50. 2022- CT-008226- ANB
(520)

A Request for Warrant
A Request for Capias Juvenile N Juvenile Referral Report 2. N.T.A. 4. Request for Capias Agency ORI Number Agency Report Number 78 - 22002600 Agency Name
PALM BEACH GARDENS POLICE DEPARTMENT FLO 5 0 2 6 0 Weapon Seized / Type 5. Ordinance Multiple ChargeType: Check as many 3 Misdemeanor 1. Felony 2 1. Yes 2. No Clearance 6. Other 4. Traffic Misdemeanor Indicator 2. Traffic Felony as apply. Location of Offense (Business Name, Address)
PGA BLVD/ELLISON WILSON RD,PBG, FL, 33410 Location of Arrest (Including Name of Business) 2401 PGA BLVD, PBG, FL, 33410 Booking Date Jail Date Jail Time Location of Vehicle KAUFF'S TOWING AND RECOVERY Booking Time 4701 EAST AVENUE, WPB, FL 33407 05/24/2022 22:04 Name (Last, First, Middle) WAGNER, ALAN, Alias (Name, DOB, Soc. Sec. #, Etc.) Complexion Race W - White I - American Indian B - Black 0- Oriental/Asian Height 9/5/1953 200 **BLU** BRO LGT **LRG** 6'00 Marital Statu Religion Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) Alcohol Influence Drug Influence MARRIED NOT STATED Local Address (Street, Apt. Number) 3. Florida 4. Out of State (561) 315-8918 1415 JAMES BAY RD, PALM BEACH GARDENS, 1. City 2. County FL 33410 1 (State) Phone Address Source Permanent Address (Street, Apt. Number) (City) 1415 JAMES BAY RD, PALM BEACH GARDENS, FL 33410 **VERBAL** Business Address (Name, Street) D/L Number, State W256000533250 INS Number Place of Birth (City, State)

SPRINGFIELD, MA Soc. Sec. Number US FL 3. Felony Co-Defendant Name (Last, First, Middle) Sex 1. Arrested 3. Fetory
5. Juvenile
3. Felony
4. Misdemeanor
5. Juvenile
5. Juvenile 2. At Large Sex Date of Birth Co-Defendant Name (Last, First, Middle) ₹ace 1. Arrested 2. At Large 5. Juvenile Parent Legal Custodian Other: Name (Last) Business Phone (City) (Zip) Address (Street, Apt. Number) Notified by: (Name) Juvenile Disposition

1. Handled/ processed within 2. TOT HRS / DYS 3. Incarcerated Dent and Released Date Time Relationship Released To: (Name) The above address provided by \_\_\_defendant and / or \_\_\_defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. \_\_\_\_ Yes, by: (Name) \_\_\_\_ No: (Reason) School Attended Grade Description of Property Property Crime?
Yes No Value of Property H. Hallucinogen M. Marijuana O. Opium/Deriv. Drug Activity N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use M. Manufacture/ Z. Other Drug Type N. N/A A. Amphetamine Paraphemalia C. Cocaine E. Heroin Equipment Z. Other S. Synthetics Violation of ORD # Statute Violation Charge Description Violence TY N 316.193(1)( DRIVING UNDER THE INFLUENCE 1 Warrant I Capias Number Drug Activity Drug Type Amount / Unit Bond Domestic Violence Violation of ORD # Counts Statute Violation Number Charge Description Offense # Warrant / Capias Number Drug Activity Drug Type Amount / Unit Domestic Violation of ORD # Counts Statute Violation Number Charge Description Violence Warrant / Capias Number Drug Activity Drug Type Amount I Unit Offense Counts Domestic Statute Violation Number Violation of ORD # Charge Description Warrant / Capias Number Offense # Drug Activity Drug Type Amount / Unit NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH; (561) 662-6700 Court Date and Time Month JUNE Year 2022 10:00 AM Time Day AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD WILLFULLY FAIL TO APPEAR BEFORE THE COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED 05/24/2022 arent /Custodian Signature of Defendant (o) **Date Signed** Name Verification (Printed by Arrestee) HOLD for other Agency Name ne of Arresting Officer (Print) (PRINT) Resisted Arrest LD# ☐ Dangerous 514 4. FLINK #AGE Suicidal Other:

ID#

514

I.D. #

Intake Deputy

Pouch #

Transporting Officer

A. FLINK

Agency PBGPD

Witness here if subject signed with an -X

	OBTS Number		PROBABLE CAU	JSE AFFIDAVIT	1. Arrest 2. N.T.A.	3. Reques 4. Reques	at for Warra st for Capia		JUVE	ENILE
D M		Palm Beach Gar	rdens Police De	-	ncy Report Number	2600				
N	Charge Type: 1. Felony	3. Misdemeanor 4. Traffic Misdemeano	5. Ordinance	pur cirione   7	Special No					
0 6 6	as apply. 2. Traffic Felony Name (Last, First, Middle)	4. Traffic Misdemeand	Alias	ACNED ALAN	<u>;</u>	Race	Sex	Date of Birth		
FOI	WAGNER, ALAN Charge Description		W.	Charge Description		W	M	<u> </u>	<u>5/1953</u>	<u>}</u>
AR G	316.193(1)(A) DUI - NORMA Charge Description	AL FACULTIES IMPAI	RED	Charge Description					<u> </u>	
S										
٧.	Victim's Name (Last, First, Middle)  State Of Florida					Race	Sex	Date of Birth		,
C	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone		Ad	idress Source		
i M	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone		00	ccupation	)	
_	The undersigned certifies and swears the The Person taken into custody	at he/she has just and resonab	le grounds to believe, and	does believe that the above	named Defendant co	mmitted t	he follow	ving violation	of law.	<i></i>
	committed the below acts in n	ny presence.	was	observed by	that halaba an	u tha ar	rooted s		mitt tha h	_ who told
	confessed toadmitting to the below facts.		was	found to have committed	that he/she say the below acts, res		1			
	On the <b>24</b> day of	May , 20	22 at 21:48	_ (Specifically include fa	cts constituting cau	use for a	irrest.)			
	On 05/24/2022 at ap	proximately 21	48 hours, th	his Officer a	rrived in	the	parl	king l	ot of	:
	2401 PGA Blvd, PBG, and in car video we		: Ofc Hinson	546 with a t	raffic sto	p.	Body	y worn	came	ra
P	l	re used.								
RO	Ofc Hinson said he								_	
A	steady red light we PBG, FL. Ofc Hinso									
	across three lanes			_				_		
c	Lastly, when the ve lanes, before parki		/ · ·	it entered th	rough two	wron	ig di	irecti	on	
A	This Officer made c	ontact with th	ne driver and	d sole occupa	nt, identi	ified	i vi:	a Flor	ida	
S	Driver License phot	o, Alan Wagner	(OF) while	he was still	in actual	l phy	ysica	al con	trol	of
	same. This Officer appeared to have po	noticed Wagnersibly spilled		-		-	•	-	•	w
T	lethargic movements	and speech.	This Officer	r asked Wagne	r how he w	vas t	to wi	hich h		
A T	replied "I'm good, "prescription medic		_		-				er	
M	stated he was at hi			_		_	_			:he
N	traffic stop.									
	Based on this Offic									
	participate in Stan initially said he d									18
	performed.		•							
	The first exercise			_	-		tim	ulus u	sed,	was
	a Toxoptix X3 with	<b>3</b> 4 37 3		This Offic	r observed	i a		of sm	ooth	-
40×	SWORN AND SUBSCRIBED BEFORE I	Notary i	SHARI E. O'NEAL Public - State of Florida mission # GG 972080					<u> </u>		
7-0	NOTARY PUBLIC / CLERK OF C	OURT / OFFICER (E.S.S.) 177	n. Expires Jun 25, 2024	Ĭ		STIGATI		ICER		
T R	05/24/		BITTACIONEL NOCATY ASSO.		OF OFFICER (PLEA				ſ	PAGE
Į	DA				05/24/2022	2				1 of 3

Т	OBTS Number		PROBABLE CAUS	SE AFFIDAVIT	,	l. Arrest	3. Request	for Warran	18	1100	NILE
١Į			SUPPLEM	IENT		2. N.T.A.	4. Reques	t for Capias	. 1	3045	INILE
) A	Agency ORI Number  FL FL0502600	Agency Name	Beach Gardens Police Dep	artment	Agency Report N		2600	)			
۰ŀ	Charge Type: 1 Felony		Alsdemeanor 5. Ordinance	AI LIIIGIIL	7 0	Special N					
-	check as many 2. Traffic Felony	X 4. T	raffic Misdemeanor 6. Other					, ,			
3	Name (Last, First, Middle) WAGNER, ALAN		Ailas WA	GNER, ALAN			Rece	Эех М	Date of Birth	, 5/1953	l i
+		e and	sustained involuntary		in hoth	) eve				-,	
ĺ			his head multiple time							his a	rms
l			i a lack of convergen						lagner		
Į	pupils were constri	cted a	and appeared to remain	n this way					in c	or nea	r
	his eyes, or when a	mbient	t lighting conditions	existed.							4
1					-	<b>v.</b>				-	
			e conducted, was the to said he would be un-								
			was terminated and so								in.
1	CONCILCION. The exe	TCTDE	was terminated and s	cacca caca				1			
١	The third exercise	conduc	cted, was the Finger	to Nose.	When to	old t	o beg	jin,	Wagne	er rai	.sed
ı	his left hand and t	ouched	d his nose rather than	n tilting	his hea	ad th	e bes	st he	can	and	
			g the first command o								his
?			. The first command								da
			is finger. The seconcommand of Right, Wag								
N			did not lower his hand			(1)		9			
1		· • · · · ·			1 1						
=	The fourth exercise	condi	icted, was the Palm P	at. Wagne	r did 1	not i	ncrea	se s	speed	until	L
1	_		oubled patted four time	$\sim$	ward th	he en	d of	the	exer	cise,	
	Wagner did not coun	t when	n his hands made cont	act.							
				ha Wama da			Desi		- Mac	-b 1	
2			cise conducted, was t ing told to do so. T								st
			ner started Task 2 ag								
ř		_	ch was to return his						-		
^			, , , , ,		_						
٤			observations, Wagner								
<u>" </u>			r`s vehicle, incident Wagner`s name, in the								For
4	Ruprenorphine HCL 8	mor. Co	ontaining multiple wi	thin. Als	o loca	ted i	n the	vet	icle	was 2	20mg
	CBD liquid drops.										_
							_		_		_
1			r requested Wagner to								of
1			content, to which he to Wagner to which he								
١			At 2305 hours and a							office	er
١									the p	resenc	ce
-	requested Wagner to provide a urine sample for the purpose of determining the presence of chemical or controlled substances, to which he requested counsel. This Officer										
			da Implied Consent, t								
	<del>-</del>	d to 1	provide a urine sampl	e. Wagner	provi	ded a	uri	ne sa	mp1e	at 23	213
	hours.							A			
_					47	4		Œ,	7	· · · · · · · · · · · · · · · · · · ·	
	SWORN AND SUBSCRIBED BEFORE	ME A	SHARLL, O'NEAL					T JA	1	7	
N	$\mathcal{A}$ . $\mathcal{O}_{\mathcal{N}_{\mathcal{A}}}$		Notary Public - State of Florida Commission # GG 972030	SIGNATUR	E OF ARRES	TING / INV	ESTIGATI	NG OFFI	CER	-	
s T	NOTARY PUBLIC / CLERK OF C	OU T ACE	Bonded through National Notary Assn.	FL	INK, ANI	DREW	S (5	14)			
R			Bouged through various more has a		IAME OF OFF					<del>-</del>	PAGE
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COURT

C	DBTS Number		PROBABLE CAUSE AFFID SUPPLEMENT		Arrest 3. Request 2. N.T.A. 4. Reques			JUVEN	NILE
<u> </u>	Agency OR! Number	Agency Name		Agency Report No		)			
1	FL FL0502600		Beach Gardens Police Department  (Isdemeanor	t 7 8 .	22-002600 Special Notes:				
l c	Charge Type:		raffic Misdemeanor 6. Other	and a control and a second of		1 6-	Deta :45	-	
٥١	Name (Last, First, Middle)		Alias WAGNER, A	LAN	Race W	Sex M	Date of Bi	m 05/1953	
+	WAGNER, ALAN	e of t	the investigation and the t						
-1.	procented this Off	icer h	has probable cause to prove	Alan Wagne	r operate	ed a	moto	r	
- 1	vehicle, in the sta	te of	Florida, while under the i	nfluence to	the exte	ent 1	his n	ormal	
-	faculties were impa	ired,	in violation of FSS 316.19	3(1)(A).					
PROBABLE CAUSE STATEMENT									
ADM! NISTRAT	SWORN AND SUBSCRIBED BEFOR	COURT / O	SHARI L. O'NEAL  Notary Public - State of Fiorida Commission # GG 972080  Ly Comm. Expires Jun 25, 2024  MFIOER ES THISTOMNational Netary Assn.	IGNATURE OF ARRES	DREW S _(	514)	FFICER	, <b>, ,</b> , , , , , , , , , , , , , , , ,	
A	05/2	4/2022			FICER (PLEASE PE	(INT)			PAGE
V	<u>,</u>	DATE		05/	24/2022 DATE		-		3 of 3



## PALM BEACH GARDENS POLICE DEPARTMENT DUI TESTING FACILITY INFORMATION SHEET



PBSO Case #: 22 070 805	PBSO Zone: <u>3-13</u>				
Agency Case #: <b>22002600</b> Cras	sh Case #:				
Incident Information:					
Time of Stop/Crash: 2137 Date of Incident: 05/	<b>TUESDAY</b> LISON RD,PBG, FL, 33410				
Arrest Information:					
Time of Arrest: 22:04 Date of Arrest: 05/24  Location of Arrest: 2401 PGA BLVD,	4/2022 Day: TUESDAY PBG, FL, 33410				
Subject's Name: (L)					
Agency: PBGPD Division: TRAFFIC U	JNIT				
Breath Results  1)	BAT Use  BAT Notified: YES  Arrival Time at BAT: 2238  Subject Arrest Time: 22:04				

Breath Test Operator: ONEAL 6212
PBSO

SUBJECT:	Lune	Allen	CASE NUMBER:
<u></u>			. 0,102 11011102111

## **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.

content.
OR
I am now requesting that you submit to a lawful test of your <i>URINE</i> for the purpose of determining the presence of chemical or controlled substances.
NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.
Lamof theof the
If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your <i>breath, urine</i> or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.
Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.
Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO</or></or>
NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,
If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.
Do you understand what I have just read to you? YES <or <or="" do="" no="" no<="" refuse="" still="" submit="" test?="" th="" this="" to="" yes="" you=""></or>

### SUBJECTS SIGNATURE: (X)

#### 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.

**CONSTITUTIONAL WARNINGS** 

- 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)	North 1	Marie Company of the	10	Levie C
	ŕ	1. The		dimmi
		Frank		

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

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 VOIL HAVE VOLD EIDST DDINK?					
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?					
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					
PBSO #0129C REV. 9/93					

#### 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: 80-006238 Software: 8100.27 Date of Test: 05/24/2022

Date of Last Agency Inspection: 05/13/2022

Observation Period Began: 22:38

Subject's Name: ALAN WAGNER

Cylinder Lot: 29821080A4

Exp: 12/05/2023

DOB: 09/05/1953 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	23:03	
		0.000	23:03	
	Control Test	0.080	23:04	~ N
	Air Blank	0.000	23:04	
	Subject Sample #1	0.024	23:05	
	Air Blank	0.000	23:05	
	Air Blank	0.000	23:07	
	Subject Sample #2	0.024	23:08	
	Air Blank	0.000	23:08	
	Control Test	0.080	23:09	
	Air Blank	0.000	23:09	
	Diagnostics Check	OK	23:09	

State of Florida, County of Palm Beach, Personally appeared before me the undersigned authority, who  $(\checkmark)$  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. Date: <u>05-24-2</u>2 Breath Test Operator:

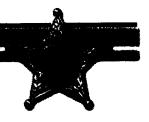
Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., 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.

Printed Name of Notary Public-State of Florida

otary Public-St

# PALM BEACH COUNTY SHERIFF'S OFFICE

RIC L. BRADSHAW, SHERIFF



#### **TOXICOLOGY ANALYSIS REQUEST**

This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis
PRINT LEGIBLY OR TYPE

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Case #: 22002600
Officer: A. FLINK ID#: 514 Email: aflink@pbgfl.com
Specimen Collected By: A. FLINK Date: May 24, 2022 Time: 2313
Specimen Collected From: WAGNER, ALAN, Age: 69 Sex: M Hgt: 6'00 Wgt: 200
Specimen Type: Blood Urine Beverage Other-Describe
Type of Case: Traffic Crash Fatality WDWI/DUI Dother Date: 5/24/22 Time: 2313
Potential Felony? Yes No
Was any medication administered by medical personnel prior to sample being drawn: Yes No
If yes, name of Medication(s):
Subject Arrested: Vyes No
Breath Test Performed? Ves No Results: .024
Tests requested: Blood Alcohol Blood Drug Screen Urine Drug Screen
NOTE: Blood Alcohol analysis is performed on all DUI blood specimens. Requested Blood Drug Screen may not be performed based on the laboratory protocol. If you have any questions, please contact the Toxicology Unit at 561-688-4814 or toxicologyrequest@pbso.org.
DRE exam performed: Yes No DRE Officer: n/a Agency:
DRE Opinion: DRE Email:
Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)
Buprenorphine HCL 8mg and CBD in vehicle
Wagner had a white pale face, was sweating profusely, appeared to have possibly spilled a liquid on his shirt, was hunched forward, had slow lethargic movements and speech. This Officer asked Wagner how he was to which he replied "I'm good, I haven't been drinking or anything". Wagner said he took a "prescription medicine earlier, but it's nothing that affects me".

#### **TESTING FACILITY TASK REPORT**

	AGENCY: PBG OFC. FLINK #514					
SUBJECT: WAGNER, ALAN	CASE NUMBER: 22-070805					
DATE: 05-24-22	VIDEO DVD NUMBER: N/A					
BEGINNING TIME: 22:58 HRS	ENDING TIME: 23:11 H RS					
BREATH TESTS RESULTS: 1) .024 TIME 23:05 A.M. P	.M.⊠ 2) .024 TIME 23:08 A.M. P.M.⊠					
3) TIME A.M. P	.M 4) TIME A.M P.M					
BREATH OPERATOR: S.O'NEAL #6212						
MAINTENANCE TECHNICAN: J. KARLECKE #6467						
TESTING OFFICER'S OBSERVATIONS						
SPEECH: SLUR						
ATTITUDE: CALM, COOPERATIVE						
CLOTHING: SHIRT- NAVY BLUE/PRINT/SWEATY SHORTS- BLACK						
MEDICAL CONDITIONS: ARTHRITIS, BLOOD PRESSURE AND ALLER	GIC TO PENICILLIN					
MEDICATIONS: YES FOR THE ARTHRITIS AND BLOOD PRESSURE						
OTHER: EYES: RED, GLASSY DEXTERITY: SLOW						
COMMENTS:						

20 MIN. OBSERVATION DONE BY A/O FLINK #514

A/O REQUESTED THE BREATH TEST.

D REFUSED THE REQUEST AT FIRST.

A/O READ THE IMPLIED CONSENT ON CAMERA.

- D UNDERSTOOD THE I/C.
- D DECIDED TO SUBMIT AFTER THE I/C WAS READ TO HIM.
- D COMPLETED THE TEST CORRECTLY, D HAD A LITTLE DIFFICULTY.

EXPLAINED THE BREATH RESULTS TO THE D.

- A/O REQUESTED A URINE SAMPLE ON CAMERA.
- D ASKED ABOUT HIS ATTORNEY, A/O REMINDED HIM ABOUT THE IMPLIED CONSENT.
- D SUBMITTED TO THE URINE REQUEST.



#### Palm Beach County Sheriff's Office - Arrests Only

	х	Florida State Statute	Description	Page Number(s)
Public Info. Exemptions		119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
		943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	4
		119.071(4)(c)	Undercover personnel.	
		119.071(2)(f)	Confidential informants (Cls).	) 7
	П	119.071(2)(e)	Confession.	<b>-</b>
	П	985.04(1)	Juvenile offender records.	
		119.071(h)(i)	Assets of a crime victim.	
	П	395.3025(7)(a), 456.057(7)(a)	Medical information.	
		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.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	×	(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.	
		(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	П	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
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ja l			Other:	
Other			Other:	

#### REVIEW COMPLETED BY

Booking Number: 2022013515	Date: 5/25/2022
	Specialist Name/ID: Chantel Daniels/30347