

0529679

22CT-2959ASB

70

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-22-039076																	
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. No		Multiple Clearance Indicator 01																	
Location of Arrest (Including Name of Business) BOYNTON BEACH BLVD & PEAR TREE CIR, BOYNTON BEACH FL 33437				Location of Offense (Business Name, Address) BOYNTON BEACH BLVD & PEAR TREE CIR, BOYNTON BEACH FL 33437																	
Date of Arrest 02/23/2022		Time of Arrest 0045		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) Bukata, Hannah, Rose												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 4/18/1997		Height 5'02		Weight 122		Eye Color BRO		Hair Color BRO		Complexion LIGHT		Build SMALL					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status Single		Religion CHRISTIAN		Indication of: Alcohol Influence Drug Influence ☐ Y ☐ N ☐ Unk					
Local Address (Street, Apt. Number) 602 SEALOFTS DR APT 301, BOYNTON BEACH FL 33426												Phone ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2							
Permanent Address (Street, Apt. Number) ()												Phone ()		Address Source WA DL							
Business Address (Name, Street) ()												Phone ()		Occupation NONE							
DL Number, State WDLB5SR7073B, WA		Soc. Sec. Number ()		INS Number		Place of Birth (City, State) TUCSON, AR		Citizenship USA													
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile											
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)		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 ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)												School Attended		Grade							
Property Crime? ☐ Yes ☐ 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 Driving Under The Influence		Counts 01		Domestic Violence ☐ Y ☒ N		Statute Violation Number 316.193(1A)		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit		Offense # 22-039076		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											
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) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996																					
Court Date and Time Month 03 Day 22 Year 2022 Time 0830 AM ☒ 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. 02/23/2022 Signature of Defendant (or Juvenile and Parent / Custodian) (Signature) Date Signed																					
HOLD for other Agency Name		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) FEB 23 AM 3:23																	
☐ Dangerous ☐ Suicidal		☐ Resisted Arrest ☐ Other		Name of Arresting Officer (Print) D/S N. MACHIN 35654		I.D. # 35654		(PRINT)		PAGE											
Intake Deputy (Signature)		I.D. # ()		Pouch # ()		Transporting Officer D/S N. MACHIN 35654		ID # 35654		Agency PBSO		Witness here if substituted with									
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s only)																					

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 22-039076						
	Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other				Special Notes:						
DEF	Name (Last, First, Middle) Bukata, Hannah, Rose				Alias		Race W	Sex F	Date of Birth 4/18/1997		
	Charge Description Driving Under The Influence				316.193(1A)		Charge Description				
CHARGES	Charge Description						Charge Description				
	Charge Description						Charge Description				
VICTIM	Victim's Name (Last, First, Middle) State of Florida, ,				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. ☐ confessed to _____ admitting to the below facts. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the 23 day of FEBRUARY 20 22 at 0022 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)											
Pen Light Task (Horizontal Gaze Nystagmus (HGN)): The defendant was placed with their feet together and hands down by their side. The defendant was instructed to await the completion of the instructions prior to beginning the task. The defendant acknowledged that they clearly understood my instructions. I then instructed the defendant on the task. The defendant stated that they clearly understood my instructions for the task. I placed my stimulus in front of the defendant and ask the defendant if they could see it to which he said "yes." I asked the defendant what color the stimulus was to which they answered "BLACK." I asked the defendant to touch the tip of the stimulus with her finger which the defendant did without issue/after searching with their finger. Upon commencing the Pen Light Task (HGN) the defendant moved their head side to side instead of following with their eyes only, anticipated the stimulus, and/or did not follow the stimulus. I had to reinstruct the defendant multiple times during the task to follow the stimulus with their eyes only. During the task, I observed that the defendant had equal pupil size and did not exhibit resting nystagmus. The defendant's eyes tracked equally. I then checked the defendant for Vertical Gaze Nystagmus (VGN). I saw distinct and sustained nystagmus at maximum deviation in both of the defendant's left and right eyes. An inventory search of the vehicle was conducted prior to tow per PBSO policy. The vehicle was towed by rotation by BECKS TOWING to their impound lot.											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH				D/S N. MACHIN 35654						
	(Signature of Arresting/Investigative Officer)										
	The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of FEBRUARY 20 22 by D/S N. MACHIN 35654 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced before me by _____ Known LEO										
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)				 SHARI L. O'NEAL Notary Public - State of Florida Commission # GG 972080 My Comm. Expires Jun 25, 2024						
PAGE											

WITNESS LIST

CASE NUMBER: 22-039076

ARRESTING OFFICER: D/S N. MACHIN 35654

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33415

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

CAN TESTIFY TO: DUI Investigation

NAME: D/S F. GERMAIN 31848

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33415

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

CAN TESTIFY TO: Back Up Officer

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 23 2022

TESTING FACILITY TASK REPORT

AGENCY: PBSO D/S MACHIN #35654

SUBJECT: BUKATA, HANNAH R.

DATE: 02-23-22

BEGINNING TIME: 01:48 HRS

CASE NUMBER: 22-039076

VIDEO DVD NUMBER: N/A

ENDING TIME: 02:01 HRS

BREATH TESTS RESULTS: 1) .242 TIME 01:54 A.M. ☒ P.M. ☐ 2) .247 TIME 01:57 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: SLURRED

ATTITUDE: EMOTIONAL, UPSET, CRYING, COOPERATIVE

CLOTHING: SHIRT - WHITE/DRESS SHIRT

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: RED, WATERY FROM CRYING
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O MACHIN #35654
A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE BREATH REQUEST.
D COMPLETED THE TEST CORRECTLY.
EXPLAINED THE BREATH RESULTS TO THE D.
C/W READ ON CAMERA TO THE D.
D ASKED FOR AN ATTORNEY, NO Q&A ATTEMPTED.

SUBJECT: _____ 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 _____ 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) _____

SUBJECT: _____ 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: _____

CANNED

FEB 23 2022

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23 DAY OF FEBRUARY 20 22, AT 0022 AM PM

SUBJECT: Bukata, Hannah, Rose CASE NUMBER: 22-039076

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S N. MACHIN 35654

PERSONAL CONTACT

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

I was patrolling/monitoring traffic in the area of BOYNTON BEACH BLVD & MILITARY TRL when I saw the defendant's vehicle, a WHITE MAZDA CX5 bearing WA tag BUL4789, DISOBEY A TRAFFIC CONTROL DEVICE. The roadways were Empty, Dry, & Well lit. I activated my overhead emergency lights, stopping the vehicle.

OBSERVATION OF DRIVER:

I made contact with the defendant, later identified by their WA DL as, HANNAH BUKATA. I observed that the defendant had red, watery, bloodshot eyes. The defendant had slurred, slowed, lethargic, speech, and the odor of an unknown alcoholic beverage, based on my training and life experiences, that came from their breath which intensified as they spoke to me. I asked the defendant if they had any medical problems or had taken any medications and the defendant said no. I asked how much they had had to drink. The defendant said, "YEAH I HAVE BEEN DRINKING"

I asked the defendant to exit the vehicle. The defendant swayed while standing, stumbled while walking, and leaned on the car for balance.

I asked the defendant to perform voluntary roadside tasks. The defendant consented.

DRIVER'S STATEMENTS:

Pre Miranda/Sponetenous Utterance:

Post Miranda/Enroute to Bat: I DRANK A COUPLE SANGRIAS AND A SHOT

At Bat:

ODORS:

I could smell the odor of an unknown alcoholic beverage, based on my training and life experinces, that came from the defendants breath and intensified as he spoke to me.

GENERAL OBSERVATIONS

SPEECH: SLOWED, SLURRED

ATTITUDE: EMOTIONAL, CRYING, COOPERATIVE

CLOTHING:

MEDICAL/OTHER: I conducted the Standardized Field Sobriety Tasks (SFSTs) in front of D/S F. GERMAIN ID 31848 PBSO patrol vehicle (Asset # 85774) in car video system with the following results. The area appeared (Flat and even) to the naked eye, Well Lit and clear of any large debris. It was Warm and Not Windy. The area was dry. The defendant stated that she had no known medical conditions.

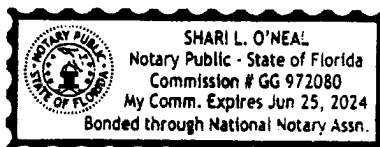
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S N. MACHIN 35654
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of FEBRUARY 20 22 by D/S N. MACHIN 35654

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

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



SCANNED
FEB 23 2022

SUBJECT: Bukata, Hannah, Rose

CASE NUMBER 22-039076

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:

See P.C.

WALK & TURN:

I had the defendant place their left foot on the line with their right foot in front of the left, heel to toe. I instructed the defendant to remain in the position throughout my instructions and demonstration. The defendant was instructed not to start the task prior to me telling them to begin. The defendant acknowledged and stated they completely understood my instructions. The defendant was then instructed on the task which I also demonstrated. The defendant swayed during my instructions. The defendant came out of the stance prior to me telling them to begin. Once the defendant was told to begin the task they missed heel to toe, stepped off the line, used their arms for balance, made an improper turn, and slowed to balance/steady themselves. The defendant did not count out loud, asked for additional instructions, and swayed throughout completing the task.

ONE LEG STAND:

The defendant was instructed to stand with their feet together and their hands down by their side. They were then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood the instructions. The defendant swayed while in the instructional position. After being told to begin the defendant put their foot down prior to being told to stop, used their arms for balance, and swayed. The defendant did not count in the manner instructed. The defendant did not point their toe after being instructed to do so. The defendant did not continue counting from where they left off after putting their foot down as instructed and spontaneously stopped the task prior to being told to do so.

FINGER TO NOSE:

The defendant was instructed to stand with their feet together and their hands down by their side. The defendant was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood these instructions. The defendant swayed while in the instructional position. I instructed the defendant on the task and demonstrated the task. The defendant acknowledged the instructions stating that they clearly understood them. The defendant proceeded to miss/search for the tip of their nose with the tip of their finger, and did not bring their hand immediately bring back as instructed after numerous reminders to do so. The defendant swayed throughout the task.

MODIFIED ROMBERG:

The defendant was instructed to stand with their feet together and their hands down by their side. The defendant was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood these instructions. The defendant swayed while in the instructional position. I asked the defendant what their highest level of education was, she stated "some college". The defendant stated to me that she knew how to recite the alphabet. The defendant then recited the alphabet.

BREATH TEST RESULTS:

1) .242

2) .247

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

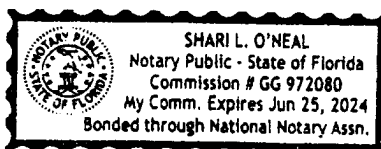
D/S N. MACHIN 35654

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of FEBRUARY, 20 22 by D/S N. MACHIN 35654

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

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



SCANNED
FEB 23 2022



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

PBSO CASE # 22-039076 PBSO ZONE 6-51
AGENCY CASE # _____ CRASH CASE # _____
TIME OF STOP/CRASH 0022 DATE 02/23/2022 DAY Wednesday
SUBJECT'S NAME Bukata, Hannah, Rose RACE W SEX F
HGT 5'02 WGT 122 DOB 4/18/1997
LOCATION BOYNTON BEACH BLVD & PEAR TREE CIR, BOYNTON BEACH FL 33437
ARRESTING OFFICER'S NAME & ID D/S N. MACHIN 35654 (35654) AGENCY Palm Beach County Sheriff's Office
DIVISION: Road Patrol D6 *N. code mus*
NOTIFIED BY COMMO Yes
ARRIVAL AT FACILITY 0123 HRS
ARREST TIME 0045

BREATH RESULTS:

1)	242
2)	247
3)	
4)	

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

SCANNED
FEB 23 2022

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: 80-006029 Software: 8100.27
Date of Test: 02/23/2022

Date of Last Agency Inspection: 02/04/2022

Observation Period Began: 01:23

Subject's Name: HANNAH R BUKATA

DOB: 04/18/1997 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	01:52
	Air Blank	0.000	01:53
	Control Test	0.081	01:53
	Air Blank	0.000	01:53
	Subject Sample #1	0.242	01:54
	Air Blank	0.000	01:55
	Air Blank	0.000	01:56
	Subject Sample #2	0.247	01:57
	Air Blank	0.000	01:58
	Control Test	0.080	01:58
	Air Blank	0.000	01:58
	Diagnostics Check	OK	01:58

Cylinder Lot: 19021080A2

Exp: 09/05/2023

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: 02-23-22
Signature

Sworn to (or affirmed) before me this 23 day of February, 2022

U.M. *DIS Machine #35654*
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**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022005004	Date: 02/23/2022
	Specialist Name/ID: T Howard/7185

SCANNED
FEB 23 2022