#0533166

22CT 11750 NB P# 2019

| A | OBTS Number | | | | AR | REST / NOT | TCE TO A | APPEAR | | | aquest for Wa | | | UVENILE |
|------------------|-------------------------------------|--|------------------------------------|--------------------------------------|---|-----------------------|---|----------------------------|--------------------------------------|---------------------------------|------------------------------|--|----------------------|---------------------------------------|
| M | Agency ORI Nur | | 1 - | ncy Name | | | <u></u> | | Agency Re | port Number (N.T.A.'s on | y) | | | - |
| N E | Charge Type | | | uno Bea 1 3 Made | <u>ch Police Dept</u> | 5 Ordinance | | | <u> </u> | 22-00033 If Wompon Seize | | | - | Multiple |
| Ī | Check as many as apply | 2 Traffi | c Felony | | | 6 Other | Location | n of Offense (Bu | siness Name | Enter Type Address) | | | | Clearance Indicator |
| A T I O | | | | BEACH Booking S | FL 33408, 142 | 00 US Booking Time | | 200 US H | | AY I, JUNO B. | EACH, Location of | | 8 | · · · · · · · · · · · · · · · · · · · |
| | 07/2 Name (Last, Firs | 2 <i>0/2022</i> | 16:09 | | | | | | Aline | (Name, DOB, Soc. Sec.) | Etc.) | | | |
| | DUBAY | , MELISSA | | | | | Alias: | 12.3 | | | , | | | T |
| | | ! - American Indian - Oriental/Asian | Sex Sex | Date of E | Sirth 13/05/1980 | Heaght 5:03 | Weight 135 | Eye Cal | or B <i>LUE</i> | Hair Color BLOND | <u> </u> | Complexion LIGI | HT | Build Thin |
| DE | Scars, Marics, Ta | atoos, Umque Physic | al Frances (Location, 1 | (vpe, Erescurption | | | | Marual S | Status Feb. | ATHOLIC | | Indication of Alcohol Influence Drug Influence | e yes | |
| HID | | Street, Apt. Mumber) E LONGVI. | EW DR. HO | (Caty) BE SOU!! | VD, FL 33455 | (State) | (Zip) | | | Phone | | Residence Type: I. City 3. 2. County 4. | Plorida | 1 |
| ANT | Permanent Address 8655 S. | ess (Street, Apt. Num E LONGVI. | iber) | (City) BE SOUT | VD, FL 33455 | (State) | (Zig) | | | Phone | 0 | Address Source | | моитн |
| | Business Address AMBR | | LAKE DRI | (City) VE, RIVI | ERA BEACH, I | (State) FL 33404 | (Zap) | | | | X | Occupation | Staf | r |
| | D/L Number, Sta | | | Soc Sec thurn | | BIS ! hunder | | | e of Burth (Ca | iy, State) ORD, CT, | Citizens | • | | |
| 00 | | une (Lan. First, Mid | | | | | Pace | | ale of Blah | J.W. C1, | 01.4 | Arrested 3 | | 5 Juvenile |
| 1.1 | Co-Defendant N | emo (Last, Pirst, Mid | die) | | | | Race | Sex 5 | ate of Birth | | 01.7 | At Large 4. At Large 4. At Large 4. | Felony | 5 Juvenile |
| | Parent Legal Custon | | | | | First, Middle) | | | | | | Resid | dence Phone | |
| VE | Address (Street, | | | | (City) | (| State) | (Zi q) | | / | | Buei | ness Phone | |
| 7-1 | Notified by: (Ne | | | | | | Date | | Tigane | | SPOSITION VProcessed with | | TOT JAC | |
| | Released To: (N | lame) | | | Relationship | | Date | | Time | | | | | |
| | The above | address was | provided by | defenda | ant and/or D de | riendant's pare | ents. | <i>Y</i> | School Att | er,ded | | | G | rade |
| | (Phone 355 | 5-2526) inform | ned of any char | ige of addr | ess. | OHICE | 1 7 7 | rty Creme? Yes 🐼 No | Description | n of Property | ··· | | V | alue of Froperty |
| C 0 D E | Drug Activity N N/A P Possess | S Seil B Buy T Traffic | R. Smuggle D. Deliver E. Use | E Disperser: Distribut+ | M Manufacture/ Produce/ Collivate | 2 - de | N N | g Type VA unphetamme | B Barbsture C Cocaine E Herois | | Ec | rephemete/ quipment nthetic | U Unknow Z. Other | ^ |
| C H | Charge Descripti | | 8 OR ABOVI | ₹ | | | * | | | Statute Violation No. 316.193(1 | | - | farma and | 7RE * / |
| RGE | Drug Activity | | mount / Und | ∂ ifen | se # | ount: Domes | tic Violence Y 🔀 N | Warrant / Capia | s i lumber | 1 010.170[1 | <u> </u> | 1 | ond | |
| Ç H | Charge Descripti | | ························/- | <u> </u> | | <u> </u> | | | | Statute Violetion N | mber | 1 | ioletics of C | RD# |
| RGE | Drug Activity | Drug Type A | mount / Unit | Offen | se # | t 1 - | tuc Violence | Warrant / Capia | : Number | | | В | ond | |
| CH | Charge Descripti | ion | | 7 | 7 | · | - .:: | | | Statute Violation N | mber | | Ticketice of C | ORD # |
| ROE | Drug Activity | Drug Type A | mount / Tinst | 25% | .c# | | tic Violence | Warrant / Capia | s Number | <u> </u> | | В | ond | |
| | Health / Apparent | t Physical Condition | of Defendant | | | | | Any knowledge Emplein | of the follow | ring Mental C | Escape Risk | Medication | Defe | ormsties 🗖 laguries |
| N I A K | Check which app | phes 🔲 Relea: | | leased to Paretti with County Men | | f county fad P | P.OPERTY - Rec | | 1 | Released By | | Released 1 | Го | |
| Ê | Transported By | ~ | | | | D | ale Transported | Time Tr | unsported | Other | | 7/3 | Æ | |
| 20 | INSTR | UCTION NO |). 1 - Mandator | y appearar | ice in court | | Location (Co | | | D41145545 | | | T | |
| Î C E | □ INSTR | RUCTION NO |). 2 - You need | not appea | r in Court rith instructions on | Page 2. | Court Date a | | | <u> PALM BEAC</u> 99:00:00 | H GAR | <u>D. 1</u> | $\overline{}$ | No |
| Ĭ | I AGREE TO A | APPEAR AT THE | TIME AND PLACE | E DESIGNATI | ED TO ANSWER THE COURSED BY THIS NO | OFFENSE CHARG | SED OR TO P | AY THE FINE | SUBSCRI | BED IUNDERSTAN | D THAT SH | OULD | | Photo |
| P | FOR MY ARR | EST SHALL BE | ISSUED | , 170 M | | IV IN FEME | ., | MILLO | | o. oooki AMD | | LAT. | | Available |
| E A R | | 8 | Signature of Defend | ant (or Juveni | le and Parent/Custodian |) | | | | Date Signed | | ; | .1 | Grand Control |
| Ā | HOLD for Other | | - | | Signature of Airesta | | • | |) in | arne Venfication (Printed b | [Heres]2(|) PW j QC | 13 | |
| M | Den | | Resisted Arrest Other | | Name of Arresting (| | | 1.D. 29 | | (PRINT) | - | | _ | Tour |
| l, | anaka a aug | AM | Um | Pouch # | Transporting Office | | 278 | | осу | Vitness here if subject sign | od uselb an 1001 | | | PAGE 1 OF 1 |
| Щ M | | X | 111 | .l | | | 3.000.000000000000000000000000000000000 | | | | | <u> </u> | | |
| ш | COUNT | LASTAIL | i attórney | ، لا | GENCY LIC | ENTRAL RE | LUKES | 🔲 jan | · Li | CRIME ANALY | 515 L |] P.I.O. | யா | DEFENDANT |

D.U.I. PROBABLE CAUSE AFFIDAVIT

| ON THE | 20th DAY OF | July | 20 2022 , AT | 3:07 | AM PM |
|------------------------|--|----------------------------------|--|--|----------------------------|
| SUBJECT:_ | Melissa | Lynn | Dubay | CASE NUMBER: | 22-000339 |
| AGFNCY: | Juno Beach Po | olice Department | ARRESTIN | G OFFICER: | Mullen |
| | | PERS | ONAL CONTAC | CT | |
| | | | • | ATEMENTS PUTTING DE | F. BEHIND WHEEL OF VEHICLE |
| Upon arriv | val to the scene Dub | ay was seen exiti | ng the vehicle. | | 4 |
| | | | | | |
| | | | | | , |
| | | | | | |
| | | | | | |
| | | | | | |
| OBSERVAT | ION OF DRIVER: | | | | |
| | ions of Dubay includ | des her being una | ble to maintain h | er balance and slur | red speech. |
| | | | | | |
| | | | | , | |
| | | | | | |
| | | | Y | | |
| | | |) | | |
| DRIVER'S | STATEMENTS: | | | | |
| | | | | | I she exited her vehicle. |
| | mitted to being into and was distracted I | | | i sne was operating | the motor vehicle with |
| | | | | | |
| ODORS: | | X | | | |
| None | | | | | |
| | | CENEDAL | L OBSERVA | TIONS | |
| | | GENERA | LUDSERVA | 110113 | |
| SPEECH: | | | | | |
| | Careless | | | | |
| | 3: Fully clothed | | | | |
| <u>IEDICAL/O</u> | THER: Bad back | | | | |
| ATE OF FLORI | DA . | | | ************************************** | |
| UNTY OF PALI | | | | | |
| nature of Arresting/Im | 1 2 2 | | _ | | |
| foregoing instrument | was sworn to or affirmed and subscrib- | ed before me this 20th di | a, of July | 20oy | Mullen |
| nt name of Arresting/I | nvestigative Officer), who is personally | known to me and/or produced iden | at rication. Type of identification pr | oduced Perso | onally Known |

| SUBJECT: Melissa Lynn Dubay | CASE NUMBER | 22-000339 |
|--|------------------------------|---|
| ROA | ADSIDE TASKS | |
| HORIZONTAL GAZE NYSTAGMUS: | | |
| LT EYE-LACK OF SMOOTH PURSUIT | RT EYF-LACK OF | SMOOTH PURSUIT |
| LT EYE-DISTINCT & SUSTAINED NYSLAGMUS AT MAX. DE | EVIATION RT EYE-DISTINCT | & SUSTAINED NYSTAGNUS AT MAX. DEVIATION |
| LT- EMF-ONSET OF NYSTAGNIUS PRIOR TO 45 DEGREES | RT- FYF-ONSET O | F NYSTAGNUS PRIOR TO 45 DEGREES |
| Other Observations: | | |
| Dubay had to turn her head each time the stime | ulis was repositioned. | |
| WALK & TURN: | | |
| Dubay was unable to maintain her balance duri advised steps, and didn't count each step out le | | keep her heel to toe, walked past th |
| ONE LEG STAND: Dubay failed to count out loud and had to place | e her foot down multiple tim | es. |
| FINGER TO NOSE: | | |
| Dubay completed the task without any noted in | ndicators. | |
| ROMBERG ALPHABET: | | |
| BREATH TEST RESULTS: 1) .164 2) TATE OF FLORIDA | .180 [3) | 4) |
| OUNTY OF PALM BEACH | | |
| ignature of Arresting/Investigative Officer) | | a |
| 20th | Language Hully on 7 | 2 Mullan |

frint name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known

| SUBJECT: DUB | AY MEUSSA | L | CASE NUMBER: |
|--------------|--|---|--------------|
| | y • • • • • • • • • • • • • • • • • • • | | |

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? 16.5

| WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? Yes |
|--|
| WHERE WERE YOU GOING? + 0 work |
| WHAT STREET OR HIGHWAY WERE YOU ON? US 料りかいらり |
| DIRECTION OF TRAVEL? S WHERE DID YOU START? Hole Sound |
| WHAT TIME DID YOU START? 2:30 PM WHAT TIME IS IT NOW? \$ 7.00 PM |
| WHAT IS TODAY'S DATE? JOLY ZO WHAT DAY OF THE WEEK IS IT? Wenders |
| WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Boach County, WPB |
| WHEN DID YOU LAST EAT? Last night WHAT DID YOU EAT? Chick in each: ladg bag of chips |
| WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? |
| HOW MUCH DO YOU WEIGH? 130 HAVE YOU BEEN DRINKING? YES WHAT? Janes |
| HOW MUCH? F 5:73 WHERE? G+ hone WITH WHOM? DY SEH |
| WHEN DID YOU HAVE YOUR FIRST DRINK? 4 ペペー AND YOUR LAST DRINK? 2: 2・0 Pペー |
| HOW DID YOU CONSUME YOUR LAST TWO DRINKS? ding from sop |
| CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? ソロン ARE YOU UNDER THE INFLUENCE? ソルト |
| HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? NIA |
| WHAT? WHERE? WHEN? |
| |
| WHAT LINE OF WORK ARE YOU IN? Rehab WHEN DID YOU LAST WORK? YESTER OF YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? YES WHAT? Too metal (and in back metal) ARE YOU SICK OR INJURED? WHAT'S WRONG? |
| ARE YOU SICK OR INJURED? N WHAT'S WRONG? |
| DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No |
| WERE YOU IN AN ACCIDENT TODAY? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? |
| HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NHO? WHO? WHY? |
| ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Galagenty, Rebaren WHEN? Throughout day |
| DO YOU HAVE: EPILEPSY? |
| GLASS EYE? NO |
| EAR INFECTION? |
| INNER EAR TROUBLE? No |
| |
| DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No you take insulin? No if so, when was your last injection? |
| |
| HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? $y \in S$ WHERE? $C T$ |
| WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL |
| PBSQ #0129C REV. 9/93 |

WITNESS LIST

| | CASE NUMBER: | 22-000339 |
|--|--------------|----------------|
| ARRESTING OFFICER: Mullen | | |
| ADDRESS: 18807 SE Federal Hwy, Tequesta, FL 33469 | | 1 |
| PHONE NUMBERS (HOME): 561-818-1981 | (WORK) | |
| CAN TESTIFY TO: Crash and driving pattern | | |
| NAME: Melaine C Ferrick Barre | | : |
| ADDRESS: 5420 N Ocean Dr. Riviera Beach, FL 33404 | | |
| PHONE NUMBERS (HOME) 610-574-1212 | (WORK) | |
| CAN TESTIFY TO: Crash | | |
| NAME: Joseph Andrew Botta | | |
| ADDRESS 457 Pumpkin Dr. Palm Beach Gardens, FL 33410 | | |
| PHONE NUMBERS (HOMF) <u>917-301-4779</u> | (WORK) |) |
| CAN TESTIFY TO: Crash | | |
| NAMF: | | |
| 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 | | |
| | (WORK) | |
| CAN TESTIFY TO: | | |
| NAMF: | | |
| ADDRESS | | |
| PHONE NUMBERS (HOMF) | | |
| CAN TESTIFY TO: | | |
| NAME: | | |
| ADDRESS | | |
| PHONE NUMBERS (HOME) | | - - |
| CAN TESTIFY TO: | | • |
| NAME: | | |
| ADDRESS | | |
| PHONE NUMBERS (HOME) | | |
| CAN TESTIFY TO: | | |
| NAME: | | |
| ADDRESS | | |

| SUBJECT: | Melissa | Lynn | Dubay |
|----------|---------|------|-------|
|----------|---------|------|-------|

SUSPECT'S SIGNATURE:

CASE NUMBER:

| 22 | | เกว | 70 | |
|----|-----|-----|----|--|
| ZZ | ·VU | เบอ | 33 | |

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 o chemical or controlled substances. NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST Officer Mullen of the Juno Beach Police Department I am 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 it 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. Read on Camea SUBJECT'S SIGNATURE: SONSTITUTIONAL WARNINGS I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS: You have the right to remain silent and not answer any questions. Any statement must be freely and voluntarily given. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning. 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. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. I can make no threats or promises to induce you to make a statement. This must be of your own free will. Any statement can and will be used against you in a court of law.

Read on Camera

STATE OF FLORIDA DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES AFFIDAVIT OF REFUSAL TO SUBMIT TO BREATH AND/OR URINE TEST

| Officer Mullen | , a d | uly certified Law | Enforcement | Officer or Co | rrectional Officer, |
|--|---|---|--|--|--|
| (Name of Officer reading Implied Couser | | • | | | |
| im a member ofJul | no Beach Police | Department | | | , and I do swear |
| | (Name of law enforce | | | | |
| or affirm that on or about the doy of | July, 20 | ,, at _ | 4:09 | _ ₽ .M | □ A.M. |
| DRIVER Melissa | L | | | Dubay | / |
| Type or Print) FIRST NAME | MIDDLE OR MAII | DEN NAME | | LAST NAM | <u>. </u> |
| D100-552-80-585-1 | , state of | Florida | (v | vas placed und | er lawful arrest for |
| ne offense of DUI .08 or above | ve by | | Officer | Mullen resting Officer | and |
| ssued Citation # AEI2Z1E | | | Traine of Al | resung Other | , |
| That on or about the 20th day of | July . 20 | 22 . at _ | 5:49 | _ • P.M | Δ.M . |
| Palm Beach County. | | | | | |
| submit to a breath, urine or blood test. It is submit to a lawful test as requested refusal to submit to a lawful test of his cor she holds a CDL, or was operating a clicense/driving privilege for a period of previously been disqualified as a result refused to submit to the test(s) requested | above if his or he or her breath, urine, CMV, refusal will r f one (1) year in the t of a refusal to se | r driving privi or blood. Add esult in the dis c case of a first abmit to any s | lege has the littorially, qualification to refusal ended to the lawfur of the lawfur o | I informed to on of the Cor permanen il test. None | usly suspended for the driver that if he ommercial Driver' tly if he or she ha etheless, the drive |
| THE AFFIDAVIT | MUST BE NOTARE | ZED OR ATTE | ESTED TO | (F.S. 117.10 |) |
| | The | foregoing instru | Door Was aw | om and subser | ibed before me: |
| (AFFIX SEAL) The foregoing instrument was sworn and subscrib- | ned before | Signature of | Attesting (| Officer Office | |
| ne this 20th day of July , 20 | 22 | Date | 7/20 | 122 | |
| Mullen who is personally known to me or who has produce Personally Known Notary Public | ned lentificatio | Burcau Depart Vehicle approp | i of Admini ment of Hig es, with the | strative Revi ghway Safety driver's licer of the UTC, a | and Motor |
| HSMV-BAR1001 (REV. 10/2016) | <u> </u> | | | | |



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

| PBSO CASE # 22- 089950 | PBSO ZONE | 3-13 | 2 |
|--------------------------------------|----------------|-----------|------------|
| AGENCY CASE # 22-00339 | CRASH CASE # | 22-000338 | |
| TIME OF STOP/CRASH 3:07 pm DATE | 07/26/29 | DAY We | nesolky |
| SUBJECT'S NAME Melissa Lynn Dubny | | | |
| HGT 5'03" WGT 30 | DOB 03/05/8 | Ó | |
| LOCATION 14200 Block US Highway | 1, June Beach, | FL 33408 | |
| ARRESTING OFFICER'S NAME & ID MUllea | H 298 A | GENCY JUO | o Beach PD |
| DIVISION: PG+(0) | | | - 0 |
| | NOTIFIED BY | COMMO | LK -IN |
| | ARRIVAL AT F | | |
| BREATH RESULTS: | Aı | rest Time | 1:09 pm |
| 1 | | | 1 |
| 2180 | | | |
| 3. NA | | | |
| 4. N/A | | | · |
| TESTING OFFICER'S ID 24639 | | | 4 |

TESTING FACILITY TASK REPORT

| | AGENCY: JBPD |
|---|-----------------------------------|
| SUBJECT: DUBAY, MELISSA L | CASE NUMBER: 22-089950 |
| DATE: Jul 20, 2022 | VIDEO DVD NUMBER: N/A |
| BEGINNING TIME: 17:49 | ENDING TIME: 18:10 |
| BREATH TESTS RESULTS: 1) .184 TIME 17:54 A.M. F | P.M. 2) .180 TIME 17:57 A.M. P.M. |
| 3) N/A TIME N/A A.M. 6 | P.M. |
| BREATH OPERATOR: P.POUND #24639 | |
| MAINTENANCE TECHNICAN: J. KARLECKE# 6467 | |
| TESTING OFFICER'S OBSERVATIONS | |
| SPEECH: SLURRED | |
| ATTITUDE: CALM, QUIET | |
| CLOTHING: BLACK SHORTS, ROYAL / WHIT T-SHIRT, BLACK SNEAK | CERS |
| MEDICAL CONDITIONS: BACK | |
| MEDICATIONS: IBUPROFEN | |
| OTHER: | |
| COMMENTS: | |
| ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OF | SERVATION PERIOD AT 17:20 HRS. |
| SUBJECT: AGREED TO TAKE TEST | |
| A/O: STATED RIGHTS WERE READ ON SCENE | |
| TECH: READ TEST RESULTS | |
| SUBJECT: STATED SHE UNDERSTOOD TEST RES | ULTS |
| A/O: CONDUCTED Q&A | |

SUBJECT: ANSWER QUESTIONS

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: 80-006477 Software: 8100.27

Date of Test: 07/20/2022

Date of Last Agency Inspection: 07/15/2022

Observation Period Began: 17:19 Subject's Name: MELISSA L DUBAY

DOB: 03/05/1980 Sex: F

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 | 17:52 | |
| | Air Blank | 0.000 | 17:52 | |
| | Control Test | 0.079 | 17:53 | |
| | Air Blank | 0.000 | 17:53 | |
| | Subject Sample #1 | 0.184 | 17:54 | |
| | Air Blank | 0.000 | 17:55 | |
| | Air Blank | 0.000 | 17:57 | |
| | Subject Sample #2 | 0.180 | 17:57 | |
| | | 0.000 | 17:58 | |
| | Control Test | 0.078 | 17:58 | |
| | | 0.000 | 17:59 | |
| | Diagnostics Check | OK | 17:59 | |

Cylinder Lot: 19021080A2 Exp: 09/05/2023

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: 67/20/21

Sworn to (or affirmed) before me this 20th day of July , 2012

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

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

accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



Palm Beach County Sheriff's Office - Arrests Only

| | х | Florida State Statute | Description | Page Number(s) |
|---|---|---|--|----------------|
| ns L/E 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. | |
| | | 119.071(4)(c) | Undercover personnel. | |
| | | 119.071(2)(f) | Confidential informants (Cls). | |
| | | 119.071(2)(e) | Confession. | |
| | | 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. | |
| | | 394.4615(7) | Mental health information. | |
| | | 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 |
| (Rule of 23) | | (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. | |
| | | (xiii) 119.071(2)(h), 119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses. | |
| ation 2.420 | | | | |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) | | | | |
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REVIEW COMPLETED BY

| Dealing Number 2022010720 | Date | 7/21/2022 |
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| Booking Number: 2022018738 | Spec | alist Name/ID: M. Tooks #8557 |