

ARREST REPORT

89

Report Date / Time 08/30/2017 03:11 AM	Agency Case/Offense Number FHPL17OFF070245	OCA Number	Operating Agency Case Number	OBTS Number	Calendar 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

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
DUI AND DAMAGE PROPERTY		OF

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	Operating Agency Case Number	OBTS Number	Offender Based Transaction System	Jail Booking Number	Other Number LWRIC17CAD157539
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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 you 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 Statute 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 \$	<input type="checkbox"/> None	<input type="checkbox"/> ROR	<input type="checkbox"/> Cash	<input type="checkbox"/> Any	<input type="checkbox"/> PreTrial 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	

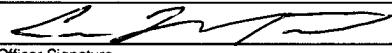
ARREST LOCATION

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

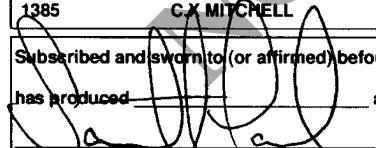
Jail / Booking Facility PALM BEACH COUNTY CORRECTIONS	Location 3228 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406	Phone (561) 688-4400
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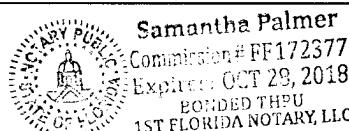
ARRESTING OFFICER

Officer Call Number 1385	Officer Name C X MITCHELL	
		Officer Signature

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 32399-0637

Cash Date 03/06/2017	Time of Crash 1246 AM	Date of Report 03/06/2017	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHP17OFF020245	HSMT Crash Report Number 00022883-01
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CRASH IDENTIFIERS

Crash Date (MM/DD/YY) 03/06/2017	County of Crash PALM BEACH	Place or City of Crash BOYNTON BEACH	Within City Limits/Reported Crash Time YES 03/06/2017 12:02 AM	Dispatched/Dealt Time 03/06/2017 12:57 AM
On Scene Date/Time 03/06/2017 12:00 AM	Scene Status Date/Time 03/06/2017 3:00 AM	Investigation Completed/Reason of Investigation Not Completed YES		Notified by LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway INTERSTATE 95 (SR 60)	At Street Address # 101	At Latitude N 26 32.4077	And Longitude W 80 4.3527
At Mile 0.5	Direction N	From Intersection with Street, Road, Highway BOYNTON BEACH BLVD (SR 60)	Or From Milepost Number

CRASH INFORMATION

Light Condition DARK/LIGHTED	Weather Condition CLEAR	Roadway Surface Condition DRY	School Bus Related NO	Mode 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	Vehicle Impairment NO	First Harmful Event's Relation to Junction NON-JUNCTION
Contributing Circumstances: Road NONE	Contributing Circumstances: Road	Contributing Circumstances: Road	Contributing Circumstances: Road	Contributing Circumstances: Environment
Contributing Circumstances: Environment NONE	Contributing Circumstances: Environment	Contributing Circumstances: Environment	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

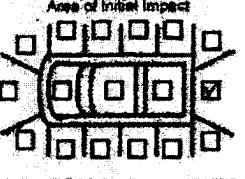
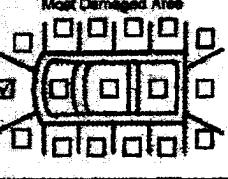
VEHICLE

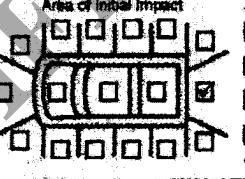
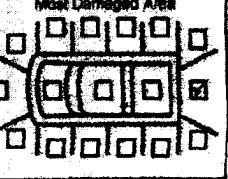
Vehicle/Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	HR & Run (by this vehicle)	License Number HRAE20	State FL	Reg. Expires 10/09/2017	Permanent Reg. VIN 1N6AL11D98C148174	
Year 2008	Make CHEV	Model TRACKER	Style UT	Color RED	Extent of Damage DISABLED	
Trailer License Number	State FL	Reg. Expires NO	Permanent Reg. VIN NO	Year 2008	Length Aches	
Trailer License Number	State FL	Reg. Expires NO	Permanent Reg. VIN NO	Year 2008	Length Aches	
Vehicle Traveling Direction NORTH	On Street, Road, Highway INTERSTATE 95 (SR 60)	On Street, Road, Highway INTERSTATE 95 (SR 60)	On Street, Road, Highway INTERSTATE 95 (SR 60)	At Est. Speed 0	Posted Speed 65	
CRV Configuration	Cargo Body Type		Area of Initial Impact		Most Damaged Area	
Common SWING/CAVR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)				
TRAILER MIL NUMBER F02 MIL PREC03	TRAILER MIL NUMBER F02 MIL C03					
Motor Carrier Name	BUS OCT Number					
Motor Carrier Address	Address Other					
COMMUNICATOR/COMMUNICATOR	VEHICLE BODY TYPE (SPORE) UTILITY VEHICLE	VEHICLE DEFECTS (one) NONE	Vehicle Defects (two)	Emergency Vehicle Use/Special Function of MV NO NO SPECIAL FUNCTION		
Vehicle Maneuver Action STRAIGHT AHEAD	Maneuver 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		
	MOTOR VEHICLE IN TRANSPORT					

VEHICLE

Vehicle/Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	HR & Run (by this vehicle)	License Number HRAE20	State FL	Reg. Expires 10/09/2017	Permanent Reg. VIN 1N6AL11D98C148174
Year 2008	Make NISS	Model ALTIMA	Style MD	Color BLK	Extent of Damage DISABLED
Trailer License Number	State FL	Reg. Expires NO	Permanent Reg. VIN NO	Year 2008	Length Aches
Trailer License Number	State FL	Reg. Expires NO	Permanent Reg. VIN NO	Year 2008	Length Aches
Vehicle Traveling Direction OFF-ROAD	On Street, Road, Highway INTERSTATE 95 (SR 60)	On Street, Road, Highway INTERSTATE 95 (SR 60)	On Street, Road, Highway INTERSTATE 95 (SR 60)	At Est. Speed 0	Posted Speed 65

Crash Date: 03/02/2017	Time of Crash: 1200AM	Date of Report: 03/02/2017	Reporting Agency: FLORIDA HIGHWAY PATROL	Reporting Agency Case Number: FHP117OFF070245	Report Number: 00022205-01
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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	
Haz. Mat. Release	Haz. Mat. Placard	Haz. Mat. Number	Haz. Mat. Class				
Motor Carrier Name		US DOT Number		City		State Zip Code	
Motor Carrier Address		Address Other		City		State Zip Code	
Commercial-Commercial		Vehicle Body Type: PASSENGER CAR	Vehicle Defects (one): NONE	Vehicle Defects (two):		Emergency Vehicle Use/pecial Function of MV NO	
Vehicle Maneuver Action: PARKED		Transitory: TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	Roadway Grade: LEVEL	Roadway Alignment: STRAIGHT	Most Harmful Event: COLLISION NON-FIXED OBJECT	Most Harmful Event Class: 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: COLLISION NON-FIXED OBJECT	Third (3) Sequence of Events:	Fourth (4) Sequence of Events:		
		MOTOR VEHICLE IN TRANSPORT	PARKED MOTOR VEHICLE				

VEHICLE							
Commercial Motor Vehicle							
Vehicle Type: MOTOR VEHICLE IN TRANSPORT	Hd & Run (by this vehicle): NO		License Number: N859UL	State: FL	Reg. Expires: 02/2018	Permanent Reg. VIN: 3N1CB61D34L473375	Phone Number:
Year: 2004	Make: NISS	Model: SENTRA	Side: 4D	Color: BLU	Extent of Damage: DISABLING	Est. Damage: 10,000	Towed Due to Damage/Vehicle Removed By: EASTERN AUTO
Insurance Company: GEICO							
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: ONE	State: FL	Reg. Expires: NO	Permanent Reg. VIN: NO	Year:	Make:	Length:	Axes:
Fault: License Number:	State: FL	Reg. Expires:	Permanent Reg. VIN: NO	Year:	Make:	Length:	Axes:
Vehicle Traveling: OFF-ROAD	Direction: On-Street, Road, Highway	INTERSTATE 95 (SR 8)		AI Earl. Speed: 8	Posted Speed: 65	Total Lanes: 8	
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	
Haz. Mat. Release	Haz. Mat. Placard	Haz. Mat. Number	Haz. Mat. Class				
Motor Carrier Name		US DOT Number:		City		State Zip Code	
Motor Carrier Address		Address Other:		City		State Zip Code	
Commercial-Commercial		Vehicle Body Type: PASSENGER CAR	Vehicle Defects (one): NONE	Vehicle Defects (two):		Emergency Vehicle Use/pecial Function of MV NO	
Vehicle Maneuver Action: PARKED		Transitory: TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	Roadway Grade: LEVEL	Roadway Alignment: STRAIGHT	Most Harmful Event: COLLISION NON-FIXED OBJECT	Most Harmful Event Class: 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:	Third (3) Sequence of Events:	Fourth (4) Sequence of Events:		
		PARKED MOTOR VEHICLE					

PERSON RECORD

#	Person Type: DRIVER	Vehicle #: V61	Name: MICHAEL HERMAN CLOYES	Injury Severity: NON-INCAPACITATING	Electon: NOT EJECTED	Driver Return: NO
Date of Birth: 04/24/1961	Sex: M	Condition at Time of Crash: UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/AL	Address: 809 2ND AVE N APT 4, LAKE WORTH FL 33460	Phone Number:		
Driver License Number: 042648613690	State: FL	Expires: 08/23/2021	Type: CLASS E / OPERATOR	Required Endorsements: NO REQUIRED ENDORSEMENTS		
Restraint Systems: NONE USED - MOTOR VEHICLE OCCUPANT		Air Bag Deployed: DEPLOYED - FRONT		Helmet Use:	Eye 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:	EAC:	Suspected Drug Use: NO	Drug Tested: TEST NOT GIVEN
Source of Transport to Medical Facility: NOT TRANSPORTED		EMS Agency Name or ID:		EMS Run Number:	Medical Facility Transported To:	

PERSON RECORD

#	Non-Motorist #: 2	Person Type: NON-MOTORIST / OCCUPANT MOTOR VEHICLE NOT IN TRANSPORT	Name: JETHRO ISAAC LUCIEN	Injury Severity: INCAPACITATING	Phone Number:
Date of Birth: 11/16/1998	Sex: M	Address: 4969 SW 8TH ST, MARGATE FL 33068	Non Motorist Location at Time of Crash: SHOULDER/ROADSIDE		
Non Motorist Action / Circumstances Prior To Crash: NO IMPROPER ACTION		Non Motorist Action / Circumstances at Time of Crash 2: DISABLED VEHICLE RELATED (WORKING ON PUSHING LEAVING/APPROACHING)			
Non Motorist Safety Equipment 1: NOT APPLICABLE		Non Motorist Safety Equipment 2:			

Crash Date 03/02/2017	Time of Crash 12:48 AM	Date of Report 03/02/2017	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPL17OFF070245	HSMV Crash Report Number 88532283-01
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Suspected Alcohol Use NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC 0.00	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility EMS	PALM BEACH PR	EMS Agency Name or ID		EMS Form Number 85206	Medical Facility Transported To DELRAY MEDICAL CENTER			

VIOLATION

Person 1	Violator Name Michael Herman Clayes	FL Statute Number 316.614(4)(b)	Violation Description DRIVER NOT BELTED - TO BE CITED	Citation Number A7RD442E
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VIOLATION

Person 1	Violator Name Michael Herman Clayes	FL Statute Number 316.616	Violation Description FAILED TO USE DESIGNATED LANE/FAILED TO DRIVE WITHIN SINGLE LANE	Citation Number A7RD442E
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WITNESS RECORD

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

Person 4	Name CHRISTOPHER CADET	Address 6220 SW 4TH ST, MARGATE FL 33086	Phone Number
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MARRIATIVE

ID Number 3558	Rank TROOPER	Name J.A. PAJON-ZUNIGA	Troop / Post L	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 561-357-4040
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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 (V02) 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. PAJON-ZUNIGA	Troop / Post L	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 561-357-4040
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Crash Date:
03/02/2017

Time of Crash:
12:49 AM

Date of Report:
03/02/2017

Reporting Agency:
FLORIDA HIGHWAY PATROL

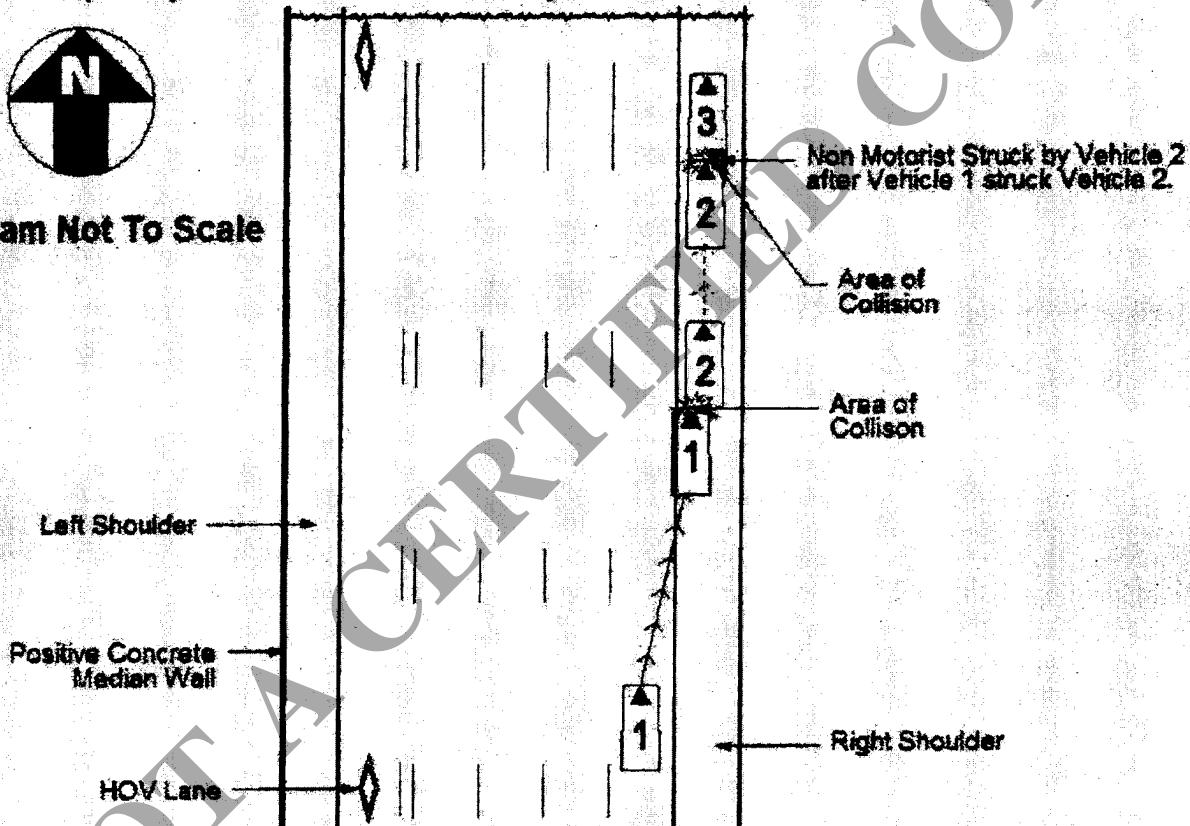
Reporting Agency Case Number: FHP170FF070243
Report Number:
0002220-21

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

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LT EYE-LACK OF SMOOTH PURSUIT
 LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
 LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

- RT EYE-LACK OF SMOOTH PURSUIT
 RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
 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 _____



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.

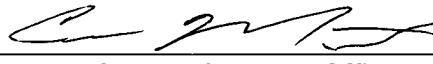
DRIVER MICHAEL HERMAN CLOYES,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

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 of Law Enforcement Officer or
Correctional Officer

Samantha Palmer
Commission # FF172377
Expires: OCT 29, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

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 S. Palmer

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: Clouds, 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 Murchison of the White.

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) Tim Murchison

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) Tim Murchison

SUBJECT: Cloyes, MichaelCASE NUMBER: THIL 1707 070246

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: DR. Michael

WITNESS LIST

CASE NUMBER: FHPL17OFF070245

Tpr. Cedric Mitchell

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: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED