0512655 NR 3950 19CT 21208

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: N

ADMINISTRATIVE

Agency ORI Number: FLO 502600
Agency Name: Palm Beach Gardens Police Department
Agency Report Number (N.T.A.'s only): 78- 19006765

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 — 2 N/A
Multiple Clearance Indicator

Location of Arrest (including Name of Business): 4560-100 PGA BLVD, PBG, FL
Location of Offense (Business Name, Address): 4560-100 PGA BLVD, PBG, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/16/2019	1939					4560-100 PGA BLVD

DEFENDANT

Name (Last, First, Middle): DILLON, LIA, LYNN
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	03/15/1994	501	130	GREEN	BLONDE	LIGHT	SLIM

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): SCAR ON HEAD
Marital Status: SINGLE
Religion: NA
Indication of: Alcohol Influence ☑ Y ☐ N ☐ Unk. / Drug Influence ☐ Y ☐ N ☑ Unk.

Local Address (Street, Apt. Number): 2372 BAY VILLAGE CT (City) PALM BEACH GARDI (State) FL (Zip) 33410 Phone (561)5682351
Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number): 2372BAY VILLAGE CT (City) PALM BEACH GARDI (State) FL (Zip) 33410 Phone (561)568-2351
Address Source: DRIVER LICENSE

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

DL Number, State: D450532945950
Soc. Sec. Number: [redacted]
INS Number
Place of Birth (City, State): BOYNTON BEACH, FL
Citizenship: 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

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ 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 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

NOV 16 PM 11:00

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: DRIVING UNDER INFLUENCE — Counts: 1 — Domestic Violence ☐ Y ☑ N — Statute Violation Number: 316.193(1)* DP — Violation of ORD #
Drug Activity: N — Drug Type: N — Amount / Unit: N — Offense # — Warrant / Capias Number — Bond

CHARGE

Charge Description — Counts — Domestic Violence ☐ Y ☑ N — Statute Violation Number — Violation of ORD #
Drug Activity — Drug Type — Amount / Unit — Offense # — Warrant / Capias Number — Bond

CHARGE

Charge Description — Counts — Domestic Violence ☐ Y ☑ N — Statute Violation Number — Violation of ORD #
Drug Activity — Drug Type — Amount / Unit — Offense # — Warrant / Capias Number — Bond

CHARGE

Charge Description — Counts — Domestic Violence ☐ Y ☑ N — Statute Violation Number — Violation of ORD #
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
Court Date and Time: Month 12 Day 18 Year 2019 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) — Date Signed: 11/16/2019

HOLD for other Agency Name:
Signature of Arresting Officer: X
Name Verification (Printed by Arrestee)
☐ Dangerous Mental ☐ Resisted Arrest ☐ Other
Name of Arresting Officer (Print): TRAVIS, RHYMER — I.D. #: 521
(PRINT)
Approach #
Transporting Officer: T. RHYMER — ID#: 521 — Agency: PBGFL
Witness here if subject signed with an X
PAGE

SCANNED NOV 17 2019

SUBJECT: DILLON, LIA, LYNN CASE NUMBER: 19006765

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- [x] LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- [ ] RT EYE- ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WALK & TURN:
DID NOT HOLD STARTING POSITION.
STARTED PRIOR TO BEING TOLD 5X
MISSED HEEL TO TOE
8 STEPS
STEPPED OFF THE LINE

ONE LEG STAND:
NOT HOLDING STARTING POSITION
STARTED TWICE PRIOR TO BEING TOLD
PLACED FOT DOWN 4X
DRIVER SWAYED
ARMS RAISED MORE THAN 6 INCHES

FINGER TO NOSE:
NOT COMPLETED

ROMBERG/ALPHABET:
NOT COMPLETED

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)
The foregoing instrument was notarized or sworn before me this 16 day of November 2019 by 1939
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)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16 DAY OF NOVEMBER 20 13 AT 1939 AM PM

SUBJECT: DILLON, LIA, LYNN CASE NUMBER: 19006765

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: TRAVIS. RHYMER

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
DRIVER WAS IN A CRASH IN THE PARKING LOT OF 4560-100. DRIVER WAS OBSERVED IN ACTUAL PHYSICAL CONTROL OF VEHICLE.

OBSERVATION OF DRIVER:
DRIVERS BREATH SMELLED OF UNKNOWN ALCOHOLIC BEVERAGE. DRIVERS SPEECH WAS SLURRED. EYES WERE GLOSSY. DRIVER LEANED AGAINST VEHICLE TO MAINTAIN BALANCE.

DRIVER'S STATEMENTS:
DRIVER STATED TO OFC. JOHNSTON THAT SHE THREW THE BOTTLES OF ALCOHOL AWAY. SHE ALSO ADVISED THE BOTTLES IN HER VEHICLE WERE FROM A FOOTBALL GAME DAYS PRIOR.

ODORS:
BREATH SMELLED OF UNKNOWN ODOR OF ALCOHOL

GENERAL OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: MOOD SWINGS, TALKATIVE, INQUISITIVE

CLOTHING: GRAY SHIRT, BLACK PANTS AND FLIP FLOPS

MEDICAL/OTHER:

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 16 day of November 20 19 by 1939

(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. § 117.10))

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

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

I, OFC RHYMER, a duly certified Law Enforcement Officer or Correctional Officer, am a member of Palm Beach Gardens Police Department, and I do swear or affirm that on or about the 16 day of NOVEMBER, 20 2019, at 1939 P.M. A.M (Circle One)

(Person reading Implied Consent Warning)

(Name of enforcement agency)

NAME (Type or Print) LIA (FIRST) LYNN (MIDDLE OR MAIDEN) DILLON (LAST),

DL # D450532945950, state of FLORIDA, was placed under lawful arrest for the offense of Driving Under Influence by OFC RHYMER and issued Citation #_____.

(Name of Arresting Officer)

That on or about the 16 day of NOVEMBER, 20 19, at 1939 P.M. A.M. (Circle One)

in Palm Beach County, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said person to submit to a ☒ **breath,** ☐ **urine, or** ☐ **blood** test to determine the content of alcohol in his or her blood or breath or the presence of chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits a misdemeanor, if said person refuses to submit to a lawful test as requested above, and his or her driving privilege has been previously suspended for a prior refusal to submit to a lawful test of his or her breath, urine, or blood. In cases involving a Commercial Motor Vehicle, I did inform the driver that this refusal will result in the disqualification of the driver's Commercial Driver's License/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 such test.

Said person did at that time and place refuse to submit to such test or tests.

Signature of Law Enforcement Officer or Correctional Officer

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

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 16 day of November, 2019, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public _____

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title Police Officer

Date 11/16/2019

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. If no DUI arrest is made, attach HSMV 78005 (Notice of Commercial Driver's License/Privilege Disqualification).

HSMV 78054 (REV. 08/08) S

PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 19-138386 PBSO ZONE 3-15

AGENCY CASE # 19066765 CRASH CASE # 19066765

TIME OF STOP/CRASH 1921 DATE 11/16/19 DAY Saturday

SUBJECT'S NAME Lia Dillon RACE W SEX F

HGT 501 WGT 130lbs DOB 3/15/94

LOCATION 4560 - 100 PGA Blvd

ARRESTING OFFICER'S NAME & ID T. Rhymer 521 AGENCY PBGPD

DIVISION: Patrol

NOTIFIED BY COMMO 1823

ARRIVAL AT FACILITY 2010

Arrest Time 1939

BREATH RESULTS:

1.
2. REFUSED
3.
4.

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # N/A

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: DILLON, LIA L

CASE NUMBER: 19-138386

DATE: 11/16/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 2033

ENDING TIME: 2039

BREATH TESTS RESULTS: 1) R TIME 2037 A.M./P.M. 2) N/A TIME XX A.M./P.M.

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

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

REFUSED

SPEECH: SLURRED

ATTITUDE: TALKATIVE, COOPERATIVE, INQUISITIVE

CLOTHING: GREY PULL OVER JACKET, BLACK LEGGINGS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES:BLOODSHOT, GLASSY

ODOR OF AN UNKNOWN ALCHOLIC BEVERAGE COMING FROM BREATH

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 2010 HRS

SUBJECT STATED SHE WOULD NOT TAKE BREATH TEST

A/O READ RIGHTS AND EXPLAINED

SUBJECT STATED SHE UNDERSTOOD I.C. AND REFUSED TO TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

SUBJECT ASKED FOR A LAWYER BEFORE QUESTIONING

REFUSED

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

FDLE/DT23A (REV.1/02)

SUBJECT: Dillon, Lia L CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) 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

SUBJECT: Dillon, Lia L CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

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: Ofc. Rhymer #521

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	☐	415.107 (1)	Other: Elderly Abuse	
	☐	539.001(b)-(l)FSS, 539.003 FSS	Other: Pawn Broker Information	

REVIEW COMPLETED BY

Booking Number: 2019037087	**Date:** 11/17/2019
	Specialist Name/ID: M. Tooks #8557