

0520698 21CT402 MB 3529

|                                                                                                                                                                                                                                                                                                                |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|--|----------------------------------------------------------|--|-------------------------------------------------|--|------------------------------------------------------------|--|--------------------------|--|--------------------------|--|
| OBTS Number                                                                                                                                                                                                                                                                                                    |  | <b>ARREST / NOTICE TO APPEAR</b><br>Juvenile Referral Report |  | 1. Arrest<br>2. N.T.A.                                   |  | 3. Request for Warrant<br>4. Request for Capias |  | 1                                                          |  | Juvenile                 |  | N                        |  |
| Agency ORI Number<br><b>FLO 500000</b>                                                                                                                                                                                                                                                                         |  |                                                              |  | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b> |  |                                                 |  | Agency Report Number (N.T.A.'s only)<br><b>06-21024011</b> |  |                          |  |                          |  |
| Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input checked="" type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other                            |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Location of Arrest (Including Name of Business)<br><b>405 NORTHLAKE BLVD, LAKE PARK, FL, 33408</b>                                                                                                                                                                                                             |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Date of Arrest<br><b>01/10/2021</b>                                                                                                                                                                                                                                                                            |  |                                                              |  | Time of Arrest<br><b>01:54</b>                           |  | Booking Date                                    |  | Booking Time                                               |  | Jail Date                |  | Jail Time                |  |
| Location of Offense (Business Name, Address)<br><b>405 NORTHLAKE BLVD, LAKE PARK, FL, 33408</b>                                                                                                                                                                                                                |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Name (Last, First, Middle)<br><b>LIMA-DOCOUTO, ANDRE</b>                                                                                                                                                                                                                                                       |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Alias (Name, DOB, Soc. Sec. #, Etc.)                                                                                                                                                                                                                                                                           |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Race: <b>W</b> - White 1 - American Indian<br><b>B</b> - Black <b>O</b> - Oriental/Asian                                                                                                                                                                                                                       |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Sex<br><b>M</b>                                                                                                                                                                                                                                                                                                |  | Date of Birth<br><b>3/27/1970</b>                            |  | Height<br><b>6'2</b>                                     |  | Weight<br><b>180</b>                            |  | Eye Color<br><b>BRN</b>                                    |  | Hair Color<br><b>BLK</b> |  | Complexion<br><b>MED</b> |  |
| Build<br><b>MED</b>                                                                                                                                                                                                                                                                                            |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                                                                                                                                                                                                                                  |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Marital Status                                                                                                                                                                                                                                                                                                 |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Religion                                                                                                                                                                                                                                                                                                       |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Indication of:<br>Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.<br>Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.                                                                                  |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Local Address (Street, Apt. Number) (City) (State) (Zip)<br><b>1500 CRECENT CIR, LAKE PARK, FL,</b>                                                                                                                                                                                                            |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Phone<br><b>(203) 448-8049</b>                                                                                                                                                                                                                                                                                 |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Permanent Address (Street, Apt. Number) (City) (State) (Zip)<br>Phone                                                                                                                                                                                                                                          |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Business Address (Name, Street) (City) (State) (Zip)<br>Phone                                                                                                                                                                                                                                                  |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| D/L Number, State<br><b>159209713, CT</b>                                                                                                                                                                                                                                                                      |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| INS Number                                                                                                                                                                                                                                                                                                     |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Place of Birth (City, State)<br><b>RIO DE JANEIRO, BRAZIL</b>                                                                                                                                                                                                                                                  |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Citizenship<br><b>YES</b>                                                                                                                                                                                                                                                                                      |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                        |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Race Sex Date of Birth                                                                                                                                                                                                                                                                                         |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                        |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Race Sex Date of Birth                                                                                                                                                                                                                                                                                         |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: <input type="checkbox"/>                                                                                                                                                                                                       |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Address (Street, Apt. Number) (City) (State) (Zip)                                                                                                                                                                                                                                                             |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Notified by: (Name)                                                                                                                                                                                                                                                                                            |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Date Time                                                                                                                                                                                                                                                                                                      |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| 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.                                                                 |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| School Attended                                                                                                                                                                                                                                                                                                |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Grade                                                                                                                                                                                                                                                                                                          |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                       |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Description of Property                                                                                                                                                                                                                                                                                        |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Value of Property                                                                                                                                                                                                                                                                                              |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Drug Activity N. N/A S. Sell B. Buy P. Possess 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/Derv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown                                                                                                                                           |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Charge Description<br><b>DUI</b>                                                                                                                                                                                                                                                                               |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Counts<br><b>1</b>                                                                                                                                                                                                                                                                                             |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                                                                                        |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Statute Violation Number<br><b>316.193(3C1)</b>                                                                                                                                                                                                                                                                |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Violation of ORD #                                                                                                                                                                                                                                                                                             |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Drug Activity Drug Type Amount / Unit                                                                                                                                                                                                                                                                          |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Offense #<br><b>21024011</b>                                                                                                                                                                                                                                                                                   |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| 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                                                                                                                                                                                                                                                                                                           |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| 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)<br><b>3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>                                                                                                                                                                                                                     |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Court Date and Time<br>Month <b>2</b> Day <b>4</b> Year <b>2021</b> Time <b>0830</b> 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<br><b>01/10/2021</b>                                                                                                                                                                                                                                                                               |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| HOLD for other Agency Name:                                                                                                                                                                                                                                                                                    |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Signature of Arresting Officer                                                                                                                                                                                                                                                                                 |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Name Verification (Printed by Arrestee)                                                                                                                                                                                                                                                                        |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Name of Arresting Officer (Print) I.D. #                                                                                                                                                                                                                                                                       |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| (PRINT)                                                                                                                                                                                                                                                                                                        |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Intake Deputy I.D. # Pouch #                                                                                                                                                                                                                                                                                   |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Transporting Officer ID # Agency                                                                                                                                                                                                                                                                               |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |
| Witness here if subject signed with me                                                                                                                                                                                                                                                                         |  |                                                              |  |                                                          |  |                                                 |  |                                                            |  |                          |  |                          |  |

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10 DAY OF JAN 20 21, AT 00:56 AM PM

SUBJECT: LIMA-DOCOUTO, ANDRE, CASE NUMBER: 21024011

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV G. LYNCH 8568

## PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

On 1/10/21 I responded to 405 Northlake Blvd, in Palm Beach County, in reference to a single vehicle crash (PBSO case 21024008). Upon my arrival I observed a black Volkswagen, bearing FL tag LERE66 on the northwest corner of the building. The vehicle had heavy front end damage and obviously had left the roadway and crashed into the building. I met with D/S Florexil id 7121, who confirmed how the crash occurred.

2 witnesses, Emma Wright, and Andrew Pokorny reported on scene. Wright advised that she heard the crash and then ran over to assist the driver. Pokorny advised that he witnessed the car swerving prior to the crash. Both witnesses positively identified the driver of the car, Andre Lima-Docouto, and advised that upon opening the driver door they found him unconscious.

## OBSERVATION OF DRIVER:

I met with Andre, who was standing outside the car. I advised Andre that the crash investigation was complete and I was going to conduct a criminal DUI investigation, which he advised he understood. I read Miranda warnings to Andre, which he advised he understood. Post Miranda Andre advised that he was tired and had fallen asleep while driving. Andre advised he was not injured and did not need EMS or a hospital. I observed Andre's eyes to be bloodshot and glassy. There was an odor of an unknown alcoholic beverage coming from Andre's breath, which got stronger when he spoke. Andre's responses were slowed/ delayed, and he exhibited a sway while standing still. Andre stated that he was heading home, to 1500 Crescent Cir, but got confused about what city. Andre stated that he was unfamiliar with the area because he had just moved, but then stated he moved to the address 2 years prior. Andre initially denied drinking any alcohol but then stated he had 2-3beers 1.5-2hours prior. Based on my observations and Andre's admission to drinking I asked him to perform standard field sobriety tasks

## DRIVER'S STATEMENTS:

Andre initially denied drinking any alcohol but then stated he had 2-3beers 1.5-2hours prior.

## ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

## GENERAL OBSERVATIONS

## SPEECH:

ATTITUDE: Calm/ Cooperative

## CLOTHING:

MEDICAL/OTHER: NONE

STATE OF FLORIDA  
COUNTY OF PALM BEACH

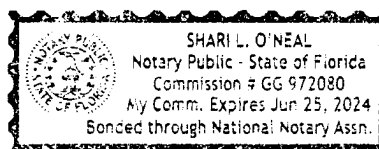
INV G. LYNCH 8568  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of JAN 20 21 by INV G. LYNCH 8568

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

Shari O'Neal (#6212)

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



SUBJECT: LIMA-DOCOUTO, ANDRE, CASE NUMBER 21024011

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |                                                                                             |                                                                                             |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

Andre was asked to stand with his feet together and place his hands by his sides. Andre was asked to focus on the stimulus and follow it with his eyes. Andre was told not to move his head to assist in following the stimulus. I observed a lack of smooth pursuit in both of Andre's eyes and distinct and sustained nystagmus at maximum deviation. I observed onset of nystagmus prior to 45 degrees. I observed vertical nystagmus in both of Andre's eyes. Andre exhibited a sway throughout the task and had to be reminded to follow the stimulus and not to move his head.

**WALK & TURN:**

I attempted to perform the walk and turn task. I utilized yellow duct tape to make a straight and level, free of debris, that Andre advised he could see. I explained and demonstrated the task to Andre. During the instructions Andre was unable to maintain the instructional stance, stepping out of the position. Andre then advised that he believed he would fail and did not want to attempt the task or continue with any other tasks.

**ONE LEG STAND:**

**REFUSED**

**FINGER TO NOSE:**

**REFUSED**

**ROMBERG ALPHABET:**

**REFUSED**

**BREATH TEST RESULTS:** 1) .142 2) .130 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV G. LYNCH 8568

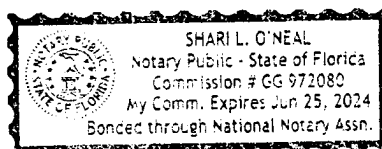
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of JAN 2021 by INV G. LYNCH 8568

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

Shari O'Neal (#6212)

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





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

PBSO CASE # 21024011

PBSO ZONE 10-11

AGENCY CASE # \_\_\_\_\_

CRASH CASE # 21024008

TIME OF STOP/CRASH 00:56

DATE 01/10/2021

DAY Sunday

SUBJECT'S NAME LIMA-DOCOUTO, ANDRE,

RACE W

SEX M

HGT 6'2

WGT 180

DOB 3/27/1970

LOCATION 405 NORTHLAKE BLVD, LAKE PARK, FL, 33408

ARRESTING OFFICER'S NAME & ID INV G. LYNCH 8568 (8568)

AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 02:17

ARREST TIME 01:54

BREATH RESULTS:

|    |      |
|----|------|
| 1) | .142 |
| 2) | .130 |
| 3) |      |
| 4) |      |

TESTING OFFICER'S ID 6212

PBSO VIDEOTAPE # /

# TESTING FACILITY TASK REPORT

AGENCY: PBSO INV. LYNCH 38568

SUBJECT: LIMA-DOCOUTO, ANDRE

CASE NUMBER: 21-024011

DATE: 01-10-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0240 HRS

ENDING TIME: 0252 HRS

BREATH TESTS RESULTS: 1) .142 TIME 0245 A.M. ☒ P.M. ☐ 2) .130 TIME 0248 A.M. ☒ P.M. ☐  
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT, SLURRED

ATTITUDE: CALM, COOPERATIVE, POLITE

CLOTHING: SHIRT-BLACK/ WHITE PANTS- GRAY JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: RED, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

## COMMENTS:

20 MIN. OBSERVATION DONE BY A/O LYNCH #8568

A/O REQUESTED THE BREATH TEST.

D SUBMITTED TO THE BREATH REQUEST.

D COMPLETED THE TEST CORRECTLY.

C/W READ ON CAMERA, D REFUSED Q&A

## WITNESS LIST

CASE NUMBER: 21024011

ARRESTING OFFICER: INV G. LYNCH 8568

ADDRESS: HQ

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S FLOREXIL 7121

ADDRESS: DIST 10

PHONE NUMBERS (HOME) 0 (WORK) 561 688 3000

CAN TESTIFY TO: CRASH INVESTIGATION

NAME: ANDREW POKORNY

ADDRESS 3209 32ND CT, JUPITER, FL, 33477

PHONE NUMBERS (HOME) 917 399 3093 (WORK) \_\_\_\_\_

CAN TESTIFY TO: CRASH/ IDENTIFY DRIVER

NAME: EMMA WRIGHT

ADDRESS 1201 SABAL RIDGE CIR #B, PALM BEACH GARDENS, FL, 33418

PHONE NUMBERS (HOME) 561 308 3843 (WORK) 0

CAN TESTIFY TO: CRASH/ IDENTIFY DRIVER

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: \_\_\_\_\_

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: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_



**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),<br>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),<br>(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),<br>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: 2021000776

Date: 01/10/2021

Specialist Name/ID: T Howard/7185