19CF5315

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-050386

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

Weapon Seized / Type: 1. Yes 2. No

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
SEMINOLE PRATT AND WHITNEY RD (S) OF OKEECHOBEE BV LOX FL 33470	SEMINOLE PRATT AND WHITNEY RD (S) OF OKEECHOBEE BV LOXAHATCHEE FL 33470

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/21/2019	0047					MICHELLE QUINT

DEFENDANT

Name (Last, First, Middle): CLOWARD LEA RANAE — Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	07/22/1991	508	155	HAZ	BRO	LT	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): TAT LEFT HIP AND LEFT SIDE

Marital Status: S — Religion: CHRISTIAN

Indication of: Alcohol Influence Y ☐ N ☐ Unk. ☐ — Drug Influence Y ☐ N ☐ Unk. ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 17107 TEMPLE BV LOXAHATCHEE FL 33470 — Phone: (561) 3016544 — Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 12693 WESTHAMPTON CIR, WELLINGTON FL 33414 — Phone: ( ) — Address Source: DEFENDANT

Business Address (Name, Street) (City) (State) (Zip): — Phone: ( ) — Occupation: BARTENDAR

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
(FL)C463536917620	[redacted]		LOXAHATCHEE FL	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: — 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 ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended — Grade

Property Crime? ☐ Yes ☐ 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/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI		☐Y ☒N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
/	/	N/A	19-050386		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☒N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
/	/	/			

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): 3228 GUN CLUB RD WPB FL 33406

Court Date and Time: Month APRIL Day 18 Year 2019 Time 0830 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) — Date Signed: 03/21/2019

ADMIN

HOLD for other Agency Name: — Signature of Arresting Officer: [signature] — Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): INV E. K. WHITE — I.D. #: 7209

Intake Deputy	I.D. #	Pouch #	Transporting Officer	ID #	Agency
			E. K. WHITE	7209	PBSO

Witness here if subject signed with an "X" — PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

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SCANNED MAR 27 2019

2019 MAR 21 PM 9:

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile

ADMIN

Agency ORI Number: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06- 19-050386

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
CLOWARD, LEA, RANAE		W	F	07/22/1991

CHARGES

Charge Description		Charge Description
DUI	316.193(1)	
Charge Description		Charge Description

VICTIM

Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth
, ,				/	/	/
Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone ( )	Address Source	
,						
Business Address (Name, Street)	(City)	(State)	(zip)	Phone ( )	Occupation	

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

☐ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 21 day of MARCH 20 19 at 0023 ☐ A. M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

I made contact with the driver who was currently sitting in the driver seat of the black vehicle. She was later identified as Lea Ranae Cloward by her Florida driver license. During my interview I noticed her eyes were red, watery and glossy. Her cheeks were flushed and mouth was dry. I could smell a strong odor of an unknown alcoholic beverage emanating from the inside of the vehicle. I told her I had a suspicion that she had been drinking an unspecified amount of alcoholic beverages. She nodded her head in approval. I asked if she would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if she was impaired while operating a motor vehicle. She consented to performing the SFSTs. Prior to exiting the vehicle I asked if she had any physical problems with her body that would inhibit her from performing light physical movements. I also asked if she was on medication. The defendant conveyed she neither had anything wrong with her physically, nor was she taking medication. I asked her to exit the vehicle and noticed she showed difficulty in maintaining her balance. She swayed while standing and was unsteady. D/S Liming and Campbell repositioned their patrol cars to the inside lane where it created a safer environment for the SFSTs. I escorted her to a smooth and level surface that was free from obstructions and debris. The area was well lighted by street lights and the headlights from my patrol car. The defendant removed her sandals from her feet after the tasks had begun. The following SFSTs were explained, demonstrated and acknowledged by her prior to her performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. Her deficiencies were recorded on another form on this worksheet. At the conclusion of the SFSTs, coupled with the deputy's observation of the defendant's vehicle in motion and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant she was being placed under lawful arrest for DUI. D/S Liming searched her after she was handcuffed, double locked and checked for proper fit. She permitted her friend (Michelle Quint) to take custody of her vehicle and other personal effects. Afterward I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted her into the facility and began a 20 minute observation period. During this time she ingested nothing into her body orally or otherwise. She also did not regurgitate. I escorted her into the testing room and asked her to give two breath samples for the purpose of determining her alcohol content.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of MARCH 20 19 by INV E. K. 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)

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

PAGE 1 OF 2

PBSO #0004 REV. 8/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

SCANNED MAR 21

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-050386

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
CLOWARD, LEA, RANAE		W	F	07/22/1991

CHARGES

Charge Description		Charge Description
DUI	316.193(1)	
Charge Description		Charge Description

VICTIM

Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth
, ,				/	/	/
Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone ( )	Address Source	
,						
Business Address (Name, Street)	(City)	(State)	(zip)	Phone ( )	Occupation	

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

☐ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 21 day of MARCH 20 19 at 0023 ☐ A. M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

The defendant initially refused. I read implied consent and asked if she understood it. She told me she did not understand the consent. I allowed her to read it and she consented to giving breath samples. As the technician prepared the instrument, she once again refused. I asked if she understood the consent and she told me she did. She still refused, however. At this time she was deemed a refusal. I advised her of her Constitutional Rights and asked if she understood them. She told me she understood her "rights". I asked if she would consent to an interview and she obliged. At the conclusion of the interview the defendant was booked into the main jail for DUI without incident.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of MARCH 20 19 by INV E. K. 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)

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

SCANNED MAR

PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile:

ADMIN

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 19-050386

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor [✓] 4. Traffic Misdemeanor 5. Ordinance 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Cloward Lea			F	07/22/1991

CHARGES

Charge Description	Charge Description
DUI 316.193	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
	( )	
Business Address (Name, Street) (City) (State) (zip)	**Phone**	**Occupation**
	( )	

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

[✓] committed the below acts in my presence.
[ ] confessed to _____ admitting to the below facts.
[ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
[ ] was found to have commited the below acts, resulting from my (described) investigation.

On the 21st day of March 20 19 at 0055 [ ] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

On 03/21/2019 at approximately 0028 hours I was patrolling the area of Okeechobee Blvd., in Loxahatchee Groves, Palm Beach County, FL. While I was traveling eastbound I saw a dark colored small sedan traveling westbound at a high rate of speed with the passenger side headlamp out. I turned around and paced the vehicle for 1/2 of a mile at 55 in a posted 30 MPH zone. During this time the vehicle weaved from left to right crossing the lane limit lines. The vehicle entered the left turn lane at the intersection of Okeechobee Blvd and Seminole Pratt turning left during the green left turn arrow. I made the traffic stop at Seminole Pratt and East Jenny Lane. I advised the driver why she was stopped and the stopped she was traveling. The drivers eyes were red and watery while a smell of an unknown alcoholic beverage emitted from the vehicle. When asked the driver admitted to having 4 drinks. I contacted DUI #10 D/S E. White to have him respond. DUI#10 arrived and the stop was turned over to him.

I assisted in towing the vehicle while the driver was transported to the Breath Testing Facility.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S G. Campbell II
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21st day of March 20 19 by D/S G. Campbell II 26682

(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)

PBSO 99064 REV. 01/03 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21 DAY OF MARCH 20 19, AT 0023 AM PM

SUBJECT: CLOWARD LEA RANAE CASE NUMBER: 19-050386

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV E. K. WHITE

PERSONAL CONTACT

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

On Thursday, March 21, 2019 at approximately 0025 hours, I responded to 1784 Seminole Pratt and Whitney Road, Loxahatchee (Palm Beach County) Florida to assist Deputy George Campbell with a traffic stop that involved a possible drunk driver. Upon my arrival I noticed D/S Campbell' patrol car stopped in the southbound turn lane behind a black vehicle. His emergency lights were activated. Deputy Tifini Liming was also on scene as a back up deputy. Her patrol vehicle was stopped with its emergency lights activated as well. I made contact with D/S Campbell who told me he observed a black vehicle speeding on Okeechobee Avenue. Prior to stopping the vehicle he watched it weave and not maintain its lane of travel. He ultimately conducted a traffic stop on the vehicle and made contact with a white female driver who was the sole occupant. While speaking with her he suspected her to have been drinking an unspecified amount of alcoholic beverages. He asked that a DUI unit respond to his location to assess the driver for DUI. D/S Campbell wrote a sworn witness statement on a probable cause affidavit detailing his involvement with this incident.

OBSERVATION OF DRIVER:

SEE PC AFFIDAVIT

DRIVER'S STATEMENTS:

I MADE A MISTAKE

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: **SLIGHTLY SLURRED**

ATTITUDE: **VARYING BETWEEN CRYING, JOKING AND LAUGHING**

CLOTHING: **SHORT PANTS, BLACK SHIRT BLACK SANDALS**

MEDICAL/OTHER: **THYROID**

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of MARCH 20 19 by INV E. K. 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)

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

SUBJECT: CLOWARD LEA CASE NUMBER 19-050386

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] 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 showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation. I also saw an onset of Nystagmus prior to 45 degrees in both eyes. Subject swayed while performing this task.

WALK & TURN:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: During this task subject began the evaluation too soon. She failed keep her hands by her side. She did not touch heel to toe. She stepped off the line. She turned improperly. She said she has balance issues and recalled an incident when her niece fell against her. She did not complete this task.

ONE LEG STAND:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject began this task during the instructions. She did not keep her hands by her side as instructed. She swayed and counter leaned in an effort to maintain her balance. She dropped her foot on the roadway three times.

FINGER TO NOSE:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject began this task too soon. During the task she failed to touch the tip of her finger to the tip of her nose on all attempts. Rather she touched the sides and bridge of her nose. She used the wrong hand on one occasion

ROMBERG ALPHABET:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject failed to recite the alphabet on her first attempt. Successful on her second.

NOT A CERTIFIED COPY

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

NNED INV E. K. WHITE
1 2019 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of MARCH 20 19 by INV E. K. WHITE

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification and who did take an oath. KNOWN

MAR

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

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

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: 80-006478 Software: 8100.27
Date of Test: 03/21/2019

Date of Last Agency Inspection: 03/15/2019
Observation Period Began: 01:50
Subject's Name: LEA R CLOWARD DOB: 07/22/1991 Sex: F

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	02:17
Air Blank	0.000	02:17
Control Test	0.081	02:18
Air Blank	0.000	02:18
Subject Sample #1	REF*	02:19
Air Blank	0.000	02:19
Control Test	0.080	02:19
Air Blank	0.000	02:20
Diagnostics Check	OK	02:20

*Subject Test Refused

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of PALM BEACH,

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I PARIS D POUND, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 03/21/19
Signature

Sworn to (or affirmed) before me this 21st day of MARCH, 2019

_____ INV. E.K. WHITE
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

NOT A CERTIFIED COPY

19-050386

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, INV E. K. WHITE, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 21 day of MARCH, 20 19, at 0047 ☐ P.M ☑ A.M.

DRIVER LEA RANAE CLOWARD,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# (FL)C463536917620, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by INV E. K. WHITE and
(Name of Arresting Officer)

issued Citation # A2G43RP.

That on or about the 21 day of MARCH, 20 19, at 0215 ☐ P.M ☑ A.M.

in PALM BEACH County,

I requested that the driver submit to a X **breath and/or** **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

Notary Public State of Florida
Paris Pound
My Commission GG 20007
Expires 03/25/2022

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 21 day of MARCH, 20 19, by INV E. K. WHITE, who is personally known to me or who has produced KNOWN as identification.

Notary Public

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

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TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: CLOWARD, LEA R CASE NUMBER: 19-0503&6

DATE: 03/21/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 02:13 ENDING TIME: 02:23

BREATH TESTS RESULTS: 1) R TIME 02:15 A.M./P.M. 2) N/A TIME — A.M./P.M.

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: P. BUNO # 24639

MAINTENANCE TECHNICIAN: J. LAVECCHIA # 6467

TESTING OFFICER'S OBSERVATIONS

REFUSED

SPEECH: SLURRED

ATTITUDE: TALKATIVE, CALM

CLOTHING: BLUE SHORT SLEEVE, BLACK COAT, BLACK PANTS, BLACK SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: THYROID

OTHER: EYES GLASSY AND BLOODSHOT

A. STATED SHE HAD 14 BEERS ON CAMERA

COMMENTS: ARRIVED AT CENTER W/ ESCORT THE 20 MINUTE OBSERVATION WAS DONE AT 01:50 HRS.

A. REFUSED TO TAKE TEST.

A/O. READ I/C

A. STATED SHE DIDN'T UNDERSTAND I/C AND WOULD TAKE TEST AFTER A/O WALK OVER TO HER TO HAVE HER READ I/C HERSELF.

TECH. WALK OVER TO THE INSTRUMENT TO PUT INFORMATION IN THEN A. AID SHE WOULD REFUSED TEST @ 02:15 HRS.

A/O. READ RIGHTS A. STATED SHE UNDERSTOOD RIGHTS

A/O. CONDUCTED Q+A

A. ANSWER QUESTIONS.

REFUSED

USED CAMERA REFUSED TIME @ 02:15

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SUBJECT: CLOWARD, LEA R CASE NUMBER: 19-050386

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) 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.

SUSPECT'S SIGNATURE: (X) Read on Camera

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SUBJECT: CLOWARD, LEA R CASE NUMBER: 19-050386

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? To my best friends house

WHAT STREET OR HIGHWAY WERE YOU ON? Sunset Prkwy

DIRECTION OF TRAVEL? E-SUN WHERE DID YOU START? Gator Shack (Bar)

WHAT TIME DID YOU START? 11:30 pm WHAT TIME IS IT NOW? I Don't Know

WHAT IS TODAY'S DATE? 3/22 I think WHAT DAY OF THE WEEK IS IT? Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Bch (Crum) WB

WHEN DID YOU LAST EAT? 4:30 pm Yesterday WHAT DID YOU EAT? Taco Chili cheese

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Had a meeting and hung out

HOW MUCH DO YOU WEIGH? 155 HAVE YOU BEEN DRINKING? Yes WHAT? Beers Michelob Ultra

HOW MUCH? 4 WHERE? Gator Shack WITH WHOM? Co-workers

WHEN DID YOU HAVE YOUR FIRST DRINK? 8 pm AND YOUR LAST DRINK? 11:30 pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Normal

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Nope ARE YOU UNDER THE INFLUENCE? Negative

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? / HOW MUCH? /

WHAT? / WHERE? / WHEN? /

WHAT LINE OF WORK ARE YOU IN? Bartender WHEN DID YOU LAST WORK? Friday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? Thyroid no meds

ARE YOU SICK OR INJURED? Nope WHAT'S WRONG? /

DO YOU LIMP? A little bit but from surgery ago DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? Nope

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Nope WHEN? /

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? Nope WHO? / WHY? /

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? ~~Nope~~ Yes WHAT? Don't know WHEN? Daily

DO YOU HAVE:
- EPILEPSY? Nope
- GLASS EYE? Nope
- FALSE TEETH? Nope
- EAR INFECTION? Nope
- INNER EAR TROUBLE? Nope
- DIABETES? Nope

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

DO YOU TAKE INSULIN? Nope IF SO, WHEN WAS YOUR LAST INJECTION? /

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Nope WHERE? /

INTERVIEWER: TFC. E. K WHITE

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

WITNESS LIST

CASE NUMBER: 19-050386

ARRESTING OFFICER: INV E. K . WHITE

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS

NAME: D/S GEORGE CAMPBELL

ADDRESS: DIST 15

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

CAN TESTIFY TO: STOPPING THE VEHICLE FOR SPEEDING

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	119.071(2)(h)	Other: Identity of victim of sexual battery, lewd and lascivious offense upon a person less than 16 yrs old, cheld abuse, or other sexual offense.	
	☐	119.0712(2)	Other: Personal information contained in a motor vehicle record	

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REVIEW COMPLETED BY

Booking Number: 2019009523	**Date:** 3/21/2019
	Specialist Name/ID: M. Tooks #8557