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0	Ngenoy-ORE Number	Agency Name		14	pency Report Number				
M	FL 0500200	BOCA RATON I	POLICE DEPART	MENT		-006	<i>822</i>		· · · · · ·
N	Cherge Type: 1. Felony Check as many	3. Misdemeanor	5. Ordinance		Special N	lotes:			,
片	es apply. 2. Traffic Felony Name (Last, First, Middle)	4. Traffic Misdemee	nor 6. Other			Race	Sex	Date of Birth	
Ĕ	MCALLISTER, TRAVIS	LESLIE	· · · · · · · · · · · · · · · · · · ·			W	M	04/11/1987	,
្ជ	Charge Description			Charge Description					
Ř	316.193(1A) DUI			316.061(1) LEA	VE SCENE OF	ACCIDE	NT		,
E	Charge Description			Charge Description					
H	Viciter's Name (Last, First, Middle)	· · · · · · · · · · · · · · · · · · ·		<u>l </u>		Race	Sex	Date of Birth	
ľ	State Of Florida		_				<u> </u>	. 1	
C T	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone		*	idres Source	
i	Business Address (Name, Street)	(City)	. (State)	(Zip)	Phone		°	coupation	
H	The undersigned certifies and sweers the	nat he/she has just and reson	able grounds to believe, and	does believe that the abo	ve named Defendant o	committed	the follo	wing violation of law.	
П	The Person taken into custody committed the below acts in	my presence.	☐ was	observed by			J		_ who told
	confessed to							person committ the b	
	admitting to the below facts.	_		ound to have committe					ation.
	On the 8 day of	June 2	021 at 20:27	(Specifically include	facts constituting c	ause for	arrest.)		
$\ \ $	On 6/8/2021, at app								
	Hwy to the scene of	f a two-vehic	le crash. Upor	n arrival, I	observed	a wh	ite	pickup truc	ek .
	parked across the	sidewalk from	the southbour	nd lanes on	the west s	side (of N	Federal Hv	ry.
P	Parked behind the								to
0	the rear trunk and								
B	adivsed that the wh								
	blue sedan, driven								
닕	leave the scene bei						meni (S MOLW	
	oprained from the A	ATCHERRAR DA	OLG. Casas, S	sa subbramar	ret report	-•			
c	CSO Boylston inform	med me that M	cAllister was	having trou	ble follo	ving	inst	ructions	
I.	when CSO Boylston								. I
s	also observed that	McAllister's	eyes were blo	oodshot and	glassy and	i his	spe	ech was	
E	slurred. Lastly, I	observed a sy	yringe in the	center cons	sole of Mc	Allis	ter`	s vehicle.	
s	Based on my observe							within the	9
T	state while impair	ed by alcohol	and/or contr	olled or che	mical sub	stanc	es.		
т	After concluding t	ha +======	anh iswastiss	tion Tinf	rmed Mall	lie+^	r +1	at the	
E	crash investigation								
Ε	investigation. I the								ed
N T	he understood and								
	and he stated that								
	if he had any other	r medical con	ditions, and	he said he v	was not di	abeti	c ar	nd had no	
	medical conditions								
	Exercises. McAllis	ter agreed to	participate	in the exerc	cises. I t	hen p	Loce	eded with	the
	exercises.								
	The first exercise	was Horizont	al Gaze Nysta	gmus. Ladm:	inistered	the i	nst:	ructions	
Ž	SWORN AND SUBSCRIBED BEFORE	E ME	11	1	//\\\	//	<u> </u>		
D _M	V1 1					<u> </u>	23	TIOED	
Ņ	Volguardson #563	SOURT LOSSICHE IS NOT	147 10)	SIGNATURE	OF ARRESTING HIN	VESTIGAT	ING OF	FICEN	
STR	JIOTARY PUBLIC / CLERK OF	CORT OFFICER (FES.ST)	yir.iuj		N, LISA JEAN ME OF OFFICER (PL			23)	
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CRIME ANALYSIS P. I. O.
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	OBTS Number		P	ROBABLE CAU SUPPLE			1. Arrest : 2. N.T.A.	3. Request 4. Reques			JUVE	NILE
ŝ	Agency Offi Number			SUFFLE	ATEIA I	r		4. (4.444	io capa			
M		Agency Name			ACPAIT	Agency Report		0056				
ı	FL 0500200			ICE DEPART	MENI	3 2	2021-		<u> </u>			
"	Charge Type:	3. Misdeme		5. Ordinance			Special No.					
占	Name (Last, First, Middle)	L.J.4. Traunc M	ISOMMERNOR	6. Other				Race	Sex	Date of Birt	h	
Ē	MCALLISTER, TRAVIS	LESLIE						W	М		1/1987	,
Ħ					11:	. 3 3 3	43	•				
	and McAllister stat										nis n	eso
	during the exercise	, and sig	ms or r	ystagmus v	ere evider	nt at m	axımum	a dev	riati	Lon.		.]
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	The second exercise		-							- 4		
	demonstrated how it		_			· .						
	hands from his side	s. He als	o lost	his balance	e and sway	ed, dr	opping	, his	for	ot on	the	
ı	ground.											
				,						,		
	The third exercise		•									
	demonstrated how it		_		•	-	. 1		_			
	balancing. After ta	king the	first r	nine heel-t	o-toe ster	os, he	turnec	arc	und	by s	wiveli	.ng
	his feet rather the	n followi	ng the	instruction	ons I gave	him.		1				
				•								
P	The fourth exercise	was the	Rhomber	g Alphabet	: Recitatio	on. McA	lliste	er mi	.spla	aced '	'W''	
o	and "X" in the sequ	ence.										
В	·						,					
ĺв	Based on the totali	ty of the	circu	stances, 1	found pro	obable	cause	to b	elie	eve th	hat	
L	McAllister was oper	ating a v	ehicle	within the	state. wh:	ile und	er the	e inf	lue	nce al	lcoho1	
E	and/or controlled o											per
L	F.S.S 316.193(1a) a	nd for le	aving t	che scene o	of an accid	dent pe	r F.S.	.s. 3	316.0	061 (1)) .	
C												
U	McAllister was tran	sported t	o Palm	Beach Cour	ty Sherift	f`s Off	ice DU	JI T€	esti	ng	•	
S	Facility where PBSO	Breath O	perator	r (#) cond	lucted the	BAT ro	om pro	ocedi	ires	. McA	lliste	er
	was asked to provid						-					
s	McAllister provided											1
T	of his constitution									ole u	pon	
T	request. See DUI in	fluence r	eport i	for further	r. Urine la	ab resu	lts pe	endir	ıg.			
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Ň	Volguardson #563		/////	· —	SIGNATO	RE OF ARRES	TING-/INVE	STIGATI	NG OFF	CER		
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Ĕ					•	30/	DATE				_	2 0 € 2

TESTING FACILITY TASK REPORT

	AGENCY: BOCA RATON P.D.
SUBJECT: MCALLISER, TRAVIS LESLIE	CASE NUMBER: 21074031
DATE: 06/08/2021	VIDEO DVD NUMBER: N/A
BEGINNING TIME: 2041	ENDING TIME: 2055
BREATH TESTS RESULTS: 1) .000 TIME 2045 A.M. F	P.M. 2) .000 TIME 2048 A.M. P.M. P.M.
3) URINE TIME 2056 A.M.	P.M.
BREATH OPERATOR: S. Owen #3184	
MAINTENANCE TECHNICAN: J. Karlecke #6467	
TESTING OFFICER'S OBSERVATIONS	
SPEECH:	
ATTITUDE: ANGRY, UPSET, SAID HE HAD BROKEN BACK, KEPT GET	TING UP
CLOTHING: TENNIS SHOES, SHORTS, BLUE SHIRT	
MEDICAL CONDITIONS: ANXIETY, E-FIB	
MEDICATIONS: ADDERAL	
OTHER:	

COMMENTS:

DEFENDANT AND OFFICER GOLDEN #2104 OF BOCA RATON P.D. ARRIVED AT 2000 HOURS. A/O REQUESTED BREATH TEST, DEFENDANT AGREED. NO PROBLEM WITH TEST, DEFENDANT BLEW 000'S. A/O REQUESTED URINE, DEFENDANT AGREED, A/O READ C/W, DEFENDANT UNDERSTOOD AND ASKED FOR ATTORNEY, SO NO Q & A. DONE. URINE DRAWN AT 2056 HOURS

Y.

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: 80-006476 Software: 8100.27

Date of Test: 06/08/2021

Date of Last Agency Inspection: 05/14/2021 Observation Period Began: 20:00 Subject's Name: TRAVIS L MCALLISTER

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.

*		
	1486	ally and did not regurgitate.
	Diagnostics Check OK	Time
•	Air Blank 0 000	20:43
	Contract	
	Control Test 0.078	20:43
	OTT DISUR	20:43
	Subject Sample 41 A. A.	20:44
	Air Blank 0.000	20x45
	Air Blank 0.000	20.45
	Air Blank Subject Sample \$2.0.000	40:43
	Subject Sample #2 0.000	20:47
•		TML 20:48
	Concrot Test 0 070	20:48
· .	Air Blank 0.000	20,49
	Diagnostica	20:49
(r_i, \ldots, r_n)	Check OK	20:49
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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.

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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: 80-006476 Software: 8100.27

Date of Test: 06/08/2021

Date of Last Agency Inspection: 05/14/2021

Observation Period Began: 20:00

Subject's Name: TRAVIS L MCALLISTER

DOB: 04/11/1987 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	20:43
	Air Blank	0.000	20:43
	Control Test	0.078	20:43
	Air Blank	0.000	20:44
•	Subject Sample #1	0.000	20:45
	Air Blank	0.000	20:45
		0.000	20:47
	Subject Sample #2		20:48
(Air Blank	0.000	20:48
'	Control Test		20:49
	Air Blank	0.000	20:49
	Diagnostics Check	OK	20:49
in the second	* .**		
New Commence of American Commence of the Comme			 Control of the state of the sta
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Cylinder Lot: 22620080A2 Exp: 10/05/2022

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () responsible 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: Date: 06/08

to) (or affirmed) before me this 8th day of June, 2021

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.

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

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JUN 0 9 2021



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

PBSO CASE # <u>21074031</u>	PBSO	zone	77
AGENCY CASE # 32-2021-006688	CRASH	CASE # 240991	.1
TIME OF STOP/CRASH 1747 DATE	06/08/202	21 DAY	
SUBJECT'S NAME MCALLISTER TRAVIS L	RACE	W	M
HGT 6'00" WGT 185	DOB	04/11/1987	
LOCATION 500 N FEDERAL HWY, BOCA RATON	, FL, 33432		
ARRESTING OFFICER'S NAME & ID L. GOLDEN	N 82	AGENCY BI	RPD
DIVISION: SPSV-DUI	A Y		
	NOTI	FIED BY COMMO YE	S
	ARRI	VAL AT FACILITY	2000
		ARREST TIME	1848
BREATH RESULTS:			
1),000		•	÷
2) 1000			
3) pending urine			
4)		•	
40			
TESTING OFFICER'S ID 3/84 P	BSO VIDE	OTAPE # N	A

SCANNED. JUN 0 9 2021

SUBJECT:	Le malle of the	_ CASE NUMBER: _	1. N. N.	822	
	QUESTIONS A	AND ANSWE	ERS	<u>.</u>	

QUESTIONS AND ANSWERS
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 TIME DID YOU START? WHAT TIME IS IT NOW? WHAT IS TODAY'S DATE? WHAT DAY OF THE WEEK IS IT?
WHAI 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?
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?
MILEDES MILEDES
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?

WHITE - STATE ATTY.

SUBJECT: MCHINSTER, TRAVISLES Les Les NUMBER: 12-2021-306822

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 hav	e requested of you, your privilege to operate a motor vehicle will be suspended for a
of a refusal to submit to a lawful test	al, or eighteen (18) months if your privilege has been previously suspended as a result of your breath, urine or blood. Additionally, if you refuse to submit to the test I have
of your breath, urine or blood, you w	privilege has been previously suspended for a prior refusal to submit to a lawful test ill be committing a misdemeanor. Refusal to submit to the test I have requested of you
is ădmissible into evidence in ăny cr	iminal 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) Service of the Manager of

SCANNED



Palm Beach County Sheriff's Office - Arrests Only

	x	Florida State Statute	Description	Page Number(s)
		119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
ions		943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
L/E Exemptions		119.071(4)(c)	Undercover personnel.	
L/E E		119.071(2)(f)	Confidential informants (CIs).	
		119.071(2)(e)	Confession.	
ns		985.04(1)	Juvenile offender records.	
mptio		119.071(h)(i)	Assets of a crime victim.	
Public Info. Exemptions		395.3025(7)(a), 456.057(7)(a)	Medical information.	
blic In		394.4615(7)	Mental health information.	
Pu		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.	
	×	(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.	
of 23)		(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
(Rule	O	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)				
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Florida Rul	0			
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REVIEW COMPLETED BY

Booking Number: 2021014006	Date: 6/9/2021
BOOKING MUNIBEL 2021014000	Specialist Name/ID: M. Tooks #8557

