

20 CT 009940 AX NB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile N 1

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-097763		
	Charge Type: Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		
	Location of Arrest (Including Name of Business) 3066 N MILITARY TRL, WPB, FL, 33409		Location of Offense (Business Name, Address) 3066 N MILITARY TRAIL #/, WEST PALM BEACH, FL, 33409		Weapon Seized / Type 2. <input checked="" type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> N/A		Multiple Clearance Indicator 01		
DEFENDANT	Date of Arrest 8-16-2020	Time of Arrest 0147	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
	Name (Last, First, Middle) Garcia Moreno, Edward, Andres				Alias (Name, DOB, Soc. Sec. #, Etc.)				
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 10/5/1971	Height 5'07	Weight 150	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build MED
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A				Marital Status N/A	Religion N/A	Indication of Alcohol/Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) 4330 Community Dr Apt 402, West Palm Beach, FL 33409				Phone () UK	Residence Type 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>			
	Permanent Address (Street, Apt. Number)				Phone ()	Address Source DAVID			
	Business Address (Name, Street)				Phone ()	Occupation NONE			
	D/L Number, State G625221713650, FL		Soc. Sec. Number [REDACTED]		INS Number N/A		Place of Birth (City, State) WPB, FL		Citizenship US
	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		
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)	(Middle)	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 355-2526) informed of any change of address.				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 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			
CHARGE	Charge Description D.U.I.		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(a)		Violation of ORD # 1		
	Drug Activity N	Drug Type	Amount / Unit N/A	Offense # 20-097763	Warrant / Capias Number		Bond 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	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	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		
NOTICE TO APPEAR	Location (Court, Room Number, Address) North County Government Center/Courthouse, Courtroom #2, 3188 PGA Blvd., Palm Beach Gardens, FL 33410 - Ph: (561) 624-6608								
	Court Date and Time Month SEPTEMBER Day 19TH Year 2020 Time 0830 AM <input checked="" type="checkbox"/> PM								
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED								
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed					
ADMIN	HOLD for other Agency Name		Signature of Arresting Officer X [Signature]		Name Verification (Printed by Arrestee) 21289				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) P. SCARTOZZI		I.D. # 21289		
	Intake Deputy [Signature]	I.D. #	Pouch #	Transporting Officer SCARTOZZI	I.D. # 21289	Agency PBSO	PAGE 1 OF 1		
Witness here if subject signed with an "X" <input type="checkbox"/>									

SCANNED
AUG 17 2020

0518055

2717

PROBABLE CAUSE AFFIDAVIT

1. Arrest 2. N.T.A. 3. Request for Warrant 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 06-20-097763

Name (Last, First, Middle) Garcia Moreno, Edward, Andres Alias Race W Sex M Date of Birth 10/5/1971

CHARGES Charge Description D.U.I. 316.193(1)(a) Charge Description

VICTIM Victim's Name (Last, First, Middle) STATE OF FLORIDA, STATE OF FLORIDA, / Race / Sex / Date of Birth /

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... On the 16TH day of AUGUST 20 2020 at 0102 A.M.

Based on the totality of the circumstances, Garcia-Moreno was placed under arrest for operating a motor vehicle while under the influence of alcohol and or a controlled substance. He was placed in PBSO approved handcuffs which were checked for proper fit and double locked.

NOT A CERTIFIED COPY

STATE OF FLORIDA COUNTY OF PALM BEACH P. SCARTOZZI (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16TH day of AUGUST 20 2020 by D/S P. SCARTOZZI PBSO DEPARTMENT ID CARD

Notary Public, Clerk of Court, Officer (F.S.S. 117.10) Notary Public State of Florida Renee Ragin My Commission GG 966418 Expires 03/05/2024

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16TH DAY OF AUGUST 20 2020, AT 0102 AM PM

SUBJECT: Garcia Moreno, Edward, Andres CASE NUMBER: 20-097763

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

PERSONAL CONTACT

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

On 8/16/2020 at approximately 0054 hours I was dispatched to investigate a possible impaired driver in the area of Southern Blvd and Interstate 95, West Palm Beach, FL, 33406 in unincorporated Palm Beach County. A person by the name of Jonathan Sergent called 911 from 561-603-3269 to report he was following a vehicle that was "swerving all over the road". The vehicle in question, a grey Honda Mini van bearing Florida license plate number IT8-8BC was now traveling northbound on North Military Trail from Okeechobee Blvd. Sergent continued to provide updates to the 911 dispatcher as Deputies were en route to the call. Sergent then reported the vehicle turned eastbound on 12th street from North Military Trail and then into the Circle K gas station located at 3066 North Military Trail. The van stopped at a gas pump facing northbound in the parking lot. Sergent observed as the driver, a Hispanic male wearing a black coat and black pants got out of the driver's seat of the vehicle and attempted to start pumping gas, at which time Deputies made contact with the driver, Edward Garcia-Moreno who was the sole occupant of the vehicle and the registered owner.

OBSERVATION OF DRIVER:

When I made contact with Garcia-Moreno I immediately noticed the strong odor of an unknown alcoholic beverage emitting from Garcia-Moreno's mouth, this odor intensified as he spoke with me. His eyes were blood shot and glassy and his speech appeared to be slow. He was asked if he had any medical conditions and he advised "no, he denied having a speech impediment, he denied having any mental or physical disabilities and he denied having any medical condition which would cause his breath to display the unknown odor of an alcoholic beverage. When asked, Garcia-Moreno advised he had a few beers to drink tonight. At this time, I was able to observe several articulable signs of impairment and made the decision to conduct a criminal DUI investigation. Due to the fact that Garcia-Moreno understood Spanish more than English I requested the assistance of D/S Valenzuela 18348 to assist with translation. I chose a smooth, level portion of the as fault parking lot free of obstructions and debris in order to perform roadside tasks.

DRIVER'S STATEMENTS:

Garcia-Moreno was asked to stand with his heels and toes together with his arms down at his sides. While in this position he would sway in a side to side back to front manner more than 2 inches. He had to be reminded how to stand several times. I first performed the Horizontal Gaze Nystagmus Task. During the horizontal gaze Nystagmus (HGN) task the drivers eyes displayed equal pupil size and equal tracking. The driver's eyes displayed lack of smooth pursuit, distinct and sustained Nystagmus at maximum deviation and distinct and sustained Nystagmus prior to 45 degrees.

ODORS:

GENERAL OBSERVATIONS

SPEECH: Slow, thick, slurred, difficult to understand

ATTITUDE: Cooperative, uncooperative, mood swings, combative.

CLOTHING: Black Coat over a black vest, Black pants and black shoes.

MEDICAL/OTHER: The driver denied any medical conditions, physical disabilities, injuries and medication use and or use of recreational drugs.

STATE OF FLORIDA
COUNTY OF PALM BEACH

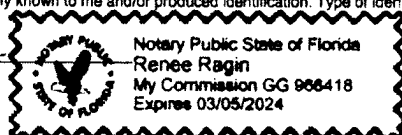
P. SCARTOZZI

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to, affirmed and subscribed before me this 16TH day of AUGUST 20 2020 by P. SCARTOZZI

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced PBSO DEPARTMENT ID CARD

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



SUBJECT: Franklin, Edwin H.

CASE NUMBER: 10-09776

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) [Signature]

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) [Signature]

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: Martin, Edward H. CASE NUMBER: 20017762

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/C P. SCARFORD - 21289.

SUBJECT: Garcia Moreno, Edward, Andres

CASE NUMBER 20-097763

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:

WALK & TURN:

I then moved to the Walk and Turn Task. He was asked to place his left foot on the ground with his right foot directly in front of it in the heel to toe position with his arms down at his sides. I demonstrated the proper starting position. He would sway in a side to side back to front manner more than 2 inches during the demonstration phase. He could not maintain his balance while listening to instructions. He stepped out of the stance during the demonstration to catch his balance. He started the task before being instructed to do begin. He was given the standardized instructions for this task after which he advised he understood. On the first set of heel to toe steps he missed steps one through nine and stepped off the line, using his arms for balance by raising them more than six inches. On the second set of heel to toe steps he missed steps one through nine and stepped off the line, using his arms for balance by raising them more than six inches. He would stop walking to steady himself with pauses to regain his balance. He performed the incorrect number of steps.

ONE LEG STAND:

I then moved to the One Leg Stand Task. He was asked to stand with his feet and toes together with his arms at his sides and stay in this position while I demonstrate this task. He would sway in a side to side back to front manner more than 2 inches during the demonstration phase. He could not maintain his balance while listening to instructions. He stepped out of the stance during the demonstration to catch his balance. He was given the standardized instructions for this task after which he advised he understood. He started the task before being instructed. He continued to sway while balancing on one leg. He put his foot down to regain his balance at numerous times before the thirty seconds had elapsed. He put his foot down three times all before counting to thirty seconds, thusly not being able to complete the task.

FINGER TO NOSE:

I then moved to the Finger to Nose Task. He was asked to stand with his feet and toes together. He was then instructed to extend his arms outward so they would be parallel to the ground. He was then instructed to make a fist with both hands, extend his index /pointer finger on both hands, turn both hands toward the sky and then place both arms down at his sides and remain in this position while I gave the instructions. I demonstrated how to do get to this position by the numbers. He was given the standardized instructions for this task after which he advised he understood. He would sway in a side to side back to front manner more than 2 inches during the demonstration phase. He did not keep his eyes closed and had to be reminded to do so. He failed to return his arms down to his sides as instructed after touching his nose. His index finger did not touch his nose. The sequence used for this task was L, R, L, R, L, R. He was unable to perform the task.

ROMBERG ALPHABET:

I then moved to the Romberg Alphabet Task. He was asked to stand with his feet and toes together with his arms at his sides and stay in this position while I demonstrated this task. He would sway in a side to side back to front manner more than 2 inches during the demonstration phase and during the course of performing the task. He chose to recite the alphabet. He would sway more than 2 inches. No noticeable mistakes.

BREATH TEST RESULTS: [1) .131] [2) .132] [3) N/A] [4) N/A]

STATE OF FLORIDA
COUNTY OF PALM BEACH

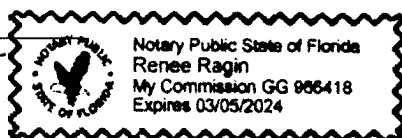
P. SCARTOZZI

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 16TH day of AUGUST 20 2020 by P. SCARTOZZI

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced PBSO DEPARTMENT ID CARD

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: 80-006238 Software: 8100.27
Date of Test: 08/16/2020

Date of Last Agency Inspection: 08/14/2020

Observation Period Began: 02:02

Subject's Name: EDWARD A GARCIA MORENO

DOB: 10/05/1971 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	02:32
Air Blank	0.000	02:32
Control Test	0.079	02:32
Air Blank	0.000	02:33
Subject Sample #1	VNM*	02:36
Air Blank	0.000	02:37
Air Blank	0.000	02:39
Subject Sample #2	0.132	02:40
Air Blank	0.000	02:41
Air Blank	0.000	02:42
Subject Sample #3	0.131	02:43
Air Blank	0.000	02:44
Control Test	0.077	02:44
Air Blank	0.000	02:45
Diagnostics Check	OK	02:45

*Volume Not Met (0.121 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

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 RENEE M RAGIN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 8/16/20
Signature

Sworn to (or affirmed) before me this 16 day of Aug, 2020

Signature of Notary Public-State of Florida D/S. P. Scartozzi #21289
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: PBSO

SUBJECT: Garcia Moreno, Edward A.

CASE NUMBER: 20-097763

DATE: Aug 16, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:25

ENDING TIME: 02:47

BREATH TESTS RESULTS: 1) .VNM TIME 02:36 A.M. P.M. 2) .132 TIME 02:40 A.M. P.M.
3) .131 TIME 02:43 A.M. P.M. 4) N/A TIME _____ A.M. P.M.

BREATH OPERATOR: R. Ragin # 16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Spanish speaking, thick

ATTITUDE: Talkative, moody

CLOTHING: Black pants, red t-shirt, no shoes

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes bloodshot
Odor of unknown alcoholic beverage on breath.
Translated by D/S P.Velenzuela #18348

COMMENTS:

Arrived at center A/O started 20 minute observation period at 02:02 hrs.

Subject refuse to take test.

A/O read I/C twice.
Subject stated he understood I/C and would take test.

Subject refused to follow tech instructions kept blowing and stopping

A/O read rights.
Subject stated he understood rights.

No Q&A conducted.

WITNESS LIST

CASE NUMBER: 20-097763

ARRESTING OFFICER: P. SCARTOZZI

ADDRESS: 3228 GUN CLUB ROAD, WEST PALM BEACH, FL, 33406

PHONE NUMBERS (HOME): 561-688-3400 (WORK) 561-688-3400

CAN TESTIFY TO: DUI INVESTIGATION

NAME: Sergent, Johnathan, Michael

ADDRESS: 9094 Pioneer Rd, West Palm Beach, FL 33411

PHONE NUMBERS (HOME) (561) 329-1967 (WORK) (561) 603-3269

CAN TESTIFY TO: _____

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: _____

NOT A CERTIFIED COPY

