

50-20W-CT-014718-AMB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS 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>06-20-127364</b>	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Weapon Seized / Type 2	<input type="checkbox"/> 1. Yes	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>W Atlantic Ave/Congress Ave, Delray Beach FL</b>		Location of Offense (Business Name, Address) <b>W Atlantic Ave/Congress Ave, Delray Beach FL</b>				
Date of Arrest <b>11/16/2020</b>	Time of Arrest <b>0147</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Big City Tow</b>

Name (Last, First, Middle) <b>Pries, Todd, Hamilton</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>5/31/1973</b>	Height <b>5'11</b>	Weight <b>185</b>	Eye Color <b>Br</b>	Hair Color <b>BR</b>	Complexion <b>fair</b>	Build <b>Med</b>				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>						Marital Status <b>Single</b>	Religion <b>NONE</b>	Indication of Alcohol Influence / Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>17498 Tiffany Trace Drive, Boca Raton, FL 33487</b>						Phone <b>(561) 302 8291</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State   <b>2</b>				
Permanent Address (Street, Apt. Number) (City) (State) (Zip)						Phone		Address Source <b>Def</b>				
Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation <b>Caterer</b>				
D/L Number, State <b>P620808731910, FL</b>			Soc. Sec. Number			INS Number			Place of Birth (City, State) <b>Carlisle PA</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"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
Parent / Legal Custodian / Other:						Name (Last) (First) (Middle)	Residence Phone					
Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone						
Notified by: (Name)						Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated		
Released To: (Name)						Relationship			Date	Time		

The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 365-2528) informed of any change of address.						School Attended			Grade		
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No						Description of Property			Value of Property		

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description <b>Driving Under the Influence</b>						Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>316.193(1)b</b>		Violation of ORD #
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit		Offense # <b>20-127364</b>		Warrant / Capias Number		Bond		

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>12</b> Day <b>10</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>11/16/2020</b>	

HOLD for other Agency Name:				Signature of Arresting Officer <b>A. Soloway</b>				Name Verification (Printed by Arrestee) <b>NOV 16 AM 4:16</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) I.D. # <b>A. Soloway 8586</b>				(PRINT)			
Intake Deputy <b>Dunne 666</b>		I.D. #		Pouch #		Transporting Officer ID # Agency <b>A. Soloway 8586 PBSO</b>		Witness here if subject signed with an -X" <b>1</b> OF <b>1</b>			

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest	3. Request For Warrant	<input type="checkbox"/>	Juvenile	<input type="checkbox"/>
Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 2-127364</b>				
Charge Type Check as many as apply:		Special Notes						
<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			
Defendant Name (Last, First, Middle) <b>Priore, Todd</b>				Race <b>L</b>	Sex <b>M</b>	Date of Birth <b>5/17/77</b>		
Charge <b>DUI</b>		Charge						
Charge		Charge						
Victim Name (Last, First, Middle)				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 undersign 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</p> <p><input checked="" type="checkbox"/> confessed to admitting to the below facts</p> <p>On the <u>16</u> day of <u>November</u> 20<u>20</u> at <u>0040</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p>								

On 11/16/2020 at approximately 0040 hours, I was on routine patrol traveling from Congress Ave and Atlantic Ave, when a blue Mini copper bearing FL Tag 309PTF, the mini copper was beside at the intersection to go west bound on Atlantic Ave. While driving west bound on Atlantic ave, I observed the vehicle failing to maintain a single lane. I continued to follow the vehicle west bound, shortly after passing the intersection of Barwick Rd, I noticed the vehicle almost went on the sidewalk on the right hand side. Immediately after establishing a driving pattern, I attempted to initiate a traffic stop of the vehicle. Shortly after activating my overhead lights, the vehicle made a left turn into the jiffy lube parking lot. I the approached the vehicle where I made contact with a w/m driver, wearing a white shirt and green pants. I asked the male for his driver's license and the male stated to me that he was confused. I asked why was he confused and he could not provide me with a reason for why he was confused. While speaking to the male I could smell a strong odor of an unknown alcoholic beverage emanated from the vehicle. The male handed me his FL DL, and I asked for his insurance and registration, the male then asked me what was I looking for. I asked the male had he been drinking and he stated "yep". I asked how much had he had to drink and he could not provide a number of how much drinks he had consumed. I then asked for the DUI unit to responded to my location to assess the driver for possibly being impaired.

The foregoing instrument was sworn to and affirmed before me this <u>16</u> day of <u>November</u> 20 <u>20</u> by			
<u>A Salovey</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		<u>Shane Anderson</u> Name of Arresting/Investigating Officer	
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		<u>[Signature]</u> Signature of Arresting/Investigating Officer	
			Page <b>1</b> of <b>1</b>



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

PBSO CASE # 20-127364 PBSO ZONE 4-12

AGENCY CASE # \_\_\_\_\_ CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0040 DATE 11/16/2020 DAY Monday

SUBJECT'S NAME Pries, Todd, Hamilton RACE W SEX M

HGT 5'11 WGT 185 DOB 5/31/1973

LOCATION W Atlantic Ave/Congress Ave, Delray Beach FL

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

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0211

ARREST TIME 0147

BREATH RESULTS:

1) .160

2) .165

3) \_\_\_\_\_

4) \_\_\_\_\_

TESTING OFFICER'S ID 6212

PBSO VIDEOTAPE # /

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16 DAY OF November 20 20, AT 0040 AM PM

SUBJECT: Pries, Todd, Hamilton CASE NUMBER: 20-127364

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 DS Anderson #32400 with a possible impaired driver. Upon my arrival he advised me:

On 11/16/2020 at approximately 0040 hours, I was on routine patrol traveling from Congress Ave and Atlantic Ave, when a blue Mini copper bearing FL Tag 309PTF, the mini copper was beside at the intersection to go west bound on Atlantic Ave. While driving west bound on Atlantic ave, I observed the vehicle failing to maintain a single lane. I continued to follow the vehicle west bound, shortly after passing the intersection of Barwick Rd, I noticed the vehicle almost went on the sidewalk on the right hand side. Immediately after establishing a driving pattern, I attempted to initiate a traffic stop of the vehicle. Shortly after activating my overhead lights, the vehicle made a left turn into the jiffy lube parking lot. I the approached the vehicle where I made contact with a w/m driver, wearing a white shirt and green pants. I asked the male for his driver's license and the male stated to me that he was confused. I asked why was he confused and he could not provide me with a reason for why he was confused. While speaking to the male I could smell a strong odor of an unknown alcoholic beverage emanated from the vehicle. The male handed me his FL DL, and I asked for his insurance and registration, the male then asked me what was I looking for. I asked the male had he been drinking and he stated "yep". I asked how much had he had to drink and he could not provide a number of how much drinks he had consumed.

## OBSERVATION OF DRIVER:

Upon my arrival the defendant was sitting in the driver's seat of his vehicle. I observed what appeared to be a mixed alcoholic beverage in a clear glass on the passenger side floor. In speaking with the defendant I could smell an odor of an unknown alcoholic beverage on his breath. His eyes were red and glassy. He was swaying while standing and speaking with me.

## DRIVER'S STATEMENTS:

The driver stated he was coming from work and heading home. However, he drove past the street to turn on (Barwick) from the east to west. He stated he drank 2 Mixed Rum drinks tonight. He denied having any significant medical conditions or physical abnormalities.

## ODORS:

In speaking with the defendant I could smell an odor of an unknown alcoholic beverage on his breath.

## GENERAL OBSERVATIONS

## SPEECH:

ATTITUDE: compliant

CLOTHING: tshirt, pants, shoes

MEDICAL/OTHER: stated none

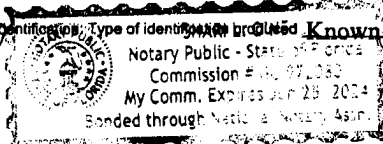
STATE OF FLORIDA  
COUNTY OF PALM BEACH

A. Soloway 8586  
Signature of Arresting/Investigative Officer)

This foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of November 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

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



SUBJECT: Pries, Todd, Hamilton

CASE NUMBER 20-127364

**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.

**WALK & TURN:**

The defendant was unable to maintain his balance during the instructions. He used his arms for balance. He stepped off the line several times. He missed heel to toe on most steps. He took 10 steps on the first pass and 9 steps on the second pass.

**ONE LEG STAND:**

The defendant was swaying during this task. He did not count as instructed, he counted 1, 2, 3 etc. He put his foot down before 30 seconds elapsed and asked what he should do. He then raised his foot and began counting from 1.

**FINGER TO NOSE:**

He separated his feet during the instructions. The defendant was swaying during this task. He missed finger to nose on attempt 6.

**ROMBERG ALPHABET:**

The defendant incorrectly recited the alphabet. He attempted to correct himself several times but was unsuccessful.

**BREATH TEST RESULTS:** 1) .160    2) .165    3)    4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

A. Soloway 8586

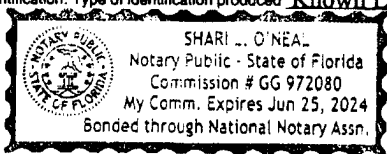
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of November 2020 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

Shari O'Neal (#6212)

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



# WITNESS LIST

CASE NUMBER: 20-127364

ARRESTING OFFICER: A. Soloway 8586

ADDRESS: PBSO

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

CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS Anderson #32400

ADDRESS: PBSO

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: stopping DS

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 0

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

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

SUBJECT: **PRIES, TODD H.**

CASE NUMBER: **20-127364**

DATE: **11-16-20**

VIDEO DVD NUMBER: **N/A**

BEGINNING TIME: **0232 HRS**

ENDING TIME: **0251 HRS**

BREATH TESTS RESULTS: 1) **.160** TIME **0242** A.M.  P.M.  2) **.165** TIME **0245** 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:

ATTITUDE: **CALM, QUIET, COOPERATIVE, INDECISIVE**

CLOTHING: **SHIRT- WHITE PANTS- OLIVE GREEN**

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 REFUSED THE BREATH REQUEST AT FIRST.  
A/O READ THE IMPLIED CONSENT ON CAMERA TO THE D.  
I/C BROKEN DOWN TO THE D.  
D WAS INDECISIVE ABOUT THE BREATH REQUEST.  
D EVENTUALLY DECIDED TO SUBMIT AFTER THE I/C HAD BEEN READ.  
D COMPLETED THE TEST CORRECTLY.  
EXPLAINED THE RESULTS TO THE D.  
C/W READ ON CAMERA, Q&A CONDUCTED.

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? 11th St

DIRECTION OF TRAVEL? N WHERE DID YOU START? West

WHAT TIME DID YOU START? 11:30 WHAT TIME IS IT NOW? 11:30

WHAT IS TODAY'S DATE? 11/11/01 WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? 201

WHEN DID YOU LAST EAT? 11:30 WHAT DID YOU EAT? nothing

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? Yes WHAT? 60 Paper

HOW MUCH? 10.2 WHERE? 10.2 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? NO WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? NO 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? NO WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO 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? NO IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

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

INTERVIEWER: \_\_\_\_\_

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

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: 11/16/2020

Date of Last Agency Inspection: 11/13/2020  
Observation Period Began: 02:11  
Subject's Name: TODD H PRIES

DOB: 05/31/1973 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	02:40
	Air Blank	0.000	02:40
	Control Test	0.080	02:40
	Air Blank	0.000	02:41
	Subject Sample #1	0.160	02:42
	Air Blank	0.000	02:42
	Air Blank	0.000	02:44
	Subject Sample #2	0.165	02:45
	Air Blank	0.000	02:45
	Control Test	0.080	02:46
	Air Blank	0.000	02:46
	Diagnostics Check	OK	02:46

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: 11-16-20  
Signature

Sworn to (or affirmed) before me this 16 day of November 2020

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida Inv. 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**  
 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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2020026942	Date: 11/16/2020
	Specialist Name/ID: T Howard/7185