

0480553

1719

NH

ARREST / NOTICE TO APPEAR		1. Arrest 2. M.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (M.T.A.'s only) 6-4 16-001838	
Charge Type Check as many as apply <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/not Applicable		Multiple Clearance Indicator 1	
Location of Arrest (Including Name of Business) 1100 BLOCK S BROADWAY ST, LANTANA, FL			Location of Offense (Business Name, Address) 1100 S BROADWAY ST BLK, LANTANA, FL 33462		
Date of Arrest 08/26/2016	Time of Arrest 01:00	Booking Date	Booking Time	Jail Date	Jail Time
Name (Last, First, Middle) LAHM, MARY C			Alias (Name, DOB, Sex, etc., Etc.) NONE		
Race W - White A - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 01/05/1978	Height 5'05	Weight 118	Eye Color GREEN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT LOL LEG / DRAGON			Martial Status S	Religion CHRISTIAN	Completion LIGHT
Local Address (Street, Apt. Number) 2773 WINDSWEEP DRIVE 302, LANTANA, FL 33462			Phone (561) 308-5613		Build Small
Permanent Address (Street, Apt. Number) 2773 WINDSWEEP DRIVE 302, LANTANA, FL 33462			Phone (561) 308-5613		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Undr <input type="checkbox"/>
Business Address (Name, Street) CTC			Phone		Residence Type 1. City 2. County 3. Post of State 1
D/L Number, State L500583785050 / FL			INS Number		Address Source DEFENDANT
Sex, Sec. Number			Place of Birth (City, State) CHICAGO, IL, United		Citizenship US
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth
Parent <input type="checkbox"/> Other <input type="checkbox"/>			Name (Last, First, Middle)		
Legal Custodian <input type="checkbox"/>			Residence 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		
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description of Property		
Drug Activity N N/A P. Possess			Drug Type N N/A A. Amphetamine		
S Sell B Buy T Traffic E Use			B Barbiturate C Cocaine E Heroin		
R Smuggle D Deliver			H Hallucinogen M Marijuana O Opium/Deriv		
K Dispense/Distribute			P Paraphernalia/Equipment S Synthetic		
M Manufacture/Produce/Cultivate			U Unknown Z Other		
Z Other			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 0 /	Offense # 16-001838	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Charge Description			Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Charge Description			Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
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		
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		
Transported By			Date Transported	Time Transported	Other
INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Location (Court, Room)		
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.			Court Date and Time		
Signature of Defendant (or Juvenile and Parent/Custodian)			Date Signed		
HOLD for Other Agency			Name Verification (Printed by Arresting Officer)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			(PRINT)		
Intake Agency CP1 Monahan 7204			Name of Arresting Officer (Print) BEESLEY, MARCUS C.		
ID #			ID #		
Pouch #			Transporting Officer M. Beesley		
			ID #		
			Agency		
			Witness here if subject signed with an "X"		

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

2016 AUG 26 AM 3:41
 No Photo Available
 SCANNED
 AUG 26 2016

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] 872
(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

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



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

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS :

- | | |
|--|--|
| ✓ LT EYE-LACK OF SMOOTH PURSUIT | ✓ RT EYE-LACK OF SMOOTH PURSUIT |
| ✓ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION | ✓ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION |
| ✓ LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | ✓ 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 with out 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 :

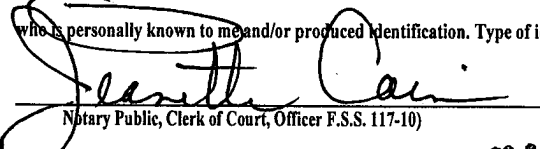
Refused

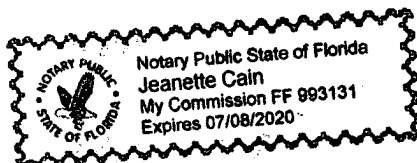
STATE OF FLORIDA
COUNTY OF BALM BEACH


(Signature of Arresting / Investigative Officer)

The foregoing instrument was notarized or sworn before me this 26th day of August 20 16 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:

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:

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:

TESTING FACILITY TASK REPORT

6

AGENCY: LANTANA PD
 SUBJECT: LAHM, MARY C. CASE NUMBER: 16-119149
 DATE: AUG. 26th, 2016 VIDEO TAPE NUMBER: 61292
 BEGINNING TIME: 01:41 hrs ENDING TIME: 01:47 hrs
 BREATH TESTS RESULTS: 1) **REFUSED** TIME: 4:50 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: repetitive questions though answered
 ATTITUDE: combative, dominating, defiant, belligerent, uncooperative
 CLOTHING: blk/light dress, no shoes argumentative
 MEDICAL CONDITIONS: apapams
 MEDICATIONS: Valium - 10 mg
 OTHER: blond/grey 38 YOA

COMMENTS:

20 Min. observ done by arresting officer.

Wouldn't state basic info on video/camera.
 A/D read the Implied Consent to A after she asked what if she ~~didn't~~ did not submit.
 A would not listen and talk over A/D and myself when things were tried to be explained to her.
 When in things like "the fuck I am" - "I wasn't talking to you" (me) A/D would say repeatedly that her rights weren't read, she wasn't told she was under arrest and her rights were violated (it was illegal).
 A/D A wouldn't answer no Pm to lift and kept arguing. A/D called a refusal.

Left read/ no O+A per atty's request.

SUBJECT: Mary Lelina

CASE NUMBER: 16-00188

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: 16-001838 CASE 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: _____

NOT A CE