

21CT12700ASB

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 34-21-038929				
Charge Type: Check as many as Apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input 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) 2500 S Federal Hwy, Boynton Beach, FL 33435				Location of Offense (Business Name, Address) 2500 S Federal Hwy, Boynton Beach, FL 33435				
Date of Arrest 08/01/2021		Time of Arrest 0007		Booking Date		Booking Time		Jail #
Name (Last, First, Middle) Bannagel, Matthew, Karl		Alias (Name, DOB, Soc. Sec. #, Etc)						
W - White B - Black		I - American Indian O - Oriental / Asian		Race W	Sex M	Date of Birth 12-07-1957	Height 5'11"	Weight 195
Eye Color Blue		Hair Color Gray		Complexion Light		Build Medium		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None				Marital Status Single		Religion N/A		Indication of: Alcohol Influence Drug Influence
Local Address (Street, Apt. Number) 812 Chukker Road		(City) Delray Beach		(State) FL		(Zip) 33483		Phone ( ) - ( )
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone ( ) - ( )
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone ( ) - ( )
DL Number, State UN381735, OH		Soc. Sec. Number		INS Number		Place of Birth Sacramento, CA		Citizenship USA
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	
Parent Name (Last) (First) (Middle)		Residence Phone						
Legal Custodian		Business Phone						
Other								
Address (Street, Apt. Number)		(City)		(State)		(Zip)		
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/OYS 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.				School Attendant		Grade		
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		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. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/deriv.		P. Paraphernalia/ Equipment S. Synthetic
U. Unknown Z. Other		Charge Description Driving Under the Influence		Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 316.193(1)(a)
Drug Activity N		Drug Type N		Amount/Unit		Offense # 21-038929		Warrant/Capias Number -
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
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
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
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
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444						
Instruction No. 2 You need not appear in Court but must comply with instruction on reverse side.		Court Date and Time Month August Day 30 Year 2021 Time 0830 <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, 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)							Date Signed 08-01-2021	
HOLD for other Agency Name:		Signature of Arresting Officer B. Drury 1122		Name Verification (Print) BU#		Time 4:32		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) B. Drury		I.D. # 1122		Agency BBPD
Intake Deputy Dung 686		I.D. #		Pouch #		Transporting Officer B. Drury		I.D. # 1122
Witness here is subject Signed with an "X"		Page 1 of 1						

H 0524960

AUG 02 2021

## D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 31 DAY OF July 2021 AT 11:42 ☐ A.M. ☒ P.M.

CASE #: 21-038929

DEFENDANT: Banhagel, Matthew Karl

### PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

I responded as back-up to a traffic stop at 2500 S Federal Hwy, Boynton Beach, FL 33435. Upon arrival, I met with Ofc. Nalerio who initiated the traffic stop who advised the following: Ofc. Nalerio witnessed a 2013 black Ford Mustang, bearing FL-tag 58AIWT, just south of the 200 block of S Federal Highway, strike the center median. Ofc. Nalerio proceeded behind the vehicle while doing so observed the vehicle cross over the solid yellow line 5 times and almost struck the median. At this time, Ofc. Nalerio initiated a traffic stop at the 2300 block of S Federal Highway. Ofc. Nalerio advised that he made contact with the driver, W/M Matthew Banhagel (DOB: 12-7-57) identified by his Ohio driver's license. Ofc. Nalerio advised that Banhagel had obvious glassy eyes and slurred speech. Ofc. Nalerio could smell the odor of an unknown alcoholic beverage coming from Banhagel's breath.

I then made contact with Banhagel, who was still in the driver's seat. Banhagel advised that he was at Two George's restaurant for about three hours, approximately three hours ago with a friend. Banhagel left and drove to Delray Beach where he listened to music with his friend. Banhagel then returned to Two George's to retrieve his sunglasses he had left there and was currently on his way home. Banhagel had obvious glossy, bloodshot and tired eyes. I could smell the odor of an unknown alcoholic beverage coming from Banhagel's breath as he spoke to me.

Based on the above facts, I had Banhagel exit the vehicle. While exiting his vehicle, Banhagel had to use the door for support. Banhagel was unsteady on his feet while walking to the rear of his car. Banhagel's eyes still appeared heavy, glossy and bloodshot. Banhagel advised he was heading home from Two George's. While speaking with Banhagel, I could still smell the odor of an unknown alcoholic beverage coming off his breath. Banhagel advised multiple times that he did not have anything to drink while at Two George's or at his friend's house in Delray Beach. Banhagel stated he ate a lot and only drank seltzer water while there.

Based on the above facts I asked Banhagel if he would be willing to submit to a Series of Standardized Field Sobriety Task, which he agreed to. Prior to beginning I asked Banhagel if he had any disabilities and/or injuries; which he stated yes. Banhagel stated that he had MS (Multiple Sclerosis). Banhagel showed me his insurance card to show proof that he had MS, the card did not mention any medical diagnosis. When asked if he had any issues

with his eyes, Banhagel stated yes. Banhagel advised his MS causes him to see objects farther away than they really are. I asked Banhagel if he was able to perform the tasks with these medical conditions, which he stated yes. See the following:

**Pen Exercise:**

I had to have Banhagel sit against the bumper of my marked patrol to perform this task due to height differences. Banhagel continuously would move his head to follow my stimulus. Banhagel was reminded multiple times to keep his head still, yet he continued to move it. Banhagel did not follow the stimulus and would look at me near the end of the tasks. Banhagel did not keep his hands at his side.

**HORIZONTAL GAZE NYSTAGMUS:**

- |  |   |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly                 | <input type="checkbox"/> Right eye does not follow smoothly                 |
| <input type="checkbox"/> Left eye prior to 45 degrees                      | <input type="checkbox"/> Right eye prior to 45 degrees                      |
| <input type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye                    | <input type="checkbox"/> Vertical Nystagmus in right eye                    |

**WALK AND TURN:**

During the instruction phase, Banhagel continuously angled his feet when asked to stand with his feet on the line. Banhagel started the task early twice. He stepped off the line and was unable to maintain his balance. During the walking stage, Banhagel stepped off the line at steps 3, 5, and 8 while walking the first 9 steps. Banhagel stopped and asked for instructions. Banhagel performed an incorrect turn by turning towards the right in a fast motion. Banhagel did not walk heel to toe throughout the exercise. Banhagel used his arms for balance.

**ONE LEG STAND:**

During the instructional phase, Banhagel was unable to keep his feet together. Banhagel kept spreading his feet to balance himself and would not keep his arms at his side. Banhagel interrupted me with questions prior to finishing my instructions. During the balancing stage, Banhagel never elevated his foot. Banhagel only pointed his right toe at the ground and counted in the following manner: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 and then asked if he was done. Banhagel stopped his attempt to complete the task prior to the time allotted. Banhagel used his arms to balance himself.

**FINGER TO NOSE:**

During the instructional phase, Banhagel was unable to keep his feet together. Banhagel kept spreading his feet to balance himself and would not keep his arms at his side. Banhagel kept putting his head back while I was providing instructions. During the exercise stage, on the first LEFT and the third LEFT, Banhagel began to pick up his right hand and then switched. On every command, Banhagel missed the tip of his nose and touched the bridge of his nose. Banhagel did not return his arms to side after touching his nose. Banhagel had his eyes open.

**ROMBERG/ALPHABET:**

During the instructional phase, Banhagel was unable to keep his feet together. Banhagel kept spreading his feet to balance himself and would not keep his arms at his side. Banhagel began stating his alphabet before he was told to do so. During the exercise, Banhagel did not keep his eyes closed. Banhagel incorrectly stated the alphabet as follows "...M, N, O, P, F, Z, F, W, X, Y, Z".

Based on the above facts, Banhagel was placed into handcuffs (D/I and checked for tightness) and arrested for suspicious of DUI. Banhagel was then placed in the back seat of my patrol vehicle (#4734) and transported to the Palm Beach County BAT facility. I arrived at the facility at 0031hrs, started my 20 minutes observations at 0034hrs and completed it at 0054hrs. Upon completion I requested Banhagel to provide a sample of his breath to determine the alcohol content, which he continuously asked for a blood draw and would not answer to the request of breath test. I then read Banhagel Implied Consent, which he eventually stated that he understood. I then requested a second time, again Banhagel was argumentative and continued to ask for a blood draw, but once explained the Florida procedure for DUI investigation, Banhagel agreed to provide a breath sample. Banhagel provide a BrAC sample of .110 at 0109hrs and .111 at 0112hrs. I then read Banhagel his Miranda Warnings, which he stated that he understood. When asked the first question of the Q/A's Banhagel requested an attorney.

Based on the facts, Banhagel was charged with Driving Under the Influence pursuant with F.S.S. 316.193(1)(a). Banhagel was processed and later TOT PBCJ.

Incident was captured via BWC. Banhagel's vehicle was removed from scene by Beck's Towing.

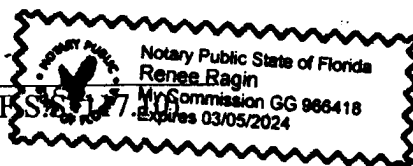
Nothing further.

The following instrument was sworn to before me this

1 day of August 2021

By: Personally Known

Notary/Police Officer (P.S.)



1122  
Signature of Arresting Officer

SUBJECT: BANHAGEL, MATTHEW K 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) \_\_\_\_\_

Read on Camera

## 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

# TESTING FACILITY TASK REPORT

AGENCY:	BBPD		
SUBJECT:	BANHAGEL, MATTHEW K		
CASE NUMBER:	21-091438		
DATE:	Aug 1, 2021		
VIDEO DVD NUMBER:	N/A		
BEGINNING TIME:	01:01		
ENDING TIME:	01:15		
BREATH TESTS RESULTS:	1) .110 TIME 01:09 A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> 2) .111 TIME 01:12 A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>		
	3) N/A TIME N/A A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> 4) N/A TIME N/A A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>		
BREATH OPERATOR:	P.POUND #24639		
MAINTENANCE TECHNICIAN:	J. KARLECKE# 6467		

## TESTING OFFICER'S OBSERVATIONS

SPEECH:	SLURRED
ATTITUDE:	TALKATIVE
CLOTHING:	TAN SHORTS, LIGHT BLUE SHIRT, GRAY / WHITE SNEAKERS
MEDICAL CONDITIONS:	NONE
MEDICATIONS:	NONE

## OTHER:

EYES: GLASSY AND BLOODSHOT

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:34 HRS.

SUBJECT: ASKED FOR A BLOOD TEST

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: INVOKED HIS RIGHTS TO COUNSEL

SUBJECT: BANAGEL, MATTHEW K 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

CASE #: 21-038929

DEFENDANT: Banhagel, Matthew Karl

Arresting Officer: B. Drury

Address: 2100 High Ridge Road, Boynton Beach, FL 33426

Phone Numbers: Home: \_\_\_\_\_ Work: (561) 742-6100

Name: Ofc. Castro

Address: 2100 High Ridge Road, Boynton Beach, FL 33426

Phone Numbers: Home: \_\_\_\_\_ Work: (561) 742-6100

Can testify to: The investigation

Name: Ofc. Nalerio

Address: 2100 High Ridge Road, Boynton Beach, FL 33426

Phone Numbers: Home: \_\_\_\_\_ Work: (561) 742-6100

Can testify to: The investigation

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: \_\_\_\_\_



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: 08/01/2021

Date of Last Agency Inspection: 07/16/2021

Observation Period Began: 00:34

Subject's Name: MATTHEW BANHAGEL

DOB: 12/07/1957 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	01:08
Air Blank	0.000	01:08
Control Test	0.077	01:08
Air Blank	0.000	01:09
Subject Sample #1	0.110	01:09
Air Blank	0.000	01:10
Air Blank	0.000	01:12
Subject Sample #2	0.111	01:12
Air Blank	0.000	01:13
Control Test	0.077	01:13
Air Blank	0.000	01:14
Diagnostics Check	OK	01:14

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

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, \_\_\_\_\_, 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: 08/01/21

Subscribed to (or affirmed) before me this 01 day of AUGUST, 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.



**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

**Booking Number:** 2021019029

**Date:** 8/1/2021

**Specialist Name/ID:** M. Took #8557