

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest		3. Request for Warrant		P#3509	
Agency ORI Number		Juvenile Referral Report		2. N.T.A.		4. Request for Capias		2	
FLO 500000		Agency Name		Agency Report Number (N.T.A.'s only)		17025965			
Charge Type:		1. Felony		3. Misdemeanor		5. Ordinance		Weapon Seized / Type	
Check as many as apply:		2. Traffic Felony		4. Traffic Misdemeanor		6. Other		1. Yes	
								2. No	
Location of Arrest (Including Name of Business)		8th Ave at Dixie Highway Lake Worth FL 33460		Location of Offense (Business Name, Address)		8th Ave at Dixie Highway Lake Worth FL 33460		Multiple Clearance Indicator	
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date	
1/13/17		01:26						Jail Time	
								Location of Vehicle	
								Stevens Towing	
Name (Last, First, Middle)		Kiser, Samuel		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race		Sex		Date of Birth		Height		Weight	
W - White I - American Indian		W		M		1/2/1962		6'0	
B - Black O - Oriental/Asian								260	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status		Religion		Indication of:	
				DIVORCED		NONE		Alcohol Influence	
								Drug Influence	
								Y N Unk.	
								X	
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone	
610 SEA PINE WAY GREENACRES FL 33415								(561) 6320864	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone	
								()	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone	
								()	
D/L Number, State		Soc. Sec. Num		INS Number		Place of Birth (City, State)		Citizenship	
K260791620024						WESTON, WV		US	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested	
								2. At Large	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		3. Felony	
								4. Misdemeanor	
								5. Juvenile	
Parent		Name (Last)		(First)		(Middle)		Residence Phone	
Legal Custodian								()	
Other:								()	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone	
								()	
Notified by: (Name)		Date		Time		Juvenile Disposition		1. Handled/ processed within	
						Dept. and Released.		2. TOT HRS / DYS	
Released To: (Name)		Relationship		Date		Time		3. Incarcerated	
The above address provided by		defendant and / or		defendant's parents The child and / or parent was told		School Attended		Grade	
to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.		Yes, by: (Name)		No: (Reason)					
Property Crime?		Description of Property		Value of Property					
Yes No									
Drug Activity		S. Sell		R. Smuggle		K. Dispense/		M. Manufacture/	
N. N/A		B. Buy		D. Deliver		Distribute		Z. Other	
P. Possess		T. Traffic		E. Use					
Drug Type		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/		U. Unknown	
N. N/A		C. Cocaine		M. Marijuana		Equipment		Z. Other	
A. Amphetamine		E. Heroin		O. Opium/deriv.		S. Synthetics			
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #	
DUI		1		Y N		316.193(1)			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
N		N				17025965		Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #	
				Y N					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
								Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #	
				Y N					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
								Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #	
				Y N					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
								Bond	
Location (Court, Room Number, Address)		3228 GUN CLUB RD WEST PALM BEACH FL 33406							
Court Date and Time		Month		Day		Year		Time	
		FEB		2		2017		08:30	
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									
Signature of Defendant (or Juvenile and Parent / Custodian)								Date Signed	
								1/13/17	
HOLD for other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)					
Name:		X		JAN 13 AM 3:54					
Dangerous		Resisted Arrest		Name of Arresting Officer (Print)		I.D. #		PAGE	
Suicidal		Other:		J. SCHNEIDER		8501		1 OF 1	
Transporting Officer		ID #		Agency		Witness here if subject signed with an -X-			
J. SCHNEIDER 8501				PBSO					
DISTRIBUTION: WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY		GOLD - DEFENDANT (N.T.A.'s ONLY)	

		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		Juv Juvenile	
ADMIN	OBTS Number			Agency ORI Number		Agency Name		Agency Report Number	
	FLO 5 0 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE		17-025965				
CHARGES	Charge Type	1 Felony		3 Misdemeanor		5 Ordinance		Special Notes	
	Check as many as apply	2 Traffic Felony		4 Traffic Misdemeanor		6 Other		SUPPLEMENT	
DEF	Name (Last, First, Middle)	KISER, SAMUEL K		Alias		Race		Sex	
						W		M	
								Date of Birth	
								01/02/1962	
CHARGES	Charge Description	FAILURE TO MAINTAIN A SINGLE LANE		Charge Description					
	Charge Description			Charge Description					
VICTIM	Victim's Name (Last, First, Middle)	STATE OF FLORIDA		Race		Sex		Date of Birth	
				//		//		//	
	Local Address (Street, Apt Number)	(City)		(State)		(Zip)		Phone	
								()	
	Business Address (Name, Street)	(City)		(State)		(Zip)		Phone	
								()	
PROBABLE CAUSE STATEMENT	The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law								
	The Person taken into custody								
	<input checked="" type="checkbox"/> committed the below acts in my presence.				<input type="checkbox"/> was observed by _____ who told _____				
	<input type="checkbox"/> confessed to _____				<input type="checkbox"/> that he/she saw the arrested person commit the below acts.				
	admitting to the below facts.				was found to have committed the below acts, resulting from my (described) investigation.				
	On the 13 day of JANUARY 20 17 at 1248 <input checked="" type="checkbox"/> A.M <input type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)								
	On 01/13/2017 at approximately 12:45 AM, while on patrol in the City of Lake Worth, Palm Beach County, Florida; I was driving South on North Dixie Highway from 7th Avenue North when I observed a black Ford truck driving south in the number one lane swerving back and forth in and out of the lane of travel. I activated my in-car video system to capture the driving pattern of the vehicle. As the vehicle approached 6th Avenue South I activated my overhead lights and completed a traffic stop on the Black Ford truck bearing Florida tag I883YK. I made contact with the driver a white male who identified himself by his State of Florida Driver's license as Samuel K Kiser. Mr. Kiser fumbled through his wallet and had trouble finding his license which was in his wallet. After I pointed out his license, Mr. Kiser produced his wallet and said he was really tired and and on his way home to Greenacres, Florida which is north and west of the City of Lake Worth. Mr. Kiser also said he was traveling from Delray Beach, Florida which is South of the City of Lake Worth to his home in the City of Greenacres, Florida. I issued Mr. Kiser a citation for failure to maintain a single lane.								
	I contacted Palm Beach County Sheriff's office dispatch and had them dispatch a DUI unit to my location separate DUI investigation.								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH								
	(Signature of Arresting/Investigative Officer)								
	The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of JANUARY 20 17 by D/S D. Smith								
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known								
	Det. J. Schneider								
	PAGE 1 OF 1								

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5 DAY OF DECEMBER 20 16, AT 00:48 ✓ AM PM

SUBJECT: Kiser, Samuel CASE NUMBER: 17025965

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider #8501

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
WAS OBSERVED BY D/S D. SMITH #17626 TRAVELING SOUTH ON DIXIE HWY. D/S SMITH INDICATED THE VEHICLE WAS UNABLE TO MAINTAIN LANE POSITION FOR A SIGNIFICANT PERIOD OF TIME WHICH HE CAPTURED ON HIS IN CAR VIDEO. CONDUCTING A TRAFFIC STOP D/S SMITH STATED THE DRIVER APPEARED TO STRUGGLE WITH SIMPLE TASKS AND HAD THE FAINT ODOR OF ALCHOL ABOUT HIS PERSON.

OBSERVATION OF DRIVER:

THE DRIVER, SAMUEL KISER, HAD SLOW LETHARGIC SPEECH. HE HAD THE ODOR OF ALCOHOLIC BEVERAGES EMINATING FROM HIS PERSON. KISER HAD POOR BALANCE AND NEEDED TO KEEP HIS FEET SPREAD APART TO MAINTAIN HIS BALANCE WHEN OUT OF THE VEHICLE. HE ALSO APPEARED TO STRUGGLE ANSWERING SIMPLE QUESTIONS AND SEEMED CONFUSED ABOUT HIS WHEREABOUTS.

DRIVER'S STATEMENTS:

IM NOT THAT TANKED

ODORS:

SMELL OF ALCOHOLIC BEVERAGES EMINATING FROM HIS FACIAL AREA

GENERAL OBSERVATIONS

SPEECH: SLIGHT SLUR, SLOW AND LETHARGIC

ATTITUDE: COOPERATIVE

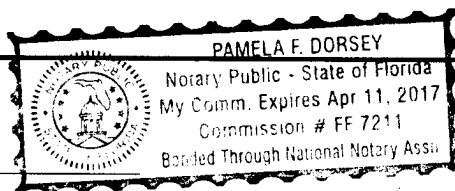
CLOTHING: BLUE SHIRT WITH BLACK UNDER SHIRT, JEANS, AND TENNIS SHOES

MEDICAL/OTHER:

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

Inv. J. Schneider #8501

(Signature of Arresting/Investigative Officer)



The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of DECEMBER 20 16 by J. SCHNEIDER

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

SUBJECT: Kiser, Samuel

CASE NUMBER 17025965

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:

Kiser was instructed on the task on three occasions. During each attempt he was unable to follow the instructions and continued to turn his head and at time failed to follow the stimulus. After numerous attempts the task was discontinued

HAND COORDINATION:

The instructions were provided to Kiser twice and the task demonstrated twice. Kiser had difficulty in understanding the task. During his first attempt he performed the first of the four sections before stopping. The second attempt Kiser moved his hands the original four positions, failed to clap, only moved back three positions, failed to touch his hand to his chest. Kiser then placed his hands in his lap before clapping.

PALM PAT:

Kiser failed to keep his hands in the instructional position despite my request to do so. Upon beginning the task he failed to speed up on his own and had to be prompted. Kiser did not perform the count as instructed, rolled his hands, double patted, and chopped pats.

FINGER TO NOSE:

Kiser displayed a visible sway despite being leaned against a vehicle. He did not maintain the instructional position as requested, failed to tilt his head back and close his eyes as requested. During the task Kiser opened his eyes and had to be reminded to close them. He also moved his head forward and had to be reminded to tilt it back. Kiser missed the tip of his finger to the tip of his nose on the first right, second left, and third right.

ROMBERG TIME

Kiser displayed a visible sway despite being leaned against a vehicle. He estimated 30 seconds in 25 seconds.

BREATH TEST RESULTS:

1) .227

2) .221

3)

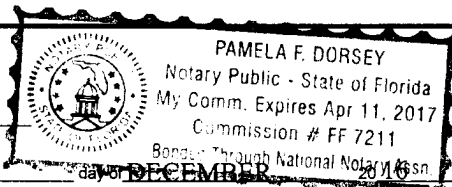
4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider #8501

Signature of Arresting/Investigative Officer

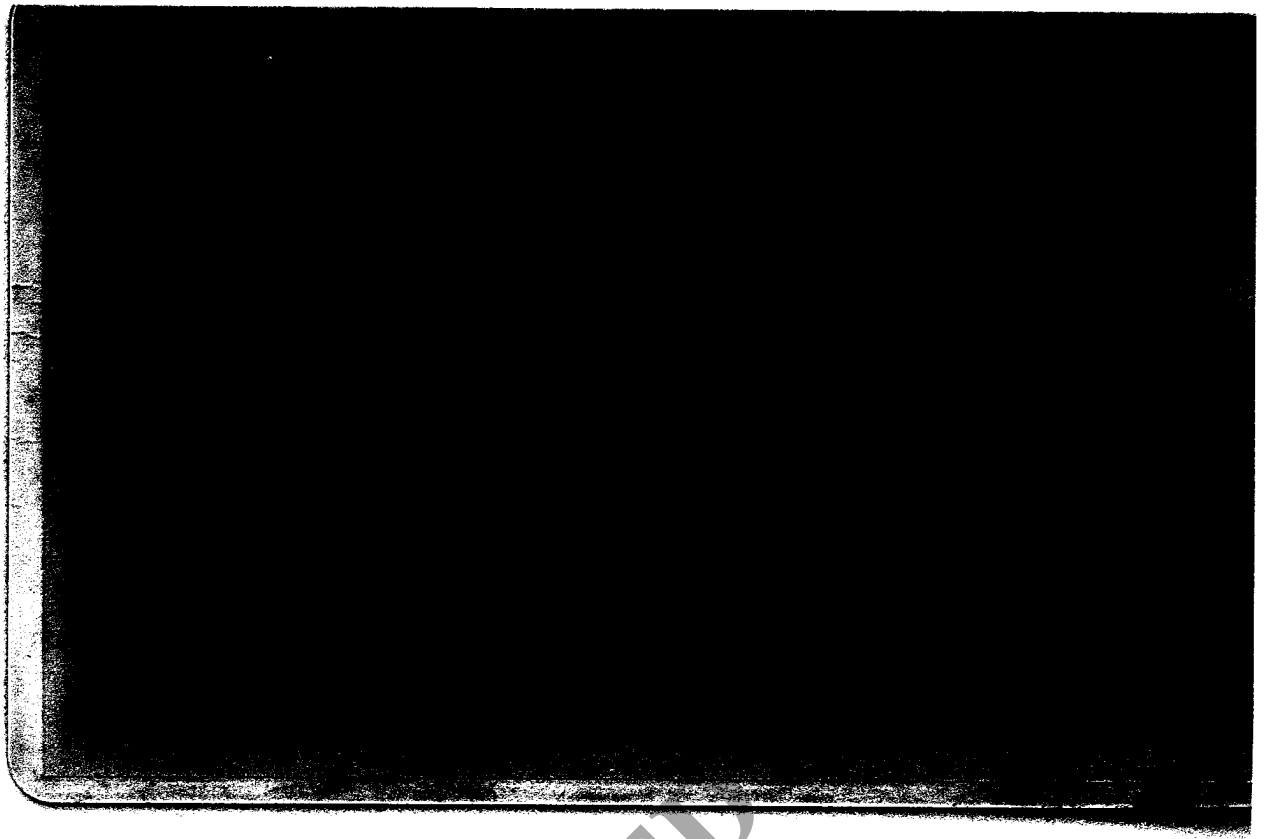
The foregoing instrument was sworn to or affirmed and subscribed before me this 5



day of DECEMBER

by J. SCHNEIDER

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



NOT A CERTIFIED

WITNESS LIST

CASE NUMBER: 17025965

ARRESTING OFFICER: Inv. J. Schneider #8501

ADDRESS: 2300 N JOG RD WEST PALM BEACH FL 33411

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3600

CAN TESTIFY TO: STOP AND INVESTIGATION

NAME: D/S D. SMITH #17626

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3600

CAN TESTIFY TO: INITIAL STOP, WHEEL WITNESS, DRIVER OBSERVATIONS

NAME: D/S HAZEL #23888

ADDRESS 3228 GUN CLUB RD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3600

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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

AGENCY: Kiser Simon
SUBJECT: Kiser Simon CASE NUMBER: 17-025105
DATE: 1-13-17 VIDEO TAPE NUMBER: 61976
BEGINNING TIME: 0215 ENDING TIME: 0235
BREATH TESTS RESULTS: 1) 0227 TIME 0221 A.M./P.M. 2) 0221 TIME 0224 A.M./P.M.
3) — TIME — A.M./P.M. 4) — TIME — A.M./P.M.
BREATH OPERATOR: P. L. L. L. 6240
MAINTENANCE TECHNICIAN: J. K. L. L.

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred
ATTITUDE: Blue jeans, Blue shirt, shoes
CLOTHING: Blue jeans Blue shirt
MEDICAL CONDITIONS: High blood pressure
MEDICATIONS: 4 pills
OTHER: Degr Reddy, Unsteady on feet, D
Swaying on X. D has an unknown odor
of Alcoholic Beverage on Person.
COMMENTS: Alcohol D red Alcoholic D
Requested Breath from D. D agreed D
given Instr. D provided samples. D/L
in WV.

SUBJECT: Paul Simon CASE NUMBER: 17 05165

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) _____

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) Paul Simon

SUBJECT: Kiser, Samuel CASE NUMBER: 17-00316

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR ~~HIGHWAY~~ WERE YOU ON? Carroll

DIRECTION OF TRAVEL? W WHERE DID YOU START? Volney

WHAT TIME DID YOU START? 11:00 AM WHAT TIME IS IT NOW? 1:00 PM

WHAT IS TODAY'S DATE? 12 WHAT DAY OF THE WEEK IS IT? Thurs

WHAT COUNTY AND ~~CITY~~ ARE YOU IN NOW? San Bern Co

WHEN DID YOU LAST EAT? 10:00 WHAT DID YOU EAT? Beef, Cheese Steak

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Nothing

HOW MUCH DO YOU WEIGH? 260-270 HAVE YOU BEEN DRINKING? Yes WHAT? Red Bull

HOW MUCH? 2 Red Bulls WHERE? San Bern Co WITH WHOM? No

WHEN DID YOU HAVE YOUR FIRST DRINK? 3:00 PM AND YOUR LAST DRINK? 6:00 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Like a normal person

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? N/A

WHAT? NA WHERE? NO WHEN? NA

WHAT LINE OF WORK ARE YOU IN? NA WHEN DID YOU LAST WORK? Today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NA WHAT? 2nd degree burn on back

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? NA

DO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? NA

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? NA WHY? NA

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Mood stabilizer WHEN? Today

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>NO</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? NA

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

INTERVIEWER: WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL