

#0518085 50-2020-CT-009958-Amb P#1325

OBTS Number ARREST / NOTICE TO APPEAR Juvenile Referral Report 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1 N

Agency ORI Number FLO 500000 Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number (N.T.A.'s only) 06-20-098319 23

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other. Weapon Seized / Type 2. 1. Yes 2. No Multiple Clearance Indicator

Location of Arrest (Including Name of Business) Lyons Rd/Stribling Way, Wellington FL Location of Offense (Business Name, Address) Lyons Rd/Stribling Way, Wellington FL

Date of Arrest 08/17/2020 Time of Arrest 2334 Booking Date Booking Time Jail Date Jail Time Location of Vehicle Priority Tow

Name (Last, First, Middle) Price, Elsie, Susan Alias (Name, DOB, Soc. Sec. #, Etc.)

Race W - White 1 - American Indian B - Black O - Oriental/Asian W Sex F Date of Birth 9/17/1950 Height 5'03 Weight 110 Eye Color Br Hair Color Br Complexion Med Build Sm

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) shoulder Marital Status Single Religion NONE Indication of Alcohol/Drug Influence Y N Unk

Local Address (Street, Apt. Number) 8283 Manjack Cay, West Palm Beach, FL 33411 (City) (State) (Zip) Phone (561) 512 3592 Residence Type: 1. City 2. County 3. Florida 4. Out of State 2

Permanent Address (Street, Apt. Number) Business Address (Name, Street) (City) (State) (Zip) Phone Address Source Def Occupation Retired

D/L Number, State P620217508370, FL Soc. Sec. Number INS Number Place of Birth (City, State) Bronx NY Citizenship US

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

Parent Legal Custodian Other: Name (Last) (First) (Middle) Address (Street, Apt. Number) (City) (State) (Zip) Residence Phone business Phone

Notified by: (Name) Date Time Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) Relationship Date Time The above address provided by defendant and / or defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.

Property Crime? Yes No Description of Property Value of Property

Drug Activity N. N/A S. Sell T. Traffic B. Buy 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- crash with property Counts 1 Domestic Violence Y N Statute Violation Number 316.193(3)c(1) Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # 20-098319 23 Warrant / Capias Number Bond

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

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

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

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

Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

Court Date and Time Month 9 Day 10 Year 20 Time 8:30 AM X PM

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. Signature of Defendant (or Juvenile and Parent / Custodian) 08/17/2020 Date Signed

HOLD for other Agency Name: Signature of Arresting Officer X Name Verification (Printed by Arrestee) Name of Arresting Officer (Print) A. Soloway 8586 I.D. # 8586 Agency PBSO (PRINT) Witness here if subject signed with an "X" 1 OF 1

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17 DAY OF August 2020 AT 2240 AM  PM

SUBJECT: Price, Elsie, Susan

CASE NUMBER: 20-0983023

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. Soloway 8586

## PERSONAL CONTACT

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

I responded to assist D/S Amadon #9440 with a crash involving a possible impaired driver. Upon my arrival he advised me:

On Monday August 17th 2020 at approximately 2240 hours I was dispatched to a report of a single vehicle crash located at the intersection of Lyons Road and Stribling Way, within the Village of Wellington, Palm Beach County Florida. The caller advised Communications that the driver had unknown injuries and that she struck a guard rail. Upon arrival I observed a Gray Toyota Corolla bearing Florida Tag "Z97HSZ" to be completely on the sidewalk facing south. The front end of the vehicle had damage and was against the metal guard rail.

Upon arrival I approached the car alongside personnel from Palm Beach County Fire Rescue who had arrived on scene with me. (See PBCFR Run Number -20-087550). I observed the only occupant of the vehicle to be behind the driver seat with the engine still running and the vehicle in reverse. I observed PBCFR personnel reach into the vehicle from the passenger side and put it into park and shut off the engine. The female occupying the driver seat was identified by her Florida Driver License as Elsie S. Price (09/17/1950). I stood by while Fire Rescue deemed her to be uninjured and not in need of medical care. I approached Price and gathered her information such as name and date of birth that would be required for the crash report. I observed Price eyes to be glassy and bloodshot. Her speech was labored, slurred, and she would trail off in the middle of her sentence. I asked her for her Driver's License and she provided me with a work ID. I again asked for her Driver's License. Price opened her wallet a 2nd time and took out a bank card. She held onto the card for several seconds and asked "what was it that you asked me for?". I said that I needed her driver's license. Price put the bank card away, shrugged and said "I don't know where that is". Throughout the encounter with Price I detected the strong odor of an unknown alcoholic beverage coming from on or about her person that would intensify greatly as she spoke. Price was unsteady on her feet and stated several times that she did not know where her phone was. I had to ask her several times to wait near the guard rail area away from the travel lanes so that she would not fall or stumble into traffic as it navigated the crash scene. Additionally, when asking administrative questions of Price she would laugh prior to answering even though my questions were deliberate and precise and at no time did I joke or make light of her crash. I observed the solid skid mark from her driver side tire that was present on the roadway to lead from what would be the northbound side of the roadway. The Toyota was traveling south.

## OBSERVATION OF DRIVER:

Upon my arrival the defendant was standing near her vehicle. She had an odor of an unknown alcoholic beverage on her breath as well as an odor of cigarettes. Her eyes were red and glassy. She was unsteady on her feet.

There was an independent witness, Andre Avolio, stated the suspect vehicle was driving southbound in the northbound lane of Lyons Rd. The vehicle did not slow for the traffic circle and crashed into the guardrail.

## DRIVER'S STATEMENTS:

The defendant stated she was coming from a friends house and heading home. She did not know how the crash occurred. She stated she drank 1 glass of red wine. She later said she drank 2 glasses of red wine.

## ODORS:

She had an odor of an unknown alcoholic beverage on her breath as well as an odor of cigarettes.

## GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: compliant

CLOTHING: shirt, pants, dress shoes

MEDICAL/OTHER: stated none

STATE OF FLORIDA  
COUNTY OF PALM BEACH

A. Soloway 8586

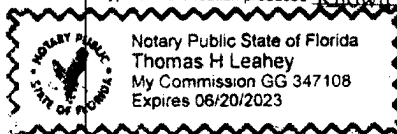
Signature of Arresting/Investigative Officer

foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of August 2020 by A. Soloway 8586

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

Thomas Leahey (#19183)

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



**PROBABLE CAUSE AFFIDAVIT**

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

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06-20-098323</b>
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>Price, Elsie, Susan</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/17/1950</b>
Charge Description	Charge Description			
Charge Description	Charge Description			

Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA, ,</b>	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (zip) Phone	Address Source		
Business Address (Name, Street) (City) (State) (zip) Phone	Occupation		

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.  
 The Person taken into custody  
 committed the below acts in my presence.  was observed by \_\_\_\_\_ who told that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
 On the **17TH** day of **AUGUST** 20**20** at **2243**  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

I was dispatched to and arrived on scene of a report of a single vehicle crash located at the intersection of Lyons Road and Stribling Way, within the Village of Wellington, Palm Beach County Florida. The caller advised the driver had unknown injuries and that she struck a guard rail. Upon arrival I observed a gray Toyota Corolla bearing Florida Tag "Z97HSZ" to be completely on the sidewalk facing south. The front end of the vehicle had damage and was against the metal guard rail.


Upon arrival I approached the car alongside personnel from Palm Beach County Fire Rescue who had arrived on scene with me. (See PBCFR Run Number -20-087550). I observed the only occupant of the vehicle to be behind the driver seat with the engine still running and the vehicle in reverse. I observed PBCFR personnel reach into the vehicle and put it into park and shut off the engine. The female occupying the driver seat was identified by her Florida Driver License as Elise S. Price (09/17/1950). I stood by while Fire Rescue deemed her to be uninjured and not in need of medical care. I approached and gathered her information such as name and date of birth that would be required for the crash report. I observed Price eyes to be glassy and bloodshot. Her speech was labored, slurred, and she would trail off in the middle of her sentence. I asked her for her Driver's License and she provided me with a work ID. I again asked for her Driver's License. Price opened her wallet a 2nd time and took out a bank card. She held onto the card for several seconds and asked "what was it that you asked me for?". I said that I needed her driver's license. Price put the bank card away, shrugged and said "I don't know where that is". Throughout the encounter with Price I detected the strong odor of an unknown alcoholic beverage coming from on or about her person that would intensify greatly as she spoke. Price was unsteady on her feet and stated several times that she did not know where her phone was. I had to ask her several times to wait near the guard rail area away from the travel lanes so that she would not fall or stumble into traffic as it navigated the crash scene. Additionally, when asking administrative questions of Price she would laugh prior to answering even though my questions were deliberate and precise and at no time did I joke or make light of her crash. I observed the solid skid mark from her driver side tire that was present on the roadway to lead from what would be the northbound side of the roadway. The Toyota was traveling south. Based on the above described indicators I requested an Investigator from the DUI Unit respond.

Investigator A. Soloway #8586 responded and assumed the investigation.

STATE OF FLORIDA  
 COUNTY OF PALM BEACH  
*D/S W. Amadon #9440* D/S W. AMADON  
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17TH day of AUGUST 2020 by D/S W. AMADON #9440

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced  
INV. A. SOLOWAY #8586

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




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

PBSO CASE # 20-0983423 PBSO ZONE 8-61

AGENCY CASE # \_\_\_\_\_ CRASH CASE # 20-098319

TIME OF STOP/CRASH 2240 DATE 08/17/2020 DAY Monday

SUBJECT'S NAME Price, Elsie, Susan RACE W SEX F

HGT 5'03 WGT 85 DOB 9/17/1950

LOCATION Lyons Rd/Stribling Way, Wellington FL

ARRESTING OFFICER'S NAME & ID A. Soloway 8586 (8586) AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0035

ARREST TIME 2334

**BREATH RESULTS:**

- 1) .084
- 2) .080
- 3) N/A
- 4) N/A

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

NOT A CERTIFIED COPY

SUBJECT: Price, Elsie S

CASE NUMBER: 20 098 3127

## 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) \_\_\_\_\_

*Read on camera on scene*

SUBJECT: Price, Elsie S

CASE NUMBER: 20-098319 27

### 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? Lyon

DIRECTION OF TRAVEL? North WHERE DID YOU START? Lyons

WHAT TIME DID YOU START? 10 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? PEC

WHEN DID YOU LAST EAT? 8-8:30 WHAT DID YOU EAT? Steak

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? at home

HOW MUCH DO YOU WEIGH? 110 HAVE YOU BEEN DRINKING? Yes WHAT? W.O. Luder

HOW MUCH? 2-3 WHERE? at home WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? 8 AND YOUR LAST DRINK? 9:30

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? Retiree WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? No WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:

- EPILEPSY? \_\_\_\_\_
- GLASS EYE? \_\_\_\_\_
- FALSE TEETH? Yes
- EAR INFECTION? \_\_\_\_\_
- INNER EAR TROUBLE? Yes
- DIABETES? \_\_\_\_\_

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

SUBJECT: Price, Elsie, Susan

CASE NUMBER 20-098319 23

**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 defendant was unable to follow the stimulus or keep her head still so this task was terminated. Several times, I had to remind her to keep her feet together

**WALK & TURN:**

The defendant was unable to maintain her balance during the instructions. She stepped off the line several time and missed heel to toe on most steps. She raised her arms for balance. After the first pass she asked "back"? She was swaying during this task.

**ONE LEG STAND:**

The defendant was swaying during this task. She did not look at her raised foot. She put her foot down on the count of 1001. She put her foot down several more times before 30 seconds elapsed. She almost fell over during this task so it was terminated for her safety.

**FINGER TO NOSE:**

The defendant opened her eyes during this task. She touched the bridge of her nose on the 1st attempt and her lip on the 2nd attempt. She used the pad of her finger on attempts 3, 4 and 6.

**ROMBERG ALPHABET:**

The defendant correctly recited the alphabet. She was swaying during this task.

**BREATH TEST RESULTS:** 1) .084    2) .080    3)    4)

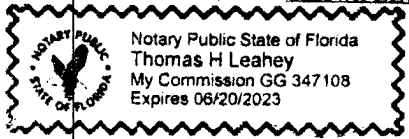
STATE OF FLORIDA  
COUNTY OF PALM BEACH

A. Soloway 8586  
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of August 2020 by A. Soloway 8586

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

Thomas Leahey (#19183)  
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: 08/18/2020

Date of Last Agency Inspection: 08/14/2020  
Observation Period Began: 00:35  
Subject's Name: ELSIE S PRICE

DOB: 09/17/1950 Sex: F

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	00:59
	Air Blank	0.000	01:00
	Control Test	0.079	01:00
	Air Blank	0.000	01:01
	Subject Sample #1	0.084	01:03
	Air Blank	0.000	01:04
	Air Blank	0.000	01:06
	Subject Sample #2	0.080	01:07
	Air Blank	0.000	01:07
	Control Test	0.077	01:08
	Air Blank	0.000	01:08
	Diagnostics Check	OK	01:08

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: T. Lealey Date: 08/18/2020  
Signature

Sworn to (or affirmed) before me this 18th day of August, 2020

Signature of Notary Public-State of Florida Inu A Soloway #858p  
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:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

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 TECHNICAN:

## 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 0035 hrs  
subject agreed to perform breath test  
tech read breath test results & subject understood breath test results  
A/O read rights on scene & subject understood rights  
A/O conducted Q&A  
subject answered questions

# WITNESS LIST

CASE NUMBER: 20-098319 23

ARRESTING OFFICER: A. Soloway 8586

ADDRESS: PBSO

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

CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS Amadon #9440

ADDRESS: PBSO

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: Wheel witness

NAME: DS Palmer #25514

ADDRESS PBSO

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: crash investigation

NAME: Avolio, Andre, Michael

ADDRESS 11167 Grandview Manor, Wellington, FL 33414

PHONE NUMBERS (HOME) (561) 215 4459 (WORK) ()

CAN TESTIFY TO: witness

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<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 checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	11
	<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"/>	415.107 (1)	Other: Elderly Abuse	
	<input type="checkbox"/>	119.071(2)(J)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2020019615	<b>Date:</b> 8/18/2020
	<b>Specialist Name/ID:</b> M. Tooks #8557