

0498656

ARREST / NOTICE TO APPEAR

1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias

1

JUVENILE

A D M I N I S T R A T I O N	Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4   0   18-008218</b>		
	Charge Type Check as many <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Offenses Enter Type <b>None/not Applicable</b>		
D E F E N D A N T	Location of Arrest (Including Name of Business) <b>1732 S FEDERAL HWY</b>			Location of Offense (Business Name, Address) <b>1732 S FEDERAL HWY, DELRAY BEACH, FL 33444</b>			
	Date of Arrest <b>05/31/2018</b>	Time of Arrest <b>07:35</b>	Booking Date <b>05/31/2018</b>	Booking Time <b>07:45</b>	Jail Date <b>05/31/2018</b>	Jail Time <b>07:39</b>	
C O D E S	Name (Last, First, Middle) <b>LEASURE, RICHARD DOUGLAS</b>			Alias (Name, DOB, Sex, etc.)			
	Race W - White A - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>08/04/1964</b>	Height <b>6'04</b>	Weight <b>304</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>
J U V E N I L E	Local Address (Street, Apt. Number) <b>18393 42ND RD N. LOXAHATCHEE, FL 33470</b>			Phone <b>(954) 629-9646</b>		Completion <b>FAIR</b>	
	Permanent Address (Street, Apt. Number) <b>18393 42ND RD N. LOXAHATCHEE, FL 33470</b>			Phone <b>(954) 629-9646</b>		Build <b>LARGE</b>	
C H A R G E	Business Address (Name, Street) <b>DL Number, State <b>L260744642840 / FL</b></b>			Place of Birth (City, State) <b>BALTIMORE, MD,</b>		Citizenship <b>US</b>	
	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 2 At Large <input type="checkbox"/> 3 Felony <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile
I N T A K E	Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 2 At Large <input type="checkbox"/> 3 Felony <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile
	Address (Street, Apt. Number)			City	State	Zip	Residence Phone
N O T I C E T O A P P E A R	Notified by: (Name)			Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Institutionalized	
	Released To: (Name)			Relationship	Date	Time	
A D M I N I S T R A T I O N	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.			School Attended		Grade	
	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No.			Property Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property		Value of Property
C H A R G E	Drug Activity S. Sell N. N/A P. Possess			T. Trafficking D. Deliver E. Use	K. Dispenser/Distribute	M. Manufacture/Production/Cultivate	2. Other
	Drug Type N. N/A A. Amphetamines			B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv	P. Paraphernalia/Equipment S. Synthetic	U. Unknown Z. Other
C H A R G E	Charge Description <b>DRIVING WHILE UNDER INFLUENCE</b>			Statute Violation Number <b>316.193(1)</b>		Violation of ORD #	
	Drug Activity	Drug Type	Amount / Unit	Offense # <b>18-008218</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
C H A R G E	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	Warrant / Capias Number
I N T A K E	Health / Apparent Physical Condition of Defendant			Any knowledge of the following <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Misbehavior <input type="checkbox"/> Deferment <input type="checkbox"/> Injuries Explain			
	Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Postpaid Bond			<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> TOT County Jail	
N O T I C E T O A P P E A R	Transported By <b>GEIGER</b>			Date Transported <b>05/31/2018</b>	Time Transported <b>07:40</b>	Released By <b>GEIGER</b>	
	<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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>			
A D M I N I S T R A T I O N	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 <b>06/19/2018 08:30:00</b>		No Photo Available	
	Signature of Defendant (or Juvenile and Parent/Custodian)			Date Signed			
A D M I N I S T R A T I O N	HOLD for Other Agency			Signature of Arresting Officer <b>D.F.C. M-5 #1161</b>		Name Verification (Printed by Arrestee) <b>MAY 31 4:33</b>	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Escaped <input type="checkbox"/> Recidivist			Name of Arresting Officer (Print) <b>GEIGER MICHELLE L</b>		ID # <b>1161</b>	
A D M I N I S T R A T I O N	Transporting Officer <b>GEIGER</b>			ID # <b>1161</b>		Agency <b>DELRA</b>	
	Witness here if subject signed with an "X"			PAGE <b>1 OF 1</b>			

JUN 03 2018

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 31 DAY OF May 2018, AT 0700 (AM) PM  
SUBJECT: Richard Douglas Leasure CASE NUMBER: 2018-008218  
AGENCY: DELRAY BEACH ARRESTING OFFICER: Ofc. Michlle Geiger

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
On the above date and time, I was dispatched to a vehicle in the bushes, still running with a male in the driver's seat "passed out". Upon arrival, I found the vehicle, a white Ford Expedition, still running half in the roadway half in the bushes. The vehicle was in "drive" and a white male, identified by his FL operator's license as Richard Douglas Leasure was in the driver's seat, there were no other occupants in the vehicle.

### OBSERVATION OF DRIVER:

The defendant appeared impaired, had glassy, reddened eyes and had difficulty focusing his eyes on me. The defendant had slowed comprehension and difficulty responding to simple questions. The Defendant had an odor of an unknown alcoholic beverage about his breath. When asked for his license, defendant was slow in finding it in a stack of cards in his hand. Upon exiting the vehicle, the defendant needed to use the vehicle to brace himself for standing. Once out of the vehicle, the defendant had an unsteady gait and swayed while standing.

### DRIVER'S STATEMENTS:

The defendant denied having anything to drink and was unable to tell me where he had come from.

### ODORS:

The defendant had the odor of an unknown alcoholic beverage about his breath.

## GENERAL OBSERVATIONS

SPEECH: Slow, slurred, mumbled

ATTITUDE: moments of frustration then understanding

CLOTHING: jeans and a polo, sneakers

MEDICAL PROBLEMS:

MEDICATIONS:

OTHER:

Breath testing request is video recorded.

SUBJECT: Richard Douglas Leasure CASE NUMBER: 2018-008218

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- LEFT EYE DOES NOT FOLLOW SMOOTHLY
- RIGHT EYE DOES NOT FOLLOW SMOOTHLY
- LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION
- DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION

CAN NOT DO, WHY? DEFENDANT was too intoxicated to complete the rest of the test. Would not keep head still, was not following stimulus

**WALK AND TURN:**

**THE DEFENDANT FAILED TO MAINTAIN BALANCE WHILE THE INSTRUCTIONS WERE GIVEN, STARTED BEFORE TOLD**

CAN NOT DO, WHY? The defendant began start the test before giving full instructions. Defendant then stated he was unable to get in to the starting position. Test not given

**ONE LEG STAND:**

CAN NOT DO, WHY? The defendant stated he was unable to get in this position to complete the test.

**FINGER TO NOSE:**

**THE DEFENDANT FAILED TO CLOSE EYES, SWAYS, FAILED TO RETURN ARM TO THEIR SIDE, FAILED TO TOUCH THE TIP OF NOSE WITH INDEX FINGER**

CAN NOT DO, WHY? \_\_\_\_\_

**ROMBERG/ALPHABET:**

**THE DEFENDANT FAILED TO CLOSE EYES, SWAYS, USED ARMS FOR BALANCE, AND FAILED TO CORRECTLY RECITE THE NUMBERS 30-50.**

CAN NOT DO, WHY? \_\_\_\_\_

**BREATH TEST RESULTS:** \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF PALM BEACH  
THE FOLLOWING INSTRUMENT WAS NOTARIZED OR SWORN BEFORE ME THIS 4/30/18 5-31-18 (DATE)

BY. F. CASAKI

OR. M. S. #1161

NOTARY/CLERK OF COURT OFFICER (F.S. 117.10) SIGNATURE OF ARRESTING OFFICER

SUBJECT: REVISED LEASURE CASE NUMBER: 2018-008218

# 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? No / was not

WHERE WERE YOU GOING? N. WILKIE

WHAT STREET OR HIGHWAY WERE YOU ON? I'm Not Remembering

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? C. E. N. Sp...

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? June 15, 2018 WHAT DAY OF THE WEEK IS IT? 7. - 2018 /

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? No 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? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No 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? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? [REDACTED]

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? Yes WHO? [REDACTED] WHY? [REDACTED]

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? [REDACTED] WHAT? [REDACTED] WHEN? [REDACTED]

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? No

DO YOU TAKE INSULIN? [REDACTED] IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? MD

INTERVIEWER: [Signature]

SUBJECT: Richard L. ...

CASE NUMBER: 2018-00218

## 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 Off. Michael G... of the Dunbar Penn Police

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) On Video

## 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) On Video

# TESTING FACILITY TASK REPORT

AGENCY: DBPD-GEIGER

SUBJECT: LEASURE, RICHARD D

CASE NUMBER: 18-080367

DATE: May 31, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0807

ENDING TIME: 0818

BREATH TESTS RESULTS: 1) REF TIME 0809 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: J Biggs# 7607

MAINTENANCE TECHNICIAN: D/S J Karklecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE AT TIMES, UPSET, UNCOOPERATIVE AT OTHERS

CLOTHING: TAN SHIRT BLUE JEANS

MEDICAL CONDITIONS: DIABETIC, BI POLAR, CHOLESTEROL

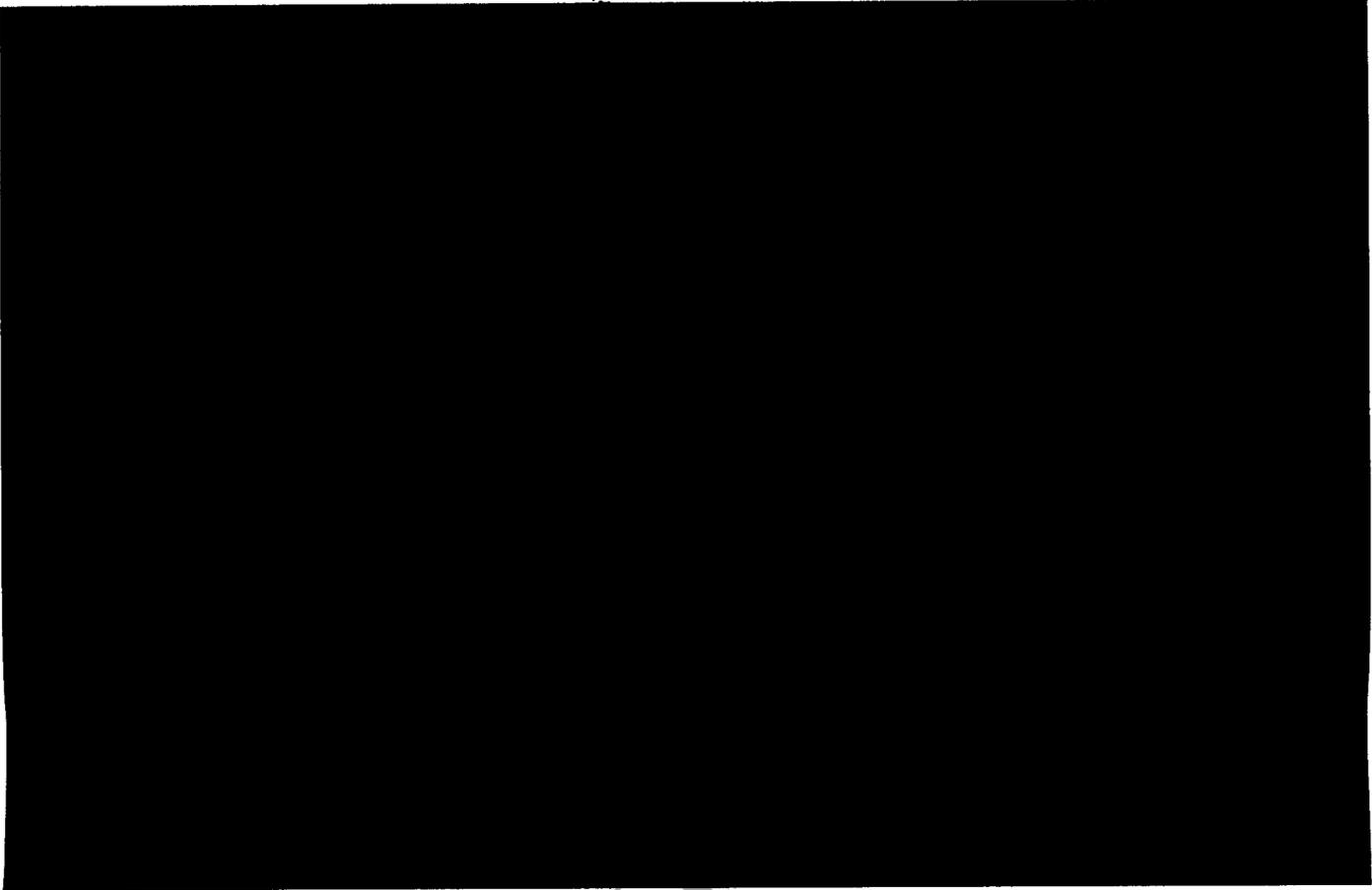
MEDICATIONS: UNK MEDS FOR ABOVE ISSUES

## OTHER:

EYES GLASSY, RED

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0745  
SUBJECT REFUSED THE TEST INITIALLY  
SUBJECT WAS READ IMPLIED CONSENT  
SUBJECT REFUSED THE TEST ONCE AGAIN  
MIRIANDA WAS READ TO SUBJECT  
SUBJECT ANSWERED SOME OF THE QUESTIONS ASKED



NOT A CERTIFICATE



NOT A CERTIFICATE



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	3,6
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input checked="" type="checkbox"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	9,10
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018018166	Date: 05/31/2018
	Specialist Name/ID: Drucker/9206