

21CT16281ANK

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias1  
Juv  
N

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 5 0 2 6 0 0</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number <b>78 - 21004229</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		Multiple Clearance Indicator			
DEFENDANT	Location of Arrest (Including Name of Business) <b>ALT A1A/BURNS ROAD PBG FL</b>				Location of Offense (Business Name, Address) <b>ALT A1A/BURNS ROAD PBG FL</b>			
	Date of Arrest <b>09/26/2021</b>	Time of Arrest <b>01:13</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>KAUFFS TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407</b>	
CO-DEF	Name (Last, First, Middle) <b>HALLENBECK, KEENE, CHARLES</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/14/1972</b>	Height <b>5 09</b>	Weight <b>225</b>	Eye Color <b>BLU</b>	Hair Color <b>GRY</b>	Complexion <b>LGT</b>
JUVENILE	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>MARRIED</b>		Religion <b>NOT STATED</b>	
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>6905 151ST COURT N PALM BEACH GARDENS FL 33418</b>				Phone <b>(561) 254-7865</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
CHARGE	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>6905 151ST COURT N PALM BEACH GARDENS FL 33418</b>				Phone		Address Source <b>VERBAL</b>	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
CHARGE	D/L Number, State <b>H451503724140 FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Poughkeepsie, NY</b>	
	Citizenship <b>US</b>							
CHARGE	Co-Defendant Name (Last, First, Middle)				Race		Sex	
	Co-Defendant Name (Last, First, Middle)				Race		Sex	
CHARGE	Name (Last) (First) (Middle)				Residence Phone			
	Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone			
CHARGE	Notified by: (Name)				Date		Time	
	Released To: (Name)				Relationship		Date	
CHARGE	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 355-2526) 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	
CHARGE	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute	
	M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	
CHARGE	H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
	Charge Description <b>DRIVING UNDER THE INFLUENCE OVER .08</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(1)(C)</b>	
CHARGE	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense #	
	Warrant / Capias Number		Bond					
CHARGE	Charge Description <b>DUI ENHANCED OVER .15</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(4)</b>	
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense #	
CHARGE	Warrant / Capias Number		Bond					
	Charge Description		Counts		Domestic Violence		Statute Violation Number	
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Warrant / Capias Number		Bond					
CHARGE	Charge Description		Counts		Domestic Violence		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
CHARGE	Warrant / Capias Number		Bond					
	Location (Court, Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>							
NOTICE TO APPEAR	Court Date and Time Month <b>OCTOBER</b> Day <b>27<sup>th</sup></b> Year <b>2021</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> PM							
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. Signature of Defendant or Juvenile and Parent / Guardian <b>[Signature]</b> Date Signed <b>09/26/2021</b>							
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer <b>[Signature]</b>		Name of Arresting Officer (Print) <b>OFC. ANDREW FLINK</b>		I.D. # <b>514</b>	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>OFC. ANDREW FLINK</b>		I.D. # <b>514</b>	
ADMIN	Intake Deputy <b>[Signature]</b>		Pouch #		Agency <b>PBGPD</b>		Witness here if subject signed with an "X"	
	DISTRIBUTION: WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY	

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

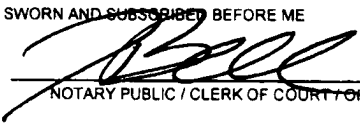
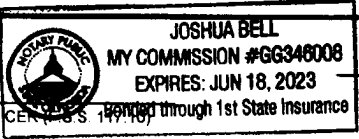
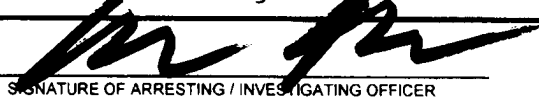
YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

TH 0520 1216

P# 3692

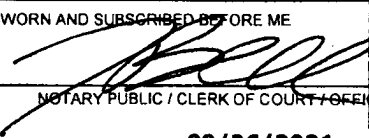

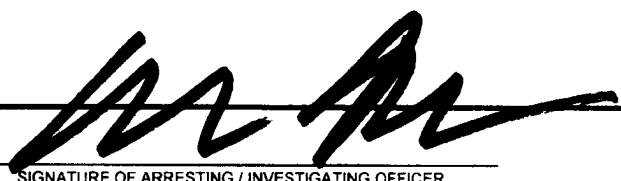
2. N.T.A.		4. Request for Capias		1		JUVENILE	
Agency ORI Number <b>FL 0502600</b>		Agency Name <b>Palm Beach Gardens Police Department</b>		Agency Report Number <b>7   8   21-004229</b>			
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:			
Name (Last, First, Middle) <b>HALLENBECK, KEENE CHARLES</b>		Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/14/1972</b>	
Charge Description <b>316.193(1)(C) DUI - BREATH .08 OR ABOVE</b>		Charge Description <b>316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN V</b>					
Victim's Name (Last, First, Middle) <b>State Of Florida</b>		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	
<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 _____ 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 <u>26</u> day of <u>September</u>, <u>2021</u> at <u>01:03</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 09/26/21 at approximately 0103 hours, this Officer arrived at the intersection of Alt A1A and Burns Rd, PBG, FL to assist Ofc Hennessy 409 on a traffic stop. Body worn camera and in car video were used.</p> <p>Ofc Hennessy said he observed the driver of a black Ram 1500 truck (IQ18AR/FL) unconscious behind the wheel. The vehicle was stopped well beyond the stop bar, in the intersection. This Officer arrived on scene and made contact with the driver, identified via Florida Driver License photo Keene Hallenbeck (OF) while he was still in the driver seat of the vehicle. By the time this Officer made contact with Hallenbeck, Ofc Hennessy was able to awaken him. Hallenbeck had red watery eyes, low heavy eyelids, slow slurred speech, slow lethargic movements, appeared disoriented and had the strong odor of an unknown alcoholic beverage emanating from his breath at conversational distance. Hallenbeck said he was coming from his house and was on his way to his house. It should be noted, Hallenbeck's residence was a considerable distance from his residence at this time. When asked how much he had to drink on this night, Hallenbeck said "not much" then asked not much, he replied "nothing", then asked whether it was nothing or not much, he replied nothing.</p> <p>Based on this Officer's observations, Hallenbeck was asked to exit the vehicle to participate in Standardized Field Sobriety Exercises, to which he complied. Once Hallenbeck exited the vehicle, he was very unsteady on his feet. Hallenbeck stumbled back and walked with a very unsteady gait. Hallenbeck was unable to stand upright without swaying. Hallenbeck said he did not have any medical conditions which would affect the exercises.</p> <p>The first exercise conducted was the Horizontal Gaze Nystagmus. The stimulus used was a Toxoptix X3 with an illuminated red light. Hallenbeck did not properly follow the stimulus. Hallenbeck looked at this Officer rather than following the stimulus. This</p>							
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER 09/26/2021 DATE		 JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Renewed through 1st State Insurance		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>FLINK, ANDREW S (514)</b> NAME OF OFFICER (PLEASE PRINT) 09/26/2021 DATE			

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number <b>FL 0502600</b>	Agency Name <b>Palm Beach Gardens Police Department</b>	Agency Report Number <b>7 8 21-004229</b>
Charge Type: <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		Special Notes:
Name (Last, First, Middle) <b>HALLENBECK, KEENE CHARLES</b>		Race <b>W</b> Sex <b>M</b> Date of Birth <b>11/14/1972</b>
<p>Officer instructed several times to properly follow the stimulus, to which Hallenbeck said he understood then continued looking at this Officer. Hallenbeck was swaying back and forth during the exercise. This Officer terminated the exercise due to lack of cooperation by Hallenbeck.</p> <p>The next exercise conducted, was the Walk and Turn. The line used was a strip of yellow tape placed upon the pavement by this Officer. During the instructions, Hallenbeck had difficulty getting into and remaining in the starting position. Hallenbeck lost his balance and exited the starting position more than once. Hallenbeck twice stumbled off the line once to the left and once to the right. After the second time, this Officer attempted to terminate the exercise, however, Hallenbeck started the exercise himself. Hallenbeck also started prior to being told to do so. During the first attempt, Hallenbeck missed heel-to-toe on each step. Hallenbeck kept his arms raised more than six inches from his sides throughout the exercise. Hallenbeck conducted an improper turnaround by way of coming off the line and walking in a circle. During the return Hallenbeck again missed heel-to-toe on each step and kept his arms raised more than six inches from his sides. Hallenbeck paused to regain balance on the third step and took 11 steps rather than nine.</p> <p>The final exercise conducted, was the One-Leg Stand. During the exercise, Hallenbeck raised his right foot. Hallenbeck was swaying throughout the exercise and raised his arms more than six inches from his sides. Hallenbeck placed his foot down three times prior to being told to do so. Hallenbeck also had to be reminded to look down at his raised foot.</p> <p>Based on this Officer's observations, Hallenbeck was placed under arrest at 0113 hours. At PBSO BAT, this Officer requested Hallenbeck to provide a breath sample for the purpose of determining its alcohol content, to which he complied. At 0220 hours he blew .207 and at 0223 hours, he blew .211.</p> <p>Based on the results of the investigation, this Officer has probable cause to prove Keene Hallenbeck knowingly operated a motor vehicle, in the state of Florida, while under the influence of alcohol, to the extent his normal faculties were impaired, in violation of FSS 316.193(1)(C). The degree to which Hallenbeck was impaired by alcohol, was in violation of FSS 316.193(4).</p>		
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER 09/26/2021 DATE	 JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>FLINK, ANDREW S (514)</b> NAME OF OFFICER (PLEASE PRINT) 09/26/2021 DATE

PAGE  
2 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.



**PALM BEACH GARDENS POLICE DEPARTMENT  
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 21-110611 PBSO Zone: 3-13

Agency Case #: 21004229 Crash Case #: \_\_\_\_\_

**Incident Information:**

Time of Stop/Crash: 01:02 Date of Incident: 09/26/2021 Day: SUNDAY

Location of Incident: ALT A1A/BURNS ROAD PBG FL

**Arrest Information:**

Time of Arrest: 01:13 Date of Arrest: 09/26/2021 Day: SUNDAY

Location of Arrest: ALT A1A/BURNS ROAD PBG FL

Subject's Name: (L) HALLENBECK, (F) KEENE, (M) CHARLES

DOB: 11/14/1972 Race: W Sex: M Height: 5 09 Weight: 225 Hair GRY Eye BLU

Address: 6905 151ST COURT N PALM BEACH GARDENS FL 33418 Phone: (561) 254-7865

Arresting Officer's Name: OFC. ANDREW FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC - DUI

**Breath Results**

- 1) .207 at 02:20 hrs.
- 2) .211 at 02:23 hrs.
- 3) - at - hrs.
- 4) - at - hrs.

**---BAT Use---**

BAT Notified: YES

Arrival Time at BAT: 0141

Subject Arrest Time: 01:13

Breath Test Operator: BELL, JOSH 8656

**PBSO**

SUBJECT: HALLAM, K. K. - 1015 1011-5 CASE NUMBER: 21-041221

## 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: HAND-TO-HAND, KEEPER, CL. 100 CASE NUMBER: 21-104229

## 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: CIC A. F. K. #511

**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: 80-006478 Software: 8100.27  
Date of Test: 09/26/2021

Date of Last Agency Inspection: 09/10/2021  
Observation Period Began: 01:41  
Subject's Name: KEENE C HALLENBECK

DOB: 11/14/1972 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	02:17
	Air Blank	0.000	02:17
	Control Test	0.079	02:17
	Air Blank	0.000	02:18
	Subject Sample #1	0.207	02:20
	Air Blank	0.000	02:20
	Air Blank	0.000	02:22
	Subject Sample #2	0.211	02:23
	Air Blank	0.000	02:24
	Control Test	0.078	02:24
	Air Blank	0.000	02:25
	Diagnostics Check	OK	02:25

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 JOSHUA J BELL, 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: 09/26/21  
Signature

Sworn to (or affirmed) before me this 26 day of September, 2021

Signature of Notary Public-State of Florida OFC. A. FLINK #514  
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.

# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: HALLENBECK, KEENE CHARLES

CASE NUMBER: 21-110611

DATE: Sep 26, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0215

ENDING TIME: 0227

BREATH TESTS RESULTS: 1) .207 TIME 0220 A.M. ☒ P.M. ☐ 2) .211 TIME 0223 A.M. ☒ P.M. ☐  
3) N/A TIME XX A.M. ☐ P.M. ☐ 4) N/A TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET, COOPERATIVE

CLOTHING: BLUE POLO SHIRT, GREY SHORTS, FLIP FLOPS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: BLOODSHOT, GLASSY

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0141 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

BREATH TEST COMPLETE

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

TECH READ BREATH TEST RESULTS AND EXPLAINED

SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

SUBJECT STATED HE WANTED TO CALL A LAWYER

Q AND A NOT CONDUCTED





**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:** 2021024080

**Date:** 9/26/2021

**Specialist Name/ID:** A. Pinkney/7796