50.2021 CTNR 12857- ASB 1272674 Arrest (No Warrant) 3. Request for Warrant 6. Arrest (Warrant) 4. Request for Capins ARREST / NOTICE TO APPEAR JUVENILE 2. N.T.A. 5. Juvenile Referral Agency ORI Numbe Agency Report Number (N.T.A.'s only) 0500200 **Boca Raton Police Department** 3 | 2 | 2021-008994 Charge Type: Check as many 1. Felony 3 Misder 5. Ordinance If Weapon Seized 2. Traffic Felony 4. Traffic Misdemeanor Enter Type UNARMED as apply. tion of Arrest (Including Name of Business 101 E CAMINO REAL, 101 E CAMINO REAL, BOCA RATON, FL 101 E CAMINO REAL, BOCA RATON, FL 33432 Date of Arrest Time of Arrest Booking Date 08/03/2021 08/03/2021 08/03/2021 16:42 17:14 00:00 ON SCENE Name (Last First Middle) se, DOB, Soc. Sec. #. Etc.) PORUSH, DANIEL M Alias: Eye Colo Race Date of Birth Height Hair Colo Weight Complexion W - White I - American Indian W M 5'09 02/02/1957 155 BLUE BROWN **MEDIUM** Medium O - Oriental/Asian Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) Religion No □ Unk. □ Alcohol Influ **JEWISH** M Local Address (Street, Apt. Number) (State) (Zip) City 3. Florida
 County 4. Out of St 101 E CAMINO REAL 1011, BOCA RATON, FL 33432 (561) 715-2333 nt Address (Street, Apt. Number) (City) (Zip) 101 E CAMINO REAL 1011, BOCA RATON, FL 33432 SUBJECT LICENSE (561) 715-2333 ss Address (Name, Street) (City) (Zip) Occupation 933 CLINTMOORE RD BOCA RATON, FL 33486 PRIVATE PRACTICE, (561) 715-557 Doctor Place of Birth (City, St P620173570420 / FL BROOKLYN, NY. US Co-Defendant Name (Last, First, Middle) . I. Arrested . 3. Felony 5. Juvenite 2. At Large 4. Misdemes Co-Defendant Name (Last, First, Middle) 1. Arrested 3. Felony Race Sex 5. Juvenile 2. At Large 4. Misdeme Name (Last, First, Middle) Other: D Parror Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip) Business Phone Notified by: (Name) JUVENILE DISPOSITION

1. Handled/Processed w 2. TOT JAC Released To: (Name) Time The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office School Attender (Phone 355-2526) informed of any change of address. Property Crime: Description of Property Value of Property Yes X No □ No. R. Smuggle D. Deliver E. Use Drug Activity N. N/A Drug Type N. N/A M. Manuti K. Disperses/ Distribute H. Hallucinogen C. Cocume M. Marijuana O. Opium/Deriv. B. Buy T. Traffic Produce/ 2. Other P. Possess Cultivate A. Ampho E. Heroin Charge Descrip iolation of ORD # KW DUI 316.193(1 Drug Activity Drug Type Amount / Unit Warrant / Capias Number Road N 2021-008994 OY MA Charge Description Statute Violation Number Violation of ORD # **Drug Activity** Drug Type Amount / Unit Offense # Domestic Violence Warrant / Capias Number Count OY ON Charge Description Statute Violation Number Violation of ORD # Drug Activity Drug Type Offense # Amount / Unit Domestic Violence Warrant / Capias Number □ Y □ N Mental DEscape SAUG 1010410 1016 Cities Disjuries Any knowledge of the following: **GOOD** Explain Check which applies Released to Parent/Guardian T.O.T. County Jail PROPERTY - Received By Released By South County Mental Health Posted Bond Transported By Date Transported Time Transported Location (Court. Room INSTRUCTION NO. 1 - Mandatory appearance in court South County 200 W Atlantic Ave Delray Beach, FL 33444 ☐ INSTRUCTION NO. 2 - You need not appear in Court Court Date and Time but must comply with instructions on Page 2. 09/06/2021 08:30:00 No 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 **Photo** WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. Available

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed HOLD for Other Age ed by Oyreadee Name of Arresting Officer (Print) I.D. # (PRINT) SUPER, M. R. 845 PAGE Agency 1 of 1 woller 9.61 Witness here if subject signed With an "X"

	OBTS Number	PROBABLE CAU	SE AFFIDAVIT		3. Request for W 4. Request for C		1 JU	VENILE
D M	Agency ORI Number Agency Name FL 0500200 BOCA	RATON POLICE DEPART	Agency Repo	1	008994			
N	Charge Type: 1. Felony 3. N	Wisdemeanor 5. Ordinance	10,10	Special Note				
D	as apply. 2. Traffic Felony 2. 4. 1 Name (Last, First, Middle)	Traffic Misdemeanor 6. Other Alias		<u> </u>	Race Se	l l		
۴	PORUSH, DANIEL M Charge Description		Charge Description		W	1 02	/02/195	57
HAR	316.193(1) DUI		Charge Description					····· <u>-</u>
G E S	Charge Description		Craige bescription					
V	Victim's Name (Lest, First, Middle) STATE OF FLORIDA,				Raco Se	.	f Birth	
c	Local Address (Street, Apt. Number) (Ci	ity) (State)	(Zip) Pho	 561) 338	-1234	Address So	urce	
M	Business Address (Name, Street) (C	City) (State)	(Zip) Pho	ne		Occupation		
Н	The undersigned certifies and swears that he/she ha	os inst and resonable amunds to believe, and	does believe that the above name	(561)	nmitted the fo	llowing vio	lation of law.	
	The Person taken into custody		observed by OFC SUPE) '	-		who to
	committed the below acts in my present		t	at he/she sav				
	admitting to the below facts. On the 3 day of August	2004 44.42	found to have committed the b (Specifically include facts or				illed) illivesi	ugauon.
		1.1.1.001	T A	ning To		d		
	On 08/03/2021 at approximation of the order	mately 1621 hours as 'ederal Hwy, Boca Rate	on Fl, within th	ning La Ne juris	diction	on of	Palm 1	Beach
	County.	_						
P R O	I observed a dark in col	or 4 door traveling	at a high rate o	of speed	d trave	eling	south	bound
В	on N Federal Hwy. I Ini	tiated my Laser, Drag	gon Eye Speed Li	dar SN	13071	which	h read	a
В	speed of 71mph. The spee on that vehicle, a black	d limit at this spot BMW bearing Fl Tag:	RTM6K. The fina	en ini al stop	was 1	ol E	Camino	scop
E		th the driver, Daniel	Porush, who lat	cer was	ident	ified	by hi	s
c	FLDL. It should be noted I fir	rst initiated my emer	gency lights and	d sirens	s in my	y mar	ked pa	trol
A	vehicle at approximately	200 N federal Hwy.	I was directly b	behind 1	the vel	hicle	which	was
S	now traveling at a slower southbound passing multi	er speed of approximations to	tely 40mph. The o pull over. I o	vehicle could se	e cont: ee in '	inued the v	to ar ehicle	and
s	the driver appeared to a	at first not have any	inclination I	was atte	emptine	g to	pull h	im
T	over. The driver continu	ed south bound until	the vehicle made was directly be	de a le: ehind my	rt tur: y vehi:	n ont cle,	o E Ca also w	mino ith
Ţ	his emergency lights and	d sirens activated. T	he vehicle was	not inc	reasin	g in	speed	or
N E	attempting to make any mirror and see my emerge	maneuvers to evade of	ficers. The drivical	ver did d left :	look again	in th and e	e rear ntered	view the
N T	property of Via Mizner	(101 E Camino Real).	The vehicle the	en ente	red th	e und	ergrou	ınd
	parking garage and parket the driver, who took a r	ed in a "30 Minute" p	er I knocked on	was abl his dr	e to m iver s	ake c ide w	ontact	: with
	Once he opened his vehic	cle`s door I asked wh	y he did not st	op. The	drive	r the	n atte	mpted
	to respond but was mumb	ling his words. I cou	ald also see his	eyes w	ere wa ponded	tery.	When thou	nht"
-	and shrugged his should	ers as if he did not	know. I then as	ked the	drive	r to	step c	out of
	the vehicle. The Driver	struggled to exit th	e vehicle using	his we	ight t	o lea	n on t	he
	SWORN AND SUBSCRIBED BEFORE ME	//-	Mes	32	45			
	GREEN, KENNETH NOTARY PUBLIC / CLERK OF COURT / C	JOHN //	SIGNATURE OF ARI					
	SWORN AND SUBSCRIBED BEFORE ME GREEN, KENNETH NOTARY PUBLIC / CLERK OF COURT / C 08/03/2021 DATE	or received to the second	SUPER, MI NAME OF	CHAEL RY OFFICER (PLE		45)		PAGE
	DATE		08	3/03/202 DATE	1			1 OF
L	V E			DATE				

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П	OBTS Number		PROBABLE CAUSE A SUPPLEMENT			Request for Warr Request for Cap		JUVENILE
A		gency Name		Agency Report		20004		
M			POLICE DEPARTMENT 5. Ordinance	VT 3 2	Special Notes			
N	Charge Type:	3. Misdemeanor4. Traffic Misdeme	eanor 6. Other			Race Sex	Date of Birth	
Oω	Name (Last, First, Middle)		Alies			W M		L957
	Porush was then ask participate. During Porush who stated his in the proper start the following clues arms for balance, a Porush stating he was at nine. During the approximately six is and did not walk or each step. During the One Leg stated he understoplaced his foot do had to be reminded lifted his right I had to use his han completed. (SEE DUI PACKET FOR Based on the total the influence of a faculties are imparted.	ing still his lestions, Pot actually still his lestions, Pot actually still his lestions, Pot actually still porush was swaying of Nystagmie ecause he keem Deviation ed to particulate the Walk are understood to impairm and did not inderstood to tempt Porush after his lest walk he did inches between the line. Stand, I expect the continue egup he sled to catch in the line. OR SFSE PERF. Lity of circulated, the or catch in the circulated, the or catch in the circulated, the or catch in the circulated of the	cipate in HGN, I can be a seried in the Wal and Turn, I explained and kept attempted in the interpretations of the instructions of the instructions of the also did not explained and demonstrated and the also did not explained and demonstrated and the also did not explained and demonstrated and	ticipate in a criticipate in a conticipate in a continuous in a conticipate in a conticipate in a continuous in a continuous in a conticipate in a conticipate in a continuous in a conticipate in a conticipate in a continuous in a conticipate in a conticipate in a continuous in a continu	evaluate smoot Porush I was his head the strated phase, on the number that them all step walked left to add the strated phase to the motor of the strated left to add the stra	with he obriety to partition to the pursual desired while stated the eporush line. of stephen turn multip but imps instruction to right et his ion to begin the evaluation of the evaluation of the evaluation to be evaluation to be evaluation to be evaluated to the evaluation of the evaluation to be evaluated to the evaluation to the evaluation to be evaluated to the evaluation to the evaluation to the evaluation to the evaluation of the evaluation to the evaluation to the evaluation to the evaluation of the evaluation to the eval	revaluation of Porush wit, uned to see the following able to see the following and the sead of see the following as he will be the following and the following a person their not the following a person the following a p	tions qual e to ing the eed to n to stand bserved his te cook stopping valked ving who and bood he n scene as
	\vec{h}			SIGNATURE OF AR	RESTING / IN	VESTIGATING	OFFICER	•
		NNETH JOHN	S.S. 117.10)	SUPER, M				
	T I	3/2021		NAME OF	OFFICER (PL	EASE PRINT)		PAGE
	\hfrac{\hfrac{1}{1}}{1}	DATE		0	8/03/20 DATE	21		. 2
	lėl				DATE			

JAIL

Γ	OBTS Number]		CAUSE AFFIDA	AVIT			for Warrant for Capies	1	JUVENILE
A D	Agency ORI Num	per	Agency Name				Agency Report					
M	FL	0500200	BOCA	RATON PO	LICE DEPA		3 2	2021-0		94		
~	Charge Type: Check as many	1. Felony	=	lisdemeanor raffic Misdemeanor	5. Ordinand	C8		Special Note	rus.			
6	as apply. Name (Last, First	2. Traffic Felony Middle)	4.1	TARIC MISCELLEZIO		Alias		<u>- L</u>	Race	1	te of Birth	
E		H, DANIEL M							W		02/02/	
FFC BY FILL	placed for tip Depart talkat where but ca pills Prior alc/vo Diazep pills identi to tow Once a was re to det #791 of Porush unders SE Daniel 316.19 pursus EN T	under arres ghtness and ment for book ive and I co Porush was. I get off an hour ago. to leaving the service of the vehicle at Boca Raton and implied of the service of th	double king. Vuld sme Porush with a he scent lium) inted cribed arked in Police consent plood a sampl sad his shed to cited riving 316.1	locked. While in eall the or also sta warning. ne, I fou t in his with 7 pi on one si to Porus n Porush vehicle w e Departm which he lcohol co es. Porus Miranda speak wi the follo while int	Porush wa the back dor of an ted you Porush a nd an ope briefcase lls left. de and 39 th and adv s assigne as left of the and a left of t	of the pate of the pate alcoholic are going also advise and 350ml a. Also, a The bott of the pate of t	ansported trol vehice beverage to ruin med he had bottle of bottle of le was pred on the cake one pred to grand	to Bookle, Poly when by life taken of Titos for presonant presonant for the control of the contr	vocations who	ton Parket of the control of the con	very he do now I his D proceedica t blu were t do r ciod, his h	or to did diazepam of, 40% ation, se round a all sigh the not need or reath dorne ted he
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	N	GREEN, K				S	IGNATURE OF ARR	ESTING / INV	ESTIGA	ING OFFIC	ER	
	S N	OTARY PUBLIC / CLERK			7.10)		SUPER, MIC			(845)		
	S N	08/0	03/2021					OFFICER (PLE		INT)		PAGE
			DATE	•			08	/03/202	21			3 0
	Ě							DATE				

COURT

Horizontal Gaze Nystagmus:	
☐ Left eye does not follow smoothly	Right eye does not follow smoothly
Left eye jerks at 45 degrees angle or less	Right eye jerks at 45 degrees angle or less
Distinct jerking left eye maximum deviation	Distinct jerking right eye maximum deviation
Can not do, Why? Le did wet follow with	eyes, and moved his Head
Walk and turn: Novid Not Stand in proper start	
and stepped off the line. Took 115	
Not hem to toe . Bid Not count ,	
stepped off the line. Improper	
some way or the first.	
Can not do, Why?	
One leg stand: Dil Not Count, Place	foot on the gland, used
Wms for bolonce, swingely	He painted to his coult and
advised he would use his find	
half way through he stopped and	
	nt officer carylet him.
	,
Can not do, Why?	
Finger to nose:	
Tinger to nose.	
A V	
Can not do, Why?	
Alphabet (speech pattern):	
Aiphaoti (specii pattern).	
Can not do, Why?	
4) 6 1, 7	161 7.1 5 1, 255
Breath/Blood test results: 1st Sample . 1	1.61 and Sample . 255
State of Florida, County of Palm Beach,	
Sworn and subscribed before me this 83/21	(date) by
1 # 7A1	8/2/21
Notary/Clerk of Court/ Officer (FSS 117.10)	Date
MM 243	Michael Super
Signature of Arresting Officer	Name of Officer (print)

Page 2 PART ONE

ARRESTING OFFICER:	ife. Sper	
_)- Work# 561-338-1234
Address: (W) WW Znd	Ave Bour Ratur !	9 32/132
Can testify to:	stigation	
Name: OFE. Maguire	Phone # 50(- 338-1	254 Work#
Address: (1) NW Znd	· Ave, Boce Pate	PL 3×13 Z
Can testify to:	stigation, Buck	i sp office.
	·	0294 Work # 501-328-1234
Address: W NW 2nd	Ave ; Boa Ratur 1	2,33932
Can testify to: Breath	Operator	
Name:		Work #
Address:		
Can testify to:		
Name:	Phone #	Work #
Address:		
Can testify to:		
		Work #
Can testify to:		
•		
Name:	Phone #	Work #
Address:		
Can testify to:		



BOCA RATON POLICE SERVICES DEPARTMENT DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Ag	ency Case # 2021- 8999
[.	INTRODUCTION (Instrument Operator faces video camera)
	A. The day is Tuesday, August, 3rd, 2021 (day) (month) (date) (year)
	B. The time is now approximately 737 AM/PM
	C. The following is in reference to case number 2021-8994
	D. Present at this time is Off. SUPLY of the Boca Raton Police Department. (Officer's Name)
	E. Officer Soper, have you arrested Dwill Porth in violation of Florida State Statute 316.193? (Defendant's name)
	F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida?
	G. Mr./Mrs./Ms. Davie Porush, I am required to inform you these proceedings are being video recorded.
	Operator Note: Video record breath request, breath sample, and interview.

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting. A. I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content. B. I am now requesting that you submit to a lawful test of your URINE for the purpose of determining the presence of chemical or controlled substances. C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances. IMPLIED CONSENT WARNINGS Read only if the subject does not comply with your request Note: I am 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 Signature: Note: Also read for CDL holders: IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle. Note: After reading the implied consent warning, the arresting officer must request a breath sample again. (IF REFUSAL THEN) At this time Mr./Mrs./Ms. ____ has refused to submit to a breath test. , and the time is _____ The date is ___

> Page 5 PART TWO

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning. Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. Tell me in your own words what you think this means. (You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)
- (2) Any statement you make must be freely and voluntarily given. Tell me in your own words what you think this means.

 (If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during ar questioning. Tell me in your own words what you think this means.
 - (You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you mal any statement and during any questioning. Tell me in your own words what you think this means
 - (If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. Tell me your own words what you think this means.
 - (If you decide to talk to me then change your mind, you can stop answering my questions at any time.)
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. Tell me in your ow words what you think this means
 - (I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be becau, you want to.)
- (7) Any statement can be and will be used against you in a court of law. Tell me in your own words what you think this means (Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you har done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decide what punishment you get.)
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed:			Date:	Time:	
				,	
>	Does n	ot apply.		\	
		, ,			



BOCA RATON POLICE SERVICES DEPARTMENT TESTING FACILITY TASK REPORT

SUBJECT: Duniel M Yorush
CASE #: 2021 - 00 8994 DATE: 8/3/21
BREATH TEST RESULTS
1) TIME 261 1743 AMPM 2) TIME 255 1745 AM/HM
3) TIME AM/PM 4) TIME AM/PM
BREATH OPERATOR: Off. Home #191
MAINTENANCE TECHNICIAN: Ofc. Jeff Van Camp # 747
TESTING OFFICER'S OBSERVATIONS
SPEECH: falkative, could not follow Simple instructions
ATTITUDE: upset, made Statement that Officer were runial by life
CLOTHING: Dress Shirt Jews
MEDICAL CONDITION: WA
OTHER: a Strong order of an unknown alwholic beinge
other: a Strong oder of an unknown alwholic bearge was empty from his person, Subject had Glossy very eyes
MATERIANS: Subject state he took 10 mg of clinzepan ewly
with evening.

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Kend on Date whe

QUESTIONS AND ANSWERS
Were you operating a motor vehicle at the time of the accident/stop? Yes
Where were you going? Home
What street or highway were you on? Fedels
Direction of travel?
Where did you start driving from? 7900 Ghales Rd Both (Work)
What city (county) were you stopped in? Both Rudon
What time did you start? 430 AM/PM What time is it now? 545
What is today's date? Ary 3rd What day of the week is it? TVESday When did you last eat? No May today What did you eat? How doy What have you been doing the past three hours prior to this stop/accident? Dork ing I Pronk fost wight How much do you weigh? If the stop was been drinking? If the What was been drinking? If the stop was here drinking?
When did you last eat? No May today What did you eat? # o doy
What have you been doing the past three hours prior to this stop/accident? Jorking / print / 155 Night
How much do you weigh? 160 Have you been drinking? No What were you drinking?
How much? 3-45 Lots one Bod Where? MW/YAS Hodron With whom were you drinking? No me
When did you have your first drink? AM/PM When did you stop drinking? AM/PM

How did you consume your last two drinks?	Seer /32 shids
Are you under the influence of alcohol now?	☐ Yes 🔀 No
Can you feel the effects of alcohol?	☐ Yes 🗹 No
Have you consumed alcohol since the accident?	☐ Yes 🔀 No
Can you feel the effects of alcohol?	☐ Yes 🕅 No
Have you consumed alcohol since the accident?	Yes No How much?
What?	Where?
What line of work are you in? Medical	
When did you last work? Today	
Do you have any physical defects or injuries?	Yes No If yes, explain:
Are you sick or injured?	Yes No If yes, explain:
Do you limp? Yes No Did Were you in an accident today?	you get a bump on the head? Yes No
Have you taken any drugs or smoked marijuana	today? NA / D./Dung diazenam
What? 10 mg Diczepam.	when? Earlier in the every.
Have you seen a doctor or dentist today? Yes	_
Are you taking any prescription medications?	Yes No What? When?
Do you have: Epilepsy? Tyes No	Inner ear trouble? Yes No
Glass eye? 🗌 Yes 🔀 No	Ear infection? Yes No
False teeth? Fyes No	Diabetes? Yes No
Any problems not correctable by glasses or conta	act lenses? Confacts
Do you take insulin? Yes No If yes,	, when was your last injection?
Have you ever had a driver's license in any other	
I am now ending this video recording. The time i	s now approximately 5 58 AM/FM)
The date is (month)	$\frac{3}{(\text{day})}$, $\frac{2021}{(\text{year})}$.

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

Instrument Type: Intoxilyzer 8000 Instrument Registered To: BOCA RATON PD

Instrument Serial Number: 80-006622 Software: 8100.27

Date of Test: 08/03/2021

Date of Last Agency Inspection: 07/27/2021

Observation Period Began: 17:15 Subject's Name: DANIEL M PORUSH

DOB: 02/02/1957 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.

tropy (by.	Test	g/210L	Time
	Diagnostics Check	OK	17:41
	Air Blank	0.000	17:41
	Control Test	0.078	17:42
	Air Blank	0.000	17:42
	Subject Sample #1	0.261	17:43
	Air Blank	0.000	17:43
	Air Blank	0.000	17:45
	Subject Sample #2	0.255	17:45
	Air Blank	0.000	17:46
	Control Test	0.078	17:47
	Air Blank	0.000	17:47
	Diagnostics Check	ок	17:47

Cylinder Let: 22419080A3 Exp: 10/05/2021

State of Florida, County of Mam 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;
T which a month , 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:
Sworn to (or affirmed) before me this 3M day of Arrust , 2021
aller 275 Michael Super
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 accordent 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 - 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.	
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.	2
		(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.	
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Other			Other:	
		>	Other:	

REVIEW COMPLETED BY

Booking Number: 2021019236	Date: 8/4/2021
•	Specialist Name/ID: T Howard/7185