0530889 22CT6064SB APRI 1297

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Juvenile: N

ADMINISTRATIVE

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 06- 22-056758

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 2 (1. Yes 2. No)

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): Forest Hill Blvd / Brisbane Ln, Wellington, FL 33414

Location of Offense (Business Name, Address): Forest Hill Blvd / Brisbane Ln, Wellington, FL 33414

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/14/2022	01:16	04/14/2022				Priority Towing, 7153 Southern Blvd. WPB 33413, (561) 533-5573

DEFENDANT

Name (Last, First, Middle): Mundo, Charles, Joseph

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	1/4/1973	5'10	190	Hazel	Brown	light	medium

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: Married

Religion: NONE

Indication of: Alcohol Influence (Y ☒ N ☐ Unk. ☐) Drug Influence (Y ☐ N ☐ Unk. ☒)

Local Address (Street, Apt. Number) (City) (State) (Zip): 1106 Second St 618, Encinitas, CA 92024

Phone: (858) 967 1987

Residence Type: (1. City 2. County 3. Florida 4. Out of State): 4

Permanent Address (Street, Apt. Number) (City) (State) (Zip): ,

Phone: ( )

Address Source: DL

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( )

Occupation: carrier

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
D1183321, CA	[redacted]		Harford, CT	US

CO-DEF

Co-Defendant Name (Last, First, Middle): [redacted] | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle): | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other:

Name (Last) (First) (Middle): (in DR)

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 ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic D. Deliver E. Use R. Smuggle 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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under the Influence	1	☐Y ☒N	316.193(1)(c)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N		22-056758		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount I Unit	Offense #	Warrant / Capias Number	Bond

SCANNED APR 16 2022

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996

Court Date and Time: Month May Day 12 Year 2022 Time 08:30 AM X 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)

04/14/2022
Date Signed

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: X

Name of Arresting Officer (Print): Inv. POINTU P. I.D. #: 16032

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: [illegible] I.D. # Pouch #

Transporting Officer: Inv. POINTU P. ID #: 16032 Agency: PBSO

Witness here if subject signed with an -X"

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias: 1

Juvenile:

Agency Report Number: 22-056758

Charge Type (Check as many as apply): 1 Felony; 2 Traffic Felony; ☒ 3 Misdemeanor; 4 Traffic Misdemeanor; 5 Ordinance; 6 Other

Special Notes:

DEF

Name (Last, First, Middle): MUNDO, CHARLES, JOSEPH

Alias:

Race: W | Sex: M | Date of Birth: 01/04/1973

CHARGES

Charge Description: DUI

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

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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

was found to have committed the below acts, resulting from my (described) investigation.

On the 14th day of April 20 22 at 1230 ☒ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

On the above date and time I was traveling South Bound on Forest Hill Blvd when I observed a dark colored Infiniti sedan with no headlights on. When I began to follow behind the vehicle, it was unable to maintain a constant speed. The vehicle would speed up and then slow down.

I activated my emergency lights and conducted a traffic stop on the vehicle. A gray Inifiniti bearing Fl tag GHVF42. I made contact with the driver and asked him for his drivers license, registration and proof of insurance. The driver produced his license which identified him as Charles J Mundo 1/4/1973. Mundo was unable to provide the registration and insurance on the vehicle as he stated it was a rental and he couldn't find it.

~~When I began speaking to with Mundo, I observed he had blood shot glassy eyes, slurred speech, was slow in his movements and the smell of an unknown alcoholic beverage emitting from his breath. I asked Mundo where he was coming from and he stated a restaurant. I asked him what restaurant he was coming from, he said that he didn't know. I asked Mundo if he had anything to drink he stated that he had a few beers.~~

At this time I contacted INV Pointu by phone to respond to the scene and turned the scene over to him.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of April 20 22 by D/S D. O'Connor 37164

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

PAGE

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14th DAY OF April 20 22, AT 00:30 ✓ AM PM

SUBJECT: Mundo, Charles, Joseph CASE NUMBER: 22-056758

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. POINTU P.

PERSONAL CONTACT

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

D/S O'Connor (#37164) observed an Infinity Sedan bearing Florida tag GHYF42 driving without headlights on Forest Hill Boulevard, in Wellington, Palm Beach County Florida. She followed the vehicle that was unable to maintain a constant speed. She initiated a traffic stop and the driver and only occupant was identified by his California driver license as Charles Mundo. The vehicle was registered to a rental company.

OBSERVATION OF DRIVER:

Mundo had glassy and bloodshot eyes. His speech was slurred and his movements slow. An obvious odor of unknown alcoholic beverage was coming from his breath. When asked to exit his vehicle, he had an unsteady gait.

DRIVER'S STATEMENTS:

Mundo told D/S O'Connor he was coming from a restaurant and had a few beers.
To me, he said he was coming from a restaurant and had a two cocktails approximately two hours ago.
He denied taking any medication nor having any medical condition.

ODORS:

Obvious odor of unknown alcoholic beverage that become stronger when he talked.

GENERAL OBSERVATIONS

SPEECH: **Slurred, mumbled**

ATTITUDE: **Cooperative**

CLOTHING: **black shirt, black jeans, blue shoes**

MEDICAL/OTHER: **None disclosed**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. POINTU P.
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of April 20 22 by Inv. POINTU P.

(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)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

SUBJECT: Mundo, Charles, Joseph CASE NUMBER 22-056758

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Pupils round and equal. No resting nystagmus. Equal tracking. Onset of HGN at approximately 35 degrees. VGN present. LOC present. Swayed during the task.

WALK & TURN:

Mundo was unable to maintain the instructional stance. He started before being told. He used his arms to balance. He did not touch heel to toe at every steps and he stepped off the line. He stopped the task to ask for instructions and did not turn as instructed.

ONE LEG STAND:

Mundo raised his right leg. I observed leg tremors. He swayed while balancing and he used his arms to balance.

FINGER TO NOSE:

Mundo used the pad of his finger instead of the tip on all tasks. On task 1 he had to be reminded to lower his hand. On task 3 he touched the bridge of his nose instead of the tip. He swayed during the task.

ROMBERG ALPHABET:

Mundo recited the alphabet properly. He swayed during the task.
For the Romberg balance he stopped the 30s count at approximately 40 seconds. He swayed in all directions.

BREATH TEST RESULTS: **0.137** **0.133**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. POINTU P.
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of April 2022 by Inv. POINTU P.

(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)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972030
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

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

PBSO CASE # 22-056758 PBSO ZONE 8-21

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 00:30 DATE 04/14/2022 DAY Thursday

SUBJECT'S NAME Mundo, Charles, Joseph RACE W SEX M

HGT 5'10 WGT 175 DOB 1/4/1973

LOCATION Forest Hill Blvd / Brisbane Ln, Wellington, FL 33414

ARRESTING OFFICER'S NAME & ID Inv. POINTU P. (16032) AGENCY Palm Beach County Sheriff's Office

DIVISION: CID/DUI

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 01:44

ARREST TIME 01:16

BREATH RESULTS:

1) .137
2) .133
3)
4)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # _____

WITNESS LIST

CASE NUMBER: 22-056758

ARRESTING OFFICER: Inv. POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

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

CAN TESTIFY TO: DUI Investigation, see PC

NAME: D/S O'Connor (#37164)

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

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

CAN TESTIFY TO: Driving pattern, see supplemental PC.

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

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PHONE NUMBERS (HOME) (WORK)

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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:

TESTING FACILITY TASK REPORT

AGENCY: PBSO INV. POINTU #16032

SUBJECT: MUNDO, CHARLES J.

CASE NUMBER: 22-056758

DATE: 04-14-22

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:05 HRS

ENDING TIME: 02:17 HRS

BREATH TESTS RESULTS: 1) .137 TIME 02:12 A.M. ☒ P.M. ☐ 2) .133 TIME 02:15 A.M. ☒ P.M. ☐

3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: CALM, COOPERATIVE

CLOTHING: SHIRT- BLACK 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 POINTU #16032
A/O REQUESTED THE BREATH TEST.
D WAS HESISTANT TO ANSWER.
IMPLIED CONSENT READ ON CAMERA.
I/C BROKEN DOWN TO THE D.
D DECIDED TO SUBMIT AFTER THE I/C WAS READ AND BROKEN DOWN TO HIM.
D COMPLETED THE TEST CORRECTLY.
C/W READ ON CAMERA.
EXPLAINED THE RESULTS TO THE D.
D REFSUED Q&A.

SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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

-OR-

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

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

I am _____ of the _____.

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

SUBJECT'S SIGNATURE: (X)_____

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X)_____

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

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

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

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

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY? _____
GLASS EYE? _____
FALSE TEETH? _____
EAR INFECTION? _____
INNER EAR TROUBLE? _____
DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

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

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

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: 80-006240 Software: 8100.27
Date of Test: 04/14/2022

Date of Last Agency Inspection: 04/08/2022
Observation Period Began: 01:44
Subject's Name: CHARLES J MUNDO DOB: 01/04/1973 Sex: M

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

Results:

Test	g/210L	Time
Diagnostics Check	OK	02:10
Air Blank	0.000	02:10
Control Test	0.080	02:11
Air Blank	0.000	02:11
Subject Sample #1	0.137	02:12
Air Blank	0.000	02:13
Air Blank	0.000	02:14
Subject Sample #2	0.133	02:15
Air Blank	0.000	02:15
Control Test	0.080	02:16
Air Blank	0.000	02:16
Diagnostics Check	OK	02:16

Cylinder Lot: 29821080A4
Exp: 12/05/2023

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 SHARI L O'NEAL, 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: S. O'Neal Date: 04-14-15
Signature

Sworn to (or affirmed) before me this 14 day of April, 2022

_____ Inv. Pinto #16032
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

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

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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.	2
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022009722	**Date:** 4/14/2022
	Specialist Name/ID: Pinkneya/7796