

ARREST REPORT

Report Date / Time 08/30/2017 03:11 AM	Agency Case/Offense Number FHPL17OFF070245	OCA Number	Originating Agency Case Number	OBTS Number	Offender Based Transaction System	Jail Booking Number	Other Number LWRC17CAD157539
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LOCATION OF OCCURRENCE

County PALM BEACH	Address I-95 NB S OF GATEWAY BLVD, BOYNTON BEACH, FL 33435
Range of Occurrence Date/Time 08/30/2017 12:52 AM to 08/30/2017 12:52 AM	Latitude N 26 32.4577
	Longitude W 80 4.3327

PERSON: SUSPECT

First Name MICHAEL	Middle Name HERMAN	Last Name CLOYES	Suffix	Date of Birth 08/29/1961	Age 56	Race W	Sex M	Height 508	Weight 193	Hair BLD	Eyes GRN
Master Name Index Number	Place of Birth MEMPHIS, TENNESSEE	Nation USA	SSN	Driver's License or Other ID C420548613090	State FL	Class or Type E					
Address 609 2ND AVE N APT 4	City LAKE WORTH	County PALM BEACH	State FL	Zip Code 33460	Phone						

CHARGES

Counts 1	Charge Number 316.193.3c1	Charge DUI-UNLAW BLD ALCH
Charge Degree FIRST DEGREE	Charge Level MISDEMEANOR	General Offense Code PRINCIPAL
<input type="checkbox"/> Hate Crime <input type="checkbox"/> Domestic Violence		Bond Amount \$0.00

DUI AND DAMAGE PROPERTY

PROBABLE CAUSE

On the above date and time, I was in service in Palm Beach County, Florida. I was dispatched to a motor vehicle crash located at northbound Interstate 95 (State Road 9) south of Gateway Boulevard. Upon my arrival, I made contact with the witness who later identified through his Florida license as Joseph Williams. Mr. Williams advised that he stopped out to assist another driver with their disabled vehicle when the driver of the red Chevy sports utility vehicle ran right off the roadway on to the right paved shoulder, and collided with the rear of Mr. Williams's vehicle nearly striking him. Mr. Williams advised that he observed a Caucasian male behind the wheel of the red Chevy sports utility vehicle. I made contact with the driver of the red Chevrolet sports utility vehicle who was later identified through his Florida license as Michael Herman Cloyes. While speaking with Mr. Cloyes about the events of the crash, I observed an unknown alcohol beverage emitting from his mouth area. His eyes were red in color and glassy. His face was pale and flushed. His speech was mumbled and slurred. I advised Mr. Cloyes that Trooper Pajon- Zuniga was conducted the crash investigation, and that I was conducting a criminal investigation in reference to him being possibly impaired at the moment. I then began to read him his Miranda rights to which he stated he understood. I asked Mr. Cloyes if he had anything to drink tonight, to which he stated yes. Mr. Cloyes stated he had two drinks tonight. I asked Mr. Cloyes if he would be willing to do roadside exercises to determine if he was ok to drive to which he stated he would do them. I proceeded back to my marked patrol vehicle, and an area was prepared with to conduct roadside exercises with the assistance of Trooper Pajon Zuniga.

Horizontal Gaze Nystagmus:

Prior to beginning the exercise, it was determined the subject was not wearing contacts or corrective lenses at the time. The subject's eyes displayed equal tracking and his pupils were equal sizes. The subject was instructed to follow the stimulus with his eyes only, keeping his head still. After stating he understood the instructions, the subject started the exercise.

The results of this exercise displayed 6 of the 6 possible clues.

- A lack of Smooth Pursuit in his left eye.
- A lack of Smooth Pursuit in his right eye.
- A distinct and sustained nystagmus in the left eye at maximum deviation.
- A distinct and sustained nystagmus in the right eye at maximum deviation.
- An onset of nystagmus in the left eye prior to 45 degrees.
- An onset of nystagmus in the right eye prior to 45 degrees.

Walk and Turn:

The subject was instructed to put his left foot on the line and his right foot in front of it with his right heel touching the toe of his left foot. He was instructed to stand in this manner with his hands to his sides until the instructions were completed and demonstrated. The subject was instructed not to begin until told to start. He was instructed to take nine steps along the line in a heel-to-toe manner. After the ninth step, he was advised to stop and turn around keeping his pivot foot on the ground, taking several small steps with the other foot to turn around. After turning around, he was to take nine steps in a heel-to-toe manner back along the line, in the direction he had come from. The subject was further instructed to watch his feet at all times while walking, keeping his arms down to his side, and to count his steps out loud. After the exercise was demonstrated, the subject stated he understood the instructions and was instructed to begin the exercise.

After attempting the Walk and Turn, the subject displayed 4 of 8 possible clues.

Walk and Turn observations:

The subject failed to stay in the starting position. On the first set of steps, the subject stepped off the line on step 4. The subject failed to make a proper turn. On the second set of steps, the subject failed to take the correct number of steps.

One Leg Stand:

Prior to attempting this exercise, the subject indicated he did not have any medical problems that would have prevented him from performing the test. The subject was instructed to stand with his heels together and hands down to his sides while the instructions were given during the exercise. The subject was instructed not to begin until told to do so. The subject was advised to raise the foot of his choice off the ground approximately 6 inches keeping his foot parallel with the ground. While his leg was raised, the subject was advised to keep his leg straight, watch his raised foot, and to count out loud by thousands (one thousand one, one thousand two, one thousand three...) and to continue until told to stop (25 seconds). After the exercise was demonstrated, the subject was advised if he understood the instructions to which he replied yes. I advised the subject if he didn't have any questions, he may begin the exercise. When the subject attempted this exercise, he raised his left foot. During the exercise, the subject displayed 2 of the 4 possible clues. The subject used arms to balance himself. The subject swayed while performing the exercise.

Finger to Nose:

Report Date / Time 08/30/2017 03:11 AM	Agency Case/Offense Number FHPL17OFF070245	OCA Number	Originating Agency Case Number	OBTS Number	Offender Based Transaction System	Jail Booking Number	Other Number LWRC17CAD157539
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The subject was asked to stand with his feet together and his hands at his sides with his index fingers pointed. The subject was advised to not start until told to do so which he replied he understood. The subject was advised to close both his eyes and tilt his head back. I advised the subject when I tell you to, bring the hand I direct upward touching the tip of your finger to the tip of your nose. After demonstrating the instructions, I advised the subject if he understood the instructions, to which he replied yes. The exercise was conducted in the following manner of left, right, left, right, right, left. The subject failed to touch the tip of his finger to the tip of his nose on each attempt. The subject had to be reminded twice to bring his back down to his side after attempting to touch his nose.

Passage of 30 seconds:

The subject was asked to stand with his feet together and his hands down at his sides. The subject was advised to not start until told to do so. I advised the subject when I tell you to, tilt your head back, close your eyes, and count the passage of the 30 seconds to yourself. I advised the subject that when he finishes counting to bring his head back forward, open his eyes, and that will let me know he has finished. After demonstrating the instructions, I advised the subject if he understood the instructions, to which he replied yes. The subject advised that he counted 30 seconds to himself. I timed the subject with the stopwatch on my wristwatch to which the subject stopped at 26 seconds.

I then advised the subject as well as dispatch at 1:51 AM that he was being placed under arrest pursuant to Florida Statue 316.193 operating a motor vehicle under the influence of alcohol and or a controlled substance. The subject was then properly searched, and placed in the back seat of my marked patrol vehicle. The subject was transported to the Palm Beach County Jail. Upon arrival to the Palm Beach County Jail, the driver was escorted to the Breath Alcohol Testing Center, and a 20 minute observation was conducted to ensure the driver did not take anything by mouth or regurgitate. After the 20 minute observation, the driver was taken into the testing room and was asked to submit to a test of his breath. The subject refused to submit a lawful test of his breath at 2:46 AM. I read the subject Miranda, to which he replied he understood. The subject was read implied consent to which he still refused. The subject was then transported to Wellington Regional Medical Center to be medically cleared. The subject was then transported back to the Palm Beach County jail to the booking side and was processed without any incident to himself. Video of the field sobriety exercises as well as transport to the county jail are available upon request with FHP custodian.

LEO BOND

Bond Amount \$	None	<input type="checkbox"/> ROR	<input type="checkbox"/> Cash	<input type="checkbox"/> Any	<input type="checkbox"/> Pre Trial If Qualify
	<input type="checkbox"/> Pro				<input type="checkbox"/>

COURT APPEARANCE INFORMATION

Court (CIRCUIT) PALM BEACH NORTH COUNTY COURTHOUSE	Court Phone 561-624-6608	Court Date & Time 10/04/2017 10:00 AM
Court Address 3188 PGA BLVD., PALM BEACH GARDENS, FL 33410		
Instructions		

ARREST INFORMATION

Arrest Date / Time 08/30/2017 01:51 AM	Residency Within jurisdiction	Injured Arrestee	Extent of Injury Minor (treated on scene)	Resist Arrest No
Prior Arrests No	Arrest Jurisdiction Within jurisdiction	Alcohol Yes	Drugs No	

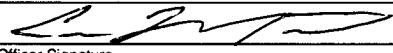
ARREST LOCATION

County PALM BEACH	Address NB I-95/ S OF GATEWAY BLVD, BOYNTON BEACH, FL 33424
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ARREST DELIVERED TO

Jail / Booking Facility PALM BEACH COUNTY CORRECTIONS	Location 3228 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406	Phone (561) 688-4400
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ARRESTING OFFICER

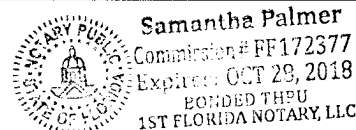
Officer Call Number 1385	Officer Name C.X MITCHELL	Officer Signature 
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Subscribed and sworn to (or affirmed) before me this 30 day of August A.D., 17 by Tpr. Mitchell who is ☒ personally known to me or

has produced  as identification.

☒ Notary Public LEO CO Commission No: _____ My Commission Expires: _____

Signature



FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐

HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32309-0657

Crash Date 8/30/2017	Time of Crash 12:46 AM	Date of Report 9/20/2017	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPL170FF070245	HSMV Crash Report Number 80522895-01
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CRASH IDENTIFIERS

County Data 6	City/County 24	County of Crash PALM BEACH	Place or City of Crash BOYNTON BEACH	Within City Limits YES	Reported Date/Time 8/30/2017 12:52 AM	Dispatched Date/Time 8/30/2017 12:57 AM
On Scene Date/Time 8/30/2017 1:35 AM	Cleared Scene Date/Time 8/30/2017 5:00 AM	Investigation Completed YES	Reason (if Investigation Not Complete)	Notified by LAW ENFORCEMENT AGENCY		

ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway INTERSTATE 95 (SR 9)	At Street Address #	At Latitude N 26 32.4877	And Longitude W 80 43.8277
At Fork	On Water 0.5	Direction N	From Intersection With Street, Road, Highway BOYNTON BEACH BLVD (SR 804)
Road System Identifier INTERSTATE	Type of Shoulder PAVED	Type of Intersection NOT AT INTERSECTION	

CRASH INFORMATION

Light Condition DARK/LIGHTED	Weather Condition CLEAR	Roadway Surface Condition DRY	School Bus Related NO	Manner of Collision FRONT TO REAR
First Harmful Event Type COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT	First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT	First Harmful Event Location SHOULDER	Within Interchange NO	First Harmful Event's Relation to Junction NON-JUNCTION
Contributing Circumstances: Road NONE		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related NO	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone

VEHICLE

Vehicle Motor Vehicle Type VEH MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number 3150CK	State FL	Reg. Expires 8/28/2018	Permanent Reg. VIN 2CNBE13C418082804
Year 2007	Make CHEV	Model TRACKER	Style LT	Color RED	Extent of Damage DISABLING
Insurance Company PROGRESSIVE	Insurance Policy Number 47759315	Towed Due to Damage YES			
Name of Vehicle Owner MICHAEL HERIBAN CLOYSE		Business <input type="checkbox"/>	Current Address 606 2ND AVE N APT 4	City LAKE WORTH	State Zip Code Phone Number(s) FL 33460-0001
Trailer License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year
Trailer License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year
Vehicle Direction Traveling NORTH	On Street, Road, Highway INTERSTATE 95 (SR 9)	At Est. Speed 68	Posted Speed 60	Total Lanes 3	
CMV Configuration	Cargo Body Type	Area of Initial Impact			
Conv. SUV/UGV	Trailer Type (Trailer One)	Trailer Type (Trailer Two)	Most Damaged Area		
FEE: REG. RENEWAL	FEE: REG. PLATE	FEE: REG. NUMBER	FEE: REG. CESS		
Motor Carrier Name	US DOT Number				
Motor Carrier Address	Address Other				
Contr./Non-Commercial	Vehicle Body Type (SPOKE) UTILITY VEHICLE	Vehicle Defects (one) NONE	Vehicle Defects (two)	Emergency Vehicle Use Special Function of MV NO SPECIAL FUNCTION	
Vehicle Maneuver Action STRAIGHT AHEAD	Truckway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT	Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION NON-FIXED OBJECT	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events	

VEHICLE

Vehicle Motor Vehicle Type VEH MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number HRA289	State FL	Reg. Expires 10/2/2017	Permanent Reg. VIN 1N4AL11D86C148174
Year 2008	Make NISS	Model ALTIMA	Style 4D	Color BLK	Extent of Damage DISABLING
Insurance Company GEICO	Insurance Policy Number 4464591278	Towed Due to Damage YES			
Name of Vehicle Owner ERNEST B LUCIEN		Business <input type="checkbox"/>	Current Address 4043 SW 9TH ST	City MARGATE	State Zip Code Phone Number(s) FL 33069-0001
Trailer License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year
Trailer License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year
Vehicle Direction Traveling OFF-ROAD	On Street, Road, Highway INTERSTATE 95 (SR 9)	At Est. Speed 0	Posted Speed 65	Total Lanes 5	

Crash Date 8/30/2017	Time of Crash 1:30 AM	Date of Report 8/30/2017	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FLHPL17OFF070245	HSMV Crash Report Number 08822293-01
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CMV Configuration		Cargo Body Type		Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR		Trailer Type (Trailer One)		<input type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer		<input checked="" type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer	
Haz. Mat. Release		Haz. Mat. Placard		Haz. Mat. Number		Haz. Mat. Class	
Motor Carrier Name		US DOT Number		City		State Zip Code Phone Number	
Motor Carrier Address		Address Other		City		State Zip Code Phone Number	
Comm/Non-Commercial		Vehicle Body Type PASSENGER CAR		Vehicle Defects (one) NONE		Vehicle Defects (two) NONE	
Vehicle Maneuver Action PARKED		Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER		Roadway Grade LEVEL		Roadway Alignment STRAIGHT	
Traffic Control Device for this Vehicle NO CONTROLS		First (1) Sequence of Events COLLISION NON-FIXED OBJECT		Second (2) Sequence of Events COLLISION NON-FIXED OBJECT		Third (3) Sequence of Events COLLISION NON-FIXED OBJECT	
		MOTOR VEHICLE IN TRANSPORT		PARKED MOTOR VEHICLE			

VEHICLE		<input type="checkbox"/> Commercial Motor Vehicle		Hit & Run (by this vehicle)		License Number 1880JL		State FL		Reg. Expires 02/2018		Permanent Reg. VIN 3N1CB61D34L473378	
Vehicle Type MOTOR VEHICLE IN TRANSPORT		Year 2004		Make NISS		Model SENTRA		Style 4D		Color BLU		Extent of Damage DISABLING	
Est. Damage 10,000		Yes		Reason Due to Damage EASTERN AUTO		Vehicle Removed by EASTERN AUTO		Rotation ROTATION		Insurance Company GEICO		Insurance Policy Number 448918488	
Name of Vehicle Owner WILLIAM JOSEPH		Business		Current Address 1801 16TH AVE S		City LAKE WORTH		State Zip Code FL 33460-0001		Phone Number(s)			
Trailer License Number		State		Reg. Expires		Permanent Reg. NO		VIN		Year		Make	
Trailer License Number		State		Reg. Expires		Permanent Reg. NO		VIN		Year		Make	
Vehicle Direction OFF-ROAD		On-Street, Road, Highway INTERSTATE 95 (SR 9)		At Est. Speed S		Possible Speed 45		Total Lane S					
CMV Configuration		Cargo Body Type		Area of Initial Impact		Most Damaged Area							
Comm GVWR/GCWR		Trailer Type (Trailer One)		Trailer Type (Trailer Two)		<input type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer		<input checked="" type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer					
Haz. Mat. Release		Haz. Mat. Placard		Haz. Mat. Number		Haz. Mat. Class							
Motor Carrier Name		US DOT Number		City		State Zip Code Phone Number							
Comm/Non-Commercial		Vehicle Body Type PASSENGER CAR		Vehicle Defects (one) NONE		Vehicle Defects (two) NONE		Emergency Vehicle Use NO		Special Function of MV NO SPECIAL FUNCTION			
Vehicle Maneuver Action PARKED		Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER		Roadway Grade LEVEL		Roadway Alignment STRAIGHT		Most Harmful Event COLLISION NON-FIXED OBJECT		Most Harmful Event Detail PARKED MOTOR VEHICLE			
Traffic Control Device for this Vehicle NO CONTROLS		First (1) Sequence of Events COLLISION NON-FIXED OBJECT		Second (2) Sequence of Events PARKED MOTOR VEHICLE		Third (3) Sequence of Events		Fourth (4) Sequence of Events					

PERSON RECORD

# 1	Person Type DRIVER	Vehicle # V01	Name MICHAEL HERMAN CLOYES	Injury Severity NON-INCAPACITATING	Ejection NOT EJECTED	Driver Ref Exam NO
Date of Birth 08/28/1981		Sex M	Condition at Time of Crash UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/AL		Address 600 2ND AVE N APT 4, LAKE WORTH FL 33468	
Driver License Number C420548613090		State FL	Expires 08/29/2021	Type CLASS E / OPERATOR	Required Endorsements NO REQUIRED ENDORSEMENTS	
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Air Bag Deployed DEPLOYED - FRONT		Helmet Use		Eyes Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		
Driver Distracted By NOT DISTRACTED		Driver Vision Obstructions VISION NOT OBSCURED		Driver Actions at Time of Crash 1 (based on judgement of investigation officer) FAILED TO KEEP IN PROPER LANE		Driver Actions at Time of Crash 2 (based on judgement of investigation officer)
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)		Driver Actions at Time of Crash 4 (based on judgement of investigation officer)				
Suspected Alcohol Use YES		Alcohol Tested TEST REFUSED		Alcohol Test Type		Alcohol Test Result
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To

PERSON RECORD

# 2	Non-Motorist # N001	Person Type NON-MOTORIST / OCCUPANT MOTOR VEHICLE NOT IN TRANSPORT	Name JETHRO ISAAC LUCHEN	Injury Severity INCAPACITATING
Date of Birth 11/18/1989		Sex M	Address 4969 SW 8TH ST, MARGATE FL 33468	
Non-Motorist Action / Circumstance Prior to Crash NO IMPROPER ACTION		Non-Motorist Location at Time of Crash SHOULDER/ROADSIDE		
Non-Motorist Action / Circumstance at Time of Crash 1 DISABLED VEHICLE RELATED (WORKING ON PUSHING LEAVING/APPROACHING)		Non-Motorist Action / Circumstance at Time of Crash 2		
Non-Motorist Safety Equipment 1 NOT APPLICABLE		Non-Motorist Safety Equipment 2		

Crash Date 03/02/17	Time of Crash 12:48 AM	Date of Report 03/02/17	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPL17OFF070245	FHPLV Crash Report Number 05032203-01
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Suspected Alcohol Use NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility EMS		EMS Agency Name or ID PALM BEACH PR		EMS Run Number 80286	Medical Facility Transported To DELRAY MEDICAL CENTER			

VIOLATION

Person# 1	Violator Name Michael Herman Cloyes	FL Statute Number 316.014(4)(b)	Violation Description DRIVER NOT BELTED - TO BE CITED	Citation Number A7RD43E
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VIOLATION

Person# 1	Violator Name Michael Herman Cloyes	FL Statute Number 316.089	Violation Description FAILED TO USE DESIGNATED LANE/FAILED TO DRIVE WITHIN SINGLE LANE	Citation Number A7RD4WE
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WITNESS RECORD

# 3	Name WILLIAM JOSEPH	Address 1501 16TH AVE S, LAKE WORTH FL 33460	Phone Number
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WITNESS RECORD

# 4	Name CHRISTOPHER CADET	Address 6220 SW 4TH ST, MARGATE FL 33068	Phone Number
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NARRATIVE

ID Number 3558	Rank TROOPER	Name J.A. RAJON-ZUNIGA	Troop / Post L	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 901-357-4040
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Vehicle 1 (V01) was traveling northbound on Interstate 95 (SR 9) in the outside lane of travel just north of Boynton Beach Blvd (SR 804). Vehicle 1 (V01) and Vehicle 3 (V03) were parked on the right shoulder of northbound Interstate 95 (SR 9) just north of Boynton Beach Blvd (SR 804). Non Motorist 01 (NM01) was standing in front of V02 between V02 and V03. Driver 1 (D01) failed to maintain in his proper lane of travel causing him to veer onto the right shoulder of northbound SR 9. Subsequently, the front portion of V01 struck the rear portion of V02 causing V02 to travel in a northerly direction. Subsequently, the front portion of V02 struck the right leg of NM01 and then colliding into the the rear portion of V03. All vehicles were moved to the right shoulder of northbound SR 9 prior to my arrival. NM01 was transported to Delray Medical Center prior to my arrival.

Note: All occupants of Vehicle 2 and Vehicle 3 were all outside of their vehicles when the collision occurred.

Driver 1 was cited with DUI causing serious bodily injury. Citation Number (A7QXC0E)

REPORTING OFFICER

ID Number 3558	Rank TROOPER	Name J.A. RAJON-ZUNIGA	Troop / Post L	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 901-357-4040
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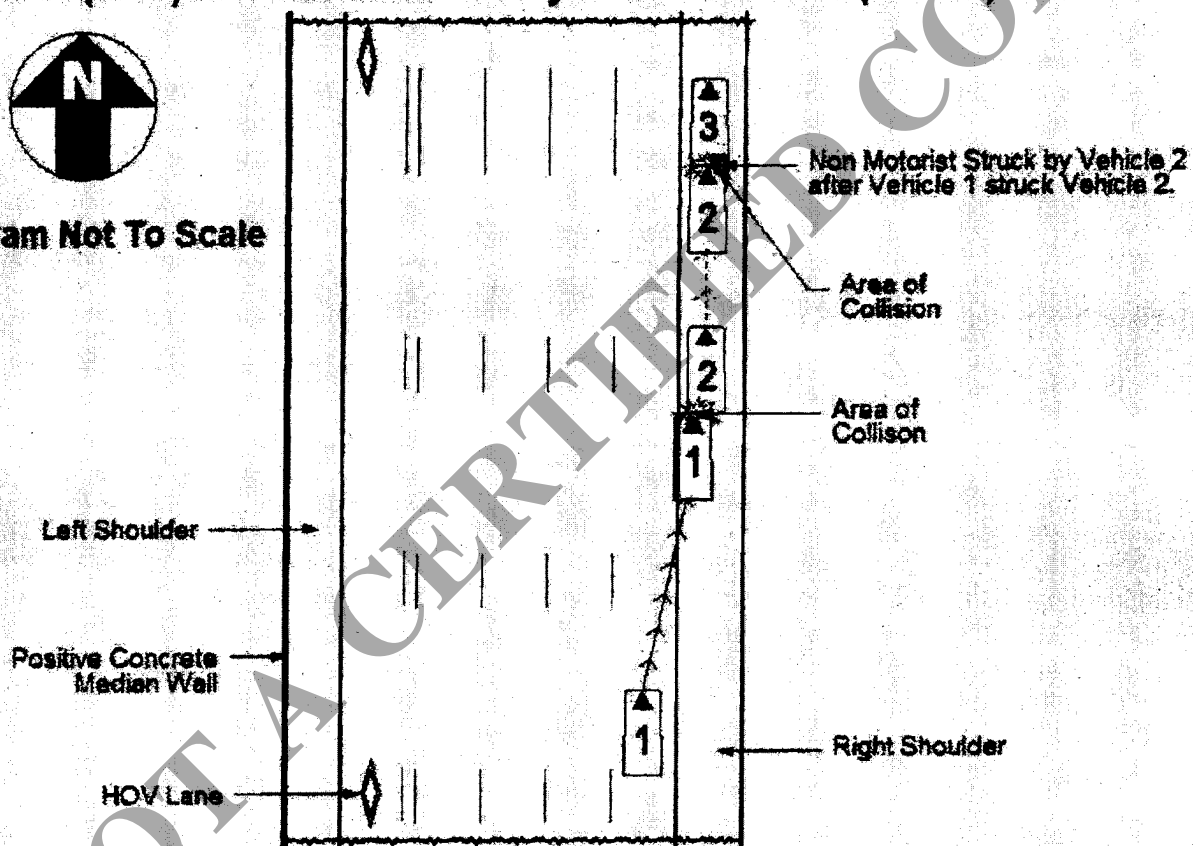
Crash Date 8/30/2017	Time of Crash 12:48 AM	Date of Report 8/30/2017	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPL170FF070245	FHPL Crash Report Number 00022003-01
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DIAGRAM OF CRASH

Interstate 95 (SR 9) NB / Just North of Boynton Beach Blvd (SR 804)



Diagram Not To Scale



D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30th DAY OF August 20 17 AT 01:51 AM PM

SUBJECT: Michael Herman Cloyes CASE NUMBER: FHPL17OFF070245

AGENCY: FHP ARRESTING OFFICER: Tpr. Cedric Mitchell

PERSONAL CONTACT

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

see witness statements

OBSERVATION OF DRIVER:

orbital sway
red in color glassy eyes
pale and flushed face

DRIVER'S STATEMENTS:

Mr. Cloyes stated that he had been drinking, and had drank two drinks

ODORS:

unknown alcoholic beverage emitting from subject's mouth area

GENERAL OBSERVATIONS

SPEECH: mumbled and slurred

ATTITUDE: cooperative

CLOTHING: casual

MEDICAL/OTHER: anxiety meds, high blood pressure

STATE OF FLORIDA
COUNTY OF PALM BEACH

Tpr. Cedric Mitchell
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of August 20 17 by Tpr. Mitchell

(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.S. 117.10)



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SUBJECT: Michael Herman Cloyes

CASE NUMBER FHPL17OFF070245

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:

WALK & TURN:

The subject failed to stay in the starting position. On the first set of steps, the subject stepped off the line on step 4. The subject failed to make a proper turn. On the second set of steps, the subject failed to take the correct number of steps.

ONE LEG STAND:

The subject used his arms to balance himself. The subject swayed while performing the exercise.

FINGER TO NOSE:

The subject failed to touch the tip of his finger to the tip of his nose on each attempt.

ROMBERG ALPHABET:

N/A

BREATH TEST RESULTS:

1) refused

2) refused

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Tpr. Cedric Mitchell

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of August 2017 by Tpr. Mitchell

(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.S. 117.10)



Samantha Palmer
Commission # FF172677
Expires: OCT 29, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

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

I, TROOPER C MITCHELL, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of FLORIDA HIGHWAY PATROL, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 30th day of August, 20 17, at 1:51 ☐ P.M. ☒ A.M.

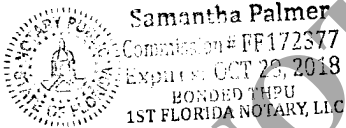
DRIVER MICHAEL HERMAN CLOYES,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# C420548613090, state of FLORIDA, was placed under lawful arrest for
the offense of 316.193(3)c(2) by TPR. C. MITCHELL and
(Name of Arresting Officer)
issued Citation # A7QXC0E

That on or about the 30th day of August, 20 17, at 02:46 ☐ P.M. ☒ A.M.
in PALM BEACH COUNTY County,

I requested that the driver submit to a ☒breath and/or ☐urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving 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 any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer



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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 30 day of August, 20 17,

by Tpr. Mitchell,

who is personally known to me or who has produced

as identification

Notary Public [Signature]

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.

TESTING FACILITY TASK REPORT

AGENCY: FHP/MITCHELL

SUBJECT: CLOYES, MICHAEL

CASE NUMBER: 17-120953

DATE: 08/30/2017

VIDEO DVD NUMBER: 63276

BEGINNING TIME: 0244

ENDING TIME: 0247

BREATH TESTS RESULTS: 1) R TIME 0246 A.M. ☒ P.M. ☐ 2) XX TIME XX A.M. ☐ P.M. ☐
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET, COOPERATIVE

CLOTHING: WHITE TSHIRT, MULTI COLOR SHORTS, WHITE SNEAKERS

MEDICAL CONDITIONS: ANXIETY, HIGH BLOOD PRESSURE, LOWER BACK PAIN, PINS IN LEFT ANKLE

MEDICATIONS: LORAZEPAM, FLEXERIL

OTHER:

EYES GLASSY AND BLOODSHOT, SWAYING,

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0219
SUBJECT REFUSED TO TAKE BREATH TEST
A/O READ I/C,
SUBJECT STATED HE UNDERSTOOD I/C
AND AGAIN REFUSED TO TAKE BREATH TEST
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD RIGHTS
A/O ATTEMPTED Q&A
SUBJECT REFUSED QUESTIONING

SUBJECT: Clayton, Michael 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 Tim Mitchell of the Illinois

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) Michael Clayton

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) Michael Clayton

SUBJECT: Cloyes, Michael CASE NUMBER: THU L 170TT 070245

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: Det. Micelli

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

WITNESS LIST

CASE NUMBER: **FHPL17OFF070245**

ARRESTING OFFICER: **Tpr. Cedric Mitchell**

ADDRESS: **P.O. Box 54007 Troop L Greenacres, FL 33454**

PHONE NUMBERS (HOME): **(561) 357-4000** (WORK)

CAN TESTIFY TO: **Investigation**

NAME: **Tpr. Jose Pajon - Zuniga**

ADDRESS: **P.O. Box 54007 Troop L Greenacres, FL 33454**

PHONE NUMBERS (HOME) **(561) 357-4000** (WORK)

CAN TESTIFY TO: **Crash Investigation and Observation of the Driver**

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

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CAN TESTIFY TO:

NOT A CERTIFIED