

0524126

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1548

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 21-079014	
	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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01			
	Location of Arrest (Including Name of Business) GLADES ROAD / DIEGO DRIVE WEST				Location of Offense (Business Name, Address) GLADES ROAD / DIEGO DRIVE WEST, UNINCORPORATED / FL/33498			
	Date of Arrest 06/23/2021	Time of Arrest 2306	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle City Towing, 880 NW 1st Ave, Boca Raton, FL 33432, (561) 347-9794	
DEFENDANT	Name (Last, First, Middle) Bothe, Navixy,							
	Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian W							
	Sex F	Date of Birth 4/28/1970	Height 5'04	Weight 120	Eye Color BRO	Hair Color BRO	Complexion MED	Build MED
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status Divorced	Religion NONE	Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.	
	Local Address (Street, Apt. Number) 691 Saxony O, Delray Beach, FL 33446				Phone (561) 697 6697	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		
	Permanent Address (Street, Apt. Number)				Phone	Address Source FL DL		
	Business Address (Name, Street)				Phone	Occupation PROPERTY MANAGER		
	D/L Number, State B300620706480, FL		Soc. Sec. Number	INS Number		Place of Birth (City, State) CARACAS, VENEZUELA	Citizenship YES	
	CO-DEF	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			
JUVENILE	Parent/ Legal Custodian Other:		Name (Last)		(First)	(Middle)	Residence Phone	
	Address (Street, Apt. Number)		(City)		(State)	(Zip)	Business Phone	
	Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated	
	Released To: (Name)		Relationship		Date	Time		
	The above address 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 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
	Charge Description DRIVING UNDER THE INFLUENCE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(4)		Violation of ORD #	
	Drug Activity N		Drug Type N	Amount / Unit	Offense # 21-079014	Warrant / Capias Number		Bond
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
NOTICE TO APPEAR	Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600							
	Court Date and Time Month JULY Day 29 Year 2021 Time 0830 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)				Date Signed 06/23/2021				
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer INV. W. AMADON		Name Verification (Printed by Agent) (PRINT)			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) INV. W. AMADON		I.D. # 9440			
	Intake Deputy Saman 8101		ID # 9440		Agency PBSO			

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
ADMIN	Agency ORI Number	Agency Name		Agency Report Number					
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE		06-21-079014					
CHARGES	Charge Type: Check as many as apply.	Charge Description		Charge Description		Special Notes:			
	<input type="checkbox"/> 1. Felony <input 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								
DEF	Name (Last, First, Middle)	Aliases		Race	Sex	Date of Birth			
	Bothe, Nayixy.			W	F	4/28/1970			
VICTIM	Charge Description	Charge Description							
	Charge Description	Charge Description							
VICTIM	Victim's Name (Last, First, Middle)	Race		Sex	Date of Birth				
	The State Of Florida,,								
VICTIM	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source			
					()				
VICTIM	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation			
					()				
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. The Person taken into custody <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. <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. On the 23rd day of June 20 21 at 2213 <input checked="" type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)									
<p>On 06/23/2021, I was dispatched to a possible drunk driver, driving a red car on the wrong side of the road.</p> <p>Upon looking for the car, I observed a red car driving east in the west bound lanes two cars in front of me. The red car had a missing left front tire, multiple front end damage, and bumped the car, front bumper to front bumper in front of me. No injuries were presented at this time.</p> <p>I made contact with the driver who was disoriented, glossy eyed, unable to tell me where she was, rambling, and smelt like alcohol. I had to ask the driver for her license multiple times due to her not paying attention or just staring off. Finally the Driver, Identified as Nayixy Bothe handed over her license after pointing at her purse. Bothe was again asked if she was okay, or needed medical attention, but just started rambling and not answering the questions the deputy asked.</p> <p>DUI enforcement was called to the scene, and the case was turned over to him.</p>									
<div style="font-size: 2em; opacity: 0.3; transform: rotate(-30deg); position: absolute; top: 50%; left: 50%;">NOT A CERTIFICATE</div>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S J. Giglio 35623						
	Signature of Arresting/Investigative Officer								
ADMINISTRATIVE	This instrument was sworn to or affirmed and subscribed before me this 23 day of JUNE 20 21 by D/S J. Giglio								
	Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced		Kevin W. Braden #9440		KNOWN LEO				
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)						PAGE 1 OF 1			

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23 DAY OF JUNE 2021, AT 2159 AM ☒ PM

SUBJECT: Bothe, Nayixy, CASE NUMBER: 21-079014

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. W. AMADON

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

On Wednesday June 23, 2021 at approximately 2202 hours I was dispatched to the intersection of Glades Road and Diego Drive West, located in Unincorporated Palm Beach County regarding a traffic stop with a possible impaired driver. Upon arrival I met with D/S J. Giglio #35623 who provided me with a supplemental probable cause affidavit stating: "On 06/23/2021, I was dispatched to a possible drunk driver, driving a red car on the wrong side of the road. Upon looking for the car, I observed a red car driving east in the west bound lanes two cars in front of me. The red car had a missing left front tire, multiple front end damage, and bumped the car, front bumper to front bumper in front of me. No injuries were presented at this time. I made contact with the driver who was disoriented, glossy eyed, unable to tell me where she was, rambling, and smelt like alcohol. I had to ask the driver for her license multiple times due to her not paying attention or just staring off. Finally the Driver, Identified as Nayixy Bothe handed over her license after pointing at her purse. Bothe was again asked if she was okay, or needed medical attention, but just started rambling and not answering the questions the deputy asked."

OBSERVATION OF DRIVER:

Upon my arrival on scene I observed the defendant sitting on the curb of the center median area of Glades Road. I approached her and she immediately began telling me how she made a mistake and that she knows she was wrong. I asked her to stand and to walk to my patrol car. I observed the driver to be unsteady on her feet. The defendant had a noticeable orbital sway as she stood. The defendant's clothing was properly worn. The defendant weaved as she walked from the curb next to her vehicle to the front of mine. The defendant leaned on my vehicle several times throughout my investigation. The defendant's eyes were red, glassy, bloodshot and watery. The defendant's speech was slow, slurred, deliberate, with a noticeable accent.

DRIVER'S STATEMENTS:

The defendant admitted to having two beers while watching a sporting event at a friends house.

ODORS:

I immediately detected the odor of an unknown alcoholic beverage coming from the defendants breath, which intensified when the defendant spoke.

GENERAL OBSERVATIONS

SPEECH: slow / slurred / deliberate / accent

ATTITUDE: argumentative / dismissive / confused / talkative / crying

CLOTHING: blue shirt and blue pants

MEDICAL/OTHER: comp stated she is bi polar

STATE OF FLORIDA
COUNTY OF PALM BEACH

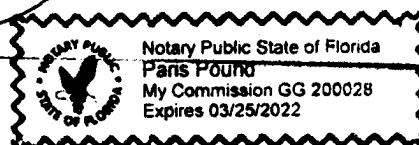
INV. W. AMADON Inv W Amadon
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of June 2021 by INV. W. AMADON

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known Law Enforcement Officer

Paris Pound (#24639)

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: Bothe, Nayixy,

CASE NUMBER 21-079014

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:

The defendant had a noticeable orbital sway during this task. The defendant had VGN. The defendant had to be reminded to keep her feet together and stumbled from the instructional stance. The defendant moved her head several times and had to be reminded to keep her head still.

WALK & TURN:

The defendant was placed into the instructional stance for the Walk and Turn Task. The defendant was instructed to not move from the instructional position until told to do so. The defendant was given instructions and a demonstration. The defendant stepped from the instructional stance prior to being told to do so. The defendant began walking down the line prior to being instructed to do so. The defendant attempted multiple times to place her feet into the instructional position. The defendant would stumble and stagger and was unable to stand still. The defendant started walking several times prior to being told to do so. The defendant made it clear through her actions that she was unable to perform the task. I was forced to conclude the task and move onto the next. The defendant had a noticeable orbital sway during this task.

ONE LEG STAND:

The defendant was placed into the instructional stance for the One Leg Stand. The defendant was instructed to not move from the instructional position until told to do so. The defendant was given instructions and a demonstration. The defendant stepped from the instructional stance prior to being told to do so. The defendant had great difficulty standing with her feet together and stumbled several times, having to be caught by back up Deputies to prevent her from stumbling into an active lane of travel on Glades Road. The defendant put her foot down almost immediately. The defendant did not keep both legs straight. The defendant did not point her toe as instructed. The defendant used her arms for balance. The defendant did not count aloud. The defendant had a noticeable orbital sway during this task. The defendant began alternating legs and raising them with her knees bent and swinging her leg.

FINGER TO NOSE:

The defendant was placed into the instructional stance for the Finger to Nose. The defendant was instructed to not move from the instructional position until told to do so. The defendant was given instructions and a demonstration. The defendant had great difficulty extending only her index fingers. The defendant had to be shown several times. I eventually attempted to get her to do one hand a time in an attempt to gain the correct hand position. The defendant opened one index finger. I told her to open the other index finger and she opened the middle finger on the first hand. The defendant had to be reminded to keep her feet together. I asked the defendant to close her eyes and tilt her head back and she immediately stumbled to her rear. She was again prevented from falling by on scene Deputies. The defendant stated she could not close her eyes because she would fall. I concluded the task. The defendant had a noticeable orbital sway during this task.

ROMBERG ALPHABET:

The defendant was placed into the instructional stance for the Romberg Alphabet. The defendant was instructed to not move from the instructional position until told to do so. The defendant was given instructions and a demonstration. The defendant had to be reminded to keep her feet together. The defendant incorrectly recited the alphabet. The defendant had a noticeable orbital sway during this task.

BREATH TEST RESULTS: 1) 0.244 2) 0.222 3) 0.237 4) N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. W. AMADON *W. Amadon*
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of June, 2021 by INV. W. AMADON

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known Law Enforcement Officer

Paris Pound (#24639)

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SUBJECT: BUTHE, WAYLY CASE NUMBER: 21-079014

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) REID ON CHIVLA

SUBJECT: BOTHE, MAYIXY CASE NUMBER: 21-079014

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? Yes

WHERE WERE YOU GOING? HOME

WHAT STREET OR HIGHWAY WERE YOU ON? ATLANTIC AVE

DIRECTION OF TRAVEL? WEST WHERE DID YOU START? DOWNTOWN DELRAY Restaurant

WHAT TIME DID YOU START? 1830 WHAT TIME IS IT NOW? 930PM @ 0030

WHAT IS TODAY'S DATE? JUNE 21 WHAT DAY OF THE WEEK IS IT? THURS

WHAT COUNTY AND CITY ARE YOU IN NOW? DELRAY

WHEN DID YOU LAST EAT? LAST NIGHT WHAT DID YOU EAT? PIZZA & CHICKEN

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? I WAS AT HOME WITH MY DOG

HOW MUCH DO YOU WEIGH? 125 HAVE YOU BEEN DRINKING? YES WHAT? COURT BEERS

HOW MUCH? 2 BEERS WHERE? DELRAY WITH WHOM? WITH FRIENDS

WHEN DID YOU HAVE YOUR FIRST DRINK? 5 PM AND YOUR LAST DRINK? 6:30 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? AT HOME

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? DON'T THINK SO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? 1

WHAT? 1 BEER WHERE? AT HOME WHEN? AT HOME

WHAT LINE OF WORK ARE YOU IN? PROPERTY MANAGER WHEN DID YOU LAST WORK? LAST WEEK

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? YES WHAT? BACK INJURY 3 YEARS

ARE YOU SICK OR INJURED? YES WHAT'S WRONG? PRIVATE

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? 3 weeks ago

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? NO

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? YES WHO? DR. RAULI WHY? APPTMENT

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? YES WHAT? Refused to answer WHEN? NO

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>NO</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? NO

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? NO

INTERVIEWER: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: BOTHE, NAYIXY

CASE NUMBER: 21-079014

DATE: Jun 24, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:05

ENDING TIME: 00:31

BREATH TESTS RESULTS: 1) .244 TIME 00:10 A.M. ☒ P.M. ☐ 2) .222 TIME 00:14 A.M. ☒ P.M. ☐
3) .237 TIME 00:18 A.M. ☒ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT

ATTITUDE: TALKATIVE, UPSET

CLOTHING: BLUE / WHITE ROMPER, SILVER SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT

SUBJECT: STATED SHE HAD TWO BEERS IN Q&A.

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:40 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED Q&A

SUBJECT: 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: 80-006476 Software: 8100.27
Date of Test: 06/24/2021

Date of Last Agency Inspection: 06/11/2021

Observation Period Began: 23:40

Subject's Name: NAYIXY BOTHE

DOB: 04/28/1970 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	00:08
	Air Blank	0.000	00:08
	Control Test	0.080	00:08
	Air Blank	0.000	00:09
	Subject Sample #1	0.244	00:10
	Air Blank	0.000	00:11
	Air Blank	0.000	00:13
	Subject Sample #2	0.222	00:14
	Air Blank	0.000	00:15
	Air Blank	0.000	00:16
	Subject Sample #3	0.237	00:18
	Air Blank	0.000	00:19
	Control Test	0.077	00:19
	Air Blank	0.000	00:19
	Diagnostics Check	OK	00:20

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, DARIN D BOUND, 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: 06/24/21
Signature

Sworn to (or affirmed) before me this 24th day of JUNE, 2021

Dar W. Amador Dar W. Amador
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.

WITNESS LIST

CASE NUMBER: 21-079014

ARRESTING OFFICER: INV. W. AMADON

ADDRESS: 3228 Gun Club Road, West Palm Beach , FL 33406

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

CAN TESTIFY TO: DUI Investigation

NAME: D/S J. GIGLIO #35623

ADDRESS: 3228 Gun Club Road, West Palm Beach , FL 33406

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

CAN TESTIFY TO: Stopping Deputy

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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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: _____



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: 2021015346

Date: 6/24/2021

Specialist Name/ID: T Howard/7185