

50-2020-Ct-010620-AMB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

DBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-102396		
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" 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		Weapon Seized / Type 1. Yes 2. No		
Location of Arrest (Including Name of Business) 6TH AVE S / S A STREET LAKE WORTH, FL 33460		Location of Offense (Business Name, Address) 6TH AVE S / S A STREET LAKE WORTH, FL 33460						
Date of Arrest 08/31/2020	Time of Arrest 02:01	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle D&D TOWING		
Name (Last, First, Middle) BEAUCHAMP MALCOLM		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex M	Date of Birth 03/10/1975	Height 6'07	Weight 255	Eye Color HAZEL	Hair Color BROWN	Complexion LIGHT	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Marital Status SINGLE	Religion NONE	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) 157 ATLANTIS BLVD APT 301		(City) ATLANTIS	(State) FL	(Zip) 33462	Phone (561) 350-7309		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source FL DL	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation	
D/L Number, State B25154375090		Soc. Sec. Number		INS Number		Place of Birth (City, State) LONG ISLAND 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	
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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Address (Street, Apt. Number)					Residence Phone	
Address (Street, Apt. Number)		(City)	(State)	(Zip)		Business Phone		
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handed/Processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated				
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 355-2526) 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 S. Sell P. Possess		S. Sell D. Deliver 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		
H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other				
Charge Description D.U.I.		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193 (1)(A)		Violation of ORD #		
Drug Activity U		Drug Type U	Amount / Unit	Offense # 20-102396	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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"/> Y <input checked="" type="checkbox"/> N	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"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD.#		
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Location (Court, Room, Block, Address) PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX - 3228 GUN CLUB RD WEST PALM BEACH FL, 33406								
Court Date and Time Month SEPTEMBER Day 24 Year 2020 Time 08:30 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 / Custodian) <i>M. Beauchamp</i>				Date Signed 08/31/2020				
HOLD for other Agency Name:		Signature of Arresting Officer <i>R. Soriano</i>		Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Corporal R Soriano		I.D. # #9418		
Inmate Deputy <i>Diana G...</i>		I.D. #		Pouch #		PAGE 1 OF 1		
Transporting Officer CPL SORIANO		ID # 9418		Agency PBSO		Witness here if subject signed with an "X"		

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

0518292

1380

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request For Warrant	1	Juvenile	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERRIF'S OFFICE		Agency Report Number 06 20-102396				
Charge Type: Check as many as apply		Special Notes						
<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance				
Defendant Name (Last, First, Middle) BEAUCHAMP MALCOLM		Race W	Sex M	Date of Birth 03/10/1975				
Charge DUI		Charge						
Charge		Charge						
Victim Name (Last, First, Middle) STATE OF FL		Race	Sex	Date of Birth				
Local Address (Street, Apt. Number)		City	State	Zip	Phone		Address Source	
Business Address (Street, Apt. Number)		City	State	Zip	Phone		Occupation	
<p>The undersigned 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. The person taken into custody...</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the 31ST day of AUGUST 20 20 at 0201 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>								

On 08/31/2020 at approximately 0128 hours, while on routine patrol in the area of South H Street and South 6th Ave, I observed a silver four door vehicle bearing FL tag# Z34BCI began to stop at the stop sign on South H Street approaching South 6th ave. While behind the vehicle I visually noticed the vehicle go over the painted white stop bar into the crosswalk where he later came to a short stop. Based on observing this traffic infraction I activated my emergency lights and conducted a traffic stop on the vehicle.

Contact was made with the driver of the vehicle from the passenger side who was wearing a red shirt and gray shorts, (later identified by his FL DL to be Malcolm Beauchamp), who was advised the reason for the traffic stop. Malcolm was asked to provided his FL DL and other documents of the vehicle, when speaking with Malcolm I noticed slurred speech and glassy bloodshot eyes as if he was impaired. It should also be noted that on the passenger seat of Malcolm's vehicle was a case of White Claw (opened) with three beverages missing from the inside, there was also an empty open White Claw can on the passenger side floorboard of the vehicle.

Based on my observations I contacted PBSO DUI Investigator Sorlano #9418 where this case was turned over to him.

This ends my involvement in this case.

The foregoing instrument was sworn to and affirmed before me this 31st day of AUGUST 20 2020 . by:	
SORIANO 9418	D/S-D. WAGNER
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
	Page 1 of 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 31ST DAY OF AUGUST 20 20, AT 01:28 AM PM

SUBJECT: BEAUCHAMP MALCOLM CASE NUMBER: 20-102396

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Corporal R Soriano

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On Monday, August 31, 2020 at approximately 01:28 hours, I responded to a traffic stop involving a possible impaired driver, located near the intersection of 6th Avenue S and South A Street in the City of Lake Worth, Florida 33460. Upon my arrival, I observed a silver Jeep Grand Cherokee bearing Florida tag "Z34BCI" facing westbound parked along the curb. Directly behind it where 3 marked Palm Beach County Sheriff's Office (PBSO) patrol cars with their emergency lights activated. Upon exiting my vehicle, I met with Deputy Wagner #31845 who told me the following, "While on routine patrol in the area of South H Street and South 6th Ave, I observed a silver four door vehicle bearing FL tag# Z34BCI began to stop at the stop sign on South H Street approaching South 6th ave. While behind the vehicle I visually noticed the vehicle go over the painted white stop bar into the crosswalk where he later came to a short stop. Based on observing this traffic infraction I activated my emergency lights and conducted a traffic stop on the vehicle.

Contact was made with the driver of the vehicle from the passenger side who was wearing a red shirt and gray shorts, (later identified by his FL DL to be Malcolm Beauchamp), who was advised the reason for the traffic stop. Malcolm was asked to provide his FL DL and other documents of the vehicle, when speaking with Malcolm I noticed slurred speech and glassy bloodshot eyes as if he was impaired. It should also be noted that on the passenger seat of Malcolm's vehicle was a case of White Claw (opened) with three beverages missing from the inside, there was also an empty open White Claw can on the passenger side floorboard of the vehicle." (Refer to supplemental probable cause affidavit.)

OBSERVATION OF DRIVER:

I approached the aforementioned vehicle and observed a white male seated in the driver seat and who was the only occupant. The male was identified by his Florida driver's license as Malcolm Charles Beauchamp. Beauchamp was wearing a red shirt, silver shorts and black gray shoes. I observed Beauchamp had red and glassy eyes. Upon making contact with Beauchamp, I immediately detected a strong odor of an unknown alcoholic beverage coming from within his vehicle. I asked Beauchamp if he was aware of why he had been stopped and he answered "no." At this time Deputy Wagner re explained the reason he was stopped as he spoke to him through the open front passenger window. I further explained to Beauchamp, that I had been summoned to the scene to evaluate him and disprove that suspicion, so Deputy Wagner could conclude his traffic stop and send him on his way. I asked Beauchamp if he would be willing to participate in standardized field sobriety tasks (SFST's)? Beauchamp answered "yes" and was asked to walk to the front of my patrol vehicle via the sidewalk. As Beauchamp exited his vehicle, I observed a silver Yeti cup with a clear top and clear liquid in the front driver side door pocket. I also observed a case of can White Claw beverages and an empty White Claw can on the passenger floor board.

As Beauchamp walked towards my vehicle, he did not use the sidewalk and stopped at the back of my patrol car. I then directed him to the front of my vehicle where I directed him where to stand and to turn his body towards the sidewalk.

DRIVER'S STATEMENTS:

I asked Beauchamp if he had been drinking or used any drugs. Beauchamp told me he had two drinks at a bar and had drank a white claw. Beauchamp stated he does not use drugs nor takes medicine. I asked Beauchamp if he has any medical problems and/or previous injuries and he answered "no." I asked Beauchamp if he wore any glasses or contacts to correct his vision and once again answered "no."

ODORS:

Obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: slurred, thick, slow, unclear

ATTITUDE: calm, compliant, upset

CLOTHING: wearing silver shorts, gray shoes and red shirt

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

Corporal R Soriano

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31st day of August 20 20 by Corporal R Soriano

(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)



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:

HGN - Once positioned in the front of my vehicle, I conducted my investigation. I instructed Beauchamp to keep his hands by his side, stand with his feet together, and follow a blue light stimulus with his eyes not turning his head. I asked him if he understood my instructions. Once Beauchamp verbally stated he understood my instructions, I performed task. During task, I observed both eyes to be red, bloodshot, and glossy. His left and right eye displayed equal pupil size, equal tracking, and a lack of smooth pursuit. I observed distinct and sustained nystagmus was present in both his left and right eye at maximum deviation during two separate four second evaluations. The onset of nystagmus was prior to a 45 degree angle in both his left and right eye during two separate four second evaluations. Vertical nystagmus was not present in both the left and right eye during two separate four second evaluations. While conducting the task, I had to remind him to keep hands by his side, not turn his head and follow the stimulus multiple times. During task Beauchamp kept saying "I'm not fucked up."

WALK & TURN:

I positioned Beauchamp on a painted white line which was on a smooth and level surface, free of any debris and well lit by the headlights on my vehicle. I instructed Beauchamp to place his left foot on the line and his right foot in front of the left touching heel to toe. I instructed him that he was to keep his hands at his side and stay in this position until I instructed him to do otherwise. However Beauchamp took several steps heel to toe until being told to stop. I explained to Beauchamp that I wanted him to remain in the instructed position until told to do other wise. Beauchamp was placed back into the instructed position and given the instructions in its entirety. Beauchamp was asked if he understood my instructions and once he answered "yes", I asked him to perform the task. During the task, I observed Beauchamp swayed while balancing, started too soon, stopped walking to steady self, did not touch heel to toe, used arms to maintain balance (+6"), did not turn properly as he lost his balance and did not turn as instructed.

ONE LEG STAND:

I placed Beauchamp with his feet together and arms at his side. Once Beauchamp was placed into the instructed position, I explained and demonstrated the rest of the task. Once Beauchamp stated he understood, the task was performed. During the task, I observed, Beauchamp could not maintain the instructed position, he swayed while standing stationary. While raising his foot he put foot down twice within 30 seconds.

FINGER TO NOSE:

I instructed Beauchamp to stand with his feet together, make each hand into a fist keeping, extended his index fingers and to place his palms facing up. He was instructed to lower his arms by his side. I instructed and demonstrated the proper hand and arm position and for him to remain in this position while I demonstrated the rest of the task. I instructed and demonstrated him to tilt his head back approximately 45 degrees and close his eyes while waiting for a verbal command of left or right. On the command of "left" or "right", he would raise the requested hand, touch the tip of his finger to the tip of his nose, then bring his hand immediately back down to his side. During the instruction and demonstration of the task he swayed heavily while standing in the instructional position. I asked him if he understood the instructions I provided and he verbally stated he understood. I instructed him to start the task as explained. During the task, I observed Beauchamp failed to return arms to side, correct finger did not touch tip of nose twice with his left hand.

ROMBERG ALPHABET:

I verbally inquired if Beauchamp could recite the entire English alphabet. He stated he was able to recite the English alphabet and I instructed him to place his feet together with his arms at his side and stay in this position until told to do otherwise. I instructed him that upon starting he was to tilt his head back approximately 45 degrees and close his eyes. He would begin to state the alphabet in a slow and methodical manner without singing or rhyming it. I asked him if he understood the instructions and he verbally replied he understood. During the instructions he continued to sway while standing stationary. I instructed Beauchamp to start the task as explained. During the task, I observed the Beauchamp swayed more than (+2") from side to side and completed task as instructed.

BREATH TEST RESULTS: 1) .102 2) .098 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Corporal R Soriano

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31st day of August, 2020 by Corporal R Soriano

(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)





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

PBSO CASE # 20-102396 PBSO ZONE 14-11

AGENCY CASE # 20-102396 CRASH CASE # _____

TIME OF STOP/CRASH 01:28 DATE 08/31/2020 DAY _____

SUBJECT'S NAME BEAUCHAMP MALCOLM RACE W SEX M
LAST FIRST MID

HGT 6'07 WGT 255 DOB 03/10/1975

LOCATION 6TH AVE S / S A STREET LAKE WORTH, FL 33460

ARRESTING OFFICER'S NAME & ID CPL SORIANO 9418 AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD-DUI

NOTIFIED BY COMMO Yes

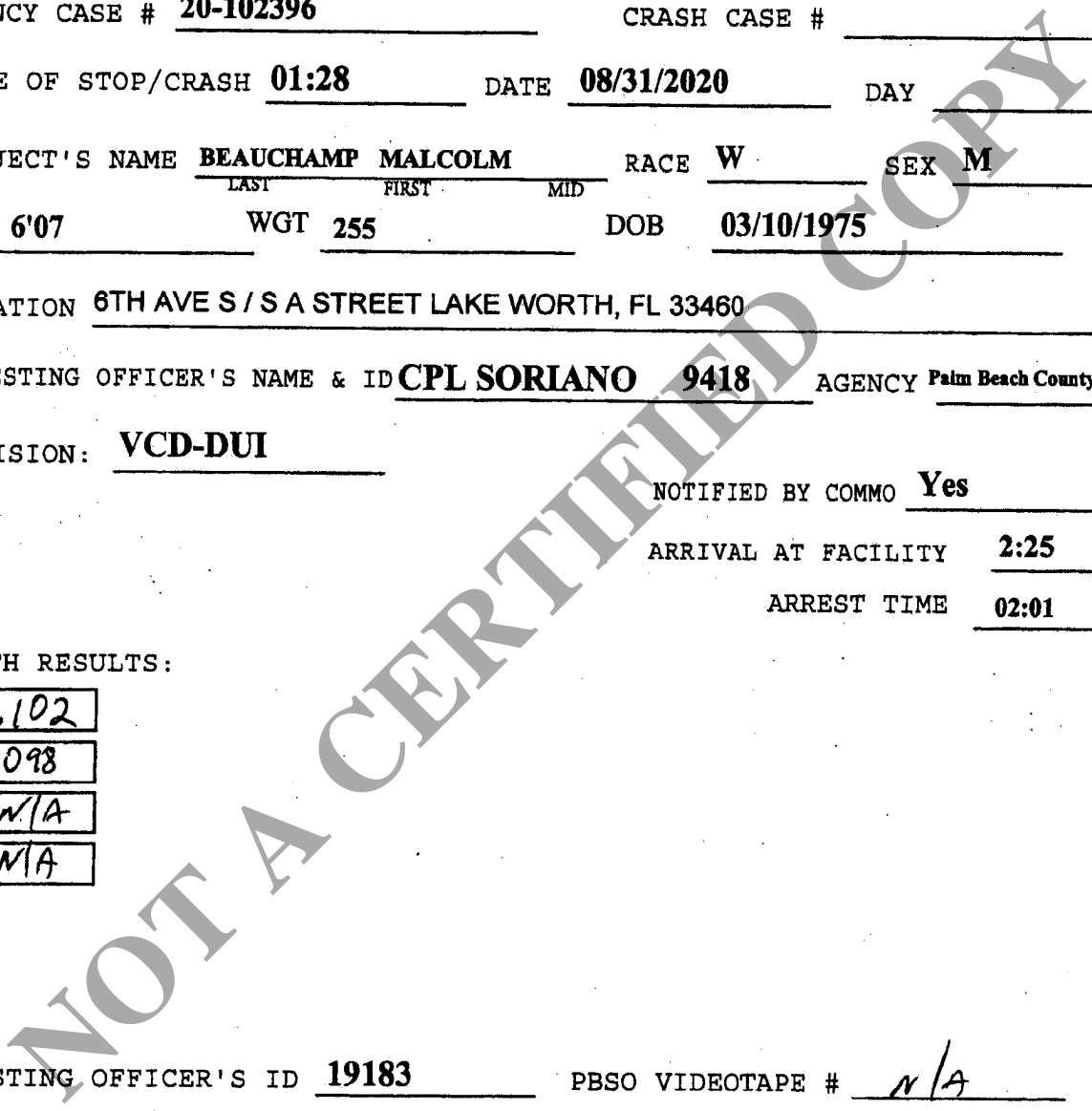
ARRIVAL AT FACILITY 2:25

ARREST TIME 02:01

BREATH RESULTS:

- 1) .102
- 2) .098
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A



WITNESS LIST

CASE NUMBER: 20-102396

ARRESTING OFFICER: Corporal R Soriano

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: FACTS OF CASE AND INVESTIGATING SUCH CASE

NAME: D/S WAGNER #31845

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: FACTS OF CASE

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

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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 TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0225 hrs
subject refused to perform breath test - I can't say no
A/O read I/C & subject understood I/C
subject agreed to perform breath test
tech read breath test results & subject understood breath test results
A/O read rights & subject understood rights
A/O attempted Q&A
subject declined to answer questions

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: 08/31/2020

Date of Last Agency Inspection: 08/14/2020
Observation Period Began: 02:25
Subject's Name: MALCOLM C BEAUCHAMP

DOB: 03/10/1975 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	02:50
	Air Blank	0.000	02:51
	Control Test	0.079	02:51
	Air Blank	0.000	02:52
	Subject Sample #1	0.102	02:52
	Air Blank	0.000	02:53
	Air Blank	0.000	02:55
	Subject Sample #2	0.098	02:55
	Air Blank	0.000	02:56
	Control Test	0.079	02:56
	Air Blank	0.000	02:57
	Diagnostics Check	OK	02:57

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 THOMAS H LEAHEY, 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: 08/31/2020

Sworn to (or affirmed) before me this 31st day of August, 2020

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

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

SUBJECT: Bouchard, Michael CASE NUMBER: 20 102396

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

SUBJECT: Anthony, Michael C CASE NUMBER: 20-162396

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 THOMAS SYLVANO #7913 of the PBSO

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) Anthony, Michael C

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) Anthony, Michael C

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

PALM BEACH COUNTY SHERIFF'S OFFICE

3228 GUN CLUB ROAD
WEST PALM BEACH, FL 33406-3001

- WRITTEN WARNING
 NOTICE OF ILLEGAL OR FAULTY EQUIPMENT

Date/Time: MONDAY 08/31/2020 02:12 AM

VIOLATOR

First Name: MALCOLM Middle: CHARLES
Last: BEAUCHAMP DOB: 03/10/1975
Address: 157 ATLANTIS BLVD APT 301
City: ATLANTIS State: FL Zip: 33462
Telephone: Race: W Sex: M Hgt: 607
DL #: B261543750900 DL State: FL Lic. Expires: 2022
Type: E Diff. Addr. on DL: N

REGISTRATION

Yr. Veh: 2011 Veh. Tag: Z34BCI
Color: SIL Yr. Tag Expires: 21 State: FL
Make: JEEP Style: UT

LOCATION

Upon a Public Street or Highway or Other Location Namely:
6TH AVE S / S H ST, LW

VIOLATION

Did unlawfully commit the following Offense
STOP STANDING BLOCKING CROSSWALK

NOTE: FOR EQUIPMENT VIOLATIONS PLEASE FOLLOW INSTRUCTIONS ON THE FOOTER

**THIS IS A WARNING ONLY
THIS IS NOT A CITATION AND NO FINE IS ASSESSED**

I HEREBY ACKNOWLEDGE RECEIPT OF THIS WARNING AND UNDERSTAND THAT THIS WARNING IS ISSUED IN LIEU OF A UNIFORM TRAFFIC CITATION.

SIGNATURE
OF DRIVER X _____

D/S: WAGNER I.D.#: 31845

CERTIFICATION OF CORRECTION

I CERTIFY THAT THE EQUIPMENT ON THE VEHICLE DESCRIBED HEREIN AS INDICATED HAS BEEN TESTED AND, OR CORRECTED, AND UPON THIS DATE COMPLIES WITH THE REQUIREMENTS OF THE TRAFFIC LAWS OF FLORIDA.

DATE _____ 20 _____ HOURS _____
 A.M. P.M.

SIGNED _____
Party Making Correction

Address: _____

IMPORTANT. This Notification With Proper Certification Above is To Be Mailed Or Delivered To The Officer Indicated Within 48 Hours.

PALM BEACH COUNTY SHERIFF'S OFFICE
P.O. BOX 24681
WEST PALM BEACH, FL 33416-4681

FAILURE TO COMPLY WITH THIS NOTICE COULD RESULT IN A NON-CRIMINAL INFRACTION BEING ISSUED.



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"/>	119.071(2)(j)1	Other: Addresses, telephone numbers and personal assets of domestic vio. and other specified crime victims	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020020583	Date: 8/31/2020
	Specialist Name/ID: Gammage/5660