

051 9469

20mm 8673

3773

		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile
OBTS Number		Agency ORI Number FLO 502700		Agency Name PALM SPRINGS POLICE DEPARTMENT			Agency Report Number (N.T.A.'s only) 06-82-2020-27512				
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/>		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 4000blk Raulerson Dr, Lake Worth, FL						Location of Offense (Business Name, Address) 4000 Blk, Lake Worth Rd, Palm Springs, FL 33461					
Date of Arrest 11/05/2020		Time of Arrest 2303		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Jannell, Carey, Alan						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 04/17/2020		Height 506		Weight 240		Eye Color brown	
						Hair Color bald		Complexion light		Build large	
Entire Chest tattoo						Marital Status Single		Religion NONE		Indication of Alcohol/Drug Influence Y N Unk	
Local Address (Street, Apt. Number) 2109 21st Ln, Greensacres, FL, 33463						Phone (561) 312-5831		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2	
Permanent Address (Street, Apt. Number) 2109 21st Ln, Greensacres, FL 33463						Phone (561) 3125831		Address Source verbal			
Business Address (Name, Street)						Phone		Occupation			
DL Number, State J540101541370			Soc. Sec. Number			INS Number			Place of Birth (City, State) Breax, NY		Citizenship U.S.
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last, First, Middle)				Address (Street, Apt. Number)		City (City)		State (State) Zip (Zip)	
Notified by: (Name)						Date		Time		Arrest 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 366-2636) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade			
Property Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No						Description of property		Value of Property			
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. 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 DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1B)		Warrant / Capias Number N/A		Violation of ORD # N/A	
Drug Activity N		Drug Type N/A		Amount / Unit		Offense # 2020-27512		Warrant / Capias Number N/A		Bond N/A	
Charge Description Possess Medication without prescription		Counts 2		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 499.03 1		Warrant / Capias Number N/A		Violation of ORD # N/A	
Drug Activity P		Drug Type Z		Amount / Unit 8 Pills, 4 Pills		Offense # 2020-27512		Warrant / Capias Number N/A		Bond N/A	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Warrant / Capias Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Warrant / Capias Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX 3228 GUN CLUB RD WEST PALM BEACH, FL 33406											
Court Date and Time Month 12 Day 03 Year 2020 Time 0830 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)						Date Signed					
HOLD for other Agency Name:				Signature of Arresting Officer Rue 162				Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Relested Arrest <input type="checkbox"/> Other:				(PRINT)			
Intake Deputy Spaw 8101 I.D. #				Pouch #				Name of Arresting Officer (Print) Rowe I.D. # 162			
				Transporting Officer Rowe I.D. # 162 Agency PSPD				Witness here if subject signed with an "X"			

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PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

OBTB Number		Agency ORI Number FLO 502700		Agency Name PALM SPRINGS POLICE DEPARTMENT		Agency Report Number 06-82-2020-27512	
Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) Jannell, Carey, Alan		Date of Birth 04/17/2020	
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Race W		Sex M	
Charge Description DUI		Charge Description Possess drugs without prescription		Victim's Name (Last, First, Middle) State of Florida		Race Sex Date of Birth	
Charge Description		Charge Description		Local Address (Street, Apt. Number) 230 Cypress Ln, Palm Springs, FL 33461		Phone (561) 968-8243	
				Business Address (Name, Street) 230 Cypress Ln, Palm Springs, FL 33461		Phone (561) 968-8243	

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 5 day of November 2020 at 11:03 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 11/5/2020 at approximately 2241 hours I was patrolling Lake Worth Rd at the Intersection of Kirk Rd in my marked Palm Springs Patrol vehicle and in full uniformed capacity. I observed a white Lincoln four door in the innermost lane of Lake worth Rd headed Westbound. I observed the vehicle unable to maintain its' lane as it continuously drifted from left to right. At points during my observation, the Lincoln tires touched and drove over both the striped white line on the inside of the lane and the solid line on the outside. As the driver continued, his weaving continued and I activated my patrol lights.

The driver did not react to my lights and continued Westbound. I activated my emergency sirens and the driver continued West while weaving, eventually coming to a stop straddling both the innermost Westbound lane of Lake Worth Rd and the left hand turn lane to Raulerson.

I made contact with the driver, identified as Carey Jannelli by FL DL, and immediately smelled the odor of an unknown alcoholic beverage emanating from his breath. The Jannelli was slurring his words to the point that I was unable to understand what he was saying. Jannelli informed me he was coming from work at Ultra Gentleman's Club located at S Congress Ave and Gun Club. Jannelli said he had one drink, his shift drink and described it as a Bullet. I observed Jannelli retrieve his Florida Drivers' License (FL DL) from his wallet and he was unable to do so. Jannelli continued to grab at his FL DL unable to pull it out. Jannelli presented his license to me and I easily slid the license out of the wallet.

I requested Jannelli perform Standard Field Sobriety Tasks and Jannelli told me he would be willing to do so. As Jannelli stepped out of his Lincoln he told me he has a fused right foot that affects his balance. Jannelli's movements were slow and he appeared to be attempting to keep his balance as he moved.

HGN: Jannelli exhibited orbital sway during the exercise. Jannelli moved his head during the task and had to be reminded several times not to move his head. Jannelli moved his head during the exercise and stopped following the pen several times.

Walk and Turn: Jannelli was unable to listen and follow instructions. Jannelli attempted the task but was unable to perform. Jannelli was unable to stand properly without raising his arms from his side or losing his balance. Jannelli had to catch his balance. Upon attempting to walk, Jannelli lost his balance and stepped off the line. Jannelli told me he was unable to perform the task.

One Leg Stand: Jannelli informed me he was more comfortable balancing on his left leg. Jannelli raised his right foot and counted 1,2,3,4,5,6 placing his foot down. Jannelli raised his left foot and counted 1,2,3,4,5,6. I asked Jannelli if he understood all the instructions. Jannelli answered yes. Jannelli did not properly complete the task.

Finger to Nose: Jannelli never touched the tip of his nose. I called "right" a second time and Jannelli began moving his left hand. Jannelli caught himself and used his right hand, still not touching the tip of his nose.

Jannelli was transported to Palm Beach County BAT where he submitted to breath testing. Jannelli provided results of 0.172 BAC and 0.169 BAC. Post Miranda and during questioning in BAT, Jannelli told me he had one drink of Bullet bourbon at work and then began driving home.

While searching Jannelli incident to arrest I located a metallic pill container in Jannelli's right pocket. The pill container held four light orange round pills bearing the number U31 and 8 white round pills bearing the number C89. The pills were determined to be Sildenafil (cialis) and Adderal, both which require a prescription to possess. Jannelli had neither the prescription container nor the prescription with him.

Based on the investigation, probable cause exists to charge Carey Jannelli per FSS 316.193 (1b) and FSS 499.03, DUI and possession of prescription medication without the prescription.

STATE OF FLORIDA
COUNTY OF PALM BEACH

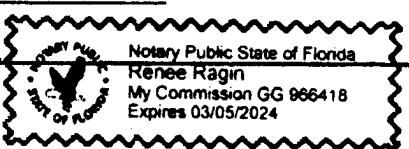
(Signature of Arresting/Investigative Officer) *Rowe 162*

The foregoing instrument was sworn to or affirmed and subscribed before me this 6 day of November 2020 by Rowe 162
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Police Identification Card

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

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE



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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5 DAY OF November 20 20, AT 11:03 AM PM

SUBJECT: Jannelli, Carey, Alan CASE NUMBER: 2020-27512

AGENCY: PALM SPRINGS POLICE DEPARTMENT ARRESTING OFFICER: Rowe 162

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
Carey Jannelli was unable to maintain his lane. He drifted back and forth in his lane several times, touching both the yellow striped lane in the inside and solid white line on the outside.

OBSERVATION OF DRIVER:

Carey Jannelli was unable to remove his driver license from his wallet. His motions were extremely slow. Jannelli's eyes were glassy and his eyelids drooped down.

DRIVER'S STATEMENTS:

Jannelli told me he had been working at Ultra Gentlemans Club and had one drink of Bullet before leaving. Jannelli was slurring his words while speaking.

ODORS:

Odor of an unknown alcoholic beverage emanating from Jannelli's breath.

GENERAL OBSERVATIONS

SPEECH: slurred and slow

ATTITUDE: calm and cooperative

CLOTHING: button down shirt, jeans, flat shoes

MEDICAL/OTHER: Fused toes on his right foot.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Rowe 162
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 6 day of November 20 20 by Rowe 162

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

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



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SUBJECT: Jannelli, Carey, Alan CASE NUMBER 2020-27512

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

Other Observations:

Jannelli moved his head during the task and had to be reminded several times not to move his head. Jannelli demonstrated orbital sway.

WALK & TURN

Jannelli was unable to listen and follow instructions. Jannelli attempted the task but was unable to perform. Jannelli was unable to stand properly without raising his arms from his side or stepping to the left to catch his balance. Upon attempting to walk, Jannelli lost his balance and stepped off the line. Jannelli told me he was unable to perform the task.

ONE LEG STAND:

Jannelli did not follow the instructions. He raised his foot and immediately placed it down after approximately every two seconds while counting 1,2,3,4,5,6.

FINGER TO NOSE:

Jannelli demonstrated orbital sway during the exercise and was unable to touch the tip of his nose. Jannelli touched the bridge of his nose where his glasses were sitting. During the exercise, I called right and Jannelli began raising his left hand, catching himself mid-motion and correcting to the right.

ROMBERG ALPHABET:

Task not performed

BREATH TEST RESULTS: 0.172, 0.169

STATE OF FLORIDA
COUNTY OF PALM BEACH

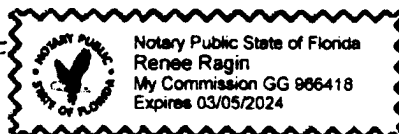
Rowe 162

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6 day of November, 2020 by Rowe 162

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

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



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

PBSO CASE # 20-124138 PBSO ZONE 1-23

AGENCY CASE # 20-27512 CRASH CASE # _____

TIME OF STOP/CRASH 2241 DATE 11/5/20 DAY Thursday

SUBJECT'S NAME Lacey Jannell RACE W SEX M

HGT 506 WGT 240 DOB 4/17/54

LOCATION 4000 Blk Robinson Dr Lake Worth FL 33461

ARRESTING OFFICER'S NAME & ID Rowe 162 AGENCY PSO

DIVISION: Patrol

NOTIFIED BY COMMO Y

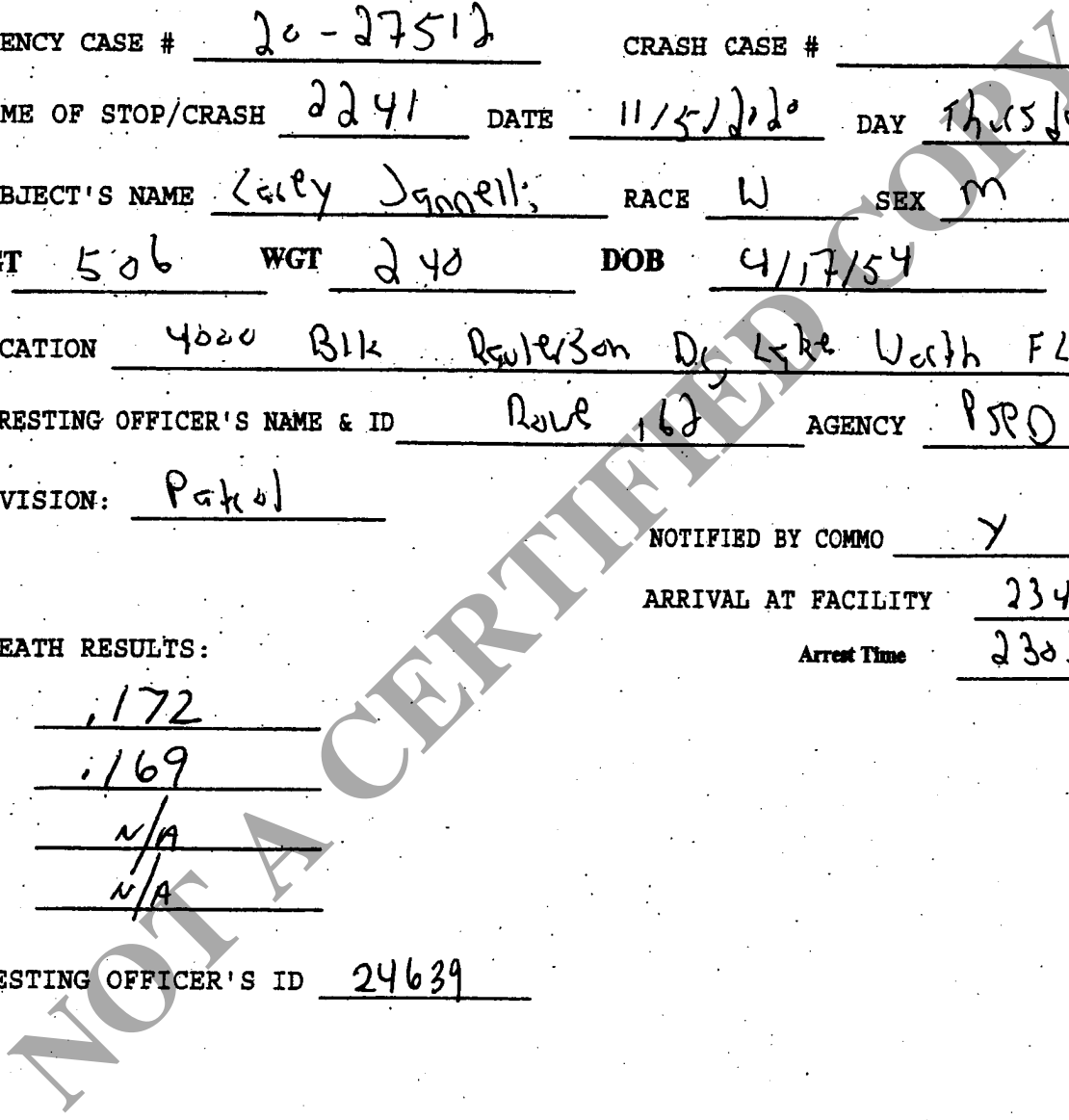
ARRIVAL AT FACILITY 2346

Arrest Time 2303

BREATH RESULTS:

- 1. .172
- 2. .169
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID 24639



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D.U.I. Witness List

Subject Name: Jannelli, Carey, Alan Case #: 2020-27512

Arresting Officer: Rowe 162

Palm Springs Police Department - 230 Cypress Ln Palm Springs, FL. 33461

Phone #: (561) 968-8243 Cell #: _____

Can Testify to: Facts of the Case

Assisting Officer 1: Ofc. Anderson

Agency Name: Palm Springs Police Department

Address: 230 Cypress Lane Palm Springs, FL 33461

Phone #: 561-968-8243 Cell #: _____

Can Testify to: Facts of the Case

Assisting Officer 2: _____

Agency Name: _____

Address: _____

Phone #: _____ Cell #: _____

Can Testify to: _____

Assisting Officer 3: _____

Agency Name: _____

Address: _____

Phone #: _____ Cell #: _____

Can Testify to: _____

Other Witness 1: _____

Address: _____

Phone #: _____ Cell #: _____

Can Testify to: _____

Other Witness 2: _____

Address: _____

Phone #: _____ Cell #: _____

Can Testify to: _____

Other Witness 3: _____

Address: _____

Phone #: _____ Cell #: _____

Can Testify to: _____

NOT A CERTIFIED COPY

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TESTING FACILITY TASK REPORT

AGENCY: PSPD
SUBJECT: JANNELLI, CAREY A
CASE NUMBER: 20-124138
DATE: Nov 6, 2020
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 00:10
ENDING TIME: 00:28

BREATH TESTS RESULTS: 1) .172 TIME 00:16 A.M. P.M.
2) .169 TIME 00:19 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 TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED
ATTITUDE: CALM, QUIET
CLOTHING: BLACK JEANS, BLACK SHIRT, BLACK SNEAKERS
MEDICAL CONDITIONS: FOOT
MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:46 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: CONDUCTED Q&A
SUBJECT: ANSWERED QUESTIONS

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SUBJECT: JANVELLI, CAREY A CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? YES

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? 66 Road

DIRECTION OF TRAVEL? W WHERE DID YOU START? work 01/05

WHAT TIME DID YOU START? 5:30 PM WHAT TIME IS IT NOW? 12:27 AM

WHAT IS TODAY'S DATE? 11/6/20 WHAT DAY OF THE WEEK IS IT? Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? PA, WPB

WHEN DID YOU LAST EAT? 2 PM WHAT DID YOU EAT? chicken salad

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

HOW MUCH DO YOU WEIGH? 270 HAVE YOU BEEN DRINKING? yes WHAT? Bourbon

HOW MUCH? 500 WHERE? work WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? 9:30 AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? no ARE YOU UNDER THE INFLUENCE? no

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? no HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Fused 5th Foot WHAT? Foot

ARE YOU SICK OR INJURED? - WHAT'S WRONG? _____

DO YOU LIMP? yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? no

WERE YOU IN AN ACCIDENT TODAY? no

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? no WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? no WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? Adderall 5/11 WHEN? 10 AM

DO YOU HAVE: EPILEPSY? no

GLASS EYE? no

FALSE TEETH? no

EAR INFECTION? no

INNER EAR TROUBLE? no

DIABETES? no

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DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? no

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? yes WHERE? new York

INTERVIEWER: Rowe 162

SUBJECT: JANNELI, ^{city} RYAN A CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.
-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.
-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____ READ ON CAMERA

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.

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SUSPECT'S SIGNATURE: (X) _____ READ ON CAMERA

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: 11/06/2020

Date of Last Agency Inspection: 10/16/2020
Observation Period Began: 23:46
Subject's Name: CAREY A JANNELLI

DOB: 04/17/1954 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	00:14
	Air Blank	0.000	00:14
	Control Test	0.079	00:14
	Air Blank	0.000	00:15
	Subject Sample #1	0.172	00:16
	Air Blank	0.000	00:16
	Air Blank	0.000	00:18
	Subject Sample #2	0.169	00:19
	Air Blank	0.000	00:19
	Control Test	0.078	00:20
	Air Blank	0.000	00:20
	Diagnostics Check	OK	00:20

Cylinder Lot: 14020080A1
Exp: 07/05/2022

State of Florida, County of Palm Beach

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

I 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: 11/06/20
Signature

Sworn to (or affirmed) before me this 6th day of November, 2020

Signature of Notary Public-State of Florida Notary Public Printed Name of Notary Public-State of Florida OFF. R. Rowe

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.

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Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	415.107 (1)	Other: Elderly Abuse	
	<input type="checkbox"/>	119.071(2)(J)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020026191	Date: 11/6/2020
	Specialist Name/ID: M. Tooks #8557

SCANNED
 NOV 06 2020