

0480553

1719

NH

ARREST / NOTICE TO APPEAR

OBTS Number			ARREST / NOTICE TO APPEAR						1. Arrest	3. Request for Warrant	1	JUVENILE									
Agency ORI Number			Agency Name						2. M.T.A.	4. Request for Capias											
0502000			Lantana Police Department						Agency Report Number (M.T.A.'s only)		6	16-001838									
Charge Type: Check as many as apply			1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						If Weapon Seized Enter Type		Multiple Clearance Indicator										
Location of Arrest (Including Name of Business) 1100 BLOCKS BROADWAY ST, LANTANA, FL																					
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time											
08/26/2016		01:00																			
Location of Offense (Business Name, Address) 1100 S BROADWAY BLK, LANTANA, FL 33462																					
Name (Last, First, Middle) LAHM, MARY C Alias: None																					
Race W - White I - American Indian E - Black C - Oriental/Asian		Sex W - F		Date of Birth 01/05/1978		Height 5'05		Weight 118		Eye Color GREEN											
Skins, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT LOL LEG/DRAGON								Marital Status S		Hair Color BLONDE											
Religion CHRISTIAN								Complexion LIGHT		Build Small											
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone 2773 WINDSWEPT DRIVE 302, LANTANA, FL 33462 (561) 308-5613																					
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone 2773 WINDSWEPT DRIVE 302, LANTANA, FL 33462 (561) 308-5613																					
Business Address (Name, Street) (City) (State) (Zip) Phone CTC																					
SSN/ Social Security Number		INS Number		Place of Birth (City, State)		Citizenship															
L500583785050 / FL				CHICAGO, IL, United		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) Residence Phone None																					
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone None																					
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.																					
<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/M/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispenses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. M/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Driv		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description DUI-DRIVING UNDER THE INFLUENCE												Statute Violation Number 316.193(1)		Violation of ORD #							
Drug Activity N		Drug Type N		Amount / Unit /		Offense # 16-001838		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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health												PROPERTY - Received By		Released By		Released To					
Transported By												Date Transported		Time Transported		Other					
<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)									
												Court Date and Time									
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)												Date Signed									
HOLD for Other Agency				Signature of Arresting Officer				Name Verification (Printed by Agency)				AUG 26 AM 3:41									
				Name of Arresting Officer (Print)				ID #				(PRINT)									
				BEESLEY, MARCUS C.				872													
Intake Deputy				ID #				Pouch #				Transporting Officer		ID #		Agency					
Q1101ea/7204												M. Beesley		872		LPD					
												Witness here if subject signed with an "X"									

No
Photo
Available

AUG 26 2016

SCANNED

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26th DAY OF August 20 16, AT 1205 AM / PM
SUBJECT: Mary C. Lahm CASE NUMBER: 16-001838
AGENCY: Lantana Police ARRESTING OFFICER: M. Beesley

PERSONAL CONTACT

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

Ms. Lahm was observed running into multiple mailboxes while driving by Sgt. Oquist (793). I (Ofc. Beesley) observed Ms. Lahm in the driver seat of her vehicle. Ms. Lahm was the sole occupant of the vehicle.

OBSERVATION OF DRIVER:

Ms. Lahm's eyes appeared to be glassy her speech was slurred.

DRIVER'S STATEMENTS:

"I will pay for the mailboxes that I hit"

ODORS:

There was an odor of an unknown alcohol emitting from the vehicle.

GENERAL OBSERVATIONS

SPEECH: Slurred and incoherent

ATTITUDE: Apologetic for hitting the mailboxes

CLOTHING: White dress and no shoes on

MEDICAL / OTHER:

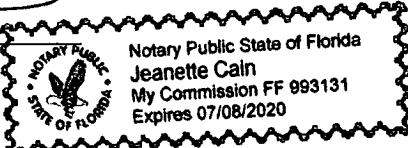
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of August 20 16 by _____

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

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



SUBJECT: Mary C. Lahm CASE NUMBER: 16-001838

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:

Ms. Lahm was consistently moving her head to follow the stimulus even when instructed to follow the stimulus with just her eyes.

WALK & TURN:

Was unable to maintain her balance while I was giving her the instructions. Could not walk heel-to-toe without having to readjust her footing. She would put her arms out in order to balance herself. Did not complete the entire task.

ONE LEG STAND:

She could not maintain her balance. She would raise her hands in order to balance herself even when instructed to keep her hands by herself. Switched feet in the middle of the test. She stopped on her own not when told to stop.

FINGER TO NOSE:

Would not remain in the starting position even when told to do so multiple times. Ms. Lahm had a hard time locating the tip of her nose with the tip of her index finger.

ROMBERG / ALPHABET:

Ms. Lahm went through the alphabet very quickly. Ms. Lahm would stop herself from saying the alphabet in a rhythmic manner

BREATH TEST RESULTS:

Refused

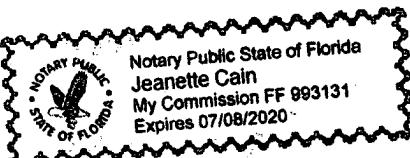
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)

The foregoing instrument was notarized or sworn before me this 26th day of August 2016 by _____

who is personally known to me and/or produced identification. Type of identification produced _____ personally known _____

Notary Public, Clerk of Court, Officer F.S.S. 117-10



WITNESS LIST

CASE NUMBER: 16-001838

ARRESTING OFFICER M. Beesley
ADDRESS 500 Greynolds Cir, Lantana, Fl 33462
PHONE NUMBERS (HOME) 561-540-5701 (WORK)
CAN TESTIFY TO: Tasks performed and statements made by the defendant
NAME: Sgt. Oquist
ADDRESS 500 Greynolds Cir, Lantana, Fl 33462
PHONE NUMBERS (HOME) 561-540-5701 (WORK)
CAN TESTIFY TO: Ms. Lahm's driving pattern
NAME: Officer Johnson
ADDRESS 500 Greynolds Cir, Lantana, Fl 33462
PHONE NUMBERS (HOME) 561-540-5701 (WORK)
CAN TESTIFY TO: Tasks performed and statements made by the defendant
NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:
NAME:
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PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:
NAME:

TESTING FACILITY TASK REPORT

6

SUBJECT: LAHM, MARY C.

AGENCY: LANTANA PD

DATE: AUG. 26th, 2016

CASE NUMBER: 16-119149

BEGINNING TIME: 01:41 hrs.

VIDEO TAPE NUMBER: 61292

BREATH TESTS RESULTS:

REFUSED

TIME: 45 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:

INV. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: ~~Agitated, slurred, slurred speech~~ questions though answered.

ATTITUDE: ~~Agitated, dominating, defiant, belligerent, uncooperative~~

CLOTHING: ~~Half naked. Bare, no shoes~~ ~~argumentative~~

MEDICAL CONDITIONS: ~~Appams~~

MEDICATIONS: ~~Valium - 10 mg.~~

OTHER: ~~Blouse torn~~ 38 YOA

Eyes: Red + glazed

COMMENTS:

20 Min. observ done by arresting officer.

Wouldn't state basic info on video / Camera.

AIO said the Infield Count to A after she asked
what if she ~~hit~~ did not submit.

A would ~~not~~ listen and talk over AIO and myself
when things were tried to be explained to her.
When we were talking to the Park I am: "I wasn't talking
to ~~you~~" (she) said she responded that he didn't want
her to do it and she went to her funds, about \$17 he
said he was visited (it was illegal)

After A wouldn't answer we had to L/H and kept
everyone AIO called a referee.

Left and I no Q+A per other's request.

SUBJECT: Family Letter

CASE NUMBER: 123456789

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)

SUBJECT: Henry LohitzCASE NUMBER: 16-001838

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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

NOTA CA