

0523465

21CT9910 5B

1637

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-21-030481				
Charge Type: Check as many as Apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator		
Location of Arrest (Including Name of Business) N Congress Ave & Old Boynton Rd, Boynton Beach, FL				Location of Offense (Business Name, Address) N Congress Ave & Old Boynton Rd, Boynton Beach, FL				
Date of Arrest 06/15/2021	Time of Arrest 2058	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
Name (Last, First, Middle) DE LOA, DAVIS, JOEY, NOEL				Alias (Name, DOB, Soc. Sec. #, Etc)				
W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex F	Date of Birth 12/21/1979	Height 5'3	Weight 140	Eye Color Brown	Hair Color Black
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Single		Religion Unk		Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Local Address (Street, Apt. Number) 4090 Palo Verde, Boynton Beach		(City) Florida,		(State) 33431		Phone (402) 681-2061		Residence Type 1. City 3. Florida 2. County 4. Out of State 1
Permanent Address (Street, Apt. Number)		(City)		(State)		Phone		Address Source FL DL
Business Address (Street, Apt. Number)		(City)		(State)		Phone		Occupation Executive
DL Number, State D-120-434-79-961-0 FL		Soc. Sec. Number		INS Number		Place of Birth Nebraska		Citizenship USA
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		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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 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 561-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By (Name) <input type="checkbox"/> No (Reason)						School Attended		Grade
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property		
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate
Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/deriv.		P. Paraphernalia/ Equipment S. Synthetic
U. Unknown Z. Other		Charge Description DUI (Accident)		Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 316.1933(1)(a)(2)(c)(1) w		Violation of ORD#
Drug Activity		Drug Type		Amount/Unit		Offense # 21-030481		Warrant/Capias Number
Bond		OR						
Charge Description 2nd Refusal to Breath Test		Counts 1	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number 316.1939(1)		Violation of ORD#		
Drug Activity		Drug Type		Amount/Unit		Offense # 21-030481		Warrant/Capias Number
Bond		OR						
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								
<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444 Court Date and Time Month July Day 12 Year 2021 Time 8:30 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.						
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)								
HOLD for other Agency Name:		Signature of Arresting Officer						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) L. Nalerio		I.D. # 982		Agency BBPD		Page 1 OF 1
Pouch #		Transporting Officer L. Nalerio		I.D. # 982		Witness here is subject Signed with an "X".		

SPANNED
JUN 16 2021
CIRCUIT & COUNTY COURTS
CRIMINAL DIV.

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15 DAY OF June 2021 AT 20:58 ☐ A.M. ☒ P.M.

CASE #: 21-030481

DEFENDANT: DE LOA, DAVIS, JOEY, NOEL

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On 6/15/21 at 2113 hours, I responded to N Congress Ave & Old Boynton Rd in reference to a motor vehicle accident involving several vehicles. Speaking to Sgt. Herny, he advised that driver of one of the involved vehicles appeared to be intoxicated. Sgt. Herny told me that he went to make sure she wasn't injured and made contact with her as she was sitting in the driver seat of a Silver Porsche bearing FL tag NLHM63. The driver, Joe Davis advised to Sgt. Herny that she wasn't injured and did not need medical attention. Sgt. Herny told me that while he was speaking to her, he could detect a strong odor of an unknown alcoholic beverage. Sgt. Herny then advised to me that once she exited the vehicle, she was unsteady on her feet and she also had slurred speech. I then made contact with Davis. Davis was standing on the sidewalk and appeared to be unsteady on her feet. I asked Davis if she was injured and needed medical attention and she told me that she did not. I observed Davis to be unsteady on her feet and I observed her swaying side to side. When Davis spoke to me, I could smell an odor of an unknown alcoholic beverage coming from her mouth area and it intensified every time she spoke. I asked Davis if she had her Florida Driver License with her and she told me that it was in the vehicle. Davis grabbed her purse was using the door for balance. Davis almost lost balance and fell at one time. Davis had trouble finding her driver license and had to stop several times to adjust her balance. As Davis kept speaking to me, I could still smell the strong odor of an unknown alcoholic beverage coming from her mouth. I then advised to Davis that Ofc. Moccia was conducting the crash investigation. Once Ofc. Moccia concluded the crash investigation, I advised Davis that I would be conducting a DUI investigation based on my observations that I observed from Davis. Davis understood and kept repeating to me that she wanted to go home.

I advised Davis of her Miranda Rights and she told me that she wanted to cooperate with my investigation. I advised to Davis that I observed her glassy eyes and that her speech was slurred. I also told her that I could smell the odor of an alcoholic beverage coming from her mouth every time she spoke. Davis told me that had been drinking alcohol at Hurricane Alley. Davis told me that she left Hurricane's and was driving home. Davis told me that she had four glasses of wine and a shot of Patron while at Hurricanes. I still observed Davis unsteady on her feet and observed her swaying side to side at moments. I asked Davis if she would submit to Field Sobriety Exercises and she told me that she would. Davis told me that she had a back injury from years ago but did not affect her with balance or walking or anything. Davis said she had no disabilities or issues with her eyes.

HORIZONTAL GAZE NYSTAGMUS:

- ☒ Left eye does not follow smoothly
- ☒ Left eye prior to 45 degrees
- ☒ Distinct jerking in left eye at maximum deviation
- ☐ Vertical Nystagmus in left eye

- ☒ Right eye does not follow smoothly
- ☒ Right eye prior to 45 degrees
- ☒ Distinct jerking in right eye at maximum deviation
- ☐ Vertical Nystagmus in right eye

WALK AND TURN:

Davis was advised of the instructions and she advised that she understood. Davis was unable to put her right foot in front of her left foot with her heels and toes touching. Davis kept on losing balance and stepping off the line. Davis was interrupting me and would not listen. I showed Davis how to get in the starting position several times and she was unable to maintain balance. Davis was not able to do the exercise. Davis was not able to properly get in the starting position due to poor balance and coordination.

ONE LEG STAND:

Davis was advised of the instruction and she advised that she understood. Davis had to be instructed several times of the exercise and how to perform it. Davis was talkative and kept saying she wanted to go home. Davis kept losing balance while in the starting position. Davis did not raise her left like instructed. Davis did not count. Davis put her foot down multiple times. Davis kept talking during the exercise. Davis was not able to complete the exercise.

FINGER TO NOSE:

Davis was instructed on how to do the exercise. Davis kept started too soon. Davis kept losing balance. Davis could not comprehend the instructions after several attempts of me telling her how to do the exercise. Davis kept on talking over me and would not listen. Davis kept saying she wanted to go home. Davis was unable to complete the exercise.

ROMBERG/ALPHABET:

Taylor warnings were advised to Davis due to her lack of cooperation. Davis kept on talking over me and would not listen. Davis kept on saying that the accident was not her fault and that she wanted to go home.

Based on the initial indicators that I observed on scene, during the encounter and the indicators that I observed during the SFST exercises, I placed Davis under arrest for DUI (Accident) (316.193C).

I then transported Davis to PBCJ BAT. I arrived at the facility at 2118 hours and I started my 20 minutes observation at 2120 . Upon completion, I requested Davis to provide a sample of her breath to determine the alcohol content, Davis was uncooperative and could not answer yes or no. Implied consent was advised to Davis and she advised that she understood. Davis advised she would submit to a breath test. Davis was not following instructions and she ran out of time the first time due to un cooperation. Davis was incorrectly blowing on the instrument and kept on moving her head. On the second time, she blew a Volume not met result of .210. Davis was unable to provide the proper amount of breath samples and a refusal determined at 2158 hours.

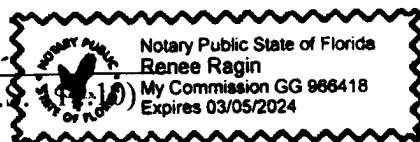
A check of D.A.V.I.D revealed that Davis had a prior DUI with a refusal on 8/26/2017. Due to it being her second refusal, Davis was also charged with 2nd refusal to Breath, Urine or Blood test 316.1939(1). Davis was taken to the Good Samaritan hospital for a clearance since she was involved in an accident. Davis was then TOT PBCJ without incident. Davis's vehicles was towed to Becks towing.

The following instrument was sworn to before me this

15 day of June 2021

By: Nalerio

Notary/Police Officer (F.S.



Signature of Arresting Officer

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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED
JUN 16 2021

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) _____

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JUN 16 2021



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

PBSO CASE # 21076430 PBSO ZONE 6-12

AGENCY CASE # 21-030481 CRASH CASE # _____

TIME OF STOP/CRASH 20:13 DATE 6-15-21 DAY Tuesday

SUBJECT'S NAME DELOA DAVIS, JOEY, NOEL RACE W SEX F

HGT 5'3 WGT 160 DOB 12/21/1979

LOCATION N Congress Ave, Old Boynton Rd, Boynton Beach

ARRESTING OFFICER'S NAME & ID L. Nalerio #982 AGENCY BBPD

DIVISION: PATROL

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 2120

BREATH RESULTS:

Arrest Time 2058

1. 210*VNM*

2. SNL

3. **REFUSED**

4. _____

TESTING OFFICER'S ID 3184

SCANNED
JUN 16 2021



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

PBSO CASE # 21076430 PBSO ZONE 6-12

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ARRIVAL AT FACILITY 2120

Arrest Time 2058

BREATH RESULTS:

1. 210*VNM*
2. SNL
3. **REFUSED**
4. _____

TESTING OFFICER'S ID 3184

SCANNED
JUN 16 2021

TESTING FACILITY TASK REPORT

AGENCY: BOYNTON BEACH P.D.

SUBJECT: DELOA DAVIS, JOEY NOEL

CASE NUMBER: 21076430

DATE: Jun 15, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2144

ENDING TIME: 2207

BREATH TESTS RESULTS: 1) .210VNA TIME 2152 A.M. ☐ P.M. ☒ 2) SNL TIME 2157 A.M. ☐ P.M. ☒
3) Refused TIME 2158 A.M. ☐ P.M. ☒ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: ANGRY AND UPSET

CLOTHING: BLACK PANTS AND JACKET AND WHITE LACE BLOUSE, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

DEFENDANT WAS IN ACCIDENT

COMMENTS:

DEFENDANT AND OFFICER NALERIO OF BOYNTON BEACH P.D. ARRIVED AT 2120 HOURS. A/O REQUESTED BREATH TEST, DEFENDANT WANTED TO KNOW IF SHE HAD A CHOICE. A/O READ I/C, DEFENDANT UNDERSTOOD, AND AGREED TO TEST. DEFENDANT DIDN'T FOLLOW INSTRUCTIONS, KEPT BLOWING SHORT BREATHS OR NOT LONG ENOUGH. A/O READ C/W DEFENDANT UNDERSTOOD RIGHTS AND ANSWERED Q & A. SAID SHE HAD HAD 3 DRINKS.

SCANNED
JUN 16 2021

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, L Nalerio, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Boynton Beach Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 15th day of June, 20 21, at 20:58 ☒ P.M. ☐ A.M.

DRIVER Joey Noel De Loa Davis,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# D120-434-79-961-0, state of Florida, was placed under lawful arrest for

the offense of DUI by Nalerio and
(Name of Arresting Officer)

issued Citation # AC8631E

That on or about the 15th day of June, 20 21, at 21:52 ☐ P.M. ☐ A.M.

in Palm Beach County,

I requested that the driver submit to a ☒ breath and/or ☐ urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before
me this 15th day of June, 20 21,
by Ofc. Nalerio,

who is personally known to me or who has produced
Kauna [Signature] as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

Note: Mail or hand deliver to the designated
Bureau of Administrative Reviews office,
Department of Highway Safety and Motor
Vehicles, with the driver's license, the
appropriate copy of the UTC, and the
probable cause affidavit.

SCANNED
JUN 16 2021

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: 80-006238 Software: 8100.27
Date of Test: 06/15/2021

Date of Last Agency Inspection: 06/11/2021

Observation Period Began: 21:20

Subject's Name: JOEY N DELOA DAVIS

DOB: 12/21/1979 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	21:47
	Air Blank	0.000	21:48
	Control Test	0.079	21:48
	Air Blank	0.000	21:49
	Subject Sample #1	VNM*	21:52
	Air Blank	0.000	21:53
	Air Blank	0.000	21:54
	Subject Sample #2	SNM**	21:57
	Air Blank	0.000	21:57
	Control Test	0.077	21:58
	Air Blank	0.000	21:58
	Diagnostics Check	OK	21:58

*Volume Not Met (0.210 - Breath Sample Not
Reliable to Determine Breath Alcohol Level)

**Slope Not Met

Cylinder Lot: 02021080A1

Exp: 03/05/2023

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 SUE OWEN, 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: _____

Signature

Date: 06/15/21

Sworn to (or affirmed) before me this 15th day of June, 2021

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.

SCANNED
JUN 16 2021

CASE #: 21-030481

DEFENDANT: DE LOA, DAVIS, JOEY, NOEL

Arresting Officer: Nalerio

Address: 2100 High Ridge Rd, Boynton Beach, FL

Phone Numbers: Home: _____ Work: (561) 742-6100

Name: Moccia

Address: 2100 High Ridge Rd, Boynton Beach, FL

Phone Numbers: Home: _____ Work: _____

Can testify to: Crash Investigation

Name: Sgt. Herny

Address: 2100 High Ridge Rd, Boynton Beach, FL

Phone Numbers: Home: _____ Work: _____

Can testify to: Wheel Witness, Initial Observations

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
JUN 16 2021



**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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021014638	Date: 6/16/2021
	Specialist Name/ID: J. Beck/9007