

20 CT 15552 A88

0519949

(AR)

#24664

ARREST / NOTICE TO APPEAR

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

OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department	Agency Report Number (N.T.A.'s only) 4, 0 20-015661
Change 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	If Weapon Seized Enter Type None/not Applicable	Multiple Clearance Indicator 1
Location of Arrest (Including Name of Business) 2000 S OCEAN BLVD, DELRAY BEACH FL		Location of Offense (Business Name, Address) 2000 S OCEAN BLVD, DELRAY BEACH, FL 33483		
Date of Arrest 12/01/2020	Time of Arrest 19:44	Booking Date 12/01/2020	Booking Time 19:54	Jail Date
Name (Last, First, Middle) NASAR, SHELDON SAMUEL				
Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____				
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 03/13/1941	Height 5'11	Weight 240
Eye Color BROWN	Hair Color GRAY OR	Complexion FAIR	Build LARGE	
Local Address (Street, Apt. Number) 1046 CORNWALL C, BOCA RATON, FL 33434		Phone (301) 252-3670	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) 1046 CORNWALL C, BOCA RATON, FL 33434		Phone (301) 252-3670	Residence Type: 1. City 3. Florida 2. County 4. Out of State 2	
Business Address (Name, Street) RETIRED,		Phone	Address Source FL DL	
D/L Number, State N260797410930 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) BROOKLYN, NY,	Citizenship US
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> 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 Department and Released 2. TOT JAC 3. Incarcerated	
Released To: (Name)	Relationship	Date	Time	
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				
School Attended		Grade		
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Struggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate
Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic
U. Unknown Z. Other				
Charge Description DRIVING WHILE UNDER INFLUENCE		Statute Violation Number 316.193(DA)	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts
	N			1
Charge Description		Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts
Charge Description		Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts
Health / Apparent Physical Condition of Defendant				
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health	<input checked="" type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By
Transported By		Date Transported	Time Transported	Other
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Court Date and Time 12/18/2020 08:30 am		
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	
HOLD for Other Agency		Signature of Arresting Officer	Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) REED, CHARLES C	LD. # 1122	(PRINT) DEC 1 PM 11:19
Initials/Agency D/S	Pouch #	Transporting Officer C. REED	LD. # 1122	Agency DBPD
Witness here if subject signed with an "X"				

No Photo Available

SCANNED
DEC 02 2020

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1st DAY OF December, 2020, AT 7:20 AM PM

SUBJECT: Nasar, Sheldon Samuel

CASE NUMBER: 20-015661

AGENCY: DBPD

ARRESTING OFFICER: C. Reed 1122

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

Officer Mitchell observed a 2020 Kia Sportage parked facing southbound in the 600 block of S Ocean Blvd. The vehicle was occupied and partially blocking the lane of travel. Officer Mitchell activated his emergency lights and attempted to make contact with the driver. As Officer Mitchell approached the vehicle, The driver of the vehicle drove away. Officers Mitchell observed the vehicle's front left tire to be completely flat. Officer Mitchell followed the vehicle with his lights and siren activated. The vehicle continued southbound traveling 45 MPH in a posted 35 MPH zone. While the vehicle was traveling southbound the front left tire was sparking due to driving on the rim. Officer Mitchell advised the vehicle had difficulty maintaining the lane of travel. The vehicle came to a stop in the 2000 block of S Ocean Blvd and the driver was positive identified as Sheldon Samuel Nasar.

OBSERVATION OF DRIVER:

The Defendant appeared impaired, had glassy, reddened eyes, lethargic, and the odor of an unknown alcoholic beverage about their breath. The driver had an opened bottle of vodka located on the front passenger's side floor board.

DRIVER'S STATEMENTS:

The Defendant stated that he had consumed two vodkas about 15 minutes prior to being pulled.

ODORS:

Strong odor of an unknown alcoholic beverage coming from his breath.

GENERAL OBSERVATIONS

SPEECH: Slurred, slow, and mumbled.

ATTITUDE: Cooperative

CLOTHING: Pink shirt, blue shorts, and black sneakers.

MEDICAL/OTHER: Breath Testing Request is video recorded.

STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 01 day of December, 2020 by _____

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

SUBJECT: Nasar, Sheldon Samuel

CASE NUMBER 20-015661

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 appeared impaired, had glassy, reddened eyes, lethargic, and the odor of an unknown alcoholic beverage about their breath.

WALK & TURN:

Unable to complete due to a prior leg injury.

ONE LEG STAND:

Unable to complete due to a prior leg injury.

FINGER TO NOSE:


Unable to complete due to a prior leg injury.

ROMBERG ALPHABET:

Unable to complete due to physical impairment.

BREATH TEST RESULTS: 1) 0.092 | 2) 0.091 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 01 day of December 20 by _____

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

WITNESS LIST

CASE NUMBER: 19-017349

ARRESTING OFFICER: C. Reed

ADDRESS: 300 W Atlantic Avenue, Delray Beach Florida 33444

PHONE NUMBERS (HOME): 561-243-7800 (WORK) 561-243-7800

CAN TESTIFY TO: DUI

NAME: Officer Mitchell

ADDRESS: 300 W Atlantic Avenue, Delray Beach Florida 33444

PHONE NUMBERS (HOME) 561-243-7800 (WORK) 561-243-7800

CAN TESTIFY TO: DUI

NAME: Officer Hernandez

ADDRESS 300 W Atlantic Avenue, Delray Beach Florida 33444

PHONE NUMBERS (HOME) 561-243-7800 (WORK) 561-243-7800

CAN TESTIFY TO: DUI

NAME: K9 Officer Mintus

ADDRESS 300 W Atlantic Avenue, Delray Beach Florida 33444

PHONE NUMBERS (HOME) 561-243-7800 (WORK) 561-243-7800

CAN TESTIFY TO: DUI

NAME: Sergeant Grammatico

ADDRESS 300 W Atlantic Avenue, Delray Beach Florida 33444

PHONE NUMBERS (HOME) 561-243-7800 (WORK) 561-243-7800

CAN TESTIFY TO: DUI

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SUBJECT: Nasar, Sheldon Samuel

CASE NUMBER: 20-015661

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? Refused to answer

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Does not recall

DIRECTION OF TRAVEL? Unknown WHERE DID YOU START? Atlantic Blvd and Military Trail "or Walmart"

WHAT TIME DID YOU START? Unknown WHAT TIME IS IT NOW? 9:00 - 9:30

WHAT IS TODAY'S DATE? 12/2/20 WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County

WHEN DID YOU LAST EAT? 12:30 PM WHAT DID YOU EAT? Oatmeal and Coffee

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Watched TV, worked on the computer and talked to a friend

HOW MUCH DO YOU WEIGH? 240 Lbs HAVE YOU BEEN DRINKING? Yes WHAT? Vodka

HOW MUCH? 2 drinks WHERE? In his car WITH WHOM? "me" Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? Does not recall AND YOUR LAST DRINK? Does not recall

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? "From the bottle"

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? "not to my knowledge"

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Real Estate WHEN DID YOU LAST WORK? Today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? Limp on his left leg and back pain

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

DO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Yes Medical WHEN? 11:00 am

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Provistants WHEN? 9:00am

DO YOU HAVE:

EPILEPSY?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>Yes</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>Yes</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? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? Maryland and New York

INTERVIEWER: C. Reed

TESTING FACILITY TASK REPORT

AGENCY: DELRAY BEACH P.D.

SUBJECT: NASAR, SHELDON SAMUEL

CASE NUMBER: 20132411

DATE: 12/01/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2104

ENDING TIME: 2127

BREATH TESTS RESULTS: 1) .092 TIME 2110 A.M. P.M. 2) .091 TIME 2113 A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: QUIET AND CO-OPERATIVE

CLOTHING: TENNIS SHOES, BLUE SHORTS, ORANGE SHIRT

MEDICAL CONDITIONS: ARTHRITIS INSOMNIA ANXIETY, DEPRESSION

MEDICATIONS: GABAPENTIN, PROVASTATIN, TRAZODONE, GUSOPROLEX

OTHER:

SAID HE KNEW HE HAD DONE WRONG

COMMENTS:

A/O AND DEFENDANT ARRIVED AT 2023 HOURS. A/O OBSERVED 20 MINUTES. A/O REQUESTED BREATH TEST, DEFENDANT AGREED. NO PROBLEM WITH TEST, TECHNICIAN EXPLAINED RESULTS. A/O READ C/W, DEFENDANT UNDERSTOOD RIGHTS AND ANSWERED Q & A. DEFENDANT ADMITTED DRINKING VODKA (2). COULDN'T FEEL EFFECTS AND SAID SMOKED MEDICAL MARIJUANA AT 11 A.M

A

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: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

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) _____

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: 12/01/2020

Date of Last Agency Inspection: 11/13/2020
Observation Period Began: 20:23
Subject's Name: SHELDON S NASAR

DOB: 03/13/1941 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	21:08
	Air Blank	0.000	21:08
	Control Test	0.081	21:08
	Air Blank	0.000	21:09
	Subject Sample #1	0.092	21:10
	Air Blank	0.000	21:11
	Air Blank	0.000	21:12
	Subject Sample #2	0.091	21:13
	Air Blank	0.000	21:14
	Control Test	0.081	21:14
	Air Blank	0.000	21:15
	Diagnostics Check	OK	21:15

Cylinder Lot: 14020090A1
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 SUE OWEN, 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

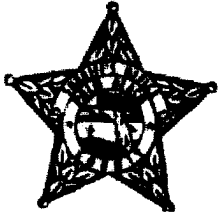
Date: 12/1/2020

Sworn to (or affirmed) before me this 1st day of December 2020

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



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

PBSO CASE # 20132411 PBSO ZONE 4-2-2

AGENCY CASE # 20-015661 CRASH CASE # _____

TIME OF STOP/CRASH 1920 hours DATE 12/01/2020 DAY Tuesday

SUBJECT'S NAME Nasar, Sheldon Samuel RACE White SEX Male

HGT 5'11" WGT 240 Lbs DOB 03/13/1941

LOCATION 2000 S Ocean Blvd, Delray Beach Fl

ARRESTING OFFICER'S NAME & ID C. Reed AGENCY DBPD

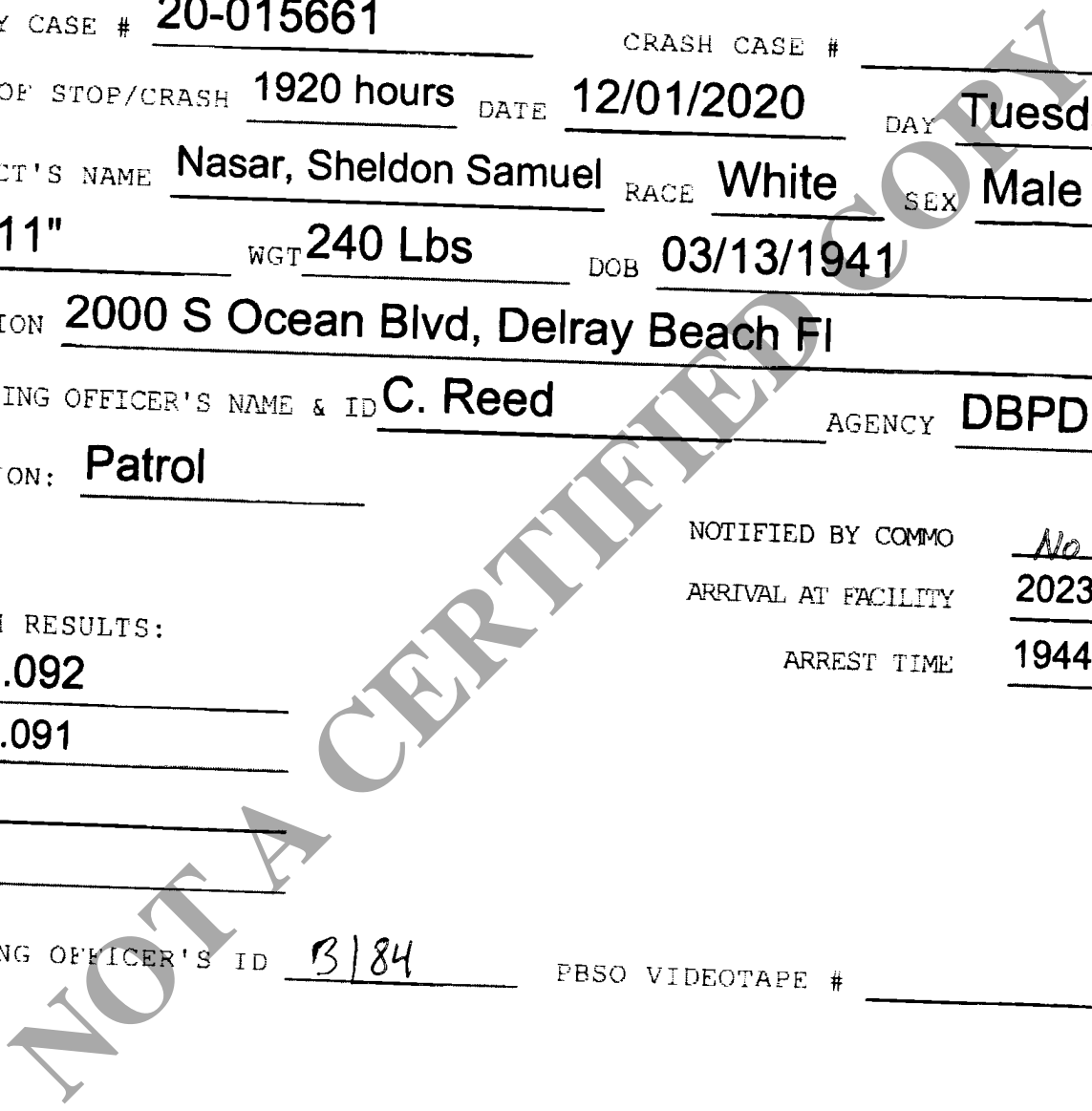
DIVISION: Patrol

NOTIFIED BY COMMO No
ARRIVAL AT FACILITY 2023 hours
ARREST TIME 1944 hours

BREATH RESULTS:

- 1) 0.092
- 2) 0.091
- 3) _____
- 4) _____

TESTING OFFICER'S ID 3184 PBSO VIDEOTAPE # _____





**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	<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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020028115	Date: 12/02/2020
	Specialist Name/ID: T Howard/7185