	2531.483	3033	OT-00	(alma An	LG Sept for Warrant	13
Т	OBTS Number	ARREST / NOTICE TO Juvenile Referral R	711 1 111		lest for Warrant lest for Capies 1	Juvenile N
۳ļ	Agency ORI Number Agency Nam	<u> </u>	Ager	ncy Report Number (N.T 6- 22058118	A.'s only)	
	ChargeType: 1. Felony 3	3. Misdemeanor 5. Ord	linance	Weapon Seized / Type 1. Yas 2. No	Multiple Clearance	01
	Location of Arrest (Including Name of Business) 4524 Forest Hill Blvd, West Palm Bea	. Trainc miscemeanor		siness Name, Address)	Vest Palm Beach, Florid	da, 33415
٤	Date of Arrest Time of Arrest	Booking Date Booking Time J	ail Date Jail Ti		ície	
4	04/18/2022   01:34	04/18/2022	. Alia	s (Name, DOB, Soc. Sec. a		
ı	Raco SANGRAD VIC	OF Birth Height	Weight		Color Complexion	Build
	W - White I - American Indian B - Black 0- Oriental/Asian  F  Scars, Marks, Tatoos, Unique Physical Features (Location,	02/09/1988 Type, Description)	5'0 13		Indication of: Y	N Unk.
	Tat R Wrist "Cross" Tat L Ankle "3 S		Single (Zip) Ph	Christian one	Alcohol influence Drug influence Residence Type:	
DEFENDANT	1560 62rd Way S	West Palm Beach, FL,		61 )719-6796	1. City 3. Florida 2. County 4. Out of Address Source	State 2
DEFE	Permanent Address (Street, Apt. Number)	(614)		)	PALMS Occupation	
	Business Address (Name, Street)	(City) (State)	(Zip) Pt	none		
	D/L Number, State Soc None Non	. Sec. Number RE	INS Number		of Birth (City, State) as, M.X.	Citizenship M.X.
ı.	Co-Defendant Name (Last, First, Middle)		Race Sex		1. Arrested 3. Fel 4. Mil. 2. At Large 5. Jun	sdemeanor
CO-DE	Co-Defendant Name (Last, First, Middle)		Race Sex	Date of Birth	1. Arrested 3. Fel	lony sdemeanor
┝	☐ Parent ☐ Legal Custodian				2. At Large 5. Ju	
	Legal Custodian Other: Address (Street, Apt. Number)	(City)	(State	(Zip)	Business Pho	ne
	Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/ processed with	nin 2. TOT HRS / DYS	
JUVENILE	Released To: (Name)	Relationsh	io io	Dept, and Released.	3. Incarcerated  Onte	Time
Ì				School Attended		Grade
	The above address provided bydefendant and / or to keep the Juvenile Court Clerk (Phone 355-2526) info Yes, by: (Name)	ormed of any change of address.  No: (Reason)		Value of Branch	·	<u> </u>
	Property Crime?  Yes No		V 6	Value of Property  B. Barbiturate H. Hall	ucinogen P. Paraphernalis	s/ U. Unknown
CODE	U Drug Activity S. Sell R. Smuggle K. Dis R. N. N/A B. Buy D. Deliver Dis P. Possess T. Traffic E. Use	spense/ stribute M. Manufacture/ Z. Other Produce/ Cultivate	N. N/A A. Amphetamine	C. Cocaine M. Mar E. Heroin O. Opii	ijuana Equipment um/Deriv. S. Synthetics	Z. Other
39	Charge Description D.U.I.	Counts Violence	Statute Violation Num 316.193(1)	ber	Viola	tion of ORD #
E E	Drug Activity Drug Type Amount / Unit N N N/A	Offense # 22058118	Warrant   Capies Num N/A	ber	Bond	
یا	Charge Description No Valid Drivers License	Counts Domestic Violence 1 Y (a) N	Statute Violation Num 322.03(1)	iber	Viole	ation of ORD #
CHAR	Drug Activity Drug Type Amount / Unit N/A	Offense # 22058118	Warrant / Capies Num	nber		$\supset$
-	Charge Description	Counts Domestic Violence	Statute Violation Num	ber		tion of ORD
CHAPO	Drug Activity Drug Type Amount I Unit	Offense #	Warrant / Capies Num	nber		7)
H	Charge Description	Counts Domestic	Statute Violation Num	nber	Vid	letton of ORD #
APCE	Drug Activity Drug Type Amount / Unit	Violence □Y □!	Warrant / Capias Nu	mber	Bond	= -
F	Location (Court Poors Number Address)					<del>-</del>
9	Palm Beach County Crimi	nal Justice Comple	x 3228 Gun	Club Rd, W	PB, Florida, 3	3406
800	Court Date and Time Month April Day 28	Year 2022	Time 0830	AM	X PM	
Š	FAIL TO APPEAR BEFORE THE COURT AS REQUIRED	GNATED TO ANSWER THE OFFENSE BY THIS NOTICE TO APPEAR, THAT I	CHARGED OR TO PAY MAY BE HELD IN CON	TEMPT OF COURT AND A	: I UNDERSTAND THAT SHO WARRANT FOR MY ARREST	SHALL BE ISSUE
1	Signature of Defendant (or Juvenile and Par	rent /Custodian)		04/18/2022 Date Signed		
t	HOLD for other Agency Name:	Signature of Arresting Officer	2596	Name Verification (Printe	ed by Arrestee)	
MENTA		Name of Arresting Officer (Pfint) D/S V. Blackman	8396 I.D. #	(PRINT)		PAGE
-	Suicidal Other:	Transporting Officer ID # BJS V. Blackman 839	Agency	Witness here if subject	signed with an -X"	1 OF 1
L	DISTRIBUTION: WHITE - COURT COPY	1-11	ELLOW - AGENCY	PINK - AGENCY	GOLD DEFENDANT NAA	

CACE	NUMBER	22058118
LASE	A CHARDENE	

#### ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:	
LT EYE-LACK OF SMOOTH PURSUTT	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: Not observed	
WALK & TURN: Pablo-Sanchez performed the task as follow she did not m understood the task however when instructed to begin she translating for her as to what to do, D/S Carreno explaine skip five continued to 6 and again stop counting she took she was done she did not turn around and count out the 9	e asked questions of D/S Carreno ID 35639 who was ed the task to her again she began the task counting to 4 the in correct number of step and went to 16 and stated
ONE LEG STAND: Pablo-Sanchez stated she understood the task began the t balance and put it down, she then raised her left foot agai aloud she put her foot down several more times as she att dyring the task	
her nose and kept it there D/S Carreno then began reminding her to	placed on the tip of her nose and held it there, R-placed on the tip of
the spanish alphabet she made several attempts she audio	
BREATH TEST RESULTS: 1) .175 [2)	3) 4)
STATE OF FLORIDA COUNTY OF PALM BEACH  D/S V. Blackman (Signature of Arresting/Investigative Officer)  The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of April	
(Print name of Arresting/Investigative Unicer) who is personally known to me and/or produced identification. Ty  Notary Public, Clerk of Pourt, Officer (F.S.S. 117.10)	JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance  APR 1 9 2022

## D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18th DAY OF April	1 20 <b>22</b> , AT <b>00</b> :	10	AM PM
SUBJECT:Marisela	Pablo-Sanchez	_ CASE NUMBER:	22058118
AGENCY: PALM BEACH COUNTY SH	ERIFF'S OFFICE ARRESTIN	G OFFICER: D/S V.	Blackman
	PERSONAL CONTAC	CT	
DRIVING PATTERN: ACTUAL PHYSICAL CO Pablo-Sanchez involved in a motor v consisting of pumps and 2 yellow po	vehicle crash with another occ	ATEMENTS PUTTING DE upied vehicle and a	F. BEHIND WHEEL OF VEHICLE)  Gas station island
OBSERVATION OF DRIVER: Pablo-Sanchez's clothing was loose	fitting , she had a strong odor	of an unknown alco	oholic beverage
emanating from her head and shoul on her feet.	der area, her eyes were bloods	shot red and watery	y, and she was unsteady
DRIVER'S STATEMENTS: Pablo-Sanchez initially provide a favehicle until confronted by witness name and date of birth	alse name during the investigat statement that she was actuall	tion and claimed to y the driver she lat	be the passenger in the er provided her correct
ODORS: Strong odor of an unknown alcohol	ic heverage emanating from h	er head and should	er area.
_ V Y	GENERAL OBSERVA		
ATTITUDE: Calm, nervous			
CLOTHING: Loosely worn clothi	ng		
MEDICAL/OTHER: None			
TATE OF FLORIDA COUNTY OF PALM BEACH  D/S V. Blackman  Signature of Arresting/Investigative Officer)	1946 April	<sub>20</sub> 22 by <b>D</b>	/S V. Blackman
The foregoing instrument was swom to or affirmed and subscribed before			-
Print name of Argenting Investigative Officer), who is personally known to Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	JOSHU MY COMMISSIO EXPRES: J	JA BELL ON #GG346008 IUN 18, 2023 1st State Insurance	SCANNSD APR 19 2022

### PALM BEACH COUNTY SHERIFF'S OFFICE - SWORN STATEMENT



Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

□ WITNESS □ VIC	TIM □OTHER
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CASE	16531 <b>8</b>	ZONE:	SUSPECT:	-		•	DATE &	TIME OF OR	RIGINAL EV	/ENT/OF	FENSE:
EVEN	T TYPE:			DEPUTY		1411	۸۱ // ک	-C1	ID#:		
ورره	A set			1 '			- (		<u> </u>		
LAST	NAME:	COMPL	TE EVERYTE	NAME:	_			MIDDLE INI	TIAL	RACE:	SEX:
	7773		777	, A.	Mille	.)					
DATE	OF BIRTH: (MM/DE	D/YYYY)	YOUR HEIGHT	: YOUR W	IGHT:	YOUR HAIR	COLOR:	Y(	OUR EYE	COLOR:	1
YOUR	HOME ADDRESS:		CHECK IF HO	MELESS	CITY:			STATE:	ZIP:		
- 1		K T				1 )				,	
YOUR	WORK NAME & ADDRESS:	CHECK IF	UNEMPLOYED	OR RETIRED	CITY:			STATE:	ZIP:		
WOR	K PHONE: CHECK IF NONE	CELL PHONE: C	ECK IF NONE	HOME PHON	E: DCHE	CK IF NONE	EMAIL:			CHECK I	F NONE
(	)	C(d) 353		( )							
		VRITE WHAT HAPPE	NED IN YOU	R WORDS I	N FULL (	DETAIL – PR	INT LEGI	BLY			
	YOUR NAME:					RILY MAKE TH					EAT,
-				COERCION, C	FFER OF E	SENEFIT, OR FA	VOR BY AN	Y PERSONS	WHOMS	DEVER	
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		D AND SIGN									
	EAR AND AFFIRM THIS		ACHED		JTY SHERI		TARY PUBLI		5: 117.10		
STA	TEMENTS ARE CORREC	I AND TRUE:		SWC	KN TO	AND SUBS			ME TOD	PAY:	
	IR SIGNATURE: X			_ SIGN	IATURE		TIMمس			ID:	
F YOU	DO NOT WISH TO PROSECUTE,	COMPLETE THE ABOVE	STATEMENT, RE	AD THIS DISC	AIMER AI	ND INITIAL BEL	OW: I AM C	OF LEGAL AG	E AND I A	M THE R	EPORTED

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFF

PINK - OFFICER'S COPY

GOLD - WITNESS / VICTIME POPY 9 2022



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

PBSO CASE # 22058118	PBSO ZONE 1-33	-4-
AGENCY CASE #	CRASH CASE # 22058112	
TIME OF STOP/CRASH 00:10	DATE 04/18/2022 DAY	
SUBJECT'S NAME Marisela	Pable-Sanchez RACE SEX	
IGT 5'0 WGT 138	DOB 02/09/1988	
LOCATION 4524 Forest Hill Blvd, West Pal	m Beach, Florida, 33415	
ARRESTING OFFICER'S NAME & ID $\overline{\mathbf{V}}$ . $\overline{\mathbf{B}}$	DD.	SO
DIVISION: Road Patrol		
DIVISION: Note that the state of the state o	NOTIFIED BY COMMO Yes	
	ARRIVAL AT FACILITY	02:44
	ARREST TIME	01:34
BREATH RESULTS:	, ·	
1), 175	·	
2) .178		
3) N/A		
4) N/A		
40	·	
	•	
<b>&gt;</b>		.*
TESTING OFFICER'S ID 8656	PBSO VIDEOTAPE #	

## WITNESS LIST

	CASE NUMBER: 22058118	
ARRESTING OFFICER: D/S V. Blackman		
ADDRESS: 3228 Gun Club Rd. West Palm Beach ,Florida, 33406		
PHONE NUMBERS (HOME):		
CAN TESTIFY TO: Observations of Pablo-Sanchez		
NAME: D/S F. Carreno I.D. 35639		
ADDRESS: 3228 Gun Club Rd. West Palm Beach ,Florida, 33	106	
PHONE NUMBERS (HOME)		
CAN TESTIFY TO: His observtions of Pablo-Sanchez, Taking the statement	nt of Victim Alejandro Chaj-Lopez	
NAME: Alejandro Chaj-Lopez	<b>4</b> ) /	
ADDRESS 611 29th St., West Palm Beach, Florida, 33407		
(2/1) 202 (9/1)	(WODK)	
PHONE NUMBERS (HOME) (561) 303-6818  CAN TESTIFY TO: His observations of Pablo-Sanchez driving, his obse	rvations of Pablo-Sanchez and his sworn written staten	ment
NAME:		
ADDRESS		
PHONE NUMBERS (HOME) ()	(WORK) ()	
CAN TESTIFY TO:		
NAME:		•
ADDRESS	(WORK)	
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PHONE NUMBERS (HOME)	(WORK)	
CAN TESTIFY TO:		
NAME:		
ADDRESS		MOON STORMS
PHONE NUMBERS (HOME)	(WORK)	no f
CAN TESTIFY TO:		2

# **TESTING FACILITY TASK REPORT**

	AGENCY: PBSO
SUBJECT: PABLO-SANCHEZ, MARISELA	CASE NUMBER: 22-058118
DATE: Apr 18, 2022	VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0314	ENDING TIME: 0339
BREATH TESTS RESULTS: 1) .175 TIME 0323 A.M.⊠ I	P.M.
3) XX TIME XX A.M.	P.M 4) XX
BREATH OPERATOR: JOSHUA J BELL #8656	
MAINTENANCE TECHNICAN: J. KARLECKE #6467	
TESTING OFFICER'S OBSERVATIONS	
SPEECH: SPANISH SPEAKING	
ATTITUDE: COOPERATIVE	
CLOTHING: WHITE BRA, GREY SHORTS, BLACK SLIDES	
MEDICAL CONDITIONS: NONE	
MEDICATIONS: NONE	
OTHER: EYES: BLOODSHOT, GLASSY	
COMMENTS:  A/O ARRIVED AT DUI TESTING FACILITY AND BEGAN	THE 20 MINUTE OBSERVATION AT 0244 HOURS
SUBJECT STATED SHE WOULD NOT TAKE BREATH TEST	
A/O READ I.C AND EXPLAINED SUBJECT STATED SHE UNDERSTOOD SUBJECT STATED SHE WOULD TAKE BREATH TEST	
BREATH TEST COMPLETED	
A/O READ RIGHTS SUBJECT STATED SHE UNDERSTOOD HER RIGHTS	
TECH READ BREATH TEST RESULTS SUBJECT ACKNOWLEDGED SHE UNDERSTOOD BREATH TE	ST RESULTS
A/O CONDUCTED Q AND A SUBJECT ANSWERED Q AND A	

INTERPRETATION DONE BY D/S CARRENO PBSO

	CACE MUMPED.
SUBJ	ECT: CASE NUMBER:
	IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE
1	NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.
I am conte	now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol ent.  OR-
I am chem	now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of nical or controlled substances.  OR-
I am and	now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content 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 period of a required of you is accordanced as a contraction.	u fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a od of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have tested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test our breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you lamissible into evidence in any criminal proceeding.
SUE	BJECT'S SIGNATURE: (X)
	CONCENTRATION AT THE DAILNICE
	CONSTITUTIONAL WARNINGS
<u>I AN</u>	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.
	You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
	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.
<b>5</b> .	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.

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JACK 19 2022

SUSPECT'S SIGNATURE: (X)\_\_\_\_\_

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, O 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? No. 100 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? 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? WHEN? WHEN? 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? WHERE?

#### 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: 80-006029 Software: 8100.27

Date of Test: 04/18/2022

Date of Last Agency Inspection: 03/25/2022

Observation Period Began: 02:44

Subject's Name: MARISELA PABLO-SANCHEZ

DOB: 02/09/1988 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time	
	Diagnostics Check	OK	03:20	
	Air Blank	0.000	03:20	
	Control Test	0.081	03:21	
	Air Blank	0.000	03:21	
	Subject Sample #1	0.175	03:23	
	Air Blank	0.000	03:23	1
	Air Blank	0.000	03:25	
	Subject Sample #2	0.178	03:26	
	Air Blank	0.000	03:27	
	Control Test	0.079	03:27	
	Air Blank	0.000	03:28	
	Diagnostics Check	OK	03:28	

Cylinder Lot: 19021080A2 Exp: 09/05/2023

State of Florida, County of Palm Beach,
Porsonally appeared before me the undersigned authority, who ( V is personally known to me or
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
N4 10 /2 2
Breath Test Operator:
Signature
Summer to (or affirmed) before me this 18 day of April , 2022
SWOTH TO TOL ALEITHEATH METOLE ME CHAS
P/6/1/5/ 1/2 D/S V. Blackman #8396
Signature of Motary 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.

ARR 19 2