

20CT15855AMB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1
N
Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-134171	
	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	
	Location of Arrest (Including Name of Business) Greenview Shores Blvd./Wellington Trace, Wellington FL				Location of Offense (Business Name, Address) Greenview Shores/Wellington Trace, Wellington FL			
DEFENDANT	Date of Arrest 12/07/2020		Time of Arrest 0214		Booking Date		Booking Time	
	Jail Date		Jail Time		Location of Vehicle Priority Towing			
	Name (Last, First, Middle) Cocoman, Paul, G							
CO-DEF	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 10/5/1987		Height 5'8"	
	Weight 160		Eye Color Bl		Hair Color Br		Complexion Lgt	
	Build SM		Marital Status Single		Religion CATHOLIC		Indication of: Alcohol Influence Drug Influence	
JUVENILE	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) arms, chest, back, legs,				Address Source DEFENDANT		Occupation Horse trainer	
	Local Address (Street, Apt. Number) 1852 Wysteria St, Wellington FL		Permanent Address (Street, Apt. Number)		Business Address (Name, Street)		Citizenship Ireland	
	D/I Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State) Ireland	
CHARGE	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Name (Last, First, Middle)		Address (Street, Apt. Number)		Notified by: (Name)		Date	
NOTICE TO APPEAR	Parent Legal Custodian Other		Address (Street, Apt. Number)		Notified by: (Name)		Date	
	Relationship		Date		Time		Juv. Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
	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		Value of Property	
ADMIN	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. Synthetics		U. Unknown Z. Other		Statute Violation Number 316.193(3)c(1)	
CHARGE	Charge Description Driving Under the Influence		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
	Drug Activity N		Drug Type N		Amount / Unit		Offense # 20-134171	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
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 12 Day 31 Year 20 Time 8:30 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. 12/07/2020 Signature of Defendant (or Juvenile and Parent /Custodian) _____ Date Signed _____							
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) SCANNED			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Cpl. A. Soloway 8586		I.D. # 8586	
	Intake Deputy [Signature]		I.D. #		Pouch #		Transporting Officer A. SOLOWAY 8586	
Agency PBSO		ID #		Agency PBSO		Witness here if subject signed with "X" _____		

0520076

P#954

DEC 07 2020
DEC 7 AM 4:30

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-20134101					
	Charge Type: Check as many as apply.		Special Notes:					
	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance					
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other					
DEF	Name (Last, First, Middle) GERARD PAUL		Alias	Race W	Sex M	Date of Birth 10/05/1987		
	Charge Description DUI	316.193	Charge Description					
CHARGES	Charge Description		Charge Description					
	Charge Description		Charge Description					
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA		Race	Sex	Date of Birth			
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone		Address Source
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone		Occupation GOVERNMENT
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 7TH day of DECEMBER 2020 at 0210 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On December 7th, 2020 at approximately 0101 hours, I was dispatched to vehicle accident at Wellington Trace and Greenview Shores Blvd. in the Village of Wellington.</p> <p>Upon my arrival, I made contact with the driver, Paul Gerard of a 2020 white Cheve Blazer bearing FL tag (DZJR63). When Gerard began to speak with me in order to advise me what happened I detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area. I also noticed that his the odor intensified when he spoke to me. Gerard eyes appeared glassy and his speech was slurred, slow and at times difficult to understand. Gerard's movements were slow and lethargic with poor coordination. Gerard was wearing blue polo shirt with, blue jeans and gray sneakers.</p> <p>The second driver advised me that prior to my arrival Gerard was unable to keep his balance and appeared "drunk".</p> <p>Paul Gerard showed signs of possible impairment so I requested a DUI Unit to conduct an assessment. This affidavit is for supplemental purposes only.</p>								
NOT A CERTIFIED COPY								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S G PALMER					
	(Signature of Arresting/Investigative Officer)							
	The foregoing instrument was sworn to or affirmed and subscribed before me this 7TH day of DECEMBER 20 20 by D/S G PALMER							
(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)							PAGE 1 OF 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7 DAY OF December 20 20, AT 0101 AM PM

SUBJECT: Cocoman, Paul, G CASE NUMBER: 20-134171

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Cpl. A. Soloway 8586

PERSONAL CONTACT

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

I responded to assist DS Palmer with a crash involving a possible impaired driver. Upon arrival he advised me: On December 7th, 2020 at approximately 0101 hours, I was dispatched to vehicle accident at Wellington Trace and Greenview Shores Blvd. in the Village of Wellington.

Upon my arrival, I made contact with the driver, Paul Gerard of a 2020 white Cheve Blazer bearing FL tag (DZJR63). When Gerard began to speak with me in order to advise me what happened I detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area. I also noticed that his the odor intensified when he spoke to me. Gerard eyes appeared glassy and his speech was slurred, slow and at times difficult to understand. Gerard's movements were slow and lethargic with poor coordination. Gerard was wearing blue polo shirt with, blue jeans and gray sneakers. The second driver advised me that prior to my arrival Gerard was unable to keep his balance and appeared "drunk". Paul Gerard showed signs of possible impairment so I requested a DUI Unit to conduct an assessment.

OBSERVATION OF DRIVER:

Upon my arrival the defendant was sitting in the driver's seat of his vehicle. His eyes were red and glassy. There was an odor of an unknown alcoholic beverage coming from his breath. His speech was slurred. He was unsteady on his feet as he walked. He was swaying.

DRIVER'S STATEMENTS:

The defendant stated he was coming from Jojo's and Mc Donalds and he was heading home. He said he drank 3 Coors Light beers. He said he crashed into the car in front of him. He did not know the approximate time. He denied having any medical conditions or physical abnormalities. He stated he was not injured in the crash.

ODORS:

There was an odor of an unknown alcoholic beverage coming from his breath.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: compliant

CLOTHING: jeans, polo shirt, sneakers

MEDICAL/OTHER: stated none

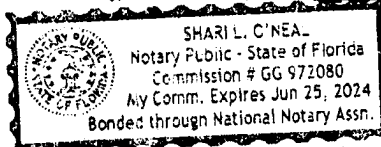
STATE OF FLORIDA
COUNTY OF PALM BEACH

Cpl. A. Soloway 8586
Signature of Arresting/Investigative Officer

This foregoing instrument was sworn to or affirmed and subscribed before me this 7 day of December 20 20 by Cpl. A. Soloway 8586

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: Cocoman, Paul, G

CASE NUMBER 20-134171

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

The defendant was swaying during this task.

WALK & TURN:

The defendant was unable to maintain his balance during the instructions. He stepped off the line several times. He lost his balance and almost fell over during the task.

ONE LEG STAND:

The defendant was swaying while balancing. He began hopping during this task. He did not look at his raised foot. He lost his balance during the task. He incorrectly counted when he reached 1012.

FINGER TO NOSE:

The defendant was swaying and came out of the instructional position several times. He touched under his nose on attempts 1 and 3. He touched his nostril on attempts 2 and 6. He used the pad of his finger on attempt 5.

ROMBERG ALPHABET:

The defendant was noticeably swaying during this task. He correctly recited the alphabet in English.

BREATH TEST RESULTS: 1) 2) 3) 4)

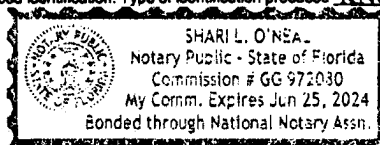
STATE OF FLORIDA
COUNTY OF PALM BEACH

Cpl. A. Soloway 8586
signature of Arresting/Investigative Officer)

foregoing instrument was sworn to or affirmed and subscribed before me this 7 day of December 2020 by Cpl. A. Soloway 8586

Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



WITNESS LIST

CASE NUMBER: 20-134171

ARRESTING OFFICER: Cpl. A. Soloway 8586

ADDRESS: PBSO

PHONE NUMBERS (HOME): _____ (WORK) 561 386 9001

CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS Palmer#25514

ADDRESS: PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Crash investigation

NAME: Phillips, Jason, Craig

ADDRESS 1541 Snapdragon Dr, Wellington, FL 33414

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: crash victim, wheel witness

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: **PBSO CPL. SOLOWAY #8586**

SUBJECT: **COCOMAN, PAUL G.**

DATE: **12-07-20**

BEGINNING TIME: **0331 HRS**

ENDING TIME: **0341 HRS**

CASE NUMBER: **20-134171**

VIDEO DVD NUMBER: **N/A**

BREATH TESTS RESULTS: 1) **.179** TIME **0335** A.M. P.M. 2) **.176** TIME **0338** A.M. P.M.

3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: **S.O'NEAL #6212**

MAINTENANCE TECHNICIAN: **J. KARLECKE #6467**

TESTING OFFICER'S OBSERVATIONS

SPEECH: **ACCENT**

ATTITUDE: **CALM, QUIET, COOPERATIVE**

CLOTHING: **SHIRT- NAVY BLUE PANTS- BLUE JEANS**

MEDICAL CONDITIONS: **NONE**

MEDICATIONS: **NONE**

OTHER:

EYES: **RED, GLASSY**

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O SOLOWAY #8586
A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE REQUEST.
D COMPLETED THE TEST CORRECTLY.
EXPLAINED THE BREATH RESULTS TO THE D.
C/W READ ON SCENE, D REFUSED THE Q&A.

SUBJECT: _____ 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) _____

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) _____

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, 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: _____

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: 80-006240 Software: 8100.27
Date of Test: 12/07/2020

Date of Last Agency Inspection: 11/13/2020
Observation Period Began: 03:10
Subject's Name: PAUL G COCOMAN

DOB: 10/05/1987 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	03:33
	Air Blank	0.000	03:34
	Control Test	0.080	03:34
	Air Blank	0.000	03:35
	Subject Sample #1	0.179	03:35
	Air Blank	0.000	03:36
	Air Blank	0.000	03:38
	Subject Sample #2	0.176	03:38
	Air Blank	0.000	03:39
	Control Test	0.081	03:39
	Air Blank	0.000	03:39
	Diagnostics Check	OK	03:39

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 SHARI L O'NEAL, 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: S. O'neal Date: 12-07-20
Signature

Sworn to (or affirmed) before me this 07 day of December, 2020

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida Cpl. Soloway #8586

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
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 20-134171 PBSO ZONE 8-11

AGENCY CASE # _____ CRASH CASE # 20134167

TIME OF STOP/CRASH 0101 DATE 12/07/2020 DAY Monday

SUBJECT'S NAME Cocoman, Paul, G RACE W SEX M

HGT 5'8" WGT 160 DOB 10/5/1987

LOCATION Greenview Shores/Wellington Trace, Wellington FL

ARRESTING OFFICER'S NAME & ID Cpl. A. Soloway 8586 (8586) AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0310

ARREST TIME 0214

BREATH RESULTS:

1) .179

2) .176

3) _____

4) _____

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

