

0518938 20 CT-12629 3336

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20114094	
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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator 01			
Location of Arrest (Including Name of Business) 10610 FOREST HILL BLVD, WELLINGTON, FL, 33414				Location of Offense (Business Name, Address) 10610 FOREST HILL BLVD, WELLINGTON, FL, 33414			
Date of Arrest 10/06/2020	Time of Arrest 22:24	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle PRIORITY TOWING	
Name (Last, First, Middle) Sowers, William, Bruce							
Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 1/20/1951	Height 5'07	Weight 167	Eye Color BROWN	Hair Color GRAY	Complexion MED
Build MED				Marital Status Married		Religion	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 8269 Eleuthera Ln, Wellington, FL 33414				Phone (612) 419-2527		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number)				Phone		Address Source FL DL	
Business Address (Name, Street)				Phone		Occupation RETIRED	
DL Number, State S620922510200, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) WILLMINGTON, DE	
Citizenship YES							
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <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"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Parent Name (Last, First, Middle)		Address (Street, Apt. Number)		City (City), State (State), Zip (Zip)		Residence Phone	
Legal Custodian		Address (Street, Apt. Number)		City (City), State (State), Zip (Zip)		Business Phone	
Other		Address (Street, Apt. Number)		City (City), State (State), Zip (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 385-2526) 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			
Drug Activity N. N/A S. Sell B. Buy P. Possess 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 DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1C)		Violation of ORD #	
Drug Activity N		Drug Type N	Amount / Unit	Offense # 20114094	Warrant / Copies Number		Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond
Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406							
Court Date and Time Month 10 Day 29 Year 2020 Time 0830 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>							
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 10/06/2020	
HOLD for other Agency Name:		Signature of Arresting Officer X		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) INV G. LYNCH 8568		I.D. # 8568	
Intake Deputy SPAWN BLOI		I.D. # 8568		Pouch #		Agency PBSO	
Transporting Officer INV G. LYNCH 8568						I.D. # 8568	
Witness here if subject signed with an "X"						PAGE 1 OF 1	

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

SCANNED
OCT 07 2020

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA
3 Request for Warrant
4 Request for Citrus

1
Juvenile

OBTS Number	Agency ORI Number FL05000000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 20114094
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Charge Type Check as many as apply	1 Felony <input type="checkbox"/>	2 Traffic Felony <input type="checkbox"/>	3 Misdemeanor <input type="checkbox"/>	4 Traffic Misdemeanor <input checked="" type="checkbox"/>	5 Ordinance <input type="checkbox"/>	6 Other <input type="checkbox"/>	Special Notes
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Name (Last, First, Middle) SOWERS, WILLIAM, BRUCE	Alias	Race W	Sex M	Date of Birth 1-20-51
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Charge Description DUI 316.193	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) STATE OF FLORIDA	Race	Sex	Date of Birth
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Local Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone	Address Source
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
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The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law
The Person taken into custody

committed the below acts in my presence. was observed by _____ who told _____

confessed to _____ that he/she saw the arrested person commit the below acts.

admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 06 day of October 20 20 at 9:47 A.M P.M (Specifically include facts constituting cause for arrest.)

I responded to 10610 Forest Hill Blvd in reference to a w/m standing on the side walk screaming and causing a disturbance. Upon arrival, I was told the subject is getting into a black KIA. I drove around the corner of the restaurant and noticed a black KIA idling. As I approached the vehicle the rear tailights were activated. I made contact with the driver and his speech was slurred. He had difficulty locating his wallet. At that time I called for DUI 17 to respond to conducted DUI investigation. This concludes my involvement.

PROBABLE CAUSE STATEMENT

STATE OF FLORIDA COUNTY OF PALM BEACH Sgt. J. Thaefer (Signature) Arresting/Investigative Officer	The foregoing instrument was sworn to or affirmed and subscribed before me this 06 day of October 20 20 by Sgt. Thaefer
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced	KNOWN
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 6 DAY OF OCT 20 20, AT 21:39 AM PM

SUBJECT: Sowers, William, Bruce CASE NUMBER: 20114094

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV G. LYNCH 8568

PERSONAL CONTACT

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

On 10/6/20 I responded to 10610 Forest Hill Blvd, in Palm Beach County in reference to a traffic stop, with a possibly impaired driver. Upon my arrival I met with Sgt. Thaeter id5362, who conducted the stop.

Sgt. Thaeter advised that he responded in reference to a disturbance at the restaurant. Upon arrival Sgt. Thaeter was advised that the subject involved in the disturbance was getting into a black Kia. Sgt. Thaeter drove around the corner of the business and found a black Kia Telluride SUV, bearing FL tag 545QDT, stopped in the aisle of the parking lot. The rear taillights were illuminated and the SUV was idling. Sgt. Thaeter made contact with the driver, William Sowers, the sole occupant of the SUV. Sgt. Thaeter noticed Sower's speech was slurred and he had difficulty locating his wallet.

OBSERVATION OF DRIVER:

I met William, who was seated in the driver seat of the SUV. I observed William's eyes were bloodshot and glassy. William's speech was slurred and his movements was slow/ lethargic. I had William exit his SUV and stand in front of my patrol car. While exiting William appeared unsteady and his short were unbuttoned and falling off. William exhibited a sway while standing still. I could smell and odor of an unknown alcoholic beverage coming from William's breath, which got stronger when he spoke. William advised that he was at the restaurant, where he had been drinking. William stated his wife had gone home in an Uber and then stated he had pulled up to the side of the restaurant to pick up his wife. William stated that he had 2 lemon drop, vodka drinks, prior to driving and his last drink was approximately 1 hour prior. Based on my observations and William's admission to drinking I asked him to perform standard field sobriety tasks.

DRIVER'S STATEMENTS:

William stated his wife had gone home in an Uber and then stated he had pulled up to the side of the restaurant to pick up his wife. William stated that he had 2 lemon drop, vodka drinks, prior to driving and his last drink was approximately 1 hour prior.

ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Mood swings from Calm to Upset

CLOTHING: _____

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV G. LYNCH 8568

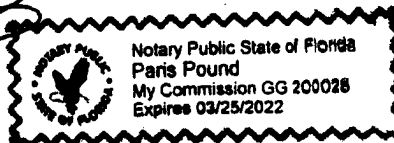
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6 day of OCT 20 20 by INV G. LYNCH 8568

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

Paris Pound (#24639)

Notary Public, Clerk of Court, Officer (F.S.S. 117.0)



SCANNED
OCT 07 2020

SUBJECT: Sowers, William, Bruce

CASE NUMBER 20114094

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:

William was asked to stand with his feet together and place his hands by his sides. William was asked to focus on the stimulus and follow it with his eyes. William was told not to move his head to assist in following the stimulus. I observed a lack of smooth pursuit in both of William's eyes and distinct and sustained nystagmus at maximum deviation. I observed onset of nystagmus prior to 45 degrees. I observed vertical nystagmus in both of William's eyes. William had to be reminded to follow the stimulus and not to move his head. William exhibited a sway throughout the task.

WALK & TURN:

I attempted to perform the walk and turn task. I utilized yellow duct tape to make a straight level, free of debris, that William advised he could see. I explained and demonstrated the task to William. During the instructions William attempted to begin the task without being instructed to do so several times. William was unable to maintain the instructional stance, stepping out of the position several times. After several attempts, where William was unable to maintain the instructional stance, I advised William to stand normally. Prior to completing the instructions William became upset and advised that he was not going to perform the tasks. I advised William of Taylor warnings, which he refused to acknowledge. William then began to repeatedly walk down the line, without being instructed to do so, and refused to follow my directions or allow me to finish the instructions for the task. Based on William refusal to follow and of the instructions the roadside tasks were not continued.

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS: 1) .179 2) .186 3) 4)

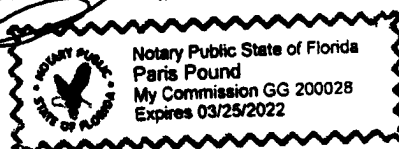
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6 day of OCT 20 20 by INV G. LYNCH 8568

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

Paris Pound (#24639)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SCANNED
OCT 07 2020

WITNESS LIST

CASE NUMBER: 20114094

ARRESTING OFFICER: INV G. LYNCH 8568

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS OF CASE

NAME: SGT. THAETER 5362

ADDRESS: DIST 8

PHONE NUMBERS (HOME) 0 (WORK) 561 688 3000

CAN TESTIFY TO: INITIAL CONTACT/ IDENTIFY DRIVER

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: _____

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: _____

SCANNED
OCT 07 2020

TESTING FACILITY TASK REPORT

AGENCY:
SUBJECT:
CASE NUMBER:
DATE:
VIDEO DVD NUMBER:
BEGINNING TIME:
ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:00 HRS.

SUBJECT: AGREED TO TAKE TEST

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

SCANNED
OCT 07 2020

SUBJECT: SOWERS, WILLIAM B CASE NUMBER: 20-114094

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) READ ON CAMERA

SUBJECT: SOWERS, WILLIAM B CASE NUMBER: 20-114094

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: _____

SCANNED
OCT 07 2020

**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: 80-006239 Software: 8100.27
Date of Test: 10/06/2020

Date of Last Agency Inspection: 09/18/2020
Observation Period Began: 23:00
Subject's Name: WILLIAM B SOWERS

DOB: 01/20/1951 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	23:24
	Air Blank	0.000	23:25
	Control Test	0.079	23:25
	Air Blank	0.000	23:26
	Subject Sample #1	0.179	23:26
	Air Blank	0.000	23:27
	Air Blank	0.000	23:29
	Subject Sample #2	0.186	23:29
	Air Blank	0.000	23:30
	Control Test	0.079	23:30
	Air Blank	0.000	23:31
	Diagnostics Check	OK	23:31

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 PARIS D POUND, 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: 10/06/20
Signature

Sworn to (or affirmed) before me this 6th day of October, 2020

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida INV. G. LYNCH

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.

**SCANNED
OCT 07 2020**



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"/>	F.C. Art. 1, Sect 16	Other: Marsy's Law	
	<input type="checkbox"/>	119.071(2)(M)	Other: Personal identifying information of a witness to a murder.	

REVIEW COMPLETED BY

Booking Number: 2020023633	Date: 10/07/2020
	Specialist Name/ID: VARGO/6665

SCANNED
OCT 07 2020