

0451700

21CT-16839

1301

OBT Number		<b>ARREST / NOTICE TO APPEAR</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N	
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number (N.T.A.'s only) <b>06-21114479</b>					
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) <b>SHERWOOD FOREST BLVD / PURDY LN, WEST PALM BEACH, FL 33415</b>						Location of Offense (Business Name, Address) <b>SHERWOOD FOREST BLVD / PURDY LN, WEST PALM BEACH, FL 33415</b>					
Date of Arrest <b>10/06/2021</b>		Time of Arrest <b>2041</b>		Booking Date		Booking Time		Jail Date		Jail Time	
						Location of Vehicle <b>BIG CITY TOWING</b>					
Name (Last, First, Middle) <b>Dabney, Andrew, Warren</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth <b>5/3/1988</b>		Height <b>5'07</b>		Weight <b>150</b>		Eye Color <b>HAZ</b>	
								Hair Color <b>BRN</b>		Complexion <b>MED</b>	
										Build <b>MED</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>BOTH ARMS, CHEST, BACK, BOTH LEGS</b>						Marital Status <b>Married</b>		Religion <b>NONE</b>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1400 Se 8th Dr, Okeechobee, FL 34974</b>						Phone <b>(863) 608-6905</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>3</b>			
Permanent Address (Street, Apt. Number) (City) (State) (Zip)						Phone		Address Source <b>FL DL / VERBAL</b>			
Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation <b>AC REPAIR</b>			
D/L Number, State <b>D150019881630, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>SAN DIEGO, CA</b>		Citizenship <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 Legal Custodian <input type="checkbox"/> Other: Name (Last) (First) (Middle)						Residence Phone					
Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone					
Notified by: (Name)						Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
Released To: (Name)						Relationship		Date		Time	
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No						Description of Property		Value of Property			
Drug Activity S. Sell N. N/A P. Possess						S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute	
M. Manufacture/ Produce/ Cultivate						Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	
H. Hallucinogen M. Marijuana O. Opium/Deriv.						P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description <b>Driving Under the Influence - Property Damage</b>						Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>316.193(3)(c)(1)</b>	
Drug Activity <b>N</b>						Drug Type <b>N</b>		Amount / Unit		Offense # <b>21114479</b>	
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity <b>N</b>						Drug Type <b>N</b>		Amount / Unit		Offense #	
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
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Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity <b>N</b>						Drug Type <b>N</b>		Amount / Unit		Offense #	
Location (Court, Room Number, Address) <b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b>											
Court Date and Time Month <b>NOVEMBER</b> Day <b>4TH</b> Year <b>2021</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/> PM											
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.											
Signature of Defendant (or Juvenile and Parent / Custodian) <i>[Signature]</i>						Date Signed <b>10/06/2021</b>					
HOLD for other Agency Name:						Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> S. Incidental <input type="checkbox"/> Other:						Name of Arresting Officer (Print) <b>Inv. Cisson ID# 24091</b>		(PRINT)			
Interv. Deputy <i>[Signature]</i>						ID # <b>24091</b>		Agency <b>PBSO</b>			
Witness here if subject signed with an "X"						PAGE <b>1</b>		OF <b>1</b>			

		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1		Juvenile		
ADMIN	OBTS Number			Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 21114479				
	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		Special Notes Supplemental Probable Cause Affidavit				
DEF	Name (Last, First, Middle)	Dabney, Andrew, Warren						Alias	Race W	Sex M	Date of Birth 05/03/1988	
	Charge Description	DUI						Charge Description				
CHARGES	Charge Description							Charge Description				
	Charge Description							Charge Description				
VICTIM	Victim's Name (Last, First, Middle)	State of FL						Race /	Sex /	Date of Birth /		
	Local Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone		Address Source					
	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone		Occupation					
PROBABLE CAUSE STATEMENT	<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> committed the below acts in my presence.  <input type="checkbox"/> confessed to _____            admitting to the below facts.         </div> <div> <input type="checkbox"/> was observed by _____ who told _____  <input checked="" type="checkbox"/> that he/she saw the arrested person commit the below acts.            was found to have committed the below acts, resulting from my (described) investigation.         </div> </div> <p>On the <u>6th</u> day of <u>October</u> 20 <u>21</u> at <u>7:45</u> <input type="checkbox"/> A.M <input checked="" type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p> <p>On October 6, 2021 at approximately 1937 hours, I responded to a traffic crash at the intersection of Sherwood Forest Blvd and Purdy Ln, West Palm Beach, FL 33415.</p> <p>I proceeded to make contact with a male driver of the Chevrolet pickup truck (FL Tag GAGU91). Upon making contact with the driver, later identified as Andrew Dabney, I immediately observed that he had difficulty walking in a straight line as I guided him off of the roadway. As I then stopped off of the roadway to speak with Dabney in reference to the crash, I detected the odor of an unknown alcoholic beverage emanating from his body which intensified as he spoke to me. Dabney's speech was heavily slurred, his eyes were red and glossy, and he would ramble random statements unrelated to the crash. Also, when asked to provide his drivers license, Dabney began to retrieve random items from his pockets and attempted to hand them to me. He also handed me a credit card and stated that it was his drivers license. Based on my observations and work experience, I determined that Dabney showed signs of possible impairment. Investigator Cisson was then called to the scene to conduct a D.U.I. Investigation.</p>											
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>6th</u> day of <u>October</u> 20 <u>21</u> by <u>D/S Jaime 34172</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known Leo</u></p> <p><u>INW Cisson 24091</u> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>											
	<div style="float: right; border: 1px solid black; padding: 2px;">             PAGE 1 OF 1           </div>											

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 6th DAY OF October 20 21, AT 1937 AM PM ✓

SUBJECT: Dabney, Andrew, Warren CASE NUMBER: 21114479

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Cisson ID# 24091

## PERSONAL CONTACT

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

On Wednesday October 6th 2021 at approximately 1937 I responded to a crash at Sherwood Forest Blvd and Purdy Lane in unincorporated West Palm Beach, FL 33415. Upon arrival I spoke with witness Mario Jaramillo who watched the crash occur. He said he observed the driver of the gray Chevrolet Silverado driving the vehicle at the time of the crash. He completed a sworn written statement to his observations. I spoke with Deputy Jaime ID# 34172 who relayed the following to me: On October 6, 2021 at approximately 1937 hours, I responded to a traffic crash at the intersection of Sherwood Forest Blvd and Purdy Ln, West Palm Beach, FL 33415. I proceeded to make contact with a male driver of the Chevrolet pickup truck (FL Tag GAGU91). Upon making contact with the driver, later identified as Andrew Dabney, I immediately observed that he had difficulty walking in a straight line as I guided him off of the roadway. As I then stopped off of the roadway to speak with Dabney in reference to the crash, I detected the odor of an unknown alcoholic beverage emanating from his body which intensified as he spoke to me. Dabney's speech was heavily slurred, his eyes were red and glossy, and he would ramble random statements unrelated to the crash. Also, when asked to provide his drivers license, Dabney began to retrieve random items from his pockets and attempted to hand them to me. He also handed me a credit card and stated that it was his drivers license. Based on my observations and work experience, I determined that Dabney showed signs of possible impairment. This concludes his supplement.

## OBSERVATION OF DRIVER:

I observed the defendant, Andrew Warren Dabney who was wearing a dark blue tee shirt, blue jean pants and brown boots. The defendant was standing along the side walk. He was escorted over to the front of my vehicle. While standing stationary the defendant swayed and stumbled. I could see the defendants eyes were bloodshot and glossy. He had an obvious odor of an unknown alcoholic beverage emitting from his breath that grew stronger as he spoke. His speech was slurred and slow.

## DRIVER'S STATEMENTS:

He could not tell me the city he lived in. He told me his zip code was 5100913. I further explained what a zip code was. I asked again, he said his zip code was 3138089. The defendant said he had a knee and shoulder pain. I noticed he was limping and holding his knee. He said he did not have diabetes, or receive a bump on the head. He said he was not sick or injured in any other way. The defendant said he had two shots of Captain Morgan liquor to drink. He said he was driving the vehicle. He said he did not do any drugs or smoke marijuana. I asked the defendant to submit to roadside field sobriety tasks to which he refused. (Taylor) I said to the defendant, if you fail to submit to the roadside tasks I am requesting, it can be used against you in court. If you fail to submit to the roadside tasks I am requesting, I will be forced to conclude my investigation and base my decision as to your impairment solely on the facts at hand. He agreed to do the roadside tasks.

## ODORS:

An obvious odor of an unknown alcoholic beverage

## GENERAL OBSERVATIONS

SPEECH: Slow, Slurred, Thick, Unclear

ATTITUDE: Calm, Compliant, Repetitive

CLOTHING: Dirty, Disheveled

MEDICAL/OTHER: Knee and Shoulder pain / works as a AC repair technician

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. Cisson ID# 24091

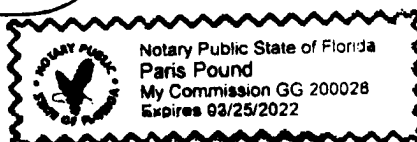
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6th day of October 20 21 by Inv. Cisson ID# 24091

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

Paris Pound (#24639)

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



SUBJECT: Dabney, Andrew, Warren

CASE NUMBER 21114479

## 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:

The defendant swayed while standing stationary. I had to remind the defendant not to turn his head multiple times. I had to remind the defendant to follow the red light with his eyes. He continued to stop following the red light and I kept reminding him.

### HAND COORDINATION:

Due to the defendants claims of knee and shoulder pain, the Hand Coordination task was used in place of the Walk and Turn. The task was explained and demonstrated. The defendant stated he understood the instructions. During the task the defendant failed to maintain the instructional stance. The defendant swayed while standing stationary. The defendant miscounted as he was rotating his fists. The rotations did not match the number of times he counted. He began walking when instructed to stay in one spot with his feet together and not to walk. He took 10 steps. The defendant did not complete the task.

### PALM PAT:

Due to the defendants claims of knee and shoulder pain, the Palm Pat task was used in place of the One Leg Stand. The task was explained and demonstrated. The defendant stated he understood the instructions. The defendant swayed while standing stationary. During the task the defendant air patted (hands did not touch), hinged (like opening a book), did not speed up as instructed.

### FINGER TO NOSE:

The task was explained and demonstrated. The defendant stated he understood the instructions. The defendant swayed while standing stationary. During the task the defendant did not keep his eyes closed. The defendant touched his nose with the pad of his finger. He did not return his hand to his side as instructed. He missed the tip of his nose with the tip of his finger on all attempts.

### ROMBERG ALPHABET:

The task was explained and demonstrated. The defendant stated he understood the instructions. The defendant swayed while standing stationary. Once the defendant was placed under arrest, he said he did smoke marijuana today.

BREATH TEST RESULTS:      0.239                      0.250

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. Cisson ID# 24091

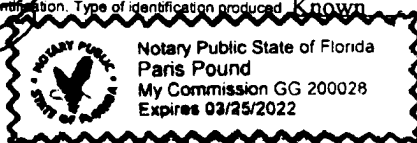
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6th day of October 2021 by Inv. Cisson ID# 24091

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

Paris Pound (#24639)

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



# WITNESS LIST

CASE NUMBER: 21114479

ARRESTING OFFICER: Inv. Cisson ID# 24091

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

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

CAN TESTIFY TO: Facts of the case

NAME: Deputy Jaime ID# 34172

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

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

CAN TESTIFY TO: Crash investigation / Indicators of impairment

NAME: Mario Jaramillo

ADDRESS 208 Foxtail Dr, apt F, Greenacres, FL 33415

PHONE NUMBERS (HOME) 561-856-2388 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Witness

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

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

ADDRESS \_\_\_\_\_

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

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

SUBJECT: DABNEY, ANDREW W CASE NUMBER: 21-114479

## 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) \_\_\_\_\_

READ ON (AMERICA)

## CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

READ ON (AMERICA)

SUBJECT: DABNEY, ANDREW W

CASE NUMBER: 21-114479

## 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: \_\_\_\_\_

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: DABNEY, ANDREW W

CASE NUMBER: 21-114479

DATE: Oct 6, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 21:39

ENDING TIME: 21:50

BREATH TESTS RESULTS: 1) .239 TIME 21:42 A.M. ☐ P.M. ☒ 2) .250 TIME 21:45 A.M. ☐ P.M. ☒  
3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, CALM

CLOTHING: BLUE JEANS, BLUE T-SHIRT, BROWN BOOTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY AND BLOODSHOT

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 21:11 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS



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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006477 Software: 8100.27  
Date of Test: 10/06/2021

Date of Last Agency Inspection: 09/10/2021

Observation Period Began: 21:11

Subject's Name: ANDREW W DABNEY

DOB: 05/03/1988 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	21:39
	Air Blank	0.000	21:40
	Control Test	0.079	21:40
	Air Blank	0.000	21:40
	Subject Sample #1	0.239	21:42
	Air Blank	0.000	21:43
	Air Blank	0.000	21:44
	Subject Sample #2	0.250	21:45
	Air Blank	0.000	21:46
	Control Test	0.078	21:46
	Air Blank	0.000	21:47
	Diagnostics Check	OK	21:47

Cylinder Lot: 02021080A1  
Exp: 03/05/2023

State of Florida, County of PALM BEACH,

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

I PARIS D POUND, 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: \_\_\_\_\_ Date: 10/06/21  
Signature

Sworn to (or affirmed) before me this 06 day of October, 2021

Signature of Notary Public-State of Florida \_\_\_\_\_ Printed Name of Notary Public-State of Florida THU. J. GISSON

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.



**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2021025083	<b>Date:</b> 10/07/2021
	<b>Specialist Name/ID:</b> T Howard/7185