

0513935

20CT629

114

OBTS Number		<b>ARREST / NOTICE TO APPEAR Juvenile Referral Report</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N			
Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-20-001855</b>							
Charge Type: Check as many as Apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) <b>BOYNTON LAKES BLVD/ CR 807, BOYNTON BCH ,FL, 33426</b>				Location of Offense (Business Name, Address) <b>GATEWAY BLVD/ HIGH RIDGE RD, BOYNTON BCH ,FL</b>							
Date of Arrest <b>01/10/2020</b>	Time of Arrest <b>2240</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) <b>GOLDBERG, IRWIN ISAAC</b>											
Alias (Name, DOB, Soc. Sec. #, Etc)											
W - White B - Black	I - American Indian O - Oriental / Asian	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/18/1940</b>	Height <b>510</b>	Weight <b>185</b>	Eye Color <b>BRO</b>	Hair Color <b>GRAY</b>	Complexion <b>LIGHT</b>	Build <b>MED</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>				Marital Status <b>M</b>	Religion <b>N/A</b>	Inclusion of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.					
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Residence Type 1. City 3. Florida 4. Out of State					
Permanent Address (Street, Apt. Number) <b>12316 BIG LEAF WAY NE,</b>		(City) <b>REDMOND,</b>	(State) <b>WA,</b>	(Zip) <b>98053</b>	Phone	Address Source <b>WA DL</b>					
Business Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Occupation <b>RETIRED</b>					
DL Number, State <b>GOLDBERGII600MQ</b>		INS Number	Place of Birth <b>CINCINNATI / OH</b>		Citizenship <b>US</b>						
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
Parent 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 was 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's Office (Phone 561-355-2528) 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		S. Sell N. N/A P. Possess	R. Smuggle B. Buy T. Traffic	K. Disperse/ Distribute	M. Manufacture Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description <b>DUI W/ PROPERTY DAMAGE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number <b>316.193.3.C.1</b>		Violation of ORD#					
Drug Activity		Drug Type	Amount/Unit	Offense # <b>20-001855</b>	Warrant/Capias Number		Bond <b>OR</b>				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#					
Drug Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>		Court Date and Time Month <b>02</b> Day <b>03</b> Year <b>2020</b> Time <b>0830</b>		<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.					
Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		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)		Signature of Arresting Officer		Date Signed							
HOLD for other Agency Name:		Name of Arresting Officer (Print) <b>OFFICER CASTRO</b>		I.D. # <b>905</b>		Name Verification (Printed by Arrestee) <b>BU#</b>					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Reisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>OFFICER CASTRO</b>		I.D. # <b>905</b>		Agency <b>BBPD</b>		Witness here is subject Signed with an "X".			
Initials Deputy <b>Thomas [Signature]</b>		Pouch #	Transporting Officer <b>OFFICER CASTRO</b>	I.D. # <b>905</b>	Agency <b>BBPD</b>		Page <b>1 OF 1</b>				

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JAN 11 AM 4:07  
JAN 12 2020

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 10 DAY OF January 2020 AT 1040  A.M.  P.M.

CASE #: 20-001855 DEFENDANT: GOLDBERG, IRWIN ISAAC

**PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:**

I responded to the intersection of Boynton Lakes Blvd and N. Congress Ave in reference to a Vehicular Crash. This incident occurred within the City of Boynton Beach, Palm Beach County, Florida. While en route it was learned that this crash had occurred at the intersection of W. Gateway Blvd and High Ridge Rd and that the at-fault driver failed to remain on scene.

Upon arrival I made contact with Officer Cardenas who advised that while at the intersection of Boynton Lakes Blvd and N. Congress Ave he was flagged down in reference to a crash. Officer Cardenas advised while conducting the crash investigation he spoke with the at-fault driver W/M Goldberg, Irwin (07/18/40). Officer Cardenas advised while doing so he detected an odor of an unknown alcoholic beverage emanating from Goldberg's breath, which intensified as he spoke. Officer Cardenas advised that Goldberg's speech was thick, slurred and dry and that his eyes were bloodshot/glassy. Officer Cardenas advised that while Goldberg walked around the scene he was unstable at times. See Officer Cardenas supplement for further.

I then made contact with the non at-fault driver, B/M Thermitus, Pierre (05/21/87). Thermitus advised that while crossing the intersection of W. Gateway Blvd and High Ridge Rd northbound he observed Goldberg complete a right(north) turn from the westbound lanes of W. Gateway Blvd onto the northbound lanes of High Ridge Rd. While doing so Goldberg failed to yield to his right-a-way and as a result the left front corner of Goldberg's vehicle struck the right rear and right front of Thermitus' vehicle. Thermitus advised that he quickly stopped but Goldberg failed to stop and continued northbound on High Ridge Rd. Thermitus advised that he followed Goldberg to the intersection of Boynton Lakes Blvd and N. Congress Ave, where Goldberg stopped on his own. Thermitus advised that he made contact with Goldberg, who he still sitting in the driver seat of the vehicle. See Thermitus' BWC statement for further.

I then made contact with Goldberg, who was standing near his vehicle. Goldberg advised that while completing his northbound turn onto High Ridge Rd from W. Gateway Blvd he heard a loud thud but did not see anyone around. Goldberg stated that after traveling a couple of feet he stopped to inspect his vehicle but did not observed anything and no one, therefore he continued northbound on High Ridge Rd. Goldberg advised that it wasn't into he got near the intersection of Boynton Lakes Blvd and N. Congress Ave that he noticed

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that Thermitus was following him. Therefore he stopped and was informed that he was involved in a crash. While speaking with Goldberg I detected the odor of an unknown alcoholic beverage emanating from his breath, just as Officer Cardenas described. Goldberg's speech was dry, thick and slurred and he swayed as he walked around the screen. Goldberg advised that he was traveling from Ft. Lauderdale and on his way to a residence near-by.

Goldberg's vehicle sustained a large dent to his front left fender area and Thermitus' vehicle sustained a large dent to his right rear quarter panel and had his front bumper completely ripped off.

Based on my investigation at this point I escorted Goldberg to the front of my fully marked patrol vehicle; Goldberg swayed side to side while walking. Moments later I explained to Goldberg that I've completed my crash investigation and that I was now conducting DUI investigation, which he stated that he understood. I then read Goldberg his Miranda warnings, which he stated that he understood. Goldberg advised that after picking up his son from the Ft. Lauderdale airport they went to dinner. At dinner he had consumed one Vodka Martini. Goldberg's signs of impairment were still present at this time of the investigation. I then requested Goldberg to submit to a series of Standardized Field Sobriety Task, which he agreed to. Prior to beginning I asked Goldberg if he had any injuries and/or disabilities I should be aware of, which he stated that he stated no. See the following:

Pen Exercise: During the task Goldberg swayed side to side and lost his balance at times. Goldberg moved his head during the task numerous times

**HORIZONTAL GAZE NYSTAGMUS:**

- |  |   |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly                 | <input type="checkbox"/> Right eye does not follow smoothly                 |
| <input type="checkbox"/> Left eye prior to 45 degrees                      | <input type="checkbox"/> Right eye prior to 45 degrees                      |
| <input type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye                    | <input type="checkbox"/> Vertical Nystagmus in right eye                    |

**WALK AND TURN:**

The following task was demonstrated and explained to Goldberg, which he stated that he understood. During the instructional stage, Goldberg started the task to soon. Goldberg had a difficult time standing in the manner I requested and was never able to stand up properly. During the walking stage, Goldberg used his arms for balance, stepped of the lines numerous times, walked in a normal manner missing heel to toe steps. Once he was done with the first 9 steps he stopped and just stared at me. Goldberg then asked for further instructions. Goldberg then started the task again, in the same manner as above. Goldberg completed an improper turn. Goldberg's returning steps were in the same manner as above.

**ONE LEG STAND:**

The following task was demonstrated and explained to Goldberg, which he stated that he understood. During the instructional stage, Goldberg swayed side to side and lost his balance. During the balancing stage, Goldberg utilized his arms for balance, dropped his right leg numerous times and lost his balance.

**FINGER TO NOSE:**

The following task was demonstrated and explained to Goldberg, which he stated that he understood. During the instructional stage, Goldberg swayed side to side. During the exercise stage, Goldberg missed the first LEFT command then proceeded to go through the exercise without given any commands. On the second attempt, Goldberg missed the tip of his nose on the second RIGHT and last LEFT command. Goldberg swayed during the task and lost his balance.

**ROMBERG/ALPHABET:**

The following task was demonstrated and explained to Goldberg, which he stated that he understood. During the instructional stage, Goldberg swayed side to side. Goldberg advised that he did not have any issues recited the English alphabet. During the exercise stage, Goldberg began to recite the alphabet in a fast manner then was unable to complete the task; as he recited the alphabet incorrectly. I then had Goldberg count from 26-51 instead. Goldberg counted to 56 in a fast manner. Goldberg swayed during the task.

Goldberg was then placed in the back seat of my patrol vehicle (#4734). I started my 20 minutes observations at 2334hrs and completed it at 2354hrs. Upon completion I requested Goldberg to provide a sample of his breath to determine the alcohol content, which he agreed to. Goldberg provided a sample of .121 and .125. I then read Goldberg his Miranda Warnings again, which he stated that he understood. Q&As were not completed as Goldberg requested for an attorney.

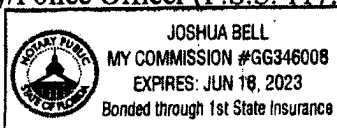
Based on the above facts I've established Probable Cause to arrest Goldberg with 1M count of DUI W/ Property Damage pursuant with F.S.S. 316.193.3.C.1. Due to the fact that Goldberg was involved in a crash he was transported to a local hospital reference medical clearance and was later TOT PBCJ.

Copy of the SFST and BAT video was later entered into the Boynton Beach Police Evidence Department. Incident was captured via BWC as well. Goldberg's vehicle was released to a family member. Nothing Further.

The following instrument was sworn to before me this 10 day of January 2020

By: PERSONALLY KNOWN / OFFICER CASTRO #905

[Signature]  
Notary/Police Officer (F.S.S. 117.10)



[Signature]  
Signature of Arresting Officer

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**TESTING FACILITY TASK REPORT**

CASE #: 20-001855  
Date: 1/10/20

DEFENDANT: GOLDBERG, IRWIN ISAAC  
Video Tape #: 4734

**BREATH TEST RESULTS:**

1. .121 g/210L Time 1159  a.m.  p.m.      3. \_\_\_\_\_ g/210L Time \_\_\_\_\_  a.m.  p.m.  
2. .125 g/210L Time 0003  a.m.  p.m.      4. \_\_\_\_\_ g/210L Time \_\_\_\_\_  a.m.  p.m.

BREATH OPERATOR: OFFICER CASTRO #905  
MAINTENANCE TECHNICIAN: OFFICER CASTRO O#905

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: SLURRED, DRY, THICK, BREATHING HEAVILY  
ATTITUDE: COOPERATIVE  
CLOTHING: BLUE SHIRT, TAN SHORTS, BROWN FLIP FLOPS  
MEDICAL CONDITIONS: NONE  
MEDICATIONS: NONE  
OTHER: \_\_\_\_\_

**COMMENTS:**

DEF PROVIDED 2 BREATH SAMPLES  
MIRANDA WARNINGS READ, DEF STATED HE UNDERSTOOD  
DEF REFUSED TO ANSWER Q&As, REQUESTED ATTORNEY

NOT A CERTIFIED COPY

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CASE #: 20-001855

DEFENDANT: GOLDBERG, IRWIN ISAAC

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.

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.

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of determining 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 Boynton Beach Police Department

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.

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 statements can and will be used against you in a court of law.

Suspect's Signature: Read on Video

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CASE #: 20-001855

DEFENDANT: GOLDBERG, IRWIN ISAAC

**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.**

Where you operating a motor vehicle at the time of the stop/Accident? REFUSED

Where were you going? \_\_\_\_\_

What Street or Highway were you on? \_\_\_\_\_

What was you direction of travel? \_\_\_\_\_

Where did you start from? \_\_\_\_\_

What time did you start? \_\_\_\_\_

What time is it now? \_\_\_\_\_

What is today's date? \_\_\_\_\_

What day of the week is it? \_\_\_\_\_

What City and County 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 have you been drinking? \_\_\_\_\_

How much? \_\_\_\_\_

With whom? \_\_\_\_\_

When did you have your first drink? \_\_\_\_\_

When did you have your last drink? \_\_\_\_\_

Can you feel the effects of the alcohol? \_\_\_\_\_

Are you under the influence? \_\_\_\_\_

Have you consumed any alcohol since the stop/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? \_\_\_\_\_

Where 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 you eyes that are not corrected by glasses? \_\_\_\_\_

Do you take insulin? \_\_\_\_\_ If so, when was your last injection? \_\_\_\_\_

Have you ever gad a driver's license in any other state? \_\_\_\_\_

Where? \_\_\_\_\_

Interviewer: \_\_\_\_\_

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CASE #: 20-001855

DEFENDANT: GOLDBERG, IRWIN ISAAC

Arresting Officer: CASTRO  
Address: 209 N. SEACREST BLVD, BOYNTON BEACH, FLORIDA, 33435  
Phone Numbers: Home: \_\_\_\_\_ Work: (561) 742-6100

Name: OFFICER CARDENAS  
Address: 209 N. SEACREST BLVD, BOYNTON BEACH, FLORIDA, 33435  
Phone Numbers: Home: \_\_\_\_\_ Work: 561-742-6100  
Can testify to: THE INVESTIGATION

Name: PIERRE THERMITUS  
Address: 1304 FAIRFAX CIRCLE E., BOYNTON BEACH, FLORIDA, 33436  
Phone Numbers: Home: (561) 853-5369 Work: \_\_\_\_\_  
Can testify to: THE CRASH

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: \_\_\_\_\_

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**FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: BOYNTON BEACH PD  
Instrument Serial Number: 80-001190 Software: 8100.27  
Date of Test: 01/11/2020

Date of Last Agency Inspection: 12/23/2019  
Observation Period Began: 23:34  
Subject's Name: IRWIN I GOLDBERG

DOB: 07/18/1940 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	23:58
	Air Blank	0.000	23:58
	Control Test	0.078	23:58
	Air Blank	0.000	23:59
	Subject Sample #1	0.121	23:59
	Air Blank	0.000	00:00
	Air Blank	0.000	00:02
	Subject Sample #2	0.125	00:03
	Air Blank	0.000	00:03
	Control Test	0.078	00:04
	Air Blank	0.000	00:04
	Diagnostics Check	OK	00:04

Cylinder Lot: 684131  
Exp: 01/23/2020

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:

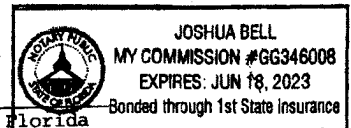
I DENNIS CASTRO, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: \_\_\_\_\_ 905 Date: 01/11/20  
Signature

Sworn to (or affirmed) before me this 11 day of January, 2020

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida



Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



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

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

REVIEW COMPLETED BY

Booking Number: 2020001154	Date: 1/12/2020
	Specialist Name/ID: Joan Dunn/34073

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