

50-200-CT-0126915-AMB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number (N.T.A.'s only) <b>06-20114460</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	Weapon Seized / Type 2 1. Yes 2. No N/A	Multiple Clearance Indicator <b>01</b>	
Location of Arrest (Including Name of Business) <b>MILITARY TRAIL/ WALLIS RD WEST PALM, FL, 33406</b>		Location of Offense (Business Name, Address) <b>MILITARY TRAIL/ WALLIS RD , WEST PALM, FL, 33406</b>	
Date of Arrest <b>10/07/2020</b>	Time of Arrest <b>23:49</b>	Booking Date	Booking Time
Jail Date	Jail Time	Location of Vehicle <b>PRIORITY TOWING</b>	

Name (Last, First, Middle) <b>Milby, Jacquelyn, Rose</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>12/22/1988</b>	Height <b>5'05</b>
Weight <b>120</b>	Eye Color <b>BRN</b>	Hair Color <b>BRN</b>	Complexion <b>MED</b>
Build <b>MED</b>	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Multiple Tattoos</b>		
Local Address (Street, Apt. Number) <b>4232 3rd Ct, Lake Worth, FL 33462</b>	City	State	Zip
Permanent Address (Street, Apt. Number)	City	State	Zip
Business Address (Name, Street)	City	State	Zip
D/L Number, State <b>M410436889620, FL</b>	INS Number	Place of Birth (City, State) <b>LAKE WORTH, FL</b>	Citizenship <b>YES</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
Parent / Legal Custodian / Other: Name (Last) (First) (Middle)	Address (Street, Apt. Number)	City	State	Zip	Residence Phone Business Phone
Notified by: (Name)	Relationship	Relationship	Relationship	Relationship	Relationship
Released To: (Name)	Relationship	Relationship	Relationship	Relationship	Relationship

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 355-2928) informed of any change of address.  
 Yes, by: (Name)  No: (Reason)

Property Crime?  Yes  No  
 Description of Property: \_\_\_\_\_ Value of Property: \_\_\_\_\_

Charge Description <b>DUI</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1C)</b>	Violation of ORD #
Drug Activity N. N/A P. Possess	Drug Type <b>N</b>	Amount / Unit	Offense # <b>20114460</b>	Warrant / Capias Number
Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

Location (Court, Room Number, Address)  
**3228 GUN CLUB RD WEST PALM BEACH FL 33406**

Court Date and Time  
Month **11** Day **05** Year **2020** 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 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 **10/07/2020**

HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Resisted Arrest <input type="checkbox"/> Other:	Signature of Arresting Officer <b>INV G. LYNCH 8568</b>	Name Verification (Printed by Arrestee) <b>INV G. LYNCH 8568</b>
Intake Deputy <b>W...</b>	I.D.# <b>...</b>	Pouch #	Agency <b>PBSO</b>
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)		Witness here if subject signed with an "X" <b>1</b> OF <b>1</b>	

0433730

3336

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7 DAY OF OCT 2020, AT 23:25 AM PM

SUBJECT: Milby, Jacquelyn, Rose CASE NUMBER: 20114460

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV G. LYNCH 8568

## PERSONAL CONTACT

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

On 10/7/20 I while on routine patrol I observed a tan Pontiac 4 door car, bearing FL tag IESD57, traveling southbound on Military Trail just north of Belvedere Rd, at a high rate of speed. The vehicle swerved left and right going around vehicles. The car went from the far left lane to the far right lane while passing vehicles. I activated my in car radar and got a speed reading of 65mph in the posted 40mph zone. I activated my emergency lights and conducted a traffic stop for the infraction.

## OBSERVATION OF DRIVER:

I made contact with the driver, Jacquelyn Milby, the sole occupant of the car. I immediately observed Jacquelyn's eyes to be bloodshot and glassy. Jacquelyn's movements were slow and lethargic. I observed an odor of an unknown alcoholic beverage coming from inside the car. I asked Jacquelyn for his driver's license, registration, and insurance, to which she provided me her driver's license. Jacquelyn fumbled through paperwork in the glove compartment, overlooking the registration and insurance. Jacquelyn and then asked me again what she needed. Jacquelyn again fumbled through the paperwork again looking over the registration and insurance. Jacquelyn advised that she was going to her house and hat her address was "4232 Lake Worth Rd", in Lantana. Jacquelyn's driver's license showed an address of 4232 3rd Ct, in Lake Worth. I had Jacquelyn exit the car and stand in front of my patrol car. While standing still Jacquelyn exhibited a sway. Despite wearing a mask I could smell and odor of an unknown alcoholic beverage coming from Jacquelyn's breath, which got stronger when she spoke. Jacquelyn denied drinking any alcohol and advised she has Multiple sclerosis (MS), but denied taking any medication. Based on my observations I asked Jacquelyn to perform standard field sobriety tasks.

## DRIVER'S STATEMENTS:

## ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

## GENERAL OBSERVATIONS

## SPEECH:

ATTITUDE: Calm/ Cooperative

## CLOTHING:

MEDICAL/OTHER: Jacquelyn advised she has multiple sclerosis (MS), but denied taking any medication.

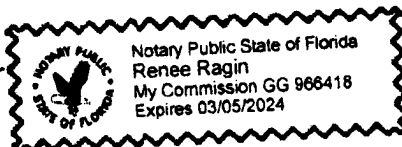
STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV G. LYNCH 8568  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of OCT 2020 by INV G. LYNCH 8568

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

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



SUBJECT: Milby, Jacquelyn, Rose

CASE NUMBER 20114460

**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:**

Jacquelyn was asked to stand with her feet together and place her hands by her sides. Jacquelyn was asked to focus on the stimulus and follow it with her eyes. Jacquelyn was told not to move her head to assist in following the stimulus. Jacquelyn showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation and onset of Nystagmus prior to 45 degrees in both eyes. I did not observe vertical nystagmus in either of Jacquelyn's eyes. Jacquelyn exhibited a sway throughout the task.

**WALK & TURN:**

Prior to beginning Jacquelyn advised that she believed she would be able to perform the task. I utilized yellow duct tape to make a straight level line, free of debris, that Jacquelyn advised she could see. I explained and demonstrated the task to Jacquelyn. During the instructions Jacquelyn attempted to begin the task prior to being instructed to do so. Jacquelyn was unable to stand in the instructional position, stepping out of the position. I explained the instructions and demonstrated the task to Jacquelyn. After completing the instructions Jacquelyn advised she understood and had no questions. During the task Jacquelyn did not walk heel-to-toe and stepped off the line, twice. Jacquelyn did not turn as instructed and paused to regain her balance. Jacquelyn took the incorrect number of steps, taking 10 steps down and 11 steps back.

**ONE LEG STAND:**

Prior to beginning Jacquelyn advised that she believed she would be able to perform the task. I explained and demonstrated the task to Jacquelyn. After completing the instructions Jacquelyn advised she understood and had no questions. During the task Jacquelyn exhibited a sway. Jacquelyn used her arms for balance and put her foot down multiple times prior to 30 seconds elapsing.

**FINGER TO NOSE:**

I explained and demonstrated the task to Jacquelyn. After completing the instructions Jacquelyn advised she understood and had no questions. During the task Jacquelyn missed touching the tip of her nose several times and used the pad of her finger to touch her nose several times. Jacquelyn's movements were slow and on the first left Jacquelyn almost poked herself in the eye. On the third right Jacquelyn began to use her left hand first. Jacquelyn exhibited a sway throughout the task. While Jacquelyn's eyes were closed I observed eyelid tremors.

**ROMBERG ALPHABET:**

Prior to beginning Jacquelyn confirmed she knew the entire alphabet, in order, without issue. I explained and demonstrated the task to Jacquelyn. After completing the instructions Jacquelyn advised she understood and had no questions. During the task Jacquelyn exhibited a sway. Jacquelyn recited the alphabet correctly. While Jacquelyn's eyes were closed I observed eyelid tremors.

**BREATH TEST RESULTS:** 1) .176    2) .178    3)    4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

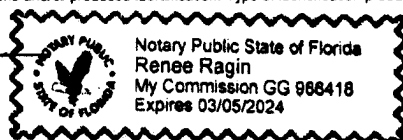
INV G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of OCT 2020 by INV G. LYNCH 8568

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

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



# WITNESS LIST

CASE NUMBER: 20114460

ARRESTING OFFICER: INV G. LYNCH 8568

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS OF CASE

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

ADDRESS: \_\_\_\_\_

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

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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

# 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: GLASSY AND BLOODSHOT  
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

### COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:09 HRS.  
SUBJECT: AGREED TO TAKE TEST  
A/O: READ RIGHTS  
SUBJECT: STATED SHE UNDERSTOOD RIGHTS  
TECH: READ TEST RESULTS  
SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS  
NO Q&A CONDUCTED  
SUBJECT: INVOKED HER RIGHTS TO COUNSEL

SUBJECT: MILBY, JACQUELYN R CASE NUMBER: 20-114460

## 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

SUBJECT: MILBY, JACQUELYN R CASE NUMBER: 20-114460

## 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: \_\_\_\_\_

**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: 10/08/2020

Date of Last Agency Inspection: 09/18/2020  
Observation Period Began: 00:09  
Subject's Name: JACQUELYN R MILBY

DOB: 12/22/1988 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	00:33
Air Blank	0.000	00:33
Control Test	0.079	00:34
Air Blank	0.000	00:34
Subject Sample #1	0.176	00:35
Air Blank	0.000	00:36
Air Blank	0.000	00:38
Subject Sample #2	0.178	00:39
Air Blank	0.000	00:39
Control Test	0.077	00:40
Air Blank	0.000	00:40
Diagnostics Check	OK	00:40

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 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: 10/08/20  
Signature

Sworn to (or affirmed) before me this 8<sup>th</sup> day of October, 2020

Signature of Notary Public-State of Florida \_\_\_\_\_ Printed Name of Notary Public-State of Florida Mr. G. Lynch

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**

<b>Booking Number:</b> 2020023737	<b>Date:</b> 10/8/2020
	<b>Specialist Name/ID:</b> B Evans / 23649