

B7C 518522

50-2020-CT-011315-ASB

A-1148

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile												
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06-20-106450																		
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 checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01													
Location of Arrest (Including Name of Business) ATLANTIC AVE/ EL CLAIRE RANCH						Location of Offense (Business Name, Address) ATLANTIC AVE/ EL CLAIRE RANCH																	
Date of Arrest 09/12/2020		Time of Arrest 2233		Booking Date 09/13/2020		Booking Time		Jail Date		Jail Time		Location of Vehicle											
Name (Last, First, Middle) Brunette Christopher J				Alias (Name, DOB, Soc. Sec. #, Etc.) LIGHT																			
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 06/19/1988		Height 5'10		Weight 170		Eye Color BLUE		Hair Color BLONDE		Complexion TAN		Build SMALL							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE						Marital Status Single		Religion NONE		Indication of Alcohol/Influence Drug Intoxication <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/> 2													
Local Address (Street, Apt. Number) 10625 Sleepy Brook Way				(City) Boca Raton, FL 33428		(State)		(Zip)		Phone (754) 707-2770		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2											
Permanent Address (Street, Apt. Number) 10625 Sleepy Brook Way				(City) Boca Raton, FL 33428		(State)		(Zip)		Phone		Address Source FLORIDA DRIVER LICENSE											
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation SALES											
D/L Number, State B653110882190, FL				Soc. Sec. Number		INS Number		Place of Birth (City, State) NEW JERSEY, NJ		Citizenship U.S.													
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile											
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile											
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:				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 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 DRIVING UNDER THE INFLUENCE				Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1A)				Violation of ORD #											
Drug Activity N		Drug Type N		Amount / Unit		Offense # 20-106450		Warrant / Capias Number				Bond											
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" 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) South county Court House 200 W Atlantic Ave Delray Beach												Month 10		Day 22		Year 20		Time 0830		AM		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												Date Signed 09/12/2020											
Signature of Defendant (or Juvenile and Parent /Custodian)												Date Signed											
HOLD for other Agency Name:				Signature of Arresting Officer G. PHILIPPE				Name Verification (Printed by Arrestee)															
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) G. PHILIPPE				(PRINT)															
Intake Deputy SMANN 8101		I.D. #		Pouch #		Transporting Officer G. PHILIPPE		ID # 32910		Agency PBSO		PAGE 1 OF 1											

OBT# Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest <input type="checkbox"/>	3. Request For Warrant <input type="checkbox"/>	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 600000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		
Charge Type: Check as many as apply		Special Notes				
<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 _____						
Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth
Charge		Charge				
Charge		Charge				
Victim Name (Last, First, Middle)				Race	Sex	Date of Birth
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation
The undersign 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...						
<input type="checkbox"/> committed the below acts in my presence.		<input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.				
<input type="checkbox"/> confessed to admitting to the below facts.		<input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.				
On the <u>12</u> day of <u>September</u> 20 <u>20</u> at <u>9:52</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM						

While on routine patrol, I observed a white vehicle in the south bound lane stopped in the middle of the intersection at Atlantic and Military Trail, the light to go south on Military Trail was green. I made a u-turn to get behind the vehicle, while behind the vehicle the driver made a right turn as other vehicle were begging to go west on Atlantic Ave. I followed behind the vehicle while it was in the middle lane going westbound on Atlantic Ave. The vehicle could not keep center and began to drift to the right lane. Once in the right lane, the vehicle began to drift into the bike lane. I initiated a traffic stop on El Clair Ranch and Atlantic Ave. I made contact with the driver a W/M, while by the driver side window there was an fruity substance emanating from the vehicle. I asked the driver if he had anything to drink and he stated that he had a couple of beers. I asked the driver for his DL and prove of insurance and registration. The male provided me with his FL DL and stated that he had his insurance on his phone, while looking for his insurance the male went into his amazon account. I asked the male where did he live and he stated west Boca Raton, I then asked the male if he knew where he currently was and he stated east Boca Raton.

The foregoing instrument was sworn to and affirmed before me this <u>12</u> day of <u>September</u> 20 <u>20</u> by:	
<u>C. Phillips</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Name of Arresting/Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer
Page <u>1</u> of <u>1</u>	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12 DAY OF SEPTEMBER 20 20, AT 2156 AM PM
SUBJECT: Brunette Christopher J CASE NUMBER: 20-106450

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: G. PHILIPPE

PERSONAL CONTACT

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

DEPUTY ANDERSON ADVISED THAT WHILE ON ROUTINE PATROL HE OSERVED A WHITE VEHICLE IN THE SOUTHBOUND LANE OF TRAVEL STOPPED IN THE MIDDLOF THE INTERSECTION AT ATLANTIC AVE AND MILITARY TRAIL. HE ADVISED THT THE LIGHT TURNED GREEN AND AND THE CAR DID NOT PROCEED FORWARD FOR SEVERAL MOMENTS. DEPUTY ANDERSON THEN MADE A U TURN TO GET BEHIND THE VEHICLE ONCE HE WAS BEHIND THE VEHICLE IT MADE A RIGHT TURN AND BEGAN TO HEAD WESTBOUND ON ATLANTIC AVE. AS THE VEHICLE WAS DRIVIG WEST BOUND IT FAILED TO MAINTAIN A SINGLE LANE AND REPEATEDLY DRIFTED OVER INTO THE BICYCLE LANE ON THE RIGHT HAND SIDE.

OBSERVATION OF DRIVER:

APPEARED TO BE CALM BUT WAS UNSURE OF WHERE HE WAS ATT AT THE TIME OF THE TRAFFIC STOP

DRIVER'S STATEMENTS:

I MADE A MISTAKE

ODORS:

FRUITY ODOR EMANATING FROM THE CHRISTOPHERS BREATH

GENERAL OBSERVATIONS

SPEECH: CLEAR- DELAYED

ATTITUDE: CALM

CLOTHING: BLUE SHIRT/ WHITE AND BLUE SHORTS

MEDICAL/OTHER: DOG BITE TO LOWER RIGHT LEG

STATE OF FLORIDA
COUNTY OF PALM BEACH

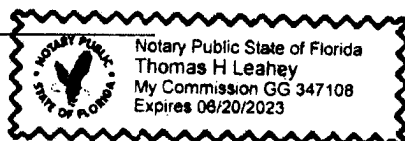
G. PHILIPPE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of September 20 20 by G. PHILIPPE

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

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



SUBJECT: Branette Christopher J CASE NUMBER: 2D-10645

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) test on camera

SUBJECT: Ernest H. Christopher T CASE NUMBER: 20-106450

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: D/S G Philippe #32410



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

PBSO CASE # 20-106450 PBSO ZONE 4-11

AGENCY CASE # 20-106450 CRASH CASE # _____

TIME OF STOP/CRASH 2156 DATE 09/12/2020 DAY Saturday

SUBJECT'S NAME Brunette Christopher J RACE W SEX M
LAST FIRST MID

HGT 5'10 WGT 170 DOB 06/19/1988

LOCATION ATLANTIC AVE/ EL CLAIRE RANCH

ARRESTING OFFICER'S NAME & ID G. PHILIPPE 32410 AGENCY PBSO

DIVISION: _____

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0019

ARREST TIME 2233

BREATH RESULTS:

1) .206

2) .210

3) N/A

4) N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

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:

The overhead blue police lights were turned off prior to the tasks. Christopher eyes tracked equally, the pupils were the same size and no resting nystagmus was observed. Vertical gaze nystagmus was administered and was not observed.

WALK & TURN:

I explained and demonstrated the instructions for the walk and turn task to Christopher who stated that he understood. During the task I observed that Christopher had the following cues: couldn't keep balance while listening to instructions; started too soon; stops walking to steady self to regain balance; missed heel-to-toe steps and stepped off the line and used arms for balance. (raises arms over six inches; improper turn (loses balance));

ONE LEG STAND:

I explained and demonstrated the instructions for the one leg stand task to Christopher who stated that he/she understood. During the task I observed that Christopher had the following cues: swayed while balancing; used arms for balance. put foot down (before 30 seconds);

FINGER TO NOSE:

I explained and demonstrated the instructions for the finger to nose task to Christopher. I explained what is considered the tip of the finger and tip of the nose to Christopher who stated that he understood. During the task I observed that Christopher had no issue performing the task other than swaying slightly

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the Romberg with recitation task to Cristopher who stated that he understood. I asked him to count from 70 to 100 which he stated he could. During the task I observed that Christopher had the following cues: swayed more than two inches in any direction; used arms for balance

BREATH TEST RESULTS: 1) .206 2) .210 3) 4)

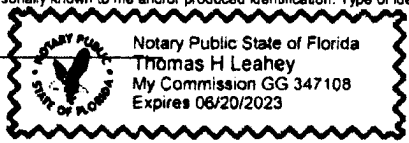
STATE OF FLORIDA
COUNTY OF PALM BEACH

G. Philippe
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of September 202020 by _____

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

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



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: 80-006239 Software: 8100.27
Date of Test: 09/13/2020

Date of Last Agency Inspection: 08/14/2020
Observation Period Began: 00:19
Subject's Name: CHRISTPOHER J BRUNETTE

DOB: 06/19/1988 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	00:44
	Air Blank	0.000	00:45
	Control Test	0.079	00:45
	Air Blank	0.000	00:46
	Subject Sample #1	0.206	00:46
	Air Blank	0.000	00:47
	Air Blank	0.000	00:49
	Subject Sample #2	0.210	00:49
	Air Blank	0.000	00:50
	Control Test	0.078	00:50
	Air Blank	0.000	00:51
	Diagnostics Check	OK	00:51

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 THOMAS H LEAHEY, 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: _____

Signature

Date: 09/13/2020

Sworn to (or affirmed) before me this _____ day of _____,

CPH
Signature of Notary Public-State of Florida

D/S G Philippe # 32410
Printed Name of Notary Public-State of Florida

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

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

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

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0019 hrs.
subject agreed to perform breath test
A/O read rights & subject understood rights
tech read breath test results & subject understood breath test results
A/O attempted Q&A
subject declined to answer questions

WITNESS LIST

CASE NUMBER: 20-106450

ARRESTING OFFICER: G. PHILIPPE

ADDRESS: 14925 CUMBERLAND DR DELRAY BEACH, FL, 33446

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

CAN TESTIFY TO: _____

NAME: S. ANDERSON

ADDRESS: 14925 CUMBERLAND DR DELRAY BEACH, FL, 33446

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

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 _____

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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: _____

NOT A CERTIFIED COPY



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)(f)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020021635	Date: 9/13/2020
	Specialist Name/ID: Gammage/5660