

20CT9038 NB

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 <b>FLO 502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number (N.T.A.'s only) <b>78- 20003430</b>	
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		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>10000 ALT A1A, PBG, FL</b>			Location of Offense (Business Name, Address) <b>HINDA RD/ALT A1A, NPB, FL</b>			
Date of Arrest <b>07/28/2020</b>	Time of Arrest <b>22:15</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>KAUFF'S TOWING &amp; RECOVERY 4301 East Avenue, West Palm Beach, FL 33405</b>

Name (Last, First, Middle) <b>TRIESTMAN, GRANT, STUART</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/02/1998</b>	Height <b>6'2</b>	Weight <b>180</b>	Eye Color <b>BLU</b>	Hair Color <b>BRO</b>	Complexion <b>LIGHT</b>	Build <b>MEDIUM</b>

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>N/A</b>		Marital Status <b>SINGLE</b>	Religion <b>CHRISTIAN</b>	Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1002 VISION TERRACE PALM BEACH GARDENS FL 33418</b>		Phone <b>(561) 246-8975</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>1002 VISION TERRACE PALM BEACH GARDENS FL 33418</b>		Phone <b>( )</b>	Address Source <b>VERBAL</b>			
Business Address (Name, Street) (City) (State) (Zip)		Phone <b>( )</b>	Occupation			
D/L Number, State <b>S150061565950 FL</b>	Soc. Sec. Number <b>[REDACTED]</b>	INS Number	Place of Birth (City, State) <b>MORRISTOWN, NJ</b>		Citizenship <b>US</b>	

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name (Last) (First) (Middle)	Residence Phone <b>( )</b>
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone <b>( )</b>

Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated
Released To: (Name)	Relationship		Date Time
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			School Attended Grade
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property	

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description <b>DRIVING UNDER THE INFLUENCE OVER .08</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(C)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense #	Warrant / Capias Number		Bond <b>OR</b>				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				

Location (Court Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>					
Court Date and Time Month <b>SEPT</b> Day <b>2</b> Year <b>2020</b> Time <b>10:00</b> 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 <b>07/28/2020</b>	

HOLD for other Agency Name:	Signature of Arresting Officer <b>[Signature]</b> 514	Name Verification (Printed by Arrestee) <b>JUL 29 AM 12:54</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	(PRINT)
Intake Deputy <b>DS COLLINS 7622</b>	I.D. # <b>514</b>	Pouch #
Name of Arresting Officer (Print) <b>Ofc. ANDREW FLINK</b>	I.D. # <b>514</b>	Agency <b>PBGPD</b>
Transporting Officer <b>ANDREW FLINK</b>		Agency <b>PBGPD</b>
Witness here if subject signed with an "X"		PAGE <b>1</b> OF <b>1</b>

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

0517710 / 3705

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28TH DAY OF JULY 2020, AT 2158 AM <sup>✓</sup>PM

SUBJECT: TRISTMAN, GRANT, STUART CASE NUMBER: 20003430

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514

## PERSONAL CONTACT

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

On 07/28/2020, at approximately 2158 hours, this Officer was conducting a traffic enforcement selective, in the area of 10000 block of Alt A1A, PBG, FL, when a champagne Lexus sedan was observed traveling at an increased rate of speed, South bound. This Officer's initial visual estimate of the vehicle was approximately 65 MPH in a posted 45 MPH zone. Using Stalker DSR2X (#DB001317) rear antenna (KR027120) this Officer received a steady tone and reading of 68 MPH. The RADAR calibration was last checked on 06/17/2020 and was due on 12/17/2020. Prior to this tour of duty on this date, this Officer ensured the RADAR was in working order, to confirm the accuracy of the unit. At the end of this tour of duty, this Officer did the same. This Officer received RADAR/LIDAR certification on 05/31/2008, in Cannon AFB, NM. This Officer entered traffic behind the vehicle, a Lexus sedan (29978Z/FL). This Officer initiated a traffic stop on the vehicle just East of Alt A1A on Hinda Rd. This Officer made contact with the driver of the vehicle, identified via Florida Driver License photo, Grant Triestman, while he was still in actual physical control of the vehicle.

### OBSERVATION OF DRIVER:

Triestman was sweating, had a flushed red face, slurred speech, watery eyes, and had the odor of an unknown alcoholic beverage emanating from his breath at conversational distance. The odor would increase in intensity as Triestman spoke with this Officer. This Officer also noticed Triestman appeared very nervous and each of his actions and statements appeared to be deliberate and well thought out.

### DRIVER'S STATEMENTS:

Triestman said he was coming from his mother's house in the Vision community. Triestman denied consuming any alcoholic beverages on this night.

### ODORS:

Unknown alcoholic beverage.

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Compliant, nervous

CLOTHING: Grey shirt, black shorts, beige shoes.

MEDICAL/OTHER: None stated

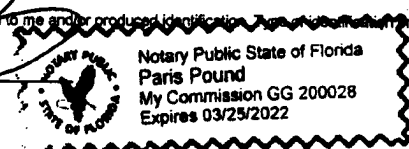
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of July 2020 by Ofc. ANDREW FLINK

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Age of Notary Public Produced Personally Known

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



JUL 29 2020

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- LT EYE-LACK OF SMOOTH PURSUIT
- RT EYE-LACK OF SMOOTH PURSUIT
- LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

Triestman was swaying side-to-side during the exercise.

**WALK & TURN:**

During the first set of steps, Triestman raised his arm more than six inches from his side. Triestman also took more than nine steps, then conducted an improper turnaround, by way of, lifting his lead foot off the line. During the return, Triestman rolled his ankle off the line on a step, and again took more than nine steps.

**ONE LEG STAND:**

During the exercise, Triestman raised his right foot. Triestman was swaying during the exercise. Triestman also did not raise his foot six inches, did not look down at his raised foot and also did not point the toes of his raised foot out.

**FINGER TO NOSE:**

During the exercise, Triestman touched his nose with the pad of his finger rather than the tip on each attempt. The first three attempts, Triestman did not lower his hand without being told to do so. Triestman was also swaying and had eyelid tremors in both eyes.

**ROMBERG ALPHABET:**

Not conducted

**BREATH TEST RESULTS:** 1) .117    2) .115    3) -    4) -

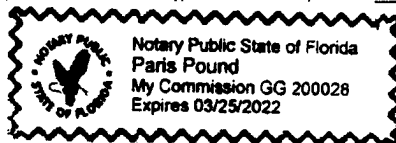
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of July, 2020 by Ofc. ANDREW FLINK

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

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



SCANNED  
JUL 29 2020



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

PBSO CASE # 20-091931 PBSO ZONE 3-13

AGENCY CASE # 20003430 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2158 DATE 07/28/2020 DAY TUESDAY

SUBJECT'S NAME TRISTMAN GRANT STUART RACE W SEX M  
LAST FIRST MID

HGT 6'2 WGT 180 DOB 07/02/1998

LOCATION 10000 ALT A1A, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBSPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2250

ARREST TIME 22:15

**BREATH RESULTS:**

- 1) .117
- 2) .115
- 3) N/A
- 4) N/A

**BREATH TEST OPERATOR:** 24639

2020  
JUL 29 2020

SUBJECT: TRIESTMAN, GRANT S CASE NUMBER: \_\_\_\_\_

**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 OFF FLINK of the POLICE

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) Not Read

**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.

SEARCHED  
JUL 29 2020

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: TRIESTMAN, GRANT J CASE NUMBER: \_\_\_\_\_

## 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: UFC FLINK 514

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

SC 11111  
JUL 28 2011

# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: TRIESTMAN, GRANT STUART

CASE NUMBER: 20-091931

DATE: Jul 28, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:12

ENDING TIME: 23:22

BREATH TESTS RESULTS: 1) .117 TIME 23:16 A.M.  P.M.  2) .115 TIME 23:19 A.M.  P.M.   
3) N/A TIME N/A A.M.  P.M.  4) N/A TIME N/A A.M.  P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM

CLOTHING: BLACK SHORTS, GRAY SHIRT, BROWN SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY AND BLOODSHOT

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 22:50 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTION

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: 07/28/2020

Date of Last Agency Inspection: 07/17/2020

Observation Period Began: 22:50

Subject's Name: GRANT S TRIESTMAN

DOB: 07/02/1998 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	23:14
	Air Blank	0.000	23:14
	Control Test	0.081	23:15
	Air Blank	0.000	23:15
	Subject Sample #1	0.117	23:16
	Air Blank	0.000	23:17
	Air Blank	0.000	23:18
	Subject Sample #2	0.115	23:19
	Air Blank	0.000	23:20
	Control Test	0.080	23:20
	Air Blank	0.000	23:21
	Diagnostics Check	OK	23:21

Cylinder Lot: 28719080A1  
Exp: 12/05/2021

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 PARIS D POUND, 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: 07/28/20  
Signature

Sworn to (or affirmed) before me this 28<sup>th</sup> day of July, 2020

Signature of Notary Public-State of Florida OFL. A. FLINK  
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.

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MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

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SUBJECT: REFUSED QUESTION



**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"/>			
	<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> 2020017986	<b>Date:</b> 7/29/2020
	<b>Specialist Name/ID:</b> M. Tooks #8557