

0523246

PH 1278

<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">ADMINISTRATIVE</div>		OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest		3. Request for Warrant		Juvenile									
		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06- 21-064198				2. N.T.A.		4. Request for Capias							
<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">DEFENDANT</div>		Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		Weapon Seized / Type		Multiple Clearance Indicator									
		2. Traffic Felony <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		6. Other <input type="checkbox"/>		2. No		1. Yes		01									
<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">CO-DEF</div>		Location of Arrest (Including Name of Business) E INDIANTOWN RD / S US 1 HWY, JUPITER FL 33477						Location of Offense (Business Name, Address) E INDIANTOWN RD / S US 1 HWY, JUPITER FL 33477													
		Date of Arrest 05/11/2021		Time of Arrest 0204		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle							
<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">JUVENILE</div>		Name (Last, First, Middle) BARBUTO, JEREMY, MICHAEL																			
		Alias (Name, DOB, Soc. Sec. #, Etc.)																			
<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">CHARGE</div>		Race		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color		Complexion		Build			
		W - White 1 - American Indian B - Black 0 - Oriental/Asian		W		M		11/29/1994		5'10		189		BLUE		BLK		MED		MED	
<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">CHARGE</div>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status Single		Religion CHRISTIAN		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
		Local Address (Street, Apt. Number) 360 PHARR RD NE, ATLANTA, GA 30305						(City)		(State)		(Zip)		Phone (315) 436 3872		Residence Type: 1. City 2. County 3. Florida 4. Out of State		4			
<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">CHARGE</div>		Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone		Address Source GA DL					
		Business Address (Name, Street)						(City)		(State)		(Zip)		Phone		Occupation software engineer					
<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">CHARGE</div>		D/L Number, State 61915470, GA		Soc. Sec. Number		INS Number		Place of Birth (City, State) Syracuse, NEW YORK		Citizenship US											
		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					
<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">CHARGE</div>		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)		Residence Phone							
<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">CHARGE</div>		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									
<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">CHARGE</div>		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.						School Attended		Grade											
<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">CHARGE</div>		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 T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other					
<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">CHARGE</div>		Charge Description D.U.I						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1) A		Violation of ORD #							
		Drug Activity N						Drug Type		Amount / Unit		Offense # 21-064198		Warrant / Capias Number		Bond					
<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">CHARGE</div>		Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #							
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		Drug Activity						Drug Type		Amount /											

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
ADMIN	OBTS Number			Agency ORI Number		Agency Name		Agency Report Number	
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE		06- 21-064198					
CHARGES	Charge Type:	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:		Supplemental P.C.			
	Name (Last, First, Middle)	Barbuto, Jeremy.		Alias		Race		Sex	
VICTIM	Charge Description			Charge Description		W		M	
	Charge Description			Charge Description				Date of Birth	
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			
ADMINISTRATIVE	Business Address (Name, Street)	(City) (State) (Zip)		Phone		Occupation			
	<p>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.</p> <p>The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>11</u> day of <u>May</u> 20 <u>21</u> at <u>0140</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>I was traveling East on Indiantown Rd. approaching the intersection of U.S. 1 when I observed a Blue BMW facing north in the south bound lane. It appeared the driver was waiting for the light to change but it never did. The driver was later identified as Jeremy Barbuto. Barbuto then put the vehicle in reverse in attempt to turn around. While in reverse Barbuto hit the shrubbery in the center median. Barbuto then put the vehicle in drive and cut across both lanes and went east on Indiantown Rd. I got behind the vehicle which stopped approx. 100 yards east of U.S. 1. I turned on my overhead lights then approached the vehicle. When I got to the driver side I asked Barbuto if everything was alright. Barbuto then stated I was at a friends drinking then I got in my car and drove I will get out now. I advised him to sit in the car and we will be right with him. D/S Trinidad responded to the scene and completed the investigation.</p>								
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><i>[Signature]</i> 5250 (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>11</u> day of <u>May</u> 20 <u>21</u> by <u>SGT. Ostuni 5250</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>D/S Trinidad 33097</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>									

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- 21-064198					
	Charge Type: Check as many as apply.		Special Notes:							
DEF	Name (Last, First, Middle) BARBUTO, JEREMY, MICHAEL				Alias		Race W		Sex M	
							Date of Birth 11/29/1994			
CHARGES	Charge Description D.U.I.				Charge Description 316.193(1)					
	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					
PROBABLE CAUSE STATEMENT	<p>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.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 11 day of MAY 2021 at 0145 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 5-11-2021 at approximately 0145 hours I responded to E Indiantown Rd. and US Hwy 1 in Jupiter, (Palm Beach County) FL. to backup Sgt. Ostuni on his traffic stop. Upon arrival, I met with Sgt. Ostuni who informed that he observed a blue BMW facing northbound in the southbound lane. Sgt. Ostuni conducted a traffic stop on the blue BMW NY tag # 8152411 and observed Jeremy Barbuto sitting in the driver seat. Sgt. Ostuni informed me that he observed signs of impairment on the driver. Sgt. Ostuni also wrote a sworn witness statement on a probable cause affidavit detailing his involvement with this case.</p> <p>I approached the driver's side of the blue BMW and observed Barbuto sitting in the driver's seat. As I made contact with Barbuto I observed that he had bloodshot eyes, slurred speech, and a strong odor of an alcoholic beverage was emanating from his breath. I ordered Barbuto to exit his vehicle and walked to the front of my marked patrol vehicle (asset # 60269), Barbuto complied. As I ordered Barbuto out of the vehicle he stated that he had been drinking and was going to fail the test. Barbuto stated to just go ahead and arrest him. As we were walking to the front of my marked patrol vehicle from Barbuto vehicle I observed Barbuto was unsteady on his feet and was having difficulties maintaining his balance. I escorted Barbuto to a level surface that was smooth and free from obstructions and debris. Barbuto stood in front of my marked patrol vehicle with my car in-dash camera activated. I asked Barbuto if he took any medication or had any disabilities in which he replied he did not. I began Standard Field Sobriety Test (SFST) starting with HGN. When I completed the HGN I asked Barbuto to performed the second exercise which was the walk and turn. Barbuto stated he wished not to complete the rest of the exercises because he was going to fail. Barbuto admitted to drinking and stated he did not want to waste anyone's time. I explained to Barbuto that if he did not want to complete the SFST's that it could go against him in a criminal proceeding. Barbuto stated he understood and refused to complete the SFST's. His deficiencies were recorded on another form in this worksheet. At the conclusion of the SFSTS, coupled with the Sargent's observation of the defendant's vehicle in motion and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I explained to Barbuto that he was under arrest and placed him in the back seat of my marked patrol vehicle asset # 60269. The handcuffs were double-locked and checked for tightness.</p> <p>Backup deputies on scene had the defendant's vehicle towed by rotation. I then transported Barbuto to the main jail breath analysis facility for further processing. Upon arrival, I escorted the defendant to the facility and began a 20-minute observation period. During that time the defendant did not ingest anything into his body orally or otherwise, neither did he regurgitate. I escorted him into the testing room and asked him to provide breath samples for the purpose of determining his alcohol content. He complied the defendant gave two adequate breath samples that rendered results of .218 and .215. I read his constitutional rights in which he acknowledged. The defendant refused to answer the Q&A session. He was booked into the main jail for DUI.</p>									
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: right;">D/S TRINIDAD 33097</p> <p>(Signature of Arresting/Investigative Officer)</p>									
	<p>The foregoing instrument was sworn to or affirmed and subscribed before me this 11T day of MAY 20 21 by D/S TRNIDAD</p> <p>(Print name of Arresting/Investigative Officer who is personally known to me and/or produced identification. Type of identification produced)</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>									
ADMINISTRATIVE	<p>JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance</p>				<p>PAGE _____ OF _____</p>					
	<p>PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY</p>									

SUBJECT: BARBUTO, JEREMY, MICHAEL CASE NUMBER 21-064198

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

swaying back and forth as standing straight while completing HGN

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

ROMBERG ALPHABET:

REFUSED

ROMBERG ALPHABET:

REFUSED

REATH TEST RESULTS:

1) .218 2) .215 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S TRINIDAD 33097

(Signature of Arresting/Investigative Officer)

foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of MAY 2021 by D/S TRINIDAD 33097

(Signature of Notary Public)

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



JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11 DAY OF MAY 20 21, AT 0145 ✓ AM PM
SUBJECT: BARBUTO, JEREMY, MICHAEL CASE NUMBER: 21-064198
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S TRINIDAD 33097

PERSONAL CONTACT

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

Driver was facing northbound in the southbound lane.

OBSERVATION OF DRIVER:

Driver had bloodshot eyes, slurred speech, and a strong odor of an alcoholic beverage was emanating from his breath. Driver was unsteady on his feet and had difficulties maintaining his balance.

DRIVER'S STATEMENTS:

Stated that he had been drinking. Stated he was going to fail the test so take him to jail. He did not want to waste anyone's time.

ODORS:

odor of an alcoholic beverage emanating from his breath.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: happy, laughing

CLOTHING: shirt was dirty on sleeves

MEDICAL/OTHER: none

STATE OF FLORIDA
COUNTY OF PALM BEACH

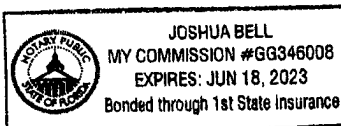
D/S TRINIDAD 33097

(Signature of Arresting/Investigative Officer)

foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of MAY 20 21 by D/S TRINIDAD 33097

(Signature of Notary Public, Clerk of Court, Officer (F.S.S. 117.10))
not name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced _____

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



WITNESS LIST

CASE NUMBER: 21-064198

ARRESTING OFFICER: D/S TRINIDAD 33097

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH FL 33406

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

CAN TESTIFY TO: BEING IMPAIRED AND DUI

NAME: SGT. OSTUNI

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH FL 33406

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

CAN TESTIFY TO: DRIVING PATTERN AND BEING IMPAIRED.

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: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: BARBUTO, JEREMY M

CASE NUMBER: 21-064198

DATE: May 11, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 03:47

ENDING TIME: 03:58

BREATH TESTS RESULTS: 1) .218 TIME 03:52 A.M. ☒ P.M. ☐ 2) .215 TIME 03:55 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 TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: THICK

ATTITUDE: TALAKTIVE, CALM

CLOTHING: PINK SHORTS, WHITE JACKET, BLACK SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 03:06 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 QUESTIONS

SUBJECT: BARBOTO, Jeremy III CASE NUMBER: 21-064198

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 (unclear)

SUBJECT: BARBUTO, JEREMY M CASE NUMBER: 21 064198

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: _____

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

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

Instrument Type: Intoxilyzer 9000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006240 Software: 3100.27
Date of Test: 05/11/2021

Date of Last Agency Inspection: 04/09/2021
Observation Period Began: 03:06
Subject's Name: JEREMY M BARBUTO

DOB: 11/29/1994 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		03:50
Air Blank	0.000	03:50
Control Test	0.000	03:51
Air Blank	0.000	03:51
Subject Sample #1	0.019	03:52
Air Blank	0.000	03:52
Air Blank	0.000	03:52
Subject Sample #2	0.015	03:53
Air Blank	0.000	03:53
Control Test	0.000	03:55
Air Blank	0.000	03:56
Diagnostics Check OK		03:56

Cylinder Lot: 22620080A2
Exp: 10/05/2022

State of Florida, County of PALM BEACH

Personally appeared before me the undersigned authority ☒ as 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: 05/11/21
Signature

Sworn to (or affirmed) before me this 11th day of MAY, 2021

D - C - O 33097 D/S O. TRINIDAD
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 enforcers are notaries public when engaged in the performance of official duties. In accordance with section 117.10(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	<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: 2021011407

Date: 5/11/2021

Specialist Name/ID: J. Beck/9007