

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
OBTS Number					
Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number (N.T.A.'s only) 06-		17-046687	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 1		
Location of Arrest (Including Name of Business) 5350 ATLANTIC AVE DELRAY BCH FL 33484		Location of Offense (Business Name, Address) 5350 ATLANTIC AVE DELRAY BCH FL 33484			
Date of Arrest 3/3/17	Time of Arrest 0056	Booking Date	Booking Time	Jail Date	Jail Time
Location of Vehicle					
Name (Last, First, Middle) STERN LAWRENCE NEIL					
Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 09/05/1971	Height 506	Weight 150	Eye Color BRO
Hair Color BLK		Complexion MED	Build MED		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT LEFT SHOULDER			Marital Status S	Religion JEWISH	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Drug Influence <input checked="" type="checkbox"/>
Local Address (Street, Apt. Number) 1115 RUSSELL DR		(City) HIGHLAND BEACH	(State) FL	(Zip) 33487	Phone (561) 312 9945
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Type: 1. City 2. County 3. Florida 4. Out of State
Business Address (Name, Street) SELF EMPLOYED		(City)	(State)	(Zip)	Address Source DEFENDANT
D/L Number, State (FL)S-365-534-71-325-0		Soc. Sec. Number	INS Number	Place of Birth (City, State) FT WORTH TX	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 <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		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 Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
Released To: (Name)		Relationship			Date
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
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
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 #
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 17-046687	Warrant / Capias Number	Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406					
Court Date and Time Month MARCH Day 30 Year 2017 Time 0830 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>					
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)			Date Signed		
HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) Inv. E.K. White 7209		(PRINT)	
Intake Deputy I.D. #		Transporting Officer Inv. E.K. White 7209		Agency PBSO	
Pouch #		ID #		PAGE 1 OF 1	
Witness here if subject signed with an		CANNED			

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

MAR 05 2017

		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1		Juvenile		
ADMIN	OBTS Number			Agency ORI Number		Agency Name		Agency Report Number		17-06681		
	FLO. 5, 0, 0, 0, 0, 0		PALM BEACH COUNTY SHERIFF'S OFFICE									
DEF	Charge Type	<input type="checkbox"/> 1 Felony		<input checked="" type="checkbox"/> 2 Traffic Felony		<input type="checkbox"/> 3 Misdemeanor		<input type="checkbox"/> 4 Traffic Misdemeanor		Special Notes		
	Check as many as apply											
CHARGES	Name (Last, First, Middle)		Alias		Race		Sex		Date of Birth			
	STERN, LAWRENCE, NEIL				W		M		09/05/71			
VICTIM	Charge Description		Charge Description									
	DRIVING UNDER THE INFLUENCE											
VICTIM	Victim's Name (Last, First, Middle)		Race		Sex		Date of Birth					
	STATE OF FLORIDA											
VICTIM	Local Address (Street, Apt Number)		(City)		(State)		(Zip)		Phone		Address Source	
VICTIM	Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation	
PROBABLE CAUSE STATEMENT	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											
PROBABLE CAUSE STATEMENT	<input checked="" type="checkbox"/> committed the below acts in my presence.											
	<input type="checkbox"/> confessed to _____											
PROBABLE CAUSE STATEMENT	<input type="checkbox"/> was observed by _____ who told _____											
	<input checked="" type="checkbox"/> that he/she saw the arrested person commit the below acts.											
PROBABLE CAUSE STATEMENT	was found to have committed the below acts, resulting from my (described) investigation											
	admitting to the below facts.											
PROBABLE CAUSE STATEMENT	On the 3RD day of MARCH 20 17 at 0005 <input checked="" type="checkbox"/> A.M <input type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)											
	I WAS AT THE INTERSECTION OF SIMS RD. AND ATLANTIC AVE. WHEN I OBSERVED A WHITE MALE, LATER IDENTIFIED AS LAWRENCE STERN BY HIS FLORIDA ID CARD, RIDING A RED MOPED EASTBOUND ON ATLANTIC AVE WITHOUT A HELMET OR PROTECTIVE EYE WEAR. I PULLED OUT FROM SIMS RD. AND OBSERVED THE MOPED SLOW DOWN AND PULL OFF TO THE RIGHT OF THE ROADWAY IN FRONT OF 5350 ATLANTIC AVE. I OBSERVED STERN DROP THE MOPED TO IT'S LEFT SIDE AND FALL TO THE GROUND. I INITIATED A STOP ON STERN AND MADE CONTACT WITH HIM. STERN WAS ATTEMPTING TO PICK UP HIS MOPED AND PLACE THE KICK STAND DOWN. ONCE STERN PICKED UP HIS MOPED HE HELD HIS KEYS OUT AT SHOULDER LENGTH. I ASKED STERN IF HE WAS OK, AND TO SEE HIS DRIVER'S LICENSE. STERN HAD A BLANK STARE TO HIS FACE AND BLOOD SHOT EYES. I COULD ALSO SMELL THE ODOR OF ALCOHOL COMING FROM HIS PERSON. I ASKED HIM AGAIN FOR HIS LICENSE AND HE FAILED TO PROVIDE IT TO ME. I ASKED IF HE HAD BEEN DRINKING TONIGHT AND HE SAID, "NO". I ASKED FOR HIS LICENSE ONE MORE TIME AND HE FINALLY WAS ABLE TO TAKE IT OUT AFTER PULLING SEVERAL DIFFERENT THINGS OUT FROM HIS POCKETS (CIGARETTES, PHONE, THEN LIGHTER). I RAN STERN WHO DID NOT HAVE A VALID LICENSE AND HAD AN ACTIVE WARRANT OUT OF BROWARD COUNTY FOR A DUI. WHILE WATCHING STERN I OBSERVED HIM STUMBLE A COUPLE OF TIMES. BASED ON THE ABOVE FACTS I DETERMINED STERN WAS OPERATING HIS MOPED WHILE UNDER THE INFLUENCE AND CALLED FOR A DUI UNIT TO RESPOND AND CONDUCT A DUI INVESTIGATION											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH											
	(Signature of Arresting / Investigating Officer) <i>Lussier #8172</i>											
ADMINISTRATIVE	The foregoing instrument was sworn to or affirmed and subscribed before me this 03 day of MARCH 20 2017 by D/S LUSSIER #8172											
	(Print name of Arresting / Investigating Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN											
ADMINISTRATIVE	Notary Public, Clerk of Court, Officer (F.S.R. 117.10)											
	1209											

SCANNED
MAR 05 2017

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3 DAY OF MARCH 20 17, AT 0005 ✓ AM PM

SUBJECT: STERN LAWRENCE NEIL CASE NUMBER: 17-046687

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. E.K. White 7209

PERSONAL CONTACT

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

On Friday, March 3, 2017 at approximately 0015 hours, I was dispatched to 5350 Atlantic Avenue, Delray Beach (Palm Beach County) Florida to assist Deputy Casey Lussier with a traffic stop that involved a possible drunk driver. Upon my arrival I noticed D/S Lussier's patrol car stopped behind a red motor scooter with his emergency lights activated. Deputy Frank Briganti was also on scene as a back up officer. I noticed a white male sitting on the south sidewalk secured in handcuffs. He was emotional and seemed disoriented. I met with D/S Lussier who told me the following regarding his traffic stop: I WAS AT THE INTERSECTION OF SIMS RD. AND ATLANTIC AVE. WHEN I OBSERVED A WHITE MALE, LATER IDENTIFIED AS LAWRENCE STERN BY HIS FLORIDA ID CARD, RIDING A RED MOPED EASTBOUND ON ATLANTIC AVE WITHOUT A HELMET OR PROTECTIVE EYE WEAR. I PULLED OUT FROM SIMS RD. AND OBSERVED THE MOPED SLOW DOWN AND PULL OFF TO THE RIGHT OF THE ROADWAY IN FRONT OF 5350 ATLANTIC AVE. I OBSERVED STERN DROP THE MOPED TO IT'S LEFT SIDE AND FALL TO THE GROUND. I INITIATED A STOP ON STERN AND MADE CONTACT WITH HIM. STERN WAS ATTEMPTING TO PICK UP HIS MOPED AND PLACE THE KICK STAND DOWN. ONCE STERN PICKED UP HIS MOPED HE HELD HIS KEYS OUT AT SHOULDER LENGTH. I ASKED STERN IF HE WAS OK, AND TO SEE HIS DRIVER'S LICENSE. STERN HAD A BLANK STARE TO HIS FACE AND BLOOD SHOT EYES. I COULD ALSO SMELL THE ODOR OF ALCOHOL COMING FROM HIS PERSON. I ASKED HIM AGAIN FOR HIS LICENSE AND HE FAILED TO PROVIDE IT TO ME. I ASKED IF HE HAD BEEN DRINKING TONIGHT AND HE SAID, "NO". I ASKED FOR HIS LICENSE ONE MORE TIME AND HE FINALLY WAS ABLE TO TAKE IT OUT AFTER PULLING SEVERAL DIFFERENT THINGS OUT FROM HIS POCKETS (CIGARETTES, PHONE, THEN LIGHTER). I RAN STERN WHO DID NOT HAVE A VALID LICENSE AND HAD AN ACTIVE WARRANT OUT OF BROWARD COUNTY FOR A DUI. WHILE WATCHING STERN I OBSERVED HIM STUMBLE A COUPLE OF TIMES. BASED ON THE ABOVE FACTS I DETERMINED STERN WAS OPERATING HIS MOPED WHILE UNDER THE INFLUENCE AND CALLED FOR A DUI UNIT TO RESPOND AND CONDUCT A DUI INVESTIGATION.

OBSERVATION OF DRIVER:

I made contact with the defendant who was later identified as Lawrence Neil Stern by his Florida identification card. His eyes were red, watery and glossy. His speech was slurred, mouth was dry and cheeks were flushed. I could smell a strong odor of an unknown alcoholic beverage emanating from his breath that intensified when he spoke to me. He swayed while standing and was unable to maintain his balance while walking. I explained to him that I suspected he had been drinking alcoholic beverages. He told me his father had died. Moreover I asked if he would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. He consented to performing the SFSTs. Prior to his performance I asked if he had any problems with his body that would inhibit him from performing light physical movements. I also asked if he was on medication. The defendant conveyed he neither had anything wrong with him physically, nor was he on medication. The following SFSTs were explained, demonstrated and acknowledged by him prior to his performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. The SFSTs were administered on a smooth and level surface that was free from obstructions and debris. The area was well lit by ambient lighting and the lighting from my patrol car. His deficiencies were noted on another portion on this worksheet.

DRIVER'S STATEMENTS:

My father died.

ODORS:

Strong odor of an unknown alcoholic beverage coming from his breath.

GENERAL OBSERVATIONS

SPEECH: slow and slurred

ATTITUDE: crying, upset and agitated

CLOTHING: disheveled and untidy

MEDICAL/OTHER: none

STATE OF FLORIDA
COUNTY OF PALM BEACH

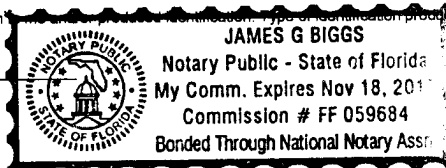
Inv. E.K. White 7209

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of March 20 17 by D/S WHITE

(Print name of Arresting/Investigative Officer), who is personally known to me and whose commission type of commission produced KNOWN

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



SCANNED
MAR 05 2017

Bio Data	Employer Address	Warrants	National Rapsheet	Electronic Rapsheet	RISC
----------	------------------	----------	-------------------	---------------------	------

Electronic Rapsheet

FC FL050002305890664 CTXID#116282421#13553167
--FLORIDA CCH RESPONSE--
ATN/TXID#116282421#13553167
FC.DLE/05890664.PUR/C.ATN/TXID#116282421#13553167
SID NUMBER: 5890664 PURPOSE CODE:C PAGE: 1
BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME,
A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR FUTURE USE

- FLORIDA CRIMINAL HISTORY -

NAME STATE ID NO. FBI NO. DATE REQUESTED
STERN, LAWRENCE NEIL FL-05890664 771646MA2 03/03/2017
SEX RACE BIRTH DATE HEIGHT WEIGHT EYES HAIR BIRTH PLACE SKIN DOC NO.
M W 09/05/1971 5'06" 170 BRO BRO TX
--CONTINUED--

SID NUMBER: 5890664 PURPOSE CODE:C PAGE: 2

FINGERPRINT CLASS SOCIAL SECURITY NO. MISCELLANEOUS NO. SCR/MRK/TAT
23 PI PO PO 18 TAT L SHLD
17 67 PO CI 18
IN AFIS - 3
OCCUPATION ADDRESS CITY/STATE
CONTRACTOR 6300 COLLINS AVE MIAMI BCH, FL
AKA DOB SOC SCR/MRK/TAT

STERN, LAWRENCE
--CONTINUED--

SID NUMBER: 5890664 PURPOSE CODE:C PAGE: 3

STERN, LAWRENCE NEIL

ARREST- 1 07/07/2003 OBTS NO.-1304738750 (FL0130000)
ARREST AGENCY-MIAMI-DADE POLICE DEPARTMENT
AGENCY CASE-0841974 OFFENSE DATE-
CHARGE 001-NONMOVING TRAFFIC VIOL-
BW NO VALID DRIVERS LICENSE
STATUTE/ORD- LEVEL-UNKNOWN

ARREST- 2 03/17/2004 OBTS NO.-0608040481 (FL0060000)
ARREST AGENCY-BROWARD COUNTY SHERIFF'S OFFICE
AGENCY CASE-500404244 OFFENSE DATE-
CHARGE 001-DUI-UNLAW BLD ALCH-
--CONTINUED--

SID NUMBER: 5890664 PURPOSE CODE:C PAGE: 4

DUI ALCOHOL OR DRUGS 2ND OFFENSE
STATUTE/ORD-FL316.193(2A) LEVEL-MISDEMEANOR,1ST DEG
CHARGE 002-MOVING TRAFFIC VIOL-
DRIVE WHILE LICENSE SUSPENDED - FIRST CONVICT
STATUTE/ORD-FL322.34(2A) LEVEL-MISDEMEANOR,2ND DEG
CHARGE 003-MARIJUANA-POSSESS-
POSSESSION OF CANNABIS LESS THAN 20 GRAMS
STATUTE/ORD-FL893.13(6B) LEVEL-MISDEMEANOR,1ST DEG
CHARGE 004-DRUGS - EQUIP - POSSESS-
POSSESSION OF DRUG PARAPHERNALIA
STATUTE/ORD-FL893.147(1) LEVEL-MISDEMEANOR,1ST DEG
JUDICIAL-
AGENCY-BROWARD COUNTY COURT (FL006023J)
--CONTINUED--

SID NUMBER: 5890664 PURPOSE CODE:C PAGE: 5

CHARGE 001 - COURT SEQ COURT NO.-04005894MM10A
SUPPLEMENTAL ARREST DATA-
STATUS- LEVEL-MISDEMEANOR,1ST DEG
PROSC DATA-REDUCED ,DUI-UNLAW BLD ALCH-
DUI LEVEL 0 20 OR MINOR IN VEH
STATUTE/ORD-FL316.193(4) LEVEL-MISDEMEANOR,1ST DEG
STATUTE DESCRIPTN-.15 OR HIGHER OR WITH PERSON UNDER 18 1ST OFF
PROS ACTION DATE-05/04/2004 ACTION-FILED
COURT DATA-SAME ,DUI-UNLAW BLD ALCH-
DUI LEVEL 0 20 OR MINOR IN VEH
STATUTE/ORD-FL316.193(4) LEVEL-MISDEMEANOR,1ST DEG
STATUTE DESCRIPTN-.15 OR HIGHER OR WITH PERSON UNDER 18 1ST OFF
DISP DATE-10/05/2004 DISP-GUILTY/CONVICTED
--CONTINUED--

SID NUMBER: 5890664 PURPOSE CODE:C PAGE: 6

COUNSEL-OTHER TRIAL-NONE PLEA-NOLO CONTENDRE
SENTENCING DATA-
SENT DATE-10/05/2004
PROBATION-09M
FINE- \$525.00 COURT COST- \$26.00
COURT PROVISION-COMMUNITY SERVICE
ATTEND DWI SCHOOL
ABIDE BY COURT RESTRICTIONS

ARREST- 3 09/03/2004 OBTS NO.-2901096670 (FL0290100)
ARREST AGENCY-PLANT CITY POLICE DEPARTMENT
AGENCY CASE-0000549091 OFFENSE DATE-09/03/2004
CHARGE 001-DRUGS - EQUIP - POSSESS-

SCANNED
MAR 05 2017

-CONTINUED--

SID NUMBER: 5890664 PURPOSE CODE:C PAGE: 7

POSSESSION OF DRUG PARAPHERNALIA
STATUTE/ORD-FL893.147 LEVEL-MISDEMEANOR,1ST DEG
CHARGE 002-MARIJUANA-POSSESS-
POSSESSION OF CANNABIS
STATUTE/ORD-FL893.13(6B) LEVEL-MISDEMEANOR,1ST DEG
CHARGE 003-MOVING TRAFFIC VIOL-
DRIVING W LICENSE CANC, SUSP, OR REVOKED
STATUTE/ORD-FL322.34(2A) LEVEL-MISDEMEANOR,2ND DEG
CHARGE 004-DUI-UNLAW BLD ALCH-
DRIVING UNDER THE INFLUENCE
STATUTE/ORD-FL316.193(1) LEVEL-MISDEMEANOR,2ND DEG

ARREST- 4 09/12/2004 OBTS NO.-0607043068

-CONTINUED--

SID NUMBER: 5890664 PURPOSE CODE:C PAGE: 8

ARREST AGENCY-BROWARD COUNTY SHERIFF'S OFFICE (FL0060000)
AGENCY CASE-500413194 OFFENSE DATE-
CHARGE 001-FAILURE TO APPEAR-
CAPIAS - MISD
STATUTE/ORD-FL843.15(1B) LEVEL-MISDEMEANOR,1ST DEG
CHARGE 002-FAILURE TO APPEAR-
CAPIAS - MISD
STATUTE/ORD-FL843.15(1B) LEVEL-MISDEMEANOR,1ST DEG
CHARGE 003-FAILURE TO APPEAR-
CAPIAS - MISD
STATUTE/ORD-FL843.15(1B) LEVEL-MISDEMEANOR,1ST DEG
CHARGE 004-FAILURE TO APPEAR-
CAPIAS - MISD

-CONTINUED--

SID NUMBER: 5890664 PURPOSE CODE:C PAGE: 9

STATUTE/ORD-FL843.15(1B) LEVEL-MISDEMEANOR,1ST DEG

ARREST- 5 08/12/2005 OBTS NO.-1307130155
ARREST AGENCY-MIAMI BEACH POLICE DEPARTMENT (FL0130700)
AGENCY CASE-0841974 OFFENSE DATE-
CHARGE 001-NONMOVING TRAFFIC VIOL-
BW NO VALID DRIVERS LICENSE
STATUTE/ORD- LEVEL-UNKNOWN

THIS RECORD CONTAINS FLORIDA INFORMATION ONLY. WHEN EXPLANATION OF A CHARGE OR
DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT CONTRIBUTED
THE RECORD INFORMATION. THIS RECORD MAY ONLY BE USED FOR CRIMINAL JUSTICE
PURPOSES AS DEFINED BY THE CODE OF FEDERAL REGULATIONS.

-CONTINUED--

SID NUMBER: 5890664 PURPOSE CODE:C PAGE: 10

THIS IS A MULTI-SOURCE OFFENDER RECORD.
END OF RECORD

-END--

SCANNED
MAR 05 2017

		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1		Juvenile								
ADMIN	OBTS Number			Agency ORI Number		Agency Name		Agency Report Number										
	FLO. 5, 0, 0, 0, 0, 0		PALM BEACH COUNTY SHERIFF'S OFFICE				17-496681											
CHARGES	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)		Alias		Race		Sex		Date of Birth									
VICTIM	DRIVING UNDER THE INFLUENCE		Charge Description															
	Charge Description		Charge Description															
VICTIM	Victim's Name (Last, First, Middle)		Race		Sex		Date of Birth											
	STATE OF FLORIDA																	
VICTIM	Local Address (Street, Apt Number)		(City)		(State)		(Zip)		Phone		Address Source							
	Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation							
PROBABLE CAUSE STATEMENT	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																	
PROBABLE CAUSE STATEMENT	<input checked="" type="checkbox"/> committed the below acts in my presence.																	
	<input type="checkbox"/> was observed by _____ who told _____																	
PROBABLE CAUSE STATEMENT	<input type="checkbox"/> confessed to _____																	
	<input type="checkbox"/> that he/she saw the arrested person commit the below acts.																	
PROBABLE CAUSE STATEMENT	admitting to the below facts.																	
	was found to have committed the below acts, resulting from my (described) investigation.																	
PROBABLE CAUSE STATEMENT	On the 3RD day of MARCH 20 17 at 0005 <input checked="" type="checkbox"/> A.M <input type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)																	
	I WAS AT THE INTERSECTION OF SIMS RD. AND ATLANTIC AVE. WHEN I OBSERVED A WHITE MALE, LATER IDENTIFIED AS LAWRENCE STERN BY HIS FLORIDA ID CARD, RIDING A RED MOPED EASTBOUND ON ATLANTIC AVE WITHOUT A HELMET OR PROTECTIVE EYE WEAR. I PULLED OUT FROM SIMS RD. AND OBSERVED THE MOPED SLOW DOWN AND PULL OFF TO THE RIGHT OF THE ROADWAY IN FRONT OF 5350 ATLANTIC AVE. I OBSERVED STERN DROP THE MOPED TO IT'S LEFT SIDE AND FALL TO THE GROUND. I INITIATED A STOP ON STERN AND MADE CONTACT WITH HIM. STERN WAS ATTEMPTING TO PICK UP HIS MOPED AND PLACE THE KICK STAND DOWN. ONCE STERN PICKED UP HIS MOPED HE HELD HIS KEYS OUT AT SHOULDER LENGTH. I ASKED STERN IF HE WAS OK, AND TO SEE HIS DRIVER'S LICENSE. STERN HAD A BLANK STARE TO HIS FACE AND BLOOD SHOT EYES. I COULD ALSO SMELL THE ODOR OF ALCOHOL COMING FROM HIS PERSON. I ASKED HIM AGAIN FOR HIS LICENSE AND HE FAILED TO PROVIDE IT TO ME. I ASKED IF HE HAD BEEN DRINKING TONIGHT AND HE SAID, "NO". I ASKED FOR HIS LICENSE ONE MORE TIME AND HE FINALLY WAS ABLE TO TAKE IT OUT AFTER PULLING SEVERAL DIFFERENT THINGS OUT FROM HIS POCKETS (CIGARETTES, PHONE, THEN LIGHTER). I RAN STERN WHO DID NOT HAVE A VALID LICENSE AND HAD AN ACTIVE WARRANT OUT OF BROWARD COUNTY FOR A DUI. WHILE WATCHING STERN I OBSERVED HIM STUMBLE A COUPLE OF TIMES. BASED ON THE ABOVE FACTS I DETERMINED STERN WAS OPERATING HIS MOPED WHILE UNDER THE INFLUENCE AND CALLED FOR A DUI UNIT TO RESPOND AND CONDUCT A DUI INVESTIGATION																	
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH																	
	(Signature of Arresting/Investigative Officer)																	
ADMINISTRATIVE	The foregoing instrument was sworn to or affirmed and subscribed before me this 03 day of MARCH 20 2017 by D/S LUSSIER #8172																	
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced																	
ADMINISTRATIVE	KNOWN																	
	Notary Public, Clerk of Court, Officer (F.S.S.) 11.7.1 (f)																	

SCANNED

NOT A CERTIFICATE

SCANNED
MAR 05 2017

SUBJECT: STERN LAWRENCE NEIL

CASE NUMBER 17-046687

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:

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. Subject often turned his head to assist his eyes in following my finger. At times he did not look at my finger.

WALK & TURN:

The def was placed in the instructional stance for the Walk & Turn and given instructions. The def stated that they understood my instructions. Subject could not maintain his balance while placed in the instructional position. He swayed and stumbled. Ultimately he abandoned the position. After losing his balance in all his attempts to stand in the instructional position he told me he could not do it.

ONE LEG STAND:

The def was placed in the instructional stance for the One Leg Stand and given instructions. The def stated that they understood my instructions. The defendant swayed while I was giving the instructions to this task. When he attempted this evaluation he immediately dropped his foot on the pavement. He once again told me he could not do it.

FINGER TO NOSE:

The def was placed in the instructional stance for the Finger to Nose and given instructions. The def stated that they understood my instructions. During this evaluation subject swayed from side to side. He did not touch the tip of his finger to the tip of his nose on all attempts, rather he touched the bridge and underneath his nose. He flinched the wrong hand on one occasion.

ROMBERG ALPHABET:

The def was placed in the instructional stance for the Romberg Alphabet and given instructions. The def stated that they understood my instructions. Subject swayed during this task. He failed to recite the 26 letter alphabet on all his attempts

BREATH TEST RESULTS: 1) Refused 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

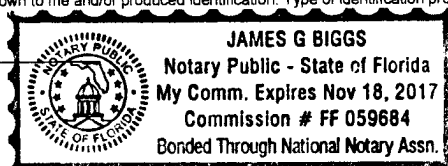
Inv. E.K. White 7209

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of March 2017 by D/S WHITE

(Print name of Arresting/Investigative Officer), 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
MAR 05 2017

WITNESS LIST

CASE NUMBER: **17-046687**

ARRESTING OFFICER: **Inv. E.K. White 7209**

ADDRESS: **DUI/Traffic**

PHONE NUMBERS (HOME): _____ (WORK) **561 681 4500**

CAN TESTIFY TO: **DUI Investigation**

NAME: **DEPUTY CASEY LUSSIER**

ADDRESS: **DIST 8**

PHONE NUMBERS (HOME) _____ (WORK) **561 688 3000**

CAN TESTIFY TO: **OBSERVING THE DEFENDANT'S VEHICLE IN MOTION**

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
MAR 05 2017

TESTING FACILITY TASK REPORT

AGENCY: PBSO-WHITE

SUBJECT: STERN, LAWRENCE N

CASE NUMBER: 17-046687

DATE: Mar 3, 2017

VIDEO DVD NUMBER: 62217

BEGINNING TIME: 0231

ENDING TIME: 0236

BREATH TESTS RESULTS: 1) REF TIME 0234 A.M. ☒ P.M. ☐ 2) XX TIME XX A.M. ☐ P.M. ☐
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karkleck #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: GREEN/WHITE SHIRT, BLUE JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY, RED

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

SUBJECT UNSTEADY ON FEET AT TIMES

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0210

SUBJECT DID NOT ANSWER THE BOOKING QUESTIONS, SAT SILENTLY

SUBJECT DID NOT ANSWER REQUEST FOR BREATH

IMPLIED CONSENT WAS READ

SUBJECT DID NOT ANSWER, REFUSAL WAS CALLED

SUBJECT DID NOT ACKNOWLEDGE MIRANDA OR QUESTIONS

SCANNED
MAR 05 2017

SUBJECT: Stern, Lawrence W

CASE NUMBER: 17 046687

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 DIS White of the P1350

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) Read on Camera

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.

SCANNED
MAR 05 2017

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: Stern, Lawrence N CASE NUMBER: 17-046687

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?	_____

SCANNED
MAR 05 2017

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: Inv. E.K. WHITE

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL