Legacy Place		(City) PBG		(State) FL		(Zip) 33410		Phone ()				Occupation customer service											
D/L Number, State D600522675630		F1		Soc. Sec. Number		INS Number		Place of Birth (City, State) Richport, Ct				Citizenship US											
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									
Parent Legal Custodian Other:		Name (Last) OP (First)				(Middle)						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 <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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended						Grade											
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> 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/Denv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other												
CHARGE	Charge Description DUI				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)				Violation of ORD #												
CHARGE	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense #					Warrant / Capias Number				Bond										
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number				Violation of ORD #												
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #					Warrant / Capias Number				Bond										
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number				Violation of ORD #												
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #					Warrant / Capias Number				Bond										
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number				Violation of ORD #												
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #					Warrant / Capias Number				Bond										
NOTICE TO APPEAR	Location (Court, Room Number, Address) North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410																						
NOTICE TO APPEAR	Court Date and Time Month 12 Day 21 Year 16 Time 10:00 AM ✓ 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												Signature of Defendant (or Juvenile and Parent / Custodian)											
ADMIN	Signature of Arresting Officer Melinda Hanton 305				Name Verification (Printed by Arrestee) (PRINT)				Date Signed NOV 18 2016														
ADMIN	HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) Melinda Hanton 305				I.D. # 305														
ADMIN	Intake Number ID # 8882				Transcription Officer Melinda Hanton 305 PBGP				IN #				PAGE										

SCANNED

NOV 18 2016

NOV 18 AM 1:37

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17th DAY OF November 20 16 AT 2210 AM PM
SUBJECT: Dear, Laurie B CASE NUMBER: 16-006001
AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Melinda Hanton 305

PERSONAL CONTACT

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

On 11/17/16, Ofc. Clayton had just finished working an off duty detail and was driving east on Gardens Parkway in a marked Palm Beach Gardens Police car. Ofc. Clayton observed a gray/blue Mercedes with a temp tag driving east in the left lane. The vehicle almost hit the inside curb of the median. The vehicle slowed between a break in the median as if they were going to make a left turn. The vehicle then continued east almost striking the inside median curb again. As the vehicle approached the next break in the median the vehicle slowed again putting on the blinker as if it were going to turn left. The vehicle then continued straight and once again almost hit the inside median. At this time unsure if the driver was sick/falling asleep/impaired

OBSERVATION OF DRIVER:

Ofc. Clayton activated her emergency and blue lights to conduct a traffic stop. The vehicle slowed and started to enter the marked left turn lane as if to turn into San Matera. However the vehicle drifted back into the left through lane, drove straight into the middle of the intersection while still having the left directional activated. The vehicle proceeded to make a wide turn and now turned left entering into San Matera Community entrance. The car turned into the Tuscany Development and entered the gate before stopping.

DRIVER'S STATEMENTS:

I was called to the scene and Officer Clayton advised me of her observations. I then made contact with the female, who was later identified as Laurie Dear. I smelled a strong odor of an unknown alcoholic beverage coming from her breath as she spoke, her speech was slurred, her eyes were red and glassy, unsteady on feet

ODORS:

strong odor of unknown alcoholic beverage coming from her breath as she spoke

GENERAL OBSERVATIONS

SPEECH: slurred, mumbled

ATTITUDE: mood swings, calm to agitated and yelling

CLOTHING: multicolored dress

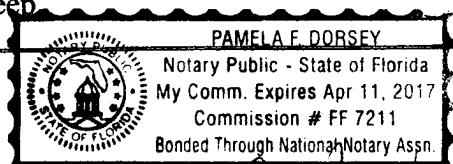
MEDICAL/OTHER: PTSD/ADD, Prozac, Adderal and Clonopan for sleep

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17th day of November 20 16 by Ofc. Hanton

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:WALK & TURN:

HGN- kept moving head, was swaying entire time, she stopped halfway and started again, had approximate angle of onset of 30 degrees, did have VGN.

WAT- demonstrated and explained she said she understood, had her take off her shoes, she was unable to hold stance, started before instructed, she said she understood, did not walk heel to toe any step, stepped off the line, took more than 9 steps, did not turn as instructed, took more than 9 steps, not heel to toe any step, was pulling dress up almost exposing herself, at the start of the task was pulling up her dress asking if I wanted her to dance.

ONE LEG STAND:

Due to her level of impairment I did not have her perform the task

FINGER TO NOSE:

Due to her level of impairment I did not have her perform the task

ROMBERG/ALPHABET:

Due to her level of impairment I did not have her perform the task

BREATH TEST RESULTS: refused

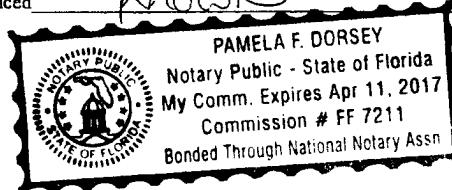
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 17th day of November, 2016 by Ofe. Harton

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

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



SCANNED
NOV 18 2016

RESTING OFFICER: Melinda Hanton 305

DRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

ONE NUMBERS (HOME): _____ (WORK) 5617994445

N TESTIFY TO: observations, arrest

ME: Officer Stacy Clayton

DRESS: 10500 N Military Trail

ONE NUMBERS (HOME) _____ (WORK) 5617994445

N TESTIFY TO: driving, observations

ME: Sgt. B. Rigney

DRESS 10500 N Military Trail

ONE NUMBERS (HOME) _____ (WORK) 5617994445

N TESTIFY TO: backup on scene

+

ME: Officer Maldanado

DRESS 10500 N Military Trail

ONE NUMBERS (HOME) _____ (WORK) 5617994445

N TESTIFY TO: backup on scene

+

ME: _____

DRESS _____

ONE NUMBERS (HOME) _____ (WORK)

N TESTIFY TO: _____

ME: _____

DRESS _____

ONE NUMBERS (HOME) _____ (WORK)

N TESTIFY TO: _____

ME: _____

DRESS _____

ONE NUMBERS (HOME) _____ (WORK)

N TESTIFY TO: _____

ME: _____

DRESS _____

ONE NUMBERS (HOME) _____ (WORK)

N TESTIFY TO: _____

ME: _____

DRESS _____

ONE NUMBERS (HOME) _____ (WORK)

N TESTIFY TO: _____

ME: _____

DRESS _____

ONE NUMBERS (HOME) _____ (WORK)

N TESTIFY TO: _____

ME: _____

DRESS _____

ONE NUMBERS (HOME) _____ (WORK)

N TESTIFY TO:

SCANNED

NOV 18 2016

TESTING FACILITY TASK REPORT

SUBJECT: Boe, Lorraine B CASE NUMBER: 16-183167

DATE: 11/27/86 VIDEO TAPE NUMBER: 666

BEGINNING TIME: 02:00 ENDING TIME: 08:00

BREATH OPERATOR: R. Dohse 11/19

MAINTENANCE TECHNICIAN: K. Kipfleke 6767

TESTING OFFICER'S OBSERVATIONS

SPEECH: Shamed

ATTITUDE: Emotions + Reason = time

CLOTHING: blue and white

MEDICAL CONDITIONS: hypertension

MEDICATIONS: _____

OTHER: *Strong* *odor* *of* *Ammonium* *Hydroxide*

Never be a person

COMMENTS: No one is allowed to be assigned to
No request is being given to States
I'm not gonna blow anything off
Please, implied a consequence
Refuse No reading rights to D. A
"asked for large, during reading of
rights, No idea

SCANNED

NOV 18 2016

SUBJECT: Don Lue

CASE NUMBER: 16-00600

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 Don Lue of the 36

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) Don Lue

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

NOV 18 2016

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: Dee L. Lue CASE NUMBER: 16-006001

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: Dee L. Lue 305

SCANNED

NOV 18 2016