

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest		3. Request for Warrant		2		Juvenile				
	Agency ORI Number		Agency Name				Juvenile Referral Report		2. N.T.A.		4. Request for Capias						
FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE				06-		17025965									
ChargeType: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type		1. Yes 2. No		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)															
8th Ave at Dixie Highway Lake Worth FL 33460		8th Ave at Dixie Highway Lake Worth FL 33460															
Date of Arrest 1/13/17		Time of Arrest 01:26		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle		Steves Towing			
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)															
Kiser, Samuel																	
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W		Date of Birth 1/2/1962		Height 6'0		Weight 260		Eye Color BRO		Hair Color BRO		Complexion MED		Build MED	
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)																	
Marital Status DIVORCED		Religion NONE		Indication of: Y N Unk. Alcohol Influence <input checked="" type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/>													
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone (561) 6320864		Residence Type: 1. City 2. County		3. Florida 4. Out of State		2			
610 SEA PINE WAY GREENACRES FL 33415																	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone ()		Address Source FL DL		Occupation LAWN MAINTAINANCE					
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone ()									
D/L Number, State K260791620024		Soc. Sec. Num. [REDACTED]				INS Number				Place of Birth (City, State) WESTON, WV		Citizenship US					
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					
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					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Name (Last) (First) (Middle)												Residence Phone ()					
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 3. Incarcerated									
Released To: (Name)				Relationship								Date		Time			
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)								School Attended				Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property									
Drug Activity S. Sell N. N/A P. Possess		R. Smuggle B. Buy T. Traffic		K. Dispense/ D. Deliver E. Use		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Denv.		P. Paraphernalia/ Equipment S. Synthetics	
Charge Description DUI				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)						Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit		Offense # 17025965				Warrant / Capias Number				Bond			
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number						Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number						Bond			
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number						Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number						Bond			
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number						Violation of ORD #			
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 FEB		Day 2		Year 2017		Time 08:30		AM <input checked="" type="checkbox"/>		PM <input type="checkbox"/>					
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 Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee)				6:00					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) J. SCHNEIDER				I.D. # 8501				JAN 13 AM 3:54 (PRINT)					
Intake Deputy I.D. # Thomas 7950				Transporting Officer J. SCHNEIDER 8501				ID # Agency PBSO				PAGE					
												Witness here if subject signed with an -X"					
DISTRIBUTION: WHITE - COURT COPY				GREEN - STATE ATTORNEY				YELLOW - AGENCY				PINK - AGENCY				GOLD - DEFENDANT (N.T.A.'s ONLY)	
PBSO #148 REV. 8/97																	

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	2	Juvenile	
ADMIN	Agency ORI Number FLO 5 0 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 17-025965				
	Charge Type Check as many as apply	1 Felony <input type="checkbox"/> 2 Traffic Felony	3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor	5 Ordinance <input checked="" type="checkbox"/> 6 Other	Special Notes SUPPLEMENT					
DEF	Name (Last, First, Middle) KISER, SAMUEL K	Alias			Race W	Sex 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 ()	Address Source				
	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone ()	Occupation				
<p>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</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____</p> <p><input type="checkbox"/> confessed to _____ <input type="checkbox"/> that he/she saw the arrested person commit the below acts.</p> <p>admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>										
<p>On the <u>13</u> day of <u>JANUARY</u> <u>20</u> <u>17</u> at <u>1248</u> <input type="checkbox"/> A.M <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>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 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.</p> <p>I contacted Palm Beach County Sheriff's office dispatch and had them dispatch a DUI unit to my location separate DUI investigation.</p>										
PROBABLE CAUSE STATEMENT										
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH <i>D. Smith</i> (Signature of Arresting /Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>13</u> day of <u>JANUARY</u> <u>20</u> <u>17</u> by <u>D/S J. Smith</u></p> <p>(Print name of Arresting /Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known</u></p> <p><i>Irv. J. Schneider</i> Irv. J. Schneider N.P.C. Sheriff, County of Palm Beach, Florida 0</p>									
	<p>PAGE <u>1</u> OF <u>1</u></p>									

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 WHERE ABOUTS.

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

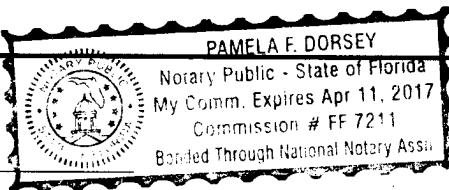
CLOTHING: BLUE SHIRT WITH BLACK UNDER SHIRT, JEANS, AND TENNIS SHOES

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

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 visable 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 visable sway despite being leaned against a vehicle. He estimated 30 seconds in 25 seconds.

BREATH TEST RESULTS: 1) .2272) .221

3)

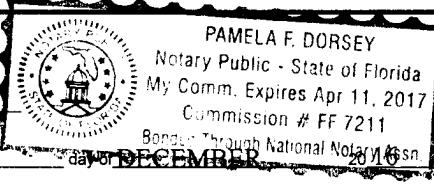
4)

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



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

17025965

CASE NUMBER:

Inv. J. Schneider #8501

ARRESTING OFFICER:

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: _____

NAME: _____

ADDRESS _____

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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: _____

TESTING FACILITY TASK REPORT

SUBJECT: Kiser, Samuels AGENCY: WV

DATE: 1-13-17 CASE NUMBER: 17-023165

BEGINNING TIME: 0215 ENDING TIME: 0235

BREATH TESTS RESULTS: 1) 0.227 TIME 0221 A.M./P.M. 2) 0.221 TIME 0224 A.M./P.M.
3) — TIME — A.M./P.M. 4) — TIME — A.M./P.M.

BREATH OPERATOR: Reed, T. 6240

MAINTENANCE TECHNICIAN: J. K. C.

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slow

ATTITUDE: Blue jeans, Blue shirt, shoes

CLOTHING: Blue jeans Blue shirt

MEDICAL CONDITIONS: High blood pressure

MEDICATIONS: 40 mg. Diazepam

OTHER: Degs Red/gums, D unsteady on feet, D Swaying on X. D His an unknown odor of Alcoholic Beverage on Person.

COMMENTS: Alcohol is ruled. Also cocaine D Also Requested Breath from D. D agreed D Given instr. D provided sample. D/L in WV.

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) _____

Read on 1/200

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? 6200 block

DIRECTION OF TRAVEL? W WHERE DID YOU START? Home

WHAT TIME DID YOU START? 10:00 AM WHAT TIME IS IT NOW? 10:30 AM

WHAT IS TODAY'S DATE? 10/10/01 WHAT DAY OF THE WEEK IS IT? Wednesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Summit

WHEN DID YOU LAST EAT? 10:00 AM WHAT DID YOU EAT? Home Steak

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Working

HOW MUCH DO YOU WEIGH? 200 lbs HAVE YOU BEEN DRINKING? No WHAT? Port Wine

HOW MUCH? 2 glasses WHERE? Home WITH WHOM? No

WHEN DID YOU HAVE YOUR FIRST DRINK? 8:00 AM AND YOUR LAST DRINK? 6:00 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? With a meal

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? No

WHAT? No WHERE? No WHEN? No

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

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? Bad back, but no more

ARE YOU SICK OR INJURED? No WHAT'S WRONG? No

DO YOU LIMP? No 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? None

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? Medicine WHEN? None

DO YOU HAVE:
EPILEPSY? No
GLASS EYE? No
FALSE TEETH? No
EAR INFECTION? No
INNER EAR TROUBLE? No
DIABETES? No

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? None

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? None

INTERVIEWER:

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL