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ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 4 2017-0020999		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input 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		Multiple Clearance Indicator				
Location of Arrest (Including Name of Business) OKEECHOBEE BLVD / S TAMARIND AVE WPB FL				Location of Offense (Business Name, Address) 799 OKEECHOBEE BLVD/S TAMARIND AVE, WEST PALM						
Date of Arrest 11/10/2017	Time of Arrest 07:10:59	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) DEMARIE, LOGAN HUNTER				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex M	Date of Birth 06/24/1996	Height 6'00	Weight 185	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Large	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status U	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) (City) (State) (Zip) 185 WESTWOOD CIR E, WEST PALM BEACH, FL 33411				Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2				
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 185 WESTWOOD CIR E, WEST PALM BEACH, FL 33411				Phone		Address Source FL DL				
Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation Waiter				
D/L Number, State D560528962240 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) FL, United States		Citizenship US					
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)				Residence Phone						
<input type="checkbox"/> Legal Custodian				Business Phone						
Address (Street, Apt. Number) (City) (State) (Zip)										
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated				
Released To: (Name)				Relationship	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 N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ 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. Synthetic	U. Unknown Z. Other
Charge Description DRIVING WHILE UNDER INFLUENCE						Statute Violation Number 316.193(1)		Violation of ORD #		
Drug Activity	Drug Type N	Amount / Unit	Offense # 2017-0020999	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond		
Charge Description						Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		
Charge Description						Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		
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 type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By		Released By		Released To
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						Date Transported		Time Transported		Other
Transported By										
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) 327B Gar CLERK WBP		Court Date and Time NOV 14 2017 12:28		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.						Date Signed				
Signature of Defendant (or Juvenile and Parent/Custodian)						Name Verification (Printed by Arrestee)				
HOLD for Other Agency						Signature of Arresting Officer		Name of Arresting Officer (Print)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) DONDE, JAY		I.D. # 01530		
Intake Deputy						Pouch #		Transporting Officer		I.D. # 130
						Agency		Witness here if subject signs other than _____		

NOV 10 4 08 PM
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NOV 14 2017

DUI PROBABLE CAUSE AFFIDAVIT

On the 10th Day of November at 0259 A.M. P.M.

Subject: DeMarie, Logan Case Number: 17-20999

Agency: West Palm Beach Police Department Arresting Officer: Donde 1530

Personal Contact

Driving Pattern	Actual physical control (physical evidence putting the driver behind the wheel)
Defendant was driving his 2008 Ford Pick Up FI tag CJUB42 and was stopped by Sgt McIntosh for improper start from a stop and improper turn (turning right and not entering closest right lane) See Sgt McIntosh's supplement for further ^{NOT}	

Observation of Driver
Defendant was outside of truck on side walk talking to Sgt McIntosh. Subject had a slightly sway while talking to Sgt McIntosh.

Drivers Statements:
Do during HGN "I had a beer or two, what person doesn't have a drink or two on a Friday Night" During walk and turn stated "100% sober I would not have the best balance " to be honest 100% sober i would not have the best balance. Slurred and mumbled these statements.

Odors:
clear distinct odor of unknown alcoholic beverage coming from his breath as he spoke.

General Observations

Speech: SRRED MUMBLED
Attitude: Very repetitive defiant
Clothing: black pants v neck shit sneakers <i>NO wet socks -</i>
Medical Problems: NONE
Medications: NONE
Other: Motorcycle crash in Jan only had scars

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DUI PROBABLE CAUSE AFFIDAVIT

Subject: DeMarie, Logan Case Number: 17-20999

Roadside Tasks

Horizontal Gaze Nystagmus

- | | |
|--|---|
| <input checked="" type="checkbox"/> Left Eye Does Not Follow Smoothly | <input checked="" type="checkbox"/> Right Eye Does Not Follow Smoothly |
| <input checked="" type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less | <input checked="" type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less |
| <input checked="" type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input checked="" type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

Brown eyes.

VERY noticeable sway during task side to side and front to back more than 2 inches. Asked if task was "really necessary". "I'm not TOO intoxicated"

Walk and Turn Task

- I instructed the driver to stand with his left on the line with his right foot directly in front of the left touching heel to toe with his hands/arms down by his sides. The line a chalk line on the sidewalk. The defendant questioned the reason for the test and was explained the tasks are voluntary and he did not have to complete them. The Defendant was explained and demonstrated the exercise Defendant mentioned several times MY CHALK line was crooked and not straight. I told him I would take that into consideration. Defendant understood instructions and when I asked if he had questions he said he was a sever as a career and gets nervous when talks others sometimes stuttering . Sometimes he mess up his "lock" ('how he does things normally"). Asked defendant to stand as instructed. During his attempt he took several steps along the line a in a walking stride. After several steps I asked what he was doing and hos response was I told him to walk the line. He became in fear I had a gun and feared he was going to be harmed. I spoke to him several minutes to calm and reassure his safety. Demanded I LOOK him in the eyes. and complained about him being a MAN and me being a MAN. explained this task was Voluntary

One Leg Stand

- I had the driver stand with his feet together and hands down at his sides. I explained and demonstrated the exercise. Defendant did not believe I was able to perform task. He was explained my direction/ instructions were demonstrations part of the divided attention tasks. Again wanted me to look at him in the eyes because he was man. During a rant the defendant stated he was a child and wanted to pinky promise .

Finger To Nose

Not performed

Romberg Alphabet

Not performed

Breath Results from Instrument

1st Result

Refused

2nd Result

3rd Result

If Applicable

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State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

Personally Known

Produced Identification

Notary Public

11/14/17
(DATE)

[Signature]
Notary / Clerk of Courts / Officer (FSS: 117.10)

[Signature]
Signature of Arresting Officer

SUBJECT: Demarie, Logan CASE NUMBER: 17-20999

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? Go Home

WHAT STREET OR HIGHWAY WERE YOU ON? Opexhobee Blvd

DIRECTION OF TRAVEL? North WHERE DID YOU START? I Don't know does it matter

WHAT TIME DID YOU START? NO WHAT TIME IS IT NOW? NO yes 6:10

WHAT IS TODAY'S DATE? No sure WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? Not sure live in Wellington

WHEN DID YOU LAST EAT? Ate today WHAT DID YOU EAT? Don't know

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? At a club hanging w/ friends

HOW MUCH DO YOU WEIGH? Don't know HAVE YOU BEEN DRINKING? NO SIR 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? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO SIR HOW MUCH? N/A

WHAT? N/A WHERE? N/A WHEN? N/A

WHAT LINE OF WORK ARE YOU IN? SERVER WHEN DID YOU LAST WORK? Ate today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? N/A

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? N/A

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

WERE YOU IN AN ACCIDENT TODAY? NO SIR

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO SIR WHEN? ---

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO SIR WHO? --- WHY? ---

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO SIR WHAT? --- WHEN? ---

DO YOU HAVE:

- ✓ EPILEPSY? NO SIR
- GLASS EYE? NO SIR
- FALSE TEETH? NO SIR
- EAR INFECTION? NO SIR
- INNER EAR TROUBLE? NO SIR
- DIABETES? NO SIR

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DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO SIR

DO YOU TAKE INSULIN? NO SIR IF SO, WHEN WAS YOUR LAST INJECTION? N/A

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO SIR WHERE? N/A

INTERVIEWER: ---

SUBJECT: DOMARIE, LOGAN CASE NUMBER: 17-20999

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 Donde of the West Palm Beach.

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) LOGAN CAMERON

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. Did not understand this ↗
7. Any statement can and will be used against you in a court of law.

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SUSPECT'S SIGNATURE: (X) READ ON CAMERON

TESTING FACILITY TASK REPORT

AGENCY: WPPD Ofc. Donda # 1530
SUBJECT: Demarie, Logan H. CASE NUMBER: 17-149894
DATE: 11-10-17 VIDEO TAPE NUMBER: —
BEGINNING TIME: 0606hrs ENDING TIME: 0620hrs
BREATH TESTS RESULTS: **REFUSED** TIME 0611 A.M./P.M. 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: S. O'Neal #6212

MAINTENANCE TECHNICIAN: DIS J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

*ATTITUDE: Agitated, Sarcastic, Obnoxious, Uncooperative, Argumentative

CLOTHING: Shirt - Gray Pants - Navy Blue

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Eyes: Very Red & Glassy

* Profane

Strong odor of unknown alcoholic beverage. #1530

COMMENTS: 20 min. observation done by AIO Donda

D was being uncooperative on camera.

D would not state his name, date of birth or any basic info to the AIO.

AIO requested the breath test.

D stated no, AIO read the implied consent on camera. D kept stating he pled the fifth.

AIO took it as a refusal.

C/W read on camera.

QTA conducted

D was Sarcastic and obnoxious on and off camera.

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