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ARREST / NOTICE TO APPEAR

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

1 JUVENILE

Agency ORI Number 0502300	Agency Name North Palm Beach Police Department	Agency Report Number (N.T.A.'s only) 7 0 17-000035				
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type NONE					
Location of Arrest (Including Name of Business) PARK ROAD & ALTAIA		Location of Offense (Business Name, Address) 600 NORTHLAKE BLVD BLK, PBSO, FL 33408				
Date of Arrest 01/09/2017	Time of Arrest 22:39	Booking Date 01/09/2017	Booking Time 22:49	Jail Date	Jail Time	Location of Vehicle GARDENS TOWING
Name (Last, First, Middle) THOMAS, LEO DAVID						
Alias: Alias:						
Race W - White B - Black	Sex M	Date of Birth 09/25/1964	Height 6'01	Weight 245	Eye Color BLUE	Hair Color BROWN
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)				Marital Status D	Religion CHRISTIAN	
Local Address (Street, Apt. Number) 2000 N ESTRELLA CT 101, PALM BEACH GARDENS, FL 33410				Phone (352) 258-2103		Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.
Permanent Address (Street, Apt. Number) 2000 N ESTRELLA CT 101, PALM BEACH GARDENS, FL 33410				Phone (352) 258-2103		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1
Business Address (Name, Street)				Phone		Address Source FL DL
D/L Number, State TS20524643450 / FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) GAINESVILLE, FL		Citizenship US
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth
Name (Last, First, Middle) Parent <input type="checkbox"/> Other: _____ Legal Custodian						
Address (Street, Apt. Number) D OR						
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated
Released To: (Name)				Date	Time	
The above address was 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's Office (Phone 355-2526) informed of any change of address.				School Attended		Grade
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property
						Value of Property
Drug Activity S. Sell R. Smuggle K. Disperses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other N. N/A B. Buy D. Deliver T. Traffic E. Use						
Drug Type B. Barbiturate N. N/A C. Cocaine A. Amphetamine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other						
Charge Description DUI - DRIVING WHILE UNDER INFLUENCE						
Drug Activity	Drug Type	Amount / Unit	Offense # 17-000035	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Statute Violation Number 316.193(1)						
Violation of ORD #						
Charge Description						
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Statute Violation Number						
Violation of ORD #						
Charge Description						
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Statute Violation Number						
Violation of ORD #						
Health / Apparent Physical Condition of Defendant						
Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:						
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> PROPERTY - Received By <input type="checkbox"/> Released By <input type="checkbox"/> Released To <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						
Transported By Thomas Date Transported 1/10/2017 Time Transported 13:30:00 Other						
INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						
Location (Court, Room) North County PALM BEACH GARD						
Court Date and Time 02/15/2017 13:30:00						
No Photo Available						
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						
Signature of Defendant (or Juvenile and Parent/Custodian) Thomas Date Signed 1/10/2017						
HOLD for Other Agency						
Signature of Arresting Officer						
Name of Arresting Officer (Print) MCCOY, JOSHUA I.D. # 9830						
(PRINT)						
Transporting Officer I.D. # Agency J. MCCOY 9830 NPBP						
Witness here if subject signed with an "X" JAN 10 AM 1:32						
PAGE 1 OF 1						

Signature of Defendant (or Juvenile and Parent/Custodian)

Date Signed

Dangerous

Resisted Arrest

Suicidal

Other

Initials

ID. #

Pouch #

Transporting Officer

I.D. #

Agency

Witness here if subject signed with an "X"

JAN 10 AM 1:32

PAGE

1 OF 1

10484342

JAN 11 2017

PH 269

North Palm Beach Police Department

FILING PACKAGE RECEIPT FORM

Check One:

- DHSMV - Bureau of Driver Improvement Hearing Office
- State Attorney's Office D.U.I. Intake
- Felony/Misdemeanor Filing Documentation

Case Number: 17000035

Defendant: LEO D. THOMAS

Officer: Officer J. McCoy ID, # 9830

District: Road Patrol

Date Submitted: 01/10/17

Sent By: _____

Supervisor Approval: _____

Received By Court Liaison: _____

Date/Time Received: _____

FILING PACKAGE LOGGED BY LIAISON
ON DATE AND TIME LISTED ABOVE

RETURN THIS ORIGINAL RECEIPT TO OFFICER

SCANNED
JAN 11 2017

Ver-OA-10G

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10 DAY OF JANUARY 20 17, AT _____ AM PM
SUBJECT: LEO D. THOMAS CASE NUMBER: 17000035
AGENCY: North Palm Beach Police Department ARRESTING OFFICER: Officer J. McCoy
PERSONAL CONTACT

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

On 01/09/17 at 2219 hours, I was patrolling the area of the 600 block of Northlake Blvd in my marked patrol vehicle. Northlake Blvd is a six lane roadway, primarily zoned for business and has a speed limit of 40MPH. I was traveling westbound on Northlake Blvd in the middle lane approaching Southwind Drive within the jurisdictional boundaries of the Village of North Palm Beach.

While doing so, I observed a maroon Toyota bearing Florida tag #LDT traveling in the same direction as me in the far north lane on Northlake Blvd. The vehicle caught my attention as it swerved into my lane, causing me to hit my breaks to avoid a collision with the vehicle. The vehicle then over corrected itself into the lane causing the front right tire to softly hit the curb. As the vehicle was traveling on Northlake Blvd, it weaved into the fog lane 7 times, two of them missing the curb by inches and the dotted white line 5 times before we approached Prosperity Farms Road. Due to the vehicle failing to maintain a lane, nearly causing a car crash with me, I activated all my emergency equipment conducted a traffic stop on the vehicle at the intersection of Prosperity Farms Road and Northlake Blvd. The vehicle failed to yield right away, passing several available parking lots and open business to pull over. After activating my emergency siren several more times, the vehicle attempted to pull over at the corner of Alt A1a & Park Road, North Palm Beach. As the vehicle pulled onto Park Road, the tires hit the curb and went into the grass.

OBSERVATION OF DRIVER:

I made contact with sole occupant of the vehicle who was identified by his Florida Driver's License as W/M Leo D. Thomas (09/25/64). As I introduced myself and requested Thomas' driver's license, registration and proof of insurance, I could immediately smell an unknown alcoholic beverage coming from Thomas' breath as he spoke to me. I observed Thomas to have red and glassy eyes and his speech was extremely slurred. As Thomas was collecting the documents I requested, I observed his reaction time appeared delayed and slow. I asked Thomas if he was okay and if he needed any medical attention due to his driving pattern but he told me that he was fine and refused medical attention. When I asked Thomas where he was coming from, he stated "I'm coming from Frigates and I only had a couple of beers man." I requested Thomas to step out of the vehicle to talk to me. When Thomas got out of his vehicle, it appeared he was having a hard time keeping his balance and he was swaying approximately 2-3 inches from side to side.

DRIVER'S STATEMENTS:

When I asked Thomas where he was coming from, he stated "I'm coming from Frigates and I only had a couple of beers man."

ODORS:

As I introduced myself and requested Thomas' driver's license, registration and proof of insurance, I could immediately smell an unknown alcoholic beverage coming from Thomas' breath as he spoke to me.

GENERAL OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM

CLOTHING: YELLOW SHIRT, WHITE PANTS, BOAT SHOES

MEDICAL/OTHER: N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

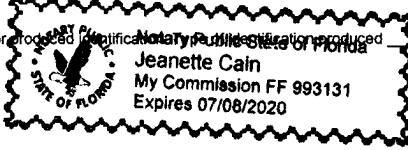
Officer J. McCoy

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of JANUARY 20 17 by _____

(Print name of Arresting/Investigative Officer, who is personally known to me and/or has read this instrument and signed it in my presence)

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



SCANNED
JAN 11 2017

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:**

Can't keep balance while listening to instructions (Thomas had a difficult keeping his balance as I was explaining the directions to him, he was swaying approximately 2-3 inches from side to side). Stops walking to steady himself (Thomas stopped walking on steps 4,7 and on steps 5 and 8 on the way back). Misses heel to toe (Thomas missed heel to toe on steps 2, 3, 4, 5, 6, 7, 8, 9 and on steps 1, 2, 3, 4, 5, 6, 7, 8 and 9 on the way back). Steps off Line (Thomas stepped off the line on steps 2, 4, 7 and on steps 3, 7 and 8 on the way back). Uses arms for balance (Thomas used both his arms for balance, raising them both over six inches even though he was instructed not too). Improper turn (Thomas started stumbling with both feet while turning around and had a difficult time doing).

ONE LEG STAND:

Can't keep balance while listening to instructions (Thomas had a difficult keeping his balance as I was explaining the directions to him, he was swaying approximately 2-3 inches from side to side). Hopping (Thomas started hopping after the 2 second and continued to do so throughout the entire exercise). Puts foot down (Thomas put his foot down after the 6th second then the 8th second then about every second after). Does not count (Thomas did not count at all during the entire exercise even though he was instructed to do so).

FINGER TO NOSE:

Can't keep balance while listening to instructions (Thomas had a difficult keeping his balance as I was explaining the directions to him, he was swaying approximately 2-3 inches from side to side). Fails to return arms down to side (Thomas failed to return his arms down to his side every time. I had to instruct Thomas to put his arms down on every attempt). Finger does not touch nose (On the 1st attempt with Thomas' left hand, his index finger touch the side of his face instead of his nose as instructed as for every time except the last attempt).

ROMBERG ALPHABET:

Can't keep balance while listening to instructions (Thomas had a difficult keeping his balance as I was explaining the directions to him, he was swaying approximately 2-3 inches from side to side). (Thomas used both his arms for balance, raising them both over six inches even though he was instructed not too). Does not keep eyes closed (Thomas continued to open his eyes during the exercise several times even though he was instructed not too).

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

Officer J. McCoy

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of JANUARY 2017 by _____

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

Notary Public State of Florida
Jeanette Cain
My Commission FF 993131
Expires 07/08/2020

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

SCANNED
JAN 11 2017

WITNESS LIST

17000035

CASE NUMBER: _____

ARRESTING OFFICER: **Officer J. McCoy**

ADDRESS: 560 US Hwy 1, North Palm Beach FL

PHONE NUMBERS (HOME): _____ (WORK) 561-799-4456

CAN TESTIFY TO: Facts of the case

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: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

JAN 11 2017

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? ALT A1A

DIRECTION OF TRAVEL? Home WHERE DID YOU START? Frigates

WHAT TIME DID YOU START? 11/1 WHAT TIME IS IT NOW? No Idea

WHAT IS TODAY'S DATE? Unknown WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? Lantana

WHEN DID YOU LAST EAT? 6:00 PM WHAT DID YOU EAT? Soup

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? With me

HOW MUCH DO YOU WEIGH? 245 HAVE YOU BEEN DRINKING? Yes WHAT? Beer

HOW MUCH? Unknown WHERE? Frigates WITH WHOM? Friend

WHEN DID YOU HAVE YOUR FIRST DRINK? 05:00 PM AND YOUR LAST DRINK? Unknown

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? S, P

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Not really ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Realtor WHEN DID YOU LAST WORK? Today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? Flat feet

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

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

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Yes Pills WHEN? This Morning

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? _____ WHEN? _____

DO YOU HAVE: EPILEPSY? No

GLASS EYE? No

FALSE TEETH? No

EAR INFECTION? No

INNER EAR TROUBLE? No

DIABETES? No

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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? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? _____

INTERVIEWER: _____

TESTING FACILITY TASK REPORT

10

AGENCY: NO PALM BCH PD

SUBJECT: THOMAS, LEO DAVID

CASE NUMBER: 17-024619

DATE: JAN. 9th, 2017

VIDEO TAPE NUMBER: 61963

BEGINNING TIME: 23:20 hrs.

ENDING TIME: 23:30 hrs.

BREATH TESTS RESULTS: 1) TIME 23:22 A.M./P.M. 2) TIME A.M./P.M.

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

BREATH OPERATOR: J. CAIN #2109

MAINTENANCE TECHNICIAN: J. KARLECKDE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: polite, reserved

CLOTHING: wht. pants, yellow polo shirt, tan boat shoes

MEDICAL CONDITIONS: depression

MEDICATIONS: med. for above in Am (taken) mentioned on video

OTHER: brn/blue 52 YOA

Odor of unknown alcoholic beverage

Eyes: Red + glassy

COMMENTS: * Δ defecated on himself *

20 min. observ done by arresting officer.

 Δ said no to b/t.A/O read the Implied Consent to Δ .

Said he understood I/C and no again.

A/O accepted refusal.

Rights read by A/O. Stated he understood them.

Answered questions.

Didn't know time, date - Mon.

Said drank beer earlier - w/ friend.

SCANNED

JAN 11 2017

SUBJECT: Leo D. Thomas

CASE NUMBER: 7000035

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

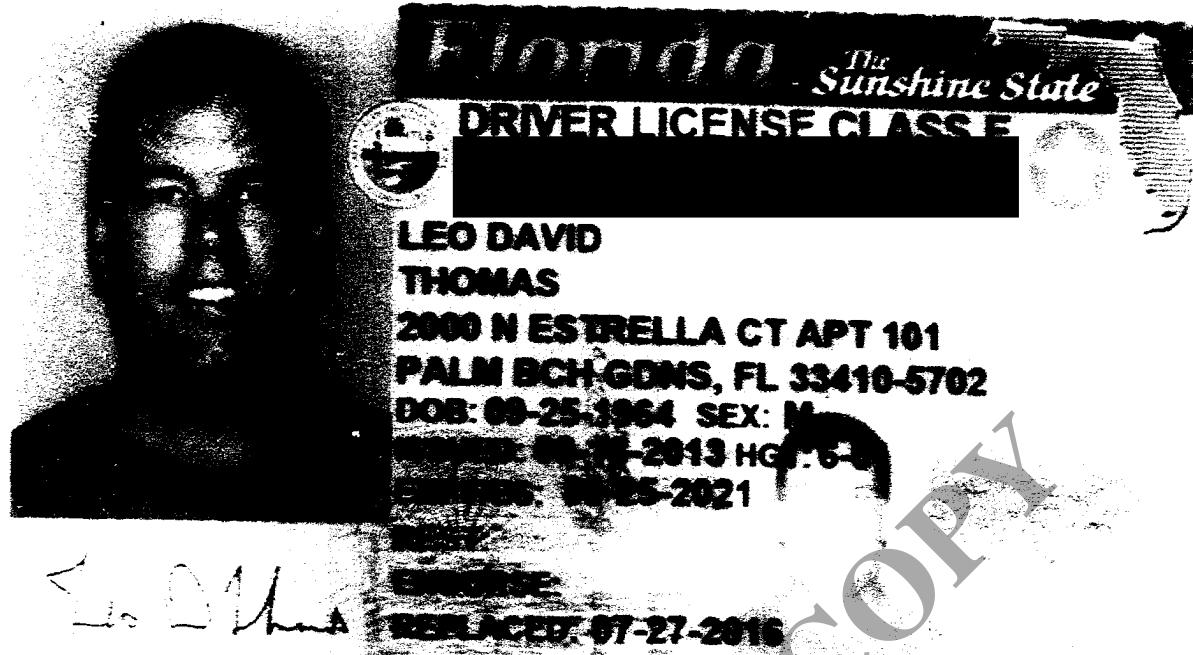
CONSTITUTIONAL WARNINGS

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.

SCANNED
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SUSPECT'S SIGNATURE: (X) Read on Camera



SAFE DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law

NOT A CERTIFIED COPY

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