

0518774

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

UCJ-4772

200112048

ORIS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-20-111233</b>	
ADMINISTRATIVE	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"/> 8. Other	
	Location of Arrest (Including Name of Business) <b>800 Block of Lake Ave., Lake Worth Beach FL</b>		Location of Offense (Business Name, Address) <b>800 Block of Lake Ave., Lake Worth Beach FL</b>			
DEFENDANT	Date of Arrest <b>09/27/2020</b>	Time of Arrest <b>2348</b>	Booking Date	Booking Time	Jail Date	Jail Time
	Location of Vehicle <b>Joy Towing</b>					
CO-DEF	Name (Last, First, Middle) <b>Herman, Seth, M</b>					
	Alias (Name, DOB, Soc. Sec. #, Etc.)					
JUvenile	Race <b>W - White I - American Indian B - Black O - Oriental/Asian</b>	Sex <b>M</b>	Date of Birth <b>11/19/1976</b>	Height <b>6'4"</b>	Weight <b>205</b>	Eye Color <b>BR</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>Divorced</b>	Religion <b>NONE</b>	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	
CHARGE	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>6032 INDIAN FOREST CIR, LAKE WORTH FL 33463</b>		Phone <b>(561) 255 5788</b>		Residence Type: <input type="checkbox"/> 1. City <input type="checkbox"/> 3. Florida <input type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/> 2	
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)		Phone		Address Source <b>Def</b>	
NOTICE TO APPEAR	Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation	
	DL Number, State <b>H655793764190, FL</b>		Soc. Sec. Number		INS Number	
ADMIN	Place of Birth (City, State) <b>Long Island NY</b>		Citizenship <b>US</b>			
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
HOLD	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
	Parent Legal Custodian Name (Last) (First) (Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone Business Phone	
DISTRIBUTION	Notified by: (Name) <b>BR</b>		Date	Time	Juvenile Disposition 1. Notified/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
	Released To: (Name)		Relationship		Date	Time
PAGE	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 355-2528) 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	
PAGE	Drug Activity N. N/A S. Sell P. Possess B. Buy T. Traffic R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute M. Manufacture/ Product/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 <b>Driving Under the Influence</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)A</b>	
PAGE	Drug Activity Drug Type Amount / Unit		Offense # <b>28-111233</b>	Warrant / Capias Number		
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	
PAGE	Drug Activity Drug Type Amount / Unit		Offense #	Warrant / Capias Number		
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	
PAGE	Drug Activity Drug Type Amount / Unit		Offense #	Warrant / Capias Number		
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	
PAGE	Drug Activity Drug Type Amount / Unit		Offense #	Warrant / Capias Number		
	Location (Court, Room Number, Address) <b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b>					
Court Date and Time Month <b>10</b> Day <b>22</b> Year <b>20</b> Time <b>8:30</b> 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 <b>09/27/2020</b>		
HOLD for other Agency Name:		Signature of Arresting Officer <b>A. Soloway</b>		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Releated Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>A. Soloway</b> I.D. # <b>8586</b>		(PRINT)		
Intake Deputy <b>SPAWN #101</b> I.D. # Pouch #		Transporting Officer I.D. # Agency <b>A. Soloway 8586 PBSO</b>		Witness here if subject signed with an "X" <b>1</b> of <b>1</b>		

ORIGINAL COPY

2020 SEP 28 AM 6:37

OBT Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Copies		1	Juvenile <input type="checkbox"/>
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>20-111233</b>	
Charge Type: Check as many as apply <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		Special Notes					
Defendant Name (Last, First, Middle) <b>HERMAN SETH M</b>		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>11/19/1976</b>	
Charge <b>DUI 316.103(1A)</b>		Charge					
Charge		Charge					
Victim Name (Last, First, Middle) <b>STATE OF FLORIDA</b>		Race		Sex		Date of Birth	
Local Address (Street, Apt. Number) City State Zip		Phone		Address Source			
Business Address (Street, Apt. Number) City State Zip		Phone		Occupation			
<p>The undersigned 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 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.</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 (described) investigation.</p> <p>On the <b>27</b> day of <b>september</b> 20 <b>20</b> at <b>22:38</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>							

On 09/27/2020 at about 22:38 hrs. I Sergeant S. Ferreira I.D. 7432 was flagged down by two civilians coming out of the Rum Shack bar & Restaurant and stated that a white male with a beard and a young female possibly his daughter left Restaurant and got into a white Jeep Cherokee and the male appeared to be extremely intoxicated. I immediately got into my marked PBSO police car and attempted to follow the vehicle as the witnesses yelled and pointed to said vehicle as it drove off by me. I immediately got behind the vehicle in question and attempted to initiate a traffic stop to do a welfare check on the subjects in the vehicle. The vehicle took off heading east bound in the 800 block of Lake avenue, the vehicle then took an abrupt left turn without signaling onto S K st , then again an abrupt left turn on to Lake avenue at fast pace . I finally caught up to the vehicle at Lucerne avenue and S Dixie Hwy. I activated my lights and siren to initiate a motor vehicle stop while the traffic light was red. As soon as the lights turn green the white Jeep Cherokee sped off going south bound in the North bound Lanes at high rate of speed on Dixie Hwy. I advise dispatch . The vehicle then crossed over into the south bound lanes and I continued to attempt to stop the vehicle with my lights and sirens activated. the vehicle turned right on S 2nd avenue and came to a stop. Vehicle tag was a FL PGP-R32. I made contact with driver and there was a strong odor of unknown alcoholic beverage emitting from his mouth as he spoke. At that time I had the driver who was in total control of vehicle shut off the engine . I then notified dispatch to call for a DUI unit to respond to the motor vehicle stop. based on my above investigation and observations I believe the driver may be impaired. turned over to investigator Soloway of the DUI unit.

The foregoing instrument was sworn to and affirmed before me this <u>27TH</u> day of <u>SEP</u> 20 <u>20</u> . by:	
<u>D/S L. E. ESCARAN 32415</u>	<u>SGT. FERRERA 7432</u>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
<u>[Signature]</u>	<u>[Signature]</u>
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
Page <u>1</u> of <u>1</u>	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27 DAY OF September 20 20 AT 2238 AM  PM

SUBJECT: Herman, Seth, M CASE NUMBER: 20-111233

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

## PERSONAL CONTACT

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

I responded to assist Sgt. Ferreira #7432 with a possible impaired driver. Upon arrival he advised me:

On 09/27/2020 at about 22:38 hrs. I Sergeant S. Ferreira LD. 7432 was flagged down by two civilians coming out of the Rum Shack bar & Restaurant and stated that a white male with a beard and a young female possibly his daughter left Restaurant and got into a white jeep Cherokee and the male appeared to be extremely intoxicated. I immediately got into my marked PERSO police car and attempted to follow the vehicle as the witnesses yelled and pointed to said vehicle as it drove off by me. I immediately got behind the vehicle in question and attempted to initiate a traffic stop to do a welfare check on the subjects in the vehicle. The vehicle took off heading east bound in the 800 block of Lake avenue, the vehicle then took an abrupt left turn without signaling onto S K st, then again an abrupt left turn on to Lake avenue at fast pace. I finally caught up to the vehicle at Lucerne avenue and S Dixie Hwy. I activated my lights and siren to initiate a motor vehicle stop while the traffic light was red. As soon as the lights turn green the white jeep Cherokee sped off going south bound in the North bound Lanes at high rate of speed on Dixie Hwy. I advise dispatch. The vehicle then crossed over into the south bound lanes and I continued to attempt to stop the vehicle with my lights and sirens activated. the vehicle turned right on S 2nd avenue and came to a stop. Vehicle tag was a FL PGP-R32. I made contact with driver and there was a strong odor of unknown alcoholic beverage emitting from his mouth as he spoke.

## OBSERVATION OF DRIVER:

Upon my arrival the defendant was sitting in the driver's seat of his vehicle. His 5 year old daughter was sitting in the front passenger seat. The driver's eyes were red and glassy. His speech was slow and he was lethargic. There was an odor of an unknown alcoholic beverage on his breath.

## DRIVER'S STATEMENTS:

The defendant stated he was coming from Benny's on the Beach. He said he was there with his girlfriend and his daughter. When I asked him how much alcohol he drank he stated "a little". I asked how much is that he replied 2 drinks. I asked what kind of drinks and he replied "um". He then said he drank Pina Coladas. He denied having any significant medical conditions or physical abnormalities.

## ODORS:

There was an odor of an unknown alcoholic beverage on his breath.

## GENERAL OBSERVATIONS

SPEECH: slow

ATTITUDE: compliant

CLOTHING: short shirt, shorts, flip flops

MEDICAL/OTHER: [REDACTED]

STATE OF FLORIDA  
COUNTY OF PALM BEACH

A. Soloway 8586  
Signature of Arresting/Investigative Officer

This foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of September 20 20 by A. Soloway 8586

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

Joshua Bell (#8656)  
Notary Public, Clerk of Court, Officer (F.S.S. 117.20)



JOSHUA BELL  
MY COMMISSION #66348008  
EXPIRES: JUN 18, 2023  
Bonded through 1st State insurance

SUBJECT: Herman, Seth, M

CASE NUMBER 20-111233

**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 moved his head several times during this task.

**HAND COORDINATION:**

The defendant attempted to perform the walk and turn task then told me he had a problem with his left leg. I asked him why he didn't tell me this when I asked about physical abnormalities but he could not explain. The defendant rolled his fists on the second pass. He did open his hands, put them on his lap, or say done.

**ONE LEG STAND:**

The defendant was swaying during this task. He put his foot down on the count of 2019 and did not attempt to continue. He said he chose to stop. At 1011 he asked if he could stop.

**FINGER TO NOSE:**

The defendant did not keep his head tilted back. He opened his eyes during this task. He touched the side of his nose on the first attempt. He touched with the side of his finger on the second attempt. He used the pad of his finger on attempts four and five. He did not return his arm to his side on attempts five and six.

**ROMBERG ALPHABET:**

The defendant correctly recited the alphabet.

**BREATH TEST RESULTS:**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

A. Soloway 8586

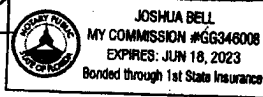
Signature of Arresting/Investigative Officer

foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of September 20 20 by 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

Joshua Bell (#8656)

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



CERTIFIED COPY



FLORIDA DLN UNIFORM TRAFFIC CITATION A2GCMZP

COUNTY OF Polk  (1) F.N.P.  (2) P.D.  (3) S.O.  (4) OTHER  
 CITY OF APPLICABLE Polk AGENCY NAME FLS  
 AGENCY # 01

IN THE COURT DEPARTMENT AND/OR THE UNDERSTANDING OFFICER THAT THESE  
 HAS BEEN AND REASONABLE PROVISIONS TO BELIEVE AND OATH BELIEVE THAT OF

COMPLAINANT (RETAINED BY COURT)  
 SEX OF OFFENSE Sex MONTH 7 DAY 27 YEAR 20 2378  DAY  NIGHT

NAME (FIRST) Seth LAST Herman  
 STREET 6032 Indian Forest Cir  
 CITY Lake Wales STATE FL ZIP CODE 37467

TELEPHONE NUMBER: DATE OF BIRTH 11 19 76 HEIGHT 5'6" WEIGHT 140

DRIVER LICENSE NUMBER H 6 5 5 7 9 7 7 6 4 1 9 0  
 TYPE PC CLASSIFICATION E EXPIRES 27 COMMERCIAL VEHICLE

VEHICLE 99 MAKE Jeep TYPE Trk COLOR White  
 YEAR 92 VIN PC 31 REGISTERED IN FLORIDA

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY  
800 Blk of Lake Ave

THE VIOLATOR COMMITTED THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, DRUGS, OR  
 CONTROLLED SUBSTANCES, AND OATH, THE USE OF A FORCE, FURTHER OFFENSE OF A VIOLATOR, WHILE UNDER THE INFLUENCE  
 OF AN ALCOHOLIC BEVERAGE, DRUGS, CONTROLLED SUBSTANCE, TO THE EXTENT BEING FORWARDED WITH  
 DEPARTMENT, IN THIS A CLASSIFICATION AGENCY LEVEL OF AN OFFENSE BY Polk  
 COMPLETE PARTIAL TO OFFENSE. They are shown with codes.

ADVERSE RECORD  YES  NO  
 LICENSE TO OTHER PROPERTY  YES  NO  
 SAFETY TO ANOTHER  YES  NO  
 REUSING BLOOD SAMPLE FACTOR  YES  NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE 10/22/20 8:30 A  
7228 Gwa Ct Rd A2GCMZP  
Polk

ARREST DELIVERED TO \_\_\_\_\_ DATE \_\_\_\_\_  
 I AGREE AND PROMISE TO COMPLY AND ADHERE TO THE COMPLIANCE INSTRUCTIONS SPECIFIED IN THIS OFFICIAL. FAILURE TO ACCEPT AND SIGN THE  
 CITATION MAY RESULT IN ARREST. I UNDERSTAND BY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY  
 ACCOMMODATIONS TO COMPLETE THIS CITATION, CONTACT THE CLERK OF THE COURT.

CRIMINAL VIOLATION

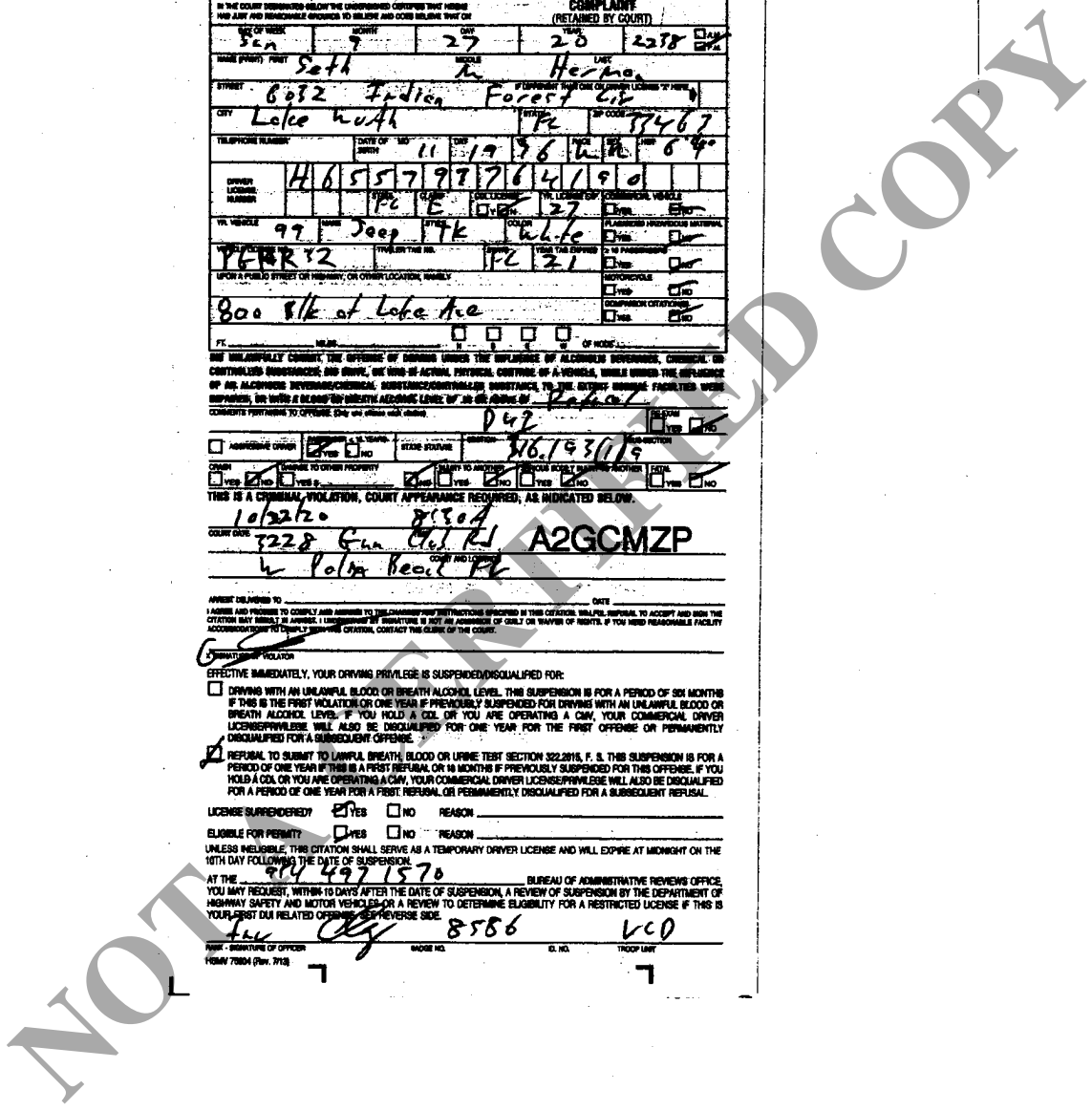
- EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:
- DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.
  - REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2016, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED?  YES  NO REASON \_\_\_\_\_  
 ELIGIBLE FOR PERMIT?  YES  NO REASON \_\_\_\_\_

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE  
 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE 914 497 1570 BUREAU OF ADMINISTRATIVE REVIEWS OFFICE  
 YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF  
 HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS  
 YOUR FIRST DUI RELATED OFFENSE. REVERSE SIDE.

NAME - SIGNATURE OF OFFICER [Signature] MAKE NO. 8586 D. NO. VCO  
 FORM 7004 (Rev. 7/18)



# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: HERMAN, SETH MICHAEL

CASE NUMBER: 20-111233

DATE: Sep 28, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0026

ENDING TIME: 0040

BREATH TESTS RESULTS: 1) .000VNA TIME 0032 A.M.  P.M.  2) .096VNA TIME 0038 A.M.  P.M.

**REFUSED**

R TIME 0039 A.M.  P.M.  4) N/A TIME XX A.M.  P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET COOPERATIVE / ARGUMENTATIVE, UNCOOPERATIVE,

CLOTHING: GREY SHORT SLEEVE BUTTON UP SHIRT, BLUE SHORTS, BLACK FLIP FLOPS

MEDICAL CONDITIONS: [REDACTED]

MEDICATIONS: [REDACTED]

## OTHER:

EYES: BLOODSHOT, GLASSY  
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0001 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

SUBJECT DID NOT FOLLOW INSTRUCTIONS AND STOPPED BLOWING WHEN HE HEARD THE INSTRUMENT MAKE A TONE. AFTER REPEATED INSTRUCTIONS SUBJECT DID NOT PROVIDE A BREATH SAMPLE.

A/O READ I.C

SUBJECT TALKED OVER A/O STATING THAT HE WAS NOT REFUSING. SUBJECT STATED HE DID NOT UNDERSTAND I.C WHEN ASKED.

A/O READ I.C AGAIN AND EXPLAINED

SUBJECT AGAIN STARTED TALKING OVER A/O SUBJECT AGREED TO CONTINUE BREATH TEST

SUBJECT AGAIN DID NOT FOLLOW INSTRUCTION AND STOPPED BLOWING WHEN HE HEARD THE INSTRUMENT MAKE A TONE. AFTER REPEATED INSTRUCTIONS SUBJECT STILL DID NOT PROVIDE A BREATH SAMPLE.

SUBJECT APPEARED TO BE PUFFING UP HIS CHEEKS TO GIVE THE APPEARANCE OF BLOWING.

A/O CALLED A REFUSAL DUE TO THE SUBJECT BEING UNCOOPERATIVE AND NOT FOLLOWING INSTRUCTIONS

A/O TRIED TO READ RIGHTS

SUBJECT WOULD NOT ANSWER IF HE UNDERSTOOD HIS RIGHTS

Q AND A NOT CONDUCTED

**REFUSED**

**WARNING: LEAD FROM A BATTERY**

...DANGEROUS TO THE HEALTH OF THE USER...

...OR...

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OR

**Lead on Cancer**

**ADDITIONAL WARNINGS**

...DO NOT USE...

...DO NOT USE...

...DO NOT USE...

...DO NOT USE...

...DO NOT USE...

...DO NOT USE...

...DO NOT USE...

...DO NOT USE...

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...DO NOT USE...

**Lead on Cancer**



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: 80-006477 Software: 8100.27  
Date of Test: 09/28/2020

Date of Last Agency Inspection: 09/18/2020  
Observation Period Began: 00:01  
Subject's Name: SETH M HERMAN

DOB: 11/19/1976 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	00:28
	Air Blank	0.000	00:28
	Control Test	0.080	00:29
	Air Blank	0.000	00:29
	Subject Sample #1 VNM*		00:32
	Air Blank	0.000	00:33
	Air Blank	0.000	00:35
	Subject Sample #2 VNM**		00:38
	Air Blank	0.000	00:39
	Control Test	0.079	00:39
	Air Blank	0.000	00:40
	Diagnostics Check	OK	00:40

\*Volume Not Met (0.000 - Breath Sample Not Reliable to Determine Breath Alcohol Level)  
\*\*Volume Not Met (0.096 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

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

Breath Test Operator: [Signature] Date: 09/28/20  
Signature

Sworn to (or affirmed) before me this 28 day of September, 2020

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida J.V. A. 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.

STATE OF FLORIDA 20-111233  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
BREATH AND/OR URINE TEST

I, A. Soloway 8586, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 27 day of September, 20 20, at 2348  P.M.  A.M.

DRIVER Seth M Herman  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# H655793764190, state of Florida, was placed under lawful arrest for  
the offense of Driving Under the Influence by A. Soloway 8586 and  
issued Citation # A2GCMZP  
(Name of Arresting Officer)

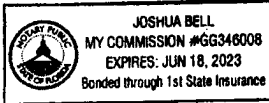
That on or about the 28 day of September, 20 20, at 0039  P.M.  A.M.

in Palm Beach County.

I requested that the driver submit to a  breath and/or  urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]  
Signature of Law Enforcement Officer or  
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this 28 day of September, 20 20,  
by A. Soloway 8586,

who is personally known to me or who has produced  
Known LEO as identification

Notary Public Joshua Bell (#8656)

HSMV-BAR1001 (REV. 10/2016)

Signature of Attesting Officer

Title \_\_\_\_\_

Date \_\_\_\_\_

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

WITNESS LIST

CASE NUMBER: 20-111233

ARRESTING OFFICER: A. Soloway 8586

ADDRESS: PBSO

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

CAN TESTIFY TO: DUI INVESTIGATION

NAME: Sgt. Ferreira #7432

ADDRESS: PBSO

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO: stopping deputy

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK) 0

CAN TESTIFY TO:

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CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NOT A CERTIFIED COPY



**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 checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	4, 8
	<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"/>			
Other	<input type="checkbox"/>	539.001(B)1, 539.003	Other: PAWM BROKER INFORMATION	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

**REVIEW COMPLETED BY**

Booking Number: 2020022895	Date: 9/28/2020
	Specialist Name/ID: M. Tooks #8557