0530061 22CT4062 SB 2648

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 22-045271

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 2 (1. Yes 2. No)

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
Lyons Road/Hypoluxo Road	Hypoluxo Road/Hagen Ranch Road, Lake Worth, FL 33467

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/11/2022	21:26	03/11/2022				Gardens Towing

DEFENDANT

Name (Last, First, Middle): RUSSO, PHILIP,

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	5/11/1957	5'09	220	Blue	Gray	Fair	Medium

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): NONE

Marital Status: Single

Religion:

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk. / Drug Influence ☐ Y ☐ N ☒ Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): 8980 EQUUS CIR, BOYNTON BEACH FL 33472

Phone: (862-) 226-9358

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): ,

Phone: ( )

Address Source: Verbal

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( )

Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
R200673571710, FL,	[redacted]		Wayne, NJ	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 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): I. ORT

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 ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended Grade

Property Crime? ☐ Yes ☐ No

Description of Property

Value of Property

CODE

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI	1	☐ Y ☒ N	316.193(1)A	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N	N/A	22-045271		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount I Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): 200 W. ATLANTIC AVE. DELRAY BEACH, FL 33444

Court Date and Time: Month April Day 14 Year 2022 Time 8:30 AM X 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: 03/11/2022

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy: Bentle 1634 I.D. # Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): D/S D.Holligan I.D. # 37274

Transporting Officer: D/S D.Holligan ID # 37274 Agency PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

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

PBSO #148 REV. 8/97

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 22-045271

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
RUSSO, PHILIP,		W	M	5/11/1957

CHARGES

Charge Description	Charge Description
DUI 316.193(1)A	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State of Florida, ,			

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
,	( )	
Business Address (Name, Street) (City) (State) (zip)	Phone ( )	Occupation

PROBABLE CAUSE STATEMENT

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

- ☐ committed the below acts in my presence.
- ☐ confessed to _____ admitting to the below facts.
- ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- ☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 11 day of March 2022 at 20:51 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

On Friday March 11th, 2022 at approximately 8:43 pm while performing the duties of a Palm Beach County Sheriff's Deputy; I was dispatched to BOLO (Be on the Look Out) for a black GMC that was failing to maintain a lane. The complainant stated the driver was speeding, failing to maintain a lane, and almost hit the median. I was able to catch up to the vehicle on Hypoluxo road/Hagen Ranch road. The complainant pulled up next to me at the red light and confirmed I was behind the correct vehicle. While behind this vehicle, I paced clocked it with my calibrated marked patrol unit at 63 miles per hour in a posted 45 mile per hour zone. That vehicle also drove over the dotted line and made a wide turn as we went onto Lyons road. I activated my emergency equipment and conducted a traffic stop on that vehicle at approximately 8:51 pm on Lyons road/Hypoluxo road for speed. The vehicle was bearing a Florida tag of JPWU48.

I exited my vehicle, making a driver's side approach to the vehicle. I introduced myself and stated the reason for the stop. The driver stated that he didn't realize but has been trying to watch his speed. I asked where he was going and he stated home. I then asked where he was coming from and he stated a brewery. While speaking with the driver I noticed his eyes were bloodshot/watery and he had slurred speech. The driver provided me a Florida DL where I was able to identify the driver as Philip Russo (R-200-673-57-171-0).

After returning to the vehicle, I asked Philip to exit the vehicle and walk to the front of mine. Philip slightly stumbled as he exited the vehicle, causing him to lean to the left. While speaking to Philip outside of the vehicle, I could smell the odor of an unknown alcoholic beverage coming from his facial area. I asked if he had been drinking tonight and he stated yes. He stated he had about 3 beers over the last 3 hours while at the brewery. Based on my suspicion that he might be impaired, I asked Philip would he consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. Philip asked what would happen if he didn't. I advised him of Taylor Warning, informing him that the SFSTS were voluntary and he did not have to perform them. I also explained in the absence of his performance I would only be left with the physical evidence of impairment before me which could be strong basis for being placed under arrest for DUI. Philip consented to perform the exercises. Prior to the start of the exercises I asked if he had any medical issues, injures and/or used drugs and he stated no. Philip did state that sometimes his legs are numb.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

39274 D/S D.Holligan
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of March 2022 by D/S D.Holligan

(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)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

PAGE 1 OF 2

PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile: N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 22-045271

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
RUSSO, PHILIP.		W	M	5/11/1957

CHARGES

Charge Description	Charge Description
DUI 316.193(1)A	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State of Florida, ,			

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
,	( )	
Business Address (Name, Street) (City) (State) (zip)	**Phone**	**Occupation**
	( )	

PROBABLE CAUSE STATEMENT

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

☐ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 11 day of March 20 22 at 20:51 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

The first field sobriety exercise I conducted was the Horizontal Gaze Nystagmus. Before beginning the exercise, I explained the instructions to Philip and he stated he understood. During this exercise he failed to follow the tip of my and constantly moved his head. He was reminded several times of the instructions. Philip also swayed heavily.

The next exercise I had him perform was the walk and turn. Philip stated he doesn't believe he'll be able to do it because his legs were numb. I was able to get him into the instruction phase but he wasn't able to keep his balance. I then moved on to the One Leg Stand. I again explained the instructions for this exercise and he stated that he understood. Philip attempted to start but put his foot down and again said his feet were numb.

The next exercise performed was the finger to nose. I explained the instructions for this exercise and he stated that he understood. During this exercise, Philip missed the tip of his nose.

The final exercise performed was the Romberg Alphabet. Philip performed as instructed.

At approximately 9:26 pm, Philip was placed under arrest for driving under the influence. His cuffs were double locked and checked for proper fit. I transport him to the Palm Beach County Sheriff Office BAT center without incident. At approximately 10:00 pm, we arrived at the BAT center and the 20-minute observation period began under my supervision. At approximately 10:26 pm, Philip was asked if he would provide a breathe sample and he stated yes. At approximately 10:32 pm, the first breath sample was provided. That sample was a .097. The second sample was provided at approximately 10:35 pm and that sample was .096.

Philip was read his Miranda rights and he chose not to speak. His vehicle was towed by Gardens Towing. He was booked into the county jail without incident.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

3124

D/S D.Holligan
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of March 20 22 by D/S D.Holligan

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

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

PAGE 2 OF 2

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

PBSO #0004 REV. 04/01

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11 DAY OF March 20 22, AT 20:51 AM ✓ PM

SUBJECT: RUSSO, PHILIP, CASE NUMBER: 22-045271

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S D.Holligan

PERSONAL CONTACT

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

SEE PC AFFIDAVIT

OBSERVATION OF DRIVER:

SEE PC AFFIDAVIT

DRIVER'S STATEMENTS:

SEE PC AFFIDAVIT

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM SUBJECT'S BREATH

GENERAL OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **Calm, Polite**

CLOTHING: **Orderly**

MEDICAL/OTHER: **Has numbness in the feet.**

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S D.Holligan 37274
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of March 2022 by D/S D.Holligan

(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)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

SUBJECT: RUSSO, PHILIP, **CASE NUMBER** 22-045271

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:

SEE PC AFFIDAVIT

WALK & TURN:
SEE PC AFFIDAVIT

ONE LEG STAND:
SEE PC AFFIDAVIT

FINGER TO NOSE:
SEE PC AFFIDAVIT

ROMBERG ALPHABET:
SEE PC AFFIDAVIT

BREATH TEST RESULTS: .097 .096

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S D.Holligan 37274
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of March 20 22 by D/S D.Holligan

(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)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

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: _____

WITNESS LIST

CASE NUMBER: 22-045271

ARRESTING OFFICER: D/S D.Holligan
ADDRESS: 7894 S. Jog Road
PHONE NUMBERS (HOME): (WORK) 561- 688-4860
CAN TESTIFY TO: FACTS

NAME:
ADDRESS:
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Russo, Phillip M

CASE NUMBER: 22-045271

DATE: Mar 11, 2022

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 2225

ENDING TIME: 2237

BREATH TESTS RESULTS: 1) .097 TIME 2232 A.M.☐ P.M.☒ 2) .096 TIME 2235 A.M.☐ P.M.☒

3) n/a TIME 0 A.M.☐ P.M.☐ 4) n/a TIME 0 A.M.☐ P.M.☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, slurred

ATTITUDE: cooperative

CLOTHING: gray shorts, black shirt, black shoes

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

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

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2200 hrs

subject agreed to perform breath test - subject was not following instructions

subject completed breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O attempted Q&A

subject invoked right to counsel

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

PBSO CASE # 22-045271 PBSO ZONE 6-22

AGENCY CASE # 22- CRASH CASE #

TIME OF STOP/CRASH 20:51 DATE 03/11/2022 DAY Friday

SUBJECT'S NAME RUSSO, PHILIP, RACE W SEX M

HGT 5'09 WGT 220 DOB 5/11/1957

LOCATION Hypoluxo Road/Hagen Ranch Road

ARRESTING OFFICER'S NAME & ID D/S D.Holligan (37274) AGENCY Palm Beach County Sheriff's Office

DIVISION: District 6

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 22:00

ARREST TIME 21:26

BREATH RESULTS:

1 .097
2 .096
3 N/A
4 N/A

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

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: 03/11/2022

Date of Last Agency Inspection: 02/04/2022
Observation Period Began: 22:00
Subject's Name: PHILLIP M RUSSO DOB: 05/11/1957 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	22:28
Air Blank	0.000	22:28
Control Test	0.082	22:28
Air Blank	0.000	22:29
Subject Sample #1	0.097	22:32
Air Blank	0.000	22:32
Air Blank	0.000	22:34
Subject Sample #2	0.096	22:35
Air Blank	0.000	22:35
Control Test	0.079	22:36
Air Blank	0.000	22:36
Diagnostics Check	OK	22:36

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

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I THOMAS H LEAHEY, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: T Leahy Date: 03/11/2022
Signature

Sworn to (or affirmed) before me this 11 day of March, 2022

D Holligan
Signature of Notary Public-State of Florida

D/S D Holligan #37274
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
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	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022006525	**Date:** 3/12/2022
	Specialist Name/ID: M. Tooks #8557