

523862

NH

3776

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 21-007091		Multiple Clearance Indicator 1	
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	Location of Arrest (Including Name of Business) 1 NW 11TH AVE DELRAY BEACH, FL		Location of Offense (Business Name, Address) 1 NW 11TH AVE, DELRAY BEACH, FL 33444		If Weapon Seized Enter Type: UNARMED		Multiple Clearance Indicator 1	
Date of Arrest 06/10/2021	Time of Arrest 01:08	Booking Date 06/10/2021	Booking Time 01:18	Jail Date 06/10/2021	Jail Time 04:08	Location of Vehicle 1 NW 11TH AVE DELRAY		
Name (Last, First, Middle) PEEK, ALEXANDER JOHN								
Alias:								
Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 04/30/1995	Height 5'07	Weight 175	Eye Color HAZEL	Hair Color BROWN	Complexion FAIR	Build MEDIUM
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion NON-DENOMI	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) 5630 PACIFIC BLVD 807, BOCA RATON, FL 33433				Phone (484) 797-2546		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		
Permanent Address (Street, Apt. Number) 5630 PACIFIC BLVD 807, BOCA RATON, FL 33433				Phone (484) 797-2546		Address Source FL DL		
Business Address (Name, Street) PENSKE RENTAL,				Phone		Occupation Customer Serv		
D/L Number, State P200010951500 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) READING, PA, United		Citizenship US
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		
Name (Last, First, Middle)				Residence Phone			Business Phone	
Address (Street, Apt. Number)				Relationship			Date	
Notified by (Name)				Date			Time	
Released To (Name)				Date			Time	
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	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property			Value of Property	
Drug Activity N. N/A P. Possess				S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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. Synthetic	U. Unknown Z. Other	
Charge Description DRIVING WHILE UNDER INFLUENCE				Statute Violation Number 316.193(1A)		Violation of ORD #		
Drug Activity N				Amount / Unit /	Offense # 21-007091	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description				Statute Violation Number		Violation of ORD #		
Drug Activity				Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Charge Description				Statute Violation Number		Violation of ORD #		
Drug Activity				Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:				
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond				Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By
Transported By				Date Transported		Time Transported		Other
<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) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 07/12/2021 08:30:00		
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)				
HOLD for Other Agency				Signature of Arresting Officer				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) WINDSOR, NICHOLAS		
Intake Deputy Sptm 8161				Pouch #		I.D. # 1029		
Agency WINDSOR				I.D. # 1029		Agency DBPD		
Witness here if subject signed with you				PAGE 1 OF 1				

☒ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.D. ☐ DEFENDANT

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10th DAY OF June 20 21 AT 0041 ☒ AM ☐ PM
SUBJECT: Peek, Alexander John CASE NUMBER: 21-007091
AGENCY: DELRAY BEACH PD ARRESTING OFFICER: Windsor #1029

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

The following occurred in the City of Delray Beach, County of Palm Beach, FL.
On 06/10/21 at 0041hrs I observed a white 2019 Toyota Camry (FL Tag #LKZB41) traveling westbound in the 1st block of W. Atlantic Ave. I followed the Toyota in my marked DBPD patrol vehicle. The Toyota accelerated rapidly and I continued to follow. In the 800 block of W. Atlantic Ave., I established a pace of speed for the Toyota at 48mph in a posted 35mph zone. I activated my emergency lights of my patrol vehicle in the 1000 block of W. Atlantic Ave. The Toyota turned right (north) onto NW 11th Ave. and continued north slowly. The Toyota made a left turn (west) into an alley and stopped in the alley. Before I could approach the Toyota, the white male driver opened the driver door without being instructed to do so. I met with the white male driver and identified him by his FL DL as Alexander John Peek. Peek was sitting in the driver seat and there was the only person inside the Toyota. The vehicle key was in Peek's possession. Peek's driver license indicates he is required to have corrective lenses to drive. Peek stated he did not have any contact lenses in and he wasn't required to have them in to drive.

OBSERVATION OF DRIVER:

I smelled an odor of an unknown alcoholic beverage coming from Peek. Peek was slow moving and was slow to respond to questions. Peek's eyes were red and had a glassy appearance. Peek's speech was thick and slurred. Peek's pupils were slow to react to changes in light. Peek had sunflower seeds all over his lap.

DRIVER'S STATEMENTS:

Peek stated he opened the driver door because he thought I had approached the Toyota. Peek stated he was at Hurricane Bar & Grill (640 E Atlantic Ave, Delray Beach, FL 33483) prior to driving. Peek stated he consumed four beers in bottles while at this business. Peek stated he started to drink the first beer two hours prior to the traffic stop. Peek stated he finished his last beer 30 minutes prior to the traffic stop. Peek stated he was on his way home when he was pulled over. Peek stated he was unaware what the speed limit was on W. Atlantic Ave. Peek stated he did not know how fast he was traveling on W. Atlantic Ave. Peek stated he was not involved in a motor vehicle crash in the last 24 hours. Peek denied being treated by a doctor or dentist in the last 24 hours. Peek denied recently being hit in on his head. Peek denied having any medical conditions, taking any prescription medications or illegal drugs including marijuana prior to driving. After arrest and being placed in handcuffs, Peek asked if I could drive him home and park his vehicle. Peek asked if there was anything he could do in lieu of being arrested. At the PBCJ BAT, Peek asked me "if I was happy?" and stated the mandatory 8 hour hold was ridiculous.

ODORS:

I smelled an odor of an unknown alcoholic beverage coming from Peek.

GENERAL OBSERVATIONS

SPEECH: Thick and Slurred

ATTITUDE: Polite and Cooperative

CLOTHING: Blue Shirt, Black Shorts and Black Shoes.

MEDICAL/OTHER: None Stated

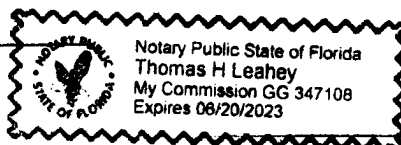
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of June 20 21 by Ofc. Windsor #1029

(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)



SUBJECT: Peek, Alexander John CASE NUMBER DBPD #21-007091

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:

Peek's pupils had a slow reaction to changes in light.

WALK & TURN:

Peek put the wrong foot forward while being placed in the instructional phase position. Peek began to walk without being given instructions. Peek did not count as instructed. Peek took 11 steps on the first series of steps. Peek used his arms for balance. Peek began to lean to one side to maintain his balance on the return series of steps.

ONE LEG STAND:

Peek used his arms for balance. Peek hopped up and down to maintain his balance.

FINGER TO NOSE:

Peek missed the tip of his nose with the tip of his finger on several attempts. Peek raised his left hand when instructed to use his right hand. Peek did not keep his eyes closed as instructed and had to be instructed to do so after the roadside started.

ROMBERG ALPHABET:

Peek recited the alphabet correctly to the letter "W" and then recited several incorrect letters.

BREATH TEST RESULTS: 1) .203 2) .188 3) 4)

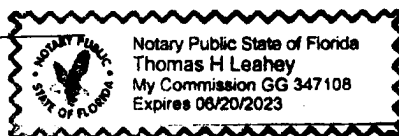
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of June, 2021 by Ofc. Windsor #1029

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)





PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 21-074457 PBSO ZONE 6-51
AGENCY CASE # 21-007091 CRASH CASE # N/A
TIME OF STOP/CRASH 0041 DATE 06/10/21 DAY THURSDAY
SUBJECT'S NAME PEEK, ALEXANDER JOHN RACE W SEX M
HGT 5'07" WGT 175 DOB 04/30/95
LOCATION 1ST BLOCK NW 11TH AVE, DELRAY BEACH, FL
ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD
DIVISION: CRD
NOTIFIED BY COMMO YES
ARRIVAL AT FACILITY 0130
ARREST TIME 0108
BREATH RESULTS:
1) .203
2) .188
3) N/A
4) N/A
TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

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: 80-006476 Software: 8100.27
Date of Test: 06/10/2021

Date of Last Agency Inspection: 05/14/2021

Observation Period Began: 01:30

Subject's Name: ALEXANDER J PEEK

DOB: 04/30/1995 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		01:55
Air Blank	0.000	01:55
Control Test	0.080	01:56
Air Blank	0.000	01:56
Subject Sample #1	0.203	01:57
Air Blank	0.000	01:58
Air Blank	0.000	02:00
Subject Sample #2	0.188	02:01
Air Blank	0.000	02:02
Control Test	0.077	02:02
Air Blank	0.000	02:03
Diagnostics Check OK		02:03

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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 THOMAS H LEANEY, 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: T Leaney Date: 06/10/21
Signature

Sworn to (or affirmed) before me this 10 day of June, 2021

Signature of Notary Public-State of Florida

OF N Windsor # 1029
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: DBPD

SUBJECT: Peek, Alexander J

CASE NUMBER: 21-074457

DATE: Jun 10, 2021

VIDEO DVD NUMBER: n/a

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1) .203 TIME 0157 A.M. ☒ P.M. ☐ 2) .188 TIME 0201 A.M. ☒ P.M. ☐
3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, deliberate

ATTITUDE: talkative, repetitive

CLOTHING: black shorts, lt blue t-shirt, black sneakers

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0130 hrs

subject agreed to perform breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O attempted Q&A

subject declined to answer questions

SUBJECT:

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 _____ 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) _____

SUBJECT: _____ 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? _____

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: _____



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

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 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: 2021014099	Date: 6/10/21
	Specialist Name/ID: A. Pinkney/7796

WITNESS LIST

CASE NUMBER: DBPD #21-007091

ARRESTING OFFICER: OFC. WINDSOR #1029 DBPD

ADDRESS: 300 W ATLANTIC AVE. DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: TRAFFIC STOP AND DUI PC

NAME: OFC. PENAGOS #1190 DBPD

ADDRESS: 300 W ATLANTIC AVE, DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: BACKUP OFFICER

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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