


22CT-1671AND

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N	
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT				Agency Report Number 78 - 22000528					
Charge Type: 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 2		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) ALT A1A/CATALINA LAKES BLVD, PBG, FL 33410		Location of Offense (Business Name, Address) ALT A1A/LIGHTHOUSE DR, PBG, FL 33410									
Date of Arrest 02/02/2022		Time of Arrest 01:35		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) MEJIA, ADAM, STEPAN		Alias (Name, DOB, Soc. Sec. #, Etc.) STEPHAN									
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 04/19/1995		Height 5'4		Weight 138		Eye Color BRO	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status SINGLE		Religion NOT STATED		Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Build MED	
Local Address (Street, Apt. Number) 8322 BONITA ISLE DR,		(City) LAKE WORTH, FL		(Zip) 33467		Phone (561) 490-2075		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2			
Permanent Address (Street, Apt. Number) 8322 BONITA ISLE DR,		(City) LAKE WORTH, FL		(Zip) 33467		Phone		Address Source VERBAL			
Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation							
D/L Number, State M200017951390 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) NEW YORK CITY, NY		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	
Parent Legal Custodian 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 B. Buy P. Possess N. N/A T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		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/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other					
Charge Description DRIVING UNDER THE INFLUENCE OVER .08		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)(A)CARS		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit .093		Offense #		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 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 checked="" 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) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700											
Court Date and Time Month MARCH Day 9 Year 2022 Time 10:00 AM <input checked="" type="checkbox"/> PM											
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) [Signature]		Date Signed 02/02/2022									
HOLD for other Agency Name:		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arresting Officer) SCANNED		FEB 02 2022					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) OFC. A. FLINK		I.D. # 514		(PRINT)		PAGE 1 OF 1			
Inter. Deputy [Signature]		ID # 18342		Pouch #		Transporting Officer OFC. A. FLINK		ID # 514		Agency PBPCPD	
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)			

0529194

3907

OBT Number		PROBABLE CAUSE AFFIDAVIT		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 V E	Agency ORI Number FL FL0502600	Agency Name Palm Beach Gardens Police Department	Agency Report Number 7 8 22-000528						
N	Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply: <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:				
D E F	Name (Last, First, Middle) MEJIA, ADAM STEPHAN				Race W	Sex M	Date of Birth 04/19/1995		
C H A R G E S	Charge Description 316.193(1)(C) DUI - BREATH .08 OR ABOVE				Charge Description				
V I C T I M	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.</p> <p>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 _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>2</u> day of <u>February</u>, <u>2022</u> at <u>01:25</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 02/02/2022 at approximately 0125 hours, this Officer arrived in the area of Alt A1A and Catalina Lakes Blvd, PBG, FL, to assist Ofc Hennessy 409 on a traffic stop. Body worn camera and in car video were used.</p> <p>Ofc Hennessy said he first observed the vehicle, a Kia sedan (Y77LSD/FL) in the area of Alt A1A and Lighthouse Dr, PBG, FL. The vehicle was paced via Ofc Hennessy's marked unit, at 60 MPH in a posted 45 MPH zone. Ofc Hennessy further advised the vehicle was drifting out of the lane almost striking a raised concrete curb. Lastly, the vehicle had a registration which was expired since 11/13/2020. This Officer made contact with the driver and lone occupant, identified via Florida Driver License photo, Adam Mejia (OF), while he was still in actual physical control of same.</p> <p>Mejia was wearing glasses and had glassy watery eyes, slurred speech and the odor of an unknown alcoholic beverage emanating from his breath at conversational distance. Mejia said he was coming from "Pirate's Well" and was on his way home to Lake Worth. Mejia further admitted to consuming two alcoholic beverages on this night.</p> <p>Based on this Officer's observations, Mejia was asked to participate in Standardized Field Sobriety Exercises, to which he complied. Mejia said he did not have any medical conditions which would affect the exercises conducted.</p> <p>The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used, was a Toxoptix X3. This Officer observed lack of smooth pursuit in both eyes. This Officer also observed sustained involuntary jerking in both eyes at maximum deviation.</p> <p>The second exercise conducted, was the Walk and Turn. The line used, was a strip of yellow tape placed upon the pavement by this Officer. During the first set of steps, Mejia stepped off the twice and missed heel-to-toe twice. Mejia conducted an improper</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F)</p> <p>02/02/2022</p> <p>DATE</p> </div> <div style="width: 30%; text-align: center;">  <p>Notary Public State of Florida Renee Ragin My Commission GG 966418 Expires 03/05/2024</p> </div> <div style="width: 30%;"> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>FLINK, ANDREW S. (514)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>02/02/2022</p> <p>DATE</p> </div> </div>									
								PAGE 1 OF 2	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SCANNED

FEB 02 2022

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE
Agency ORI Number FL FL0502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number 7 8 22-000528			
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					Special Notes:		
Name (Last, First, Middle) MEJIA, ADAM STEPHAN					Race W	Sex M	Date of Birth 04/19/1995
<p>turnaround by way of spinning around. During the return set of steps, Mejia stepped off the line once and missed heel-to-toe once. Mejia took seven steps rather than nine.</p> <p>The third and final exercise conducted, was the One-Leg Stand. During the exercise Mejia raised his right foot. Mejia swayed and hopped one time.</p> <p>Based on this Officer's observations, Mejia was placed under arrest 0135 hours. At the PBSO BAT, this Officer requested Mejia to provide a breath sample, for the purpose of determining its alcohol content, to which he agreed to do so. At 0235 hours he blew .092 and at 0238 hours he blew .093.</p> <p>Based on the results of the investigation, this Officer has probable cause to prove Adam Mejia operated a motor vehicle, in the state of Florida, while under the influence of alcohol, to the extent his normal faculties were impaired, with an unlawful breath alcohol content, in violation of FSS 316.193(1)(C).</p>							
NOT A CERTIFIED COPY							
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>_____ NOTARY PUBLIC / CLERK OF COURT / OFFICER, F.S.S. 17.10 02/02/2022 DATE</p> </div> <div style="width: 45%; text-align: center;"> <p>_____ Notary Public State of Florida Renee Ragin My Commission GG 966418 Expires 03/05/2024</p> </div> <div style="width: 45%;"> <p>_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FLINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT) 02/02/2022 DATE</p> </div> </div>							
PAGE 2 OF 2							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

SCANNED

FEB 02 2022



**PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 22-031694 PBSO Zone: 3-13

Agency Case #: 22000528 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 0123 Date of Incident: 02/02/2022 Day: WEDNESDAY

Location of Incident: ALT A1A/LIGHTHOUSE DR, PBG, FL

Arrest Information:

Time of Arrest: 01:35 Date of Arrest: 02/02/2022 Day: WEDNESDAY

Location of Arrest: ALT A1A/CATALINA LAKES BLVD, PBG, FL

Subject's Name: (L) MEJIA, (F) ADAM, (M) STEPAN

DOB: 04/19/1995 Race: W Sex: M Height: 5'4 Weight: 138 Hair BRO Eye BRO

Address: 8322 BONITA ISLE DR, LAKE WORTH, FL 33467 Phone: (561) 490-2075

Arresting Officer's Name: OFC. A.FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC - DUI

Breath Results

- 1) .092 at 02:35 hrs.
- 2) .093 at 02:38 hrs.
- 3) N/A at - hrs.
- 4) N/A at - hrs.

---BAT Use---

BAT Notified: YES

Arrival Time at BAT: 0208

Subject Arrest Time: 01:35

Breath Test Operator: RAGIN, RENE 16877

PBSO

SCANNED
FEB 02 2022

SUBJECT:

Mejia, Adam S.

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 cc Fine of the 17001

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 Camera

SCANNED
FEB 02 2022

SUBJECT:

Mejia, Adam S.

CASE NUMBER:

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? YesWHERE WERE YOU GOING? HomeWHAT STREET OR HIGHWAY WERE YOU ON? 11th AveDIRECTION OF TRAVEL? North WHERE DID YOU START? From the WestWHAT TIME DID YOU START? 1:00 WHAT TIME IS IT NOW? 1:15WHAT IS TODAY'S DATE? 2/2/22 WHAT DAY OF THE WEEK IS IT? MondayWHAT COUNTY AND CITY ARE YOU IN NOW? AlamedaWHEN DID YOU LAST EAT? 1:00 WHAT DID YOU EAT? NothingWHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Just drivingHOW MUCH DO YOU WEIGH? 180 HAVE YOU BEEN DRINKING? Yes WHAT? BeerHOW MUCH? 2 WHERE? At home WITH WHOM? AloneWHEN DID YOU HAVE YOUR FIRST DRINK? 1:00 AND YOUR LAST DRINK? 1:15HOW DID YOU CONSUME YOUR LAST TWO DRINKS? 10 ozCAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? Just beforeHAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Yes HOW MUCH? 2WHAT? Beer WHERE? At home WHEN? 1:00WHAT LINE OF WORK ARE YOU IN? Freight WHEN DID YOU LAST WORK? 1:00DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? NothingARE YOU SICK OR INJURED? No WHAT'S WRONG? NothingDO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NoWERE YOU IN AN ACCIDENT TODAY? NoHAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? NothingHAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? Nothing WHY? NothingARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? Nothing WHEN? Nothing

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? NoDO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? NothingHAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? NothingINTERVIEWER: JP

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED
FEB 02 2022

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006477 Software: 8100.27
Date of Test: 02/02/2022

Date of Last Agency Inspection: 01/14/2022

Observation Period Began: 02:08

Subject's Name: ADAM S MEJIA

DOB: 04/19/1995 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	02:33
	Air Blank	0.000	02:34
	Control Test	0.080	02:34
	Air Blank	0.000	02:34
	Subject Sample #1	0.092	02:35
	Air Blank	0.000	02:36
	Air Blank	0.000	02:37
	Subject Sample #2	0.093	02:38
	Air Blank	0.000	02:39
	Control Test	0.080	02:39
	Air Blank	0.000	02:39
	Diagnostics Check	OK	02:39

Cylinder Lot: 19021080A2
Exp: 09/05/2023

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (☒) is personally known to me or (☐) produced _____ as identification, and who after being placed under oath, states:

I RENEE M RAGIN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____

Signature

Date: 02/02/22

Sworn to (or affirmed) before me this 02 day of Feb., 2022

Ofc. A. Flink #514

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Mejia, Adam S.

CASE NUMBER: 22-031694

DATE: Feb 2, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:31

ENDING TIME: 02:44

BREATH TESTS RESULTS: 1) .092 TIME 02:35 A.M. ☒ P.M. ☐ 2) .093 TIME 02:38 A.M. ☒ P.M. ☐
3) N/A TIME ----- A.M. ☐ P.M. ☐ 4) N/A TIME ----- A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative, talkative, polite

CLOTHING: Black pants, black LS shirt, black shoes

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
In Q&A subject stated he had 2 beers

COMMENTS:

Arrived at center A/O started 20 minute observation period at 02:08 hrs.

Subject agreed to perform breath test.

A/O read rights.

Subject stated he understood rights.

Tech read breath test results.

Subject stated he understood breath test results.

A/O conducted Q&A.

Subject answered Q&A.

SCANNED
FEB 02 2022



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	<input checked="" type="checkbox"/>	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 type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2022003008

Date: 2/2/2022

Specialist Name/ID: M. Tooks #8557

SCANNED
FEB 02 2022