

0521525

21 CT 2721

3736

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21-037425	
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No	
Location of Arrest (Including Name of Business) FOREST HILL BLVD/ WELLINGTON GREEN DRIVE		Location of Offense (Business Name, Address) FOREST HILL BLVD / WELLINGTON GREEN DR, WELLINGTON/FL/33411					
Date of Arrest 02/20/2021	Time of Arrest 0018	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Priority Towing, 7153 Southern Blvd. WPB 33413, (561) 533-5573	
Name (Last, First, Middle) Sotomayor, Dario,		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth 12/10/1985	Height 5'6"	Weight 162	Eye Color BRO	Hair Color BLACK	Complexion MED
Build MED		Marital Status Single		Religion CHRISTIAN		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		Address Source DRIVER LICENSE		Occupation SALES	
Local Address (Street, Apt. Number) (City) (State) (Zip) 1531 N PIERCE STREET, ARLINGTON / VA / 22209		Phone (915) 276 1836		Permanent Address (Street, Apt. Number) (City) (State) (Zip)		Business Address (Name, Street) (City) (State) (Zip)	
DL Number, State E69621490, VA		Soc. Sec. Number		INS Number		Place of Birth (City, State) EL PASO, TX	
Citizenship U.S.		Co-Defendant Name (Last, First, Middle)		Race Sex Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		Residence Phone ()	
Parent Legal Custodian Other <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle)		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		Grade	
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)	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property		School Attended	
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/Derv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other		Statute Violation Number 316.193(1)(a)	
Charge Description DRIVING UNDER THE INFLUENCE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number 21-037425	
Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
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PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

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Charge Type Check as many as apply	<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 3 Misdemeanor <input checked="" type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	Special Notes

Name (Last, First, Middle) Sotomayor, Dario	Alias	Race W	Sex M	Date of Birth 12/10/1985
Charge Description DUI	Charge Description	Charge Description	Charge Description	Charge Description

Victim's Name (Last, First, Middle) State of Florida	Race	Sex	Date of Birth
Local Address (Street, Apt Number)	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)

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 _____

confessed to _____ that he/she saw the arrested person commit the below acts

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

On the 19th day of February 2021 at 11:21 A.M P.M (Specifically include facts constituting cause for arrest)

While on routine patrol at the 10200 block of Forest Hill Blvd, I observed a Gray Ford Fusion bearing Virginia tag, VDR-5758, fail to stop a red traffic light on Forest Hill Blvd and Wellington Green Drive Wellington, FL 33414. Vehicle made a U-turn at a solid red traffic light directly in front of me.

I conducted a traffic stop and made contact with the driver who was later identified via his Virginia drivers license as, W/M Dario Sotomayor 12/10/1985. I smelled an odor of an alcoholic beverage coming from his breath. He told me that he had just left Kaluz restaurant after having one alcoholic beer.

I contacted DUI investigator Amadon who responded the scene and took over the investigation.

PROBABLE CAUSE STATEMENT

NOT A CERTIFIED COPY

STATE OF FLORIDA COUNTY OF PALM BEACH	<u>[Signature]</u> #0053 (Signature of Arresting/Investigative Officer)
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>19th</u> day of <u>February</u> 20 <u>21</u> by <u>Sgt. Kiyani</u>	Known
(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced	<u>35911</u>
Notary Public, Clerk of Court, Officer (F.S.S. 11 7.1 0)	



Palm Beach County Sheriff's Office

Date 02/20/2021 Time: 0018 Defendant: SOTOMAYOR, DARIO Case #: 21-037425
 Location of Stop: FOREST HILL BLVD / WELLINGTON GREEN DR Defendant D.O.B.: 12/19/1985 Defendant Race / Sex: W M
 Location of Roadside: ROADWAY Crash Case # _____

VEHICLE IN MOTION

Vehicle Description: Year: 2015 Make: FORD Model: FUSION Color: GRAY Tag #: VDR5758 State: FL
 Violations Observed: _____
 Citation #(s): _____

PERSONAL CONTACT

Driver Identification: VA DL Did driver exit vehicle? Yes No
 1. Manner - Falling Unsteady Leans on Vehicle Swaying Other: _____
 2. Odor of breath alcohol/other - Strong Moderate Slight None
 3. Eyes - N/A Glassy Red Bloodshot Watery Dilated Constricted
 4. Speech - N/A Slurred Slow Thick Tongued Incoherent Rambling Accent
 5. Walking - N/A Staggering Stumbling Weaving Falling
 6. Standing - N/A Swaying Needs Support Leaning Falling
 7. Clothing - N/A Disheveled Soiled Missing Neat Explain: _____
 8. Attitude - N/A Hostile Aggressive Profane Other: COOPERATIVE
 9. Medications - N/A Yes No Names _____
 Time of Consumption: _____

HEALTH

Are you sick? Yes No Are you injured? Yes No
 Do you wear contacts? Yes No If yes, what type? Rigid Soft Do you wear glasses? Yes No
 Do you have any physical defects? Yes No If yes, specify: _____
 Do you take any medication? Yes No If yes, specify: _____
 Diabetic? Yes No Are you taking insulin? Yes No Epileptic? Yes No Glass eye? Yes No
 Are you presently under the care of a doctor of dentist: Yes No If yes, which? _____
 What are you being treated for? _____

ENVIRONMENTAL FACTORS

1. Area/Conditions - Day Night Wind - Calm Windy Rain
 2. Traffic - Heavy Moderate Light
 3. Area - Parking Lot Roadside Other: _____
 4. Surface - Paved Level Hard Dry Other: _____
 5. Lighting - Street Light Car Lights Other: VEHICLE SPOT LIGHT

F.S.T. - Yes No Refused (If refused, was person advised they could be arrested and their refusal used in court?) Yes No
 Witness to F.S.T.: _____
 Arrested? Yes No
 Additional Charges: DWLS No DL Warrant Resisting Possession Other: _____

Sworn and subscribed before me, this 20 day of February, 2021
 Notary Public Law Enforcement Officer
 Personally known Publicly known
 SHARI L. O'NEAL
 Notary Public - State of Florida
 Commission # GG 972080
 My Comm. Expires Jun 25, 2024
 Bonded through National Notary Assn.
 Name and signature of Notary _____

INV W. Amadon #9440
 Signature
 INV. W. AMADON #9440
 Print Name & Officer ID#:

SCANNED
FEB 21 2021

Date: 02/20/2021 Time: 0018 Defendant: SOTOMAYOR, DARIO Case #: 21-037425

FIELD SOBRIETY TASKS ADMINISTERED

H.G.N.

Left	Right
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Lack of smooth pursuit _____
 Distinct and Sustained Nystagmus at maximum deviation
 Onset prior to 45 degrees
 Vertical Nystagmus observed
 Lack of Convergence: Yes No Refused to do exercise

WALK AND TURN

- Steps from line during instructions.
- Starts too soon.
- Stops while walking.
- Does not touch heel to toe. MULT _____ down _____ additional
MULT _____ back _____ additional
- Incorrect number of steps. 8 & 9 6. Raises arms for balance.
- Improper turn. Describe: TURNED TO THE RIGHT DUE TO IMPROPER STEP COUNT CONTRARY TO INSTRUCTION
- Steps off line/loses balance. Step #: MULTIPLE
- Cannot do exercise. Explain: _____
- Type of line used: YELLOW TAPE 11. Type of footwear: SNEAKERS Removed original footwear?: NO
- Refused to do exercise.

ONE LEG STAND

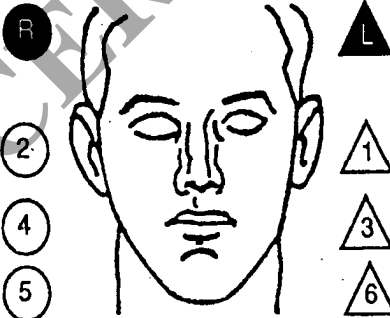
- Sways while balancing.
- Uses arms for balance.
- Hopping.
- Puts foot down. 5. Cannot do exercise. Explain: _____
of seconds: PRIOR TO 30 SECONDS 6. Refused to do exercise.

ALTERNATIVE TASKS

Finger to Nose

- Keeps eyes open.
- Does not return arms to side.
- Fails to touch nose.
- Uses wrong hand.
- Unable to do exercise.
- L R L R R L
- Refused to do exercise.

Explain: _____
 Explain: _____
 Notes: _____



Rhombberg/Balance/Alphabet

- Opens eyes.
 - Sway while balancing.
 - Raises arms to balance.
 - Estimates 30 seconds at: _____
 - Misses alphabet recitation.
 - Cannot do exercise.
 - Refused to do exercise.
- Explain: _____
 Explain: _____
 Explain: _____

- SEE PAGE 3 -

Sworn and subscribed before me, this 20 day of February, 2021

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

Name and signature of Notary

Signature

INV. W. AMADON #9440

Print Name & Officer ID#:

SCANNED
FEB 21 2021

Date: 02/20/2021 Time: 0018 Defendant: SOTOMAYOR, DARIO Case #: 21-037425

ADDITIONAL PROBABLE CAUSE ALTERNATIVE TASKS

During HGN I observed the defendant to have a noticeable orbital sway. The defendant had to be reminded to not move his head several times.

During the Walk and Turn task the defendant had to be reminded to return to the instructional stance. The defendant counted the instructional stance as the first step. His first actual step was counted by the defendant as step two. The defendant stepped off the line several times and missed heel to toe several times. The defendant stopped while performing the task contrary to instruction. The defendant also attempted to make another turn at the conclusion of the second pass.

During the One Leg Stand the defendant had to be reminded to return to the instructional stance several times. The defendant began prior to instruction. The defendant raised his foot approximately one inch off the ground. The defendant counted "one thousand twelve, thirteen, fourteen."

During the Finger to Nose the defendant missed on the second and fourth attempts, additionally on attempt five he began to use the wrong hand.

During the Romberg Alphabet the defendant correctly recited the alphabet.

NOT A CERTIFIED COPY

Sworn and subscribed before me, this 20 day of February, 2021

Notary Public - State of Florida
Notary Commission # GG 972080
My Comm. Expires Jun 25, 2024
Notary Public - State of Florida
Notary Commission # GG 972080
My Comm. Expires Jun 25, 2024
Notary Public - State of Florida
Notary Commission # GG 972080
My Comm. Expires Jun 25, 2024

INV. W. Amadon #9440
Signature

INV. W. AMADON #9440

Print Name & Officer ID#:

Name and signature of Notary

SCANNED
FEB 21 2021

PALM BEACH COUNTY SHERIFF'S OFFICE

**3228 GUN CLUB ROAD
WEST PALM BEACH, FL 33406-3001**

**THIS IS A WARNING ONLY
THIS IS NOT A CITATION AND NO FINE IS ASSESSED**

I HEREBY ACKNOWLEDGE RECEIPT OF THIS WARNING AND UNDERSTAND THAT THIS WARNING IS ISSUED IN LIEU OF A UNIFORM TRAFFIC CITATION.

- WRITTEN WARNING
- NOTICE OF ILLEGAL OR FAULTY EQUIPMENT

Date/Time: **FRIDAY 02/19/2021 11:49 PM**

SIGNATURE OF DRIVER X _____

D/S: **SGT. KIYANI** I.D.#: **8063**

VIOLATOR

First Name: **DARIO** Middle: _____
 Last: **SOTOMAYOR** DOB: **12/10/1985**
 Address: **1531 N PIERCE ST APT 1013**
 City: **ARLINGTON,VA** State: **VA** Zip: _____
 Telephone: _____ Race: **W** Sex: **M** Hgt: **5'6**
 DL #: **E69621490** DL State: **VA** Lic. Expires: **12/10/2021**
 Type: **M2** Diff. Addr. on DL: **N**

REGISTRATION

Yr. Veh: **2015** Veh. Tag: **VDR5758**
 Color: **GRY** Yr. Tag Expires: **20** State: **VA**
 Make: **FORD** Style: **4D**

LOCATION

Upon a Public Street or Highway or Other Location Namely:
FOREST HILL AND WELLINGTON GREEN DR

VIOLATION

Did unlawfully commit the following Offense
FAILURE TO OBEY TRAFFIC CONTROL DEVICE

NOTE: FOR EQUIPMENT VIOLATIONS PLEASE FOLLOW INSTRUCTIONS ON THE FOOTER

CERTIFICATION OF CORRECTION

I CERTIFY THAT THE EQUIPMENT ON THE VEHICLE DESCRIBED HEREIN AS INDICATED HAS BEEN TESTED AND, OR CORRECTED, AND UPON THIS DATE COMPLIES WITH THE REQUIREMENTS OF THE TRAFFIC LAWS OF FLORIDA.

DATE _____ 20____ HOURS _____ A.M. P.M.

SIGNED _____
Party Making Correction

Address: _____

IMPORTANT. This Notification With Proper Certification Above is To Be Mailed Or Delivered To The Officer Indicated Within 48 Hours.

**PALM BEACH COUNTY SHERIFF'S OFFICE
P.O. BOX 24681
WEST PALM BEACH, FL 33416-4681**

FAILURE TO COMPLY WITH THIS NOTICE COULD RESULT IN A NON-CRIMINAL INFRACTION BEING ISSUED.

NOT A CERTIFIED COPY

**SCANNED
FEB 21 2021**

SUBJECT: _____ CASE NUMBER: 21-01742

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) David ...

SCANNED
FEB 21 2021

SUBJECT: _____ CASE NUMBER: 21-0-190

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? DON'T KNOW

DIRECTION OF TRAVEL? LOK WHERE DID YOU START? KALUZ

WHAT TIME DID YOU START? / WHAT TIME IS IT NOW? MONDAY

WHAT IS TODAY'S DATE? 2/11 WHAT DAY OF THE WEEK IS IT? SAT

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? 8:30 PM WHAT DID YOU EAT? MEAT PIES

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? A KALUZ

HOW MUCH DO YOU WEIGH? 164 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? SALES WHEN DID YOU LAST WORK? _____

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

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

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

WERE YOU IN AN ACCIDENT TODAY? N

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

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

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

DO YOU HAVE:

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

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

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

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

INTERVIEWER: _____

SCANNED
FEB 21 2021

WITNESS LIST

CASE NUMBER: 21-037425

ARRESTING OFFICER: INV. W. AMADON

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

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

CAN TESTIFY TO: DUI Investigation

NAME: SGT. S. KIYANI #8053

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

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

CAN TESTIFY TO: Stopping Deputy

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

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 _____

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 _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
FEB 21 2021

TESTING FACILITY TASK REPORT

AGENCY: PBSO INV. AMADON #9440

SUBJECT: SOTOMAYOR, DARIO

CASE NUMBER: 21-037425

DATE: 02-20-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0058 HRS

ENDING TIME: 0113 HRS

BREATH TESTS RESULTS: 1) .118 TIME 0103 A.M. P.M. 2) .104 TIME 0106 A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLUR

ATTITUDE: CALM, COOPERATIVE, POLITE

CLOTHING: SHIRT- BLACK PANTS- LIGHT BLUE JEANS

MEDICAL CONDITIONS: DIABETIC

MEDICATIONS: INSULIN

OTHER:

EYES: RED, GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O AMADON #9440
A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE BREATH REQUEST.
D COMPLETED THE TEST CORRECTLY.
C/W READ ON CAMERA TO THE D.
EXPLAINED THE BREATH RESULTS TO THE D.
Q&A CONDUCTED.

SCANNED
FEB 21 2021



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

PBSO CASE # 21-037425 PBSO ZONE 8-41

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 2321 DATE 02/19/2021 DAY Friday

SUBJECT'S NAME Sotomayor, Dario, RACE W SEX M

HGT 5'6" WGT 162 DOB 12/10/1985

LOCATION FOREST HILL BLVD/ WELLINGTON GREEN DRIVE

ARRESTING OFFICER'S NAME & ID INV. W. AMADON (9440) AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD / DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0037

ARREST TIME 0009 hrs

BREATH RESULTS:

- 1) .118
- 2) .104
- 3) _____
- 4) _____

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

NOT A CERTIFIED COPY

SCANNED
FEB 21 2021

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: 80-006478 Software: 8100.27
Date of Test: 02/20/2021

Date of Last Agency Inspection: 02/12/2021

Observation Period Began: 00:37

Subject's Name: DARIO SOTOMAYOR

DOB: 12/10/1985 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	01:01
	Air Blank	0.000	01:01
	Control Test	0.079	01:02
	Air Blank	0.000	01:02
	Subject Sample #1	0.118	01:03
	Air Blank	0.000	01:03
	Air Blank	0.000	01:05
	Subject Sample #2	0.104	01:06
	Air Blank	0.000	01:07
	Control Test	0.079	01:07
	Air Blank	0.000	01:08
	Diagnostics Check	OK	01:08

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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 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: 02-20-21
Signature

Sworn to (or affirmed) before me this 20 day of February 2021

Traci W. Aruden 9440 Inv. Amador #9440
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.



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"/>		** (viii) Clinical records under the Baker Act. §394.4615(7), Fla. Stat.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2021004299	Date: 2/21/2021
	Specialist Name/ID: M. Tooks #8557

SCANNED
FEB 21 2021