

JACKET#

24 CT18948

111101

Marsy's Law CVI FL. Const. Art.1 § 16(b)

Check if Supplement is Attached

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N
Agency ORI Number FLO: 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFFS OFFICE				Agency Report Number 0 6 -124-102824						
Charge Type Check as many as apply.		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized		Multiple Clearance Indicator		01
Location of Arrest (including Name of Business) Lake Worth Rd/Congress Ave						Location of Offense (Business Name, Address) Lake Worth Rd/Congress Ave			Lake Worth, FL 33460			
Date of Arrest 09/27/2024		Time of Arrest 22:01		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle D & D Towing
Name (Last, First, Middle) Aresnault Aaron R												
Race W - White B - Black												
Sex M												
Date of Birth 01/22/1987												
Height 5'4												
Weight 150												
Eye Color BLUE												
Hair Color BROWN												
Complexion MEDIUM												
Build MEDIUM												
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tat R Arm; Tat L Arm; Back ; Chest						Martial Status Single		Religion Christian		Indication of: Alcohol Influence Drug Influence		Y N Unk
Local Address (Street, Apt. Number) 314 NORTH E STREET				(City) Lake Worth FL 33460		(State)		(Zip)		Mobile Phone 207-357-8128		Residence Type: 1. City 2. County 3. Florida 4. Out of State
Permanent Address (Street, Apt. Number)										Phone		Address Source Arrestee
Business Address (Name, Street)										Phone		Occupation
D/L Number, State 7293282, ME			Soc. Sec. Number			INS Number			Place of Birth (City, State) Lewiston, Maine		Citizenship U.S.	
Co-Defendant (Last, First, Middle)				Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile
Co-Defendant (Last, First, Middle)				Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 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 was provided by defendant and / or defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address.										School Attended		Grade
Property Crime? Yes 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 H. Heroin												
H. Hallucinogen M. Marijuana O. Opium/Derv.												
P. Paraphernalia/ Equipment S. Synthetic												
U. Unknown Z. Other												
Charge Description D.U.I.												
Counts Domestic Violence Warrant / Capias Number 316.193(1) A												
Violation of ORD #												
Bond												
Charge Description												
Counts Domestic Violence												
Warrant / Capias Number												
Violation of ORD #												
Bond												
Charge Description												
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Violation of ORD #												
Bond												
Charge Description												
Counts Domestic Violence												
Warrant / Capias Number												
Violation of ORD #												
Bond												
Location (Court, Room, Number, Address) Criminal Justice Complex - 3228 Gun Club Road, West Palm Beach FL. 33406												
Court Date and Time Month October Day 24th, Year 2024 Time 08:30 A.M. P.M.												
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 09/27/2024		
I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose.												
Signature												
Signature of Arresting Officer Name Verification (Printed by Arrestee) Prud'Homme 45080												
Name of Arresting Officer (Print) I.D. # Prud'Homme 45080												
Intake Deputy I.D. # Pouch # Prud'Homme 45080 Agency PBSO												
Witness here if subject signed with an "X" 1 OF 1												

Handwritten mark

		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A	3 Request for Warrant 4 Request for Capias	1	Juvenile	N	
ADMIN	OBTS Number			Agency ORI Number	Agency Name	Agency Report Number			
				FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 24102817			
DEF	Charge Type. Check as many as apply.	<input type="checkbox"/> 1 Felony	<input checked="" type="checkbox"/> 3 Misdemeanor	<input type="checkbox"/> 5 Ordinance	Special Notes				
		<input type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 6 Other					
CHARGES	Name (Last, First, Middle)	Arsenault Aaron R		Alias	Race	Sex	Date of Birth		
						M	01/22/1987		
VICTIM	Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth			
	Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source			
	Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation			
<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation</p> <p>On the <u>27 TH</u> day of <u>SEPTEMBER</u>, 20<u>24</u> at <u>2056</u> <u>2024</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
<p><input type="checkbox"/> Marsy's Law CVI FL Const. Art. I § 16(b)</p> <p>On 9/27/2024 at approximately 2056 hours I was on duty in my Palm Beach County Sheriff's Office issued marked departmental patrol vehicle, asset #79661, VIN#1FM5K8AR9KGA16876, and wearing my department issued uniform. I was traveling westbound on Lake Worth Road in the center lane and came to a stop in traffic at the intersection of Congress Ave behind several vehicles at a red traffic signal. While waiting in stopped traffic at the red traffic signal, I felt a bump from the rear of the vehicle, which lunged me forward in the seat.</p> <p>I looked in my rear view mirror and observed a white pickup truck (bearing FL Tag 21BLXB) at an angle from the left lane with the front bumper touching the rear bumper of my patrol vehicle. I activated the emergency lights and exited the vehicle to check on the driver. As I exited the vehicle I observed the white pickup backing up from my vehicle's back bumper. I made contact with the driver who was still behind the wheel. The driver was a white male dressed in a purple sleeveless shirt, tan short pants and gray crocks.</p> <p>I identified the driver as Aaron Arsenault, DOB 1/22/1987 via a Maine driver license #7293282. As I checked on Arsenault, he stated that "my foot slipped of the brake". Corporal Blackman #8396 responded to the location and assumed the investigation.</p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S F. DIGSBY		(ID #) 26683				
	The foregoing instrument was sworn to or affirmed and subscribed before me this		27th	day of	SEPTEMBER	20	2024	by	D/S F. DIGSBY 26683
	(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced				KNOWN		LAW ENFORCEMENT OFFICER		
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								PAGE 1 OF 1	

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

OBTS Number	Agency ORI Number FLO. 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 24102817
Charge Type Check as many as apply	<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	Special Notes
Name (Last, First, Middle) Arsenault, Aaron	Alias	Race W	Sex M	Date of Birth 01/22/1987
Charge Description D.U.I. 316.193(1)	Charge Description	Charge Description	Charge Description	Charge Description
Victim's Name (Last, First, Middle) State of Florida	Race	Sex	Date of Birth	
Local Address (Street, Apt Number)	(City)	(State)	Zip	Phone
Business Address (Name, Street)	(City)	(State)	Zip	Phone
<p>The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law The Person taken into custody:</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 27th day of September 20 24 at 8:57 <input type="checkbox"/> A.M <input checked="" type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p> <p><input type="checkbox"/> Marsy's Law CVI FL Const. Art. 1 § 16(b)</p> <p>On September 27, 2024, at approximately 2057 hours, I responded to S Congress Ave/ Lake Worth Rd, Lake Worth, FL 33461 in reference to a vehicle crash.</p> <p>Upon arrival, I made contact with the driver, Aaron Arsenault who I observed sitting in the front driver seat of a white Chevy Silverado (FL tag 21BLXB). I then observed Arsenault to be in actual physical control of the white Chevy, while the engine was running. Arsenault was asked to step out of the vehicle and as he exited, I observed signs of impairment of swaying and unable to keep balance. While speaking to Arsenault, he exhibited slurred speech.</p> <p>D/S D Prud'homme (ID# 45080) arrived on scene to conduct a DUI investigation, please see his report for more information.</p> <p>After the DUI investigation was concluded and Arsenault was taken into custody, I called for a tow truck for Arsenault's vehicle which was then towed from the scene.</p> <p>This event was captured on my PBSO Body Worn Camera.</p> <p>This report is for supplemental purposes</p>				
<p>STATE OF FLORIDA COUNTY OF PALM BEACH Wilson, Cameron E. Digitally signed by Wilson, Cameron E. Date: 2024.09.28 01:29:41 -0400</p> <p>(Signature of Arresting Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of September 20 24 by D/S C. Wilson ID 37211</p> <p>(Print name of Arresting Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known LEO</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>				

NOT A CERTIFIED COPY

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE

DISTRIBUTION WHITE - Court Copy GREEN - State Attorney YELLOW - Agency PINK - Agency

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27th DAY OF Sept 2024 AT 2057

AM PM

SUBJECT: Arsenault Aaron R CASE NUMBER: 24-102824

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Prud'Homme 45080

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

Subject rear ended a marked PBSO Patrol vehicle

OBSERVATION OF DRIVER:

slow and slurred speech, droopy glassy eyes

DRIVER'S STATEMENTS:

ODORS:

odor of unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: slow and slurred speech

ATTITUDE: mood swings

CLOTHING: Loose fitting and baggy

MEDICAL/OTHER: lower back pain

STATE OF FLORIDA
COUNTY OF PALM BEACH

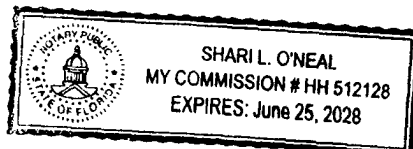
Prud'Homme 45080

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of Sept 2024 by Prud'Homme 45080

(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)



SUBJECT: Arsenault

Aaron

CASE NUMBER 24-102824

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS / LIGHTED PEN STIMULUS TASK: SFST

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:

Condition of Eyes: droopy lids, watery eyes, glassy, VGN present

Observations: swayed left to right

WALK & TURN: SFST

- *Lost Balance
 - *Started Before Instructed- yes
 - *Missed Heel to Toe - multiple times during each set of 9 steps
 - *Stepped Off Line- did not step off line
 - *Used Arms for Balance- raised approx 6in from side
 - *Wrong Number of Steps- no
 - *Stopped While Performing Task - no
 - *Improper Turn - no
- Other Observations: broke from correct starting position 2x,

ONE LEG STAND: SFST

- *Put Foot Down-
 - *Used Arms for Balance- approx 6in off body
 - *Swayed- Left to right during instruction stage
 - *Hopped - yes to keep balance
- Other Observations: started with right foot raised stopped at 1004 then switched to left foot raised almost falls over at 1014

ROMBERG ALPHABET:

Completed correctly then started again, L M N O P Q R S

FINGER TO NOSE: SFST

- R1- Done correctly
- L1- finger to nostril
- R2- finger pad to nose
- L2- finger pad to nose
- L3- Started to bring to right up then switched to left; finger pad to nose

BREATH TEST RESULTS: 1).151 2) *NSP 3).161 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Prud'Homme 45080

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of Sept 2024 by Prud'Homme 45080

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

Shari L. O'Neal

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



WITNESS LIST

CASE NUMBER: 24-102824

ARRESTING OFFICER: Prud'Homme

ADDRESS: 3228 Gun Club Rd, West Palm Beach, Florida, 33406

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

CAN TESTIFY TO: Observations of Arsenault

NAME: Cameron Wilson

ADDRESS: 3228 Gun Club Rd, West Palm Beach, Florida, 33406

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

CAN TESTIFY TO: His observations of Arsenault

NAME: Frank Digsby

ADDRESS 3228 Gun Club Rd, West Palm Beach, Florida, 33406

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

CAN TESTIFY TO: His patrol vehicle being struck by Arsenault's pick up truck

NAME: Cpl V. Blackman

ADDRESS 3228 Gun Club Rd, West Palm Beach, Florida, 33406

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

CAN TESTIFY TO: Completing traffic crash investigation

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) _____

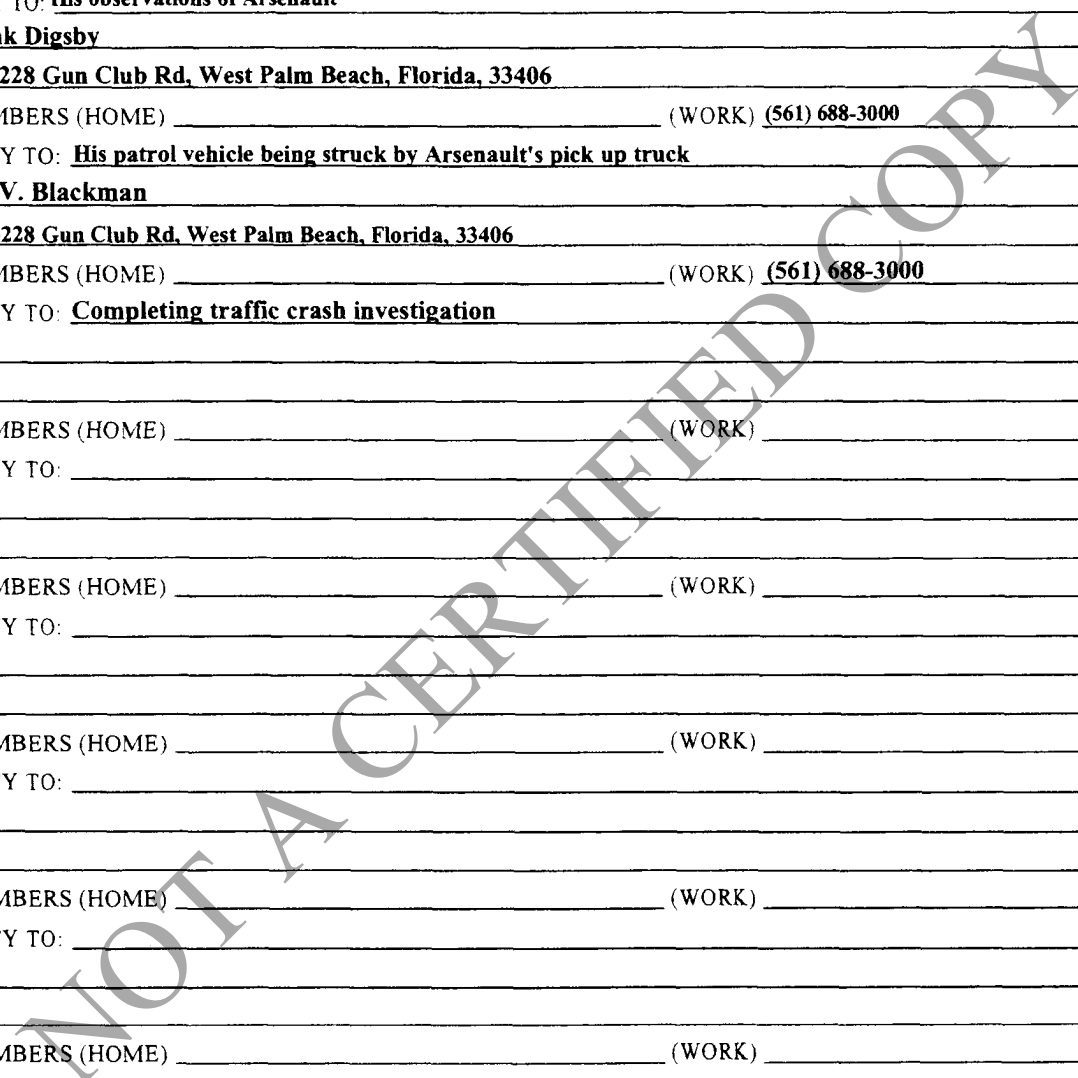
CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



**PALM BEACH COUNTY
SHERIFF'S OFFICE**

SHERIFF RIC L. BRADSHAW



DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: _____ CASE NO: _____

DATE OF ARREST: _____ TIME OF ARREST: _____

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

Will you take the test? YES _____ NO _____

NOTE: READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"

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 breath, urine, 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 _____ NO _____

Do you still refuse to submit to this test? YES _____ NO _____

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)

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 _____ NO _____

Do you still refuse to submit to this test? YES _____ NO _____

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: _____

LAW ENFORCEMENT OFFICER SIGNATURE: _____

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 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? _____

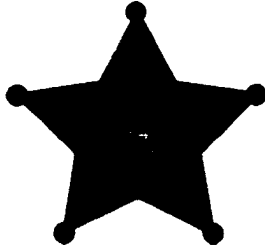
DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

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: _____

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



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

PBSO CASE # 24-102824 PBSO ZONE 1-32

AGENCY CASE # 24102820 CRASH CASE # 24102817

TIME OF STOP/CRASH 2057 DATE 09/27/2024 DAY Friday

SUBJECT'S NAME Arsenault Aaron R
LAST FIRST MID

DOB 01/22/1987 HGT 5'4 WGT 150 RACE W SEX M

LOCATION Lake Worth Rd/Congress Ave

ARRESTING OFFICER'S NAME & ID Prud'Homme 45080 Palm Beach County Sheriff's Office
AGENCY

DIVISION: Road Patrol

NOTIFIED BY COMMO Yes

BREATH RESULTS:

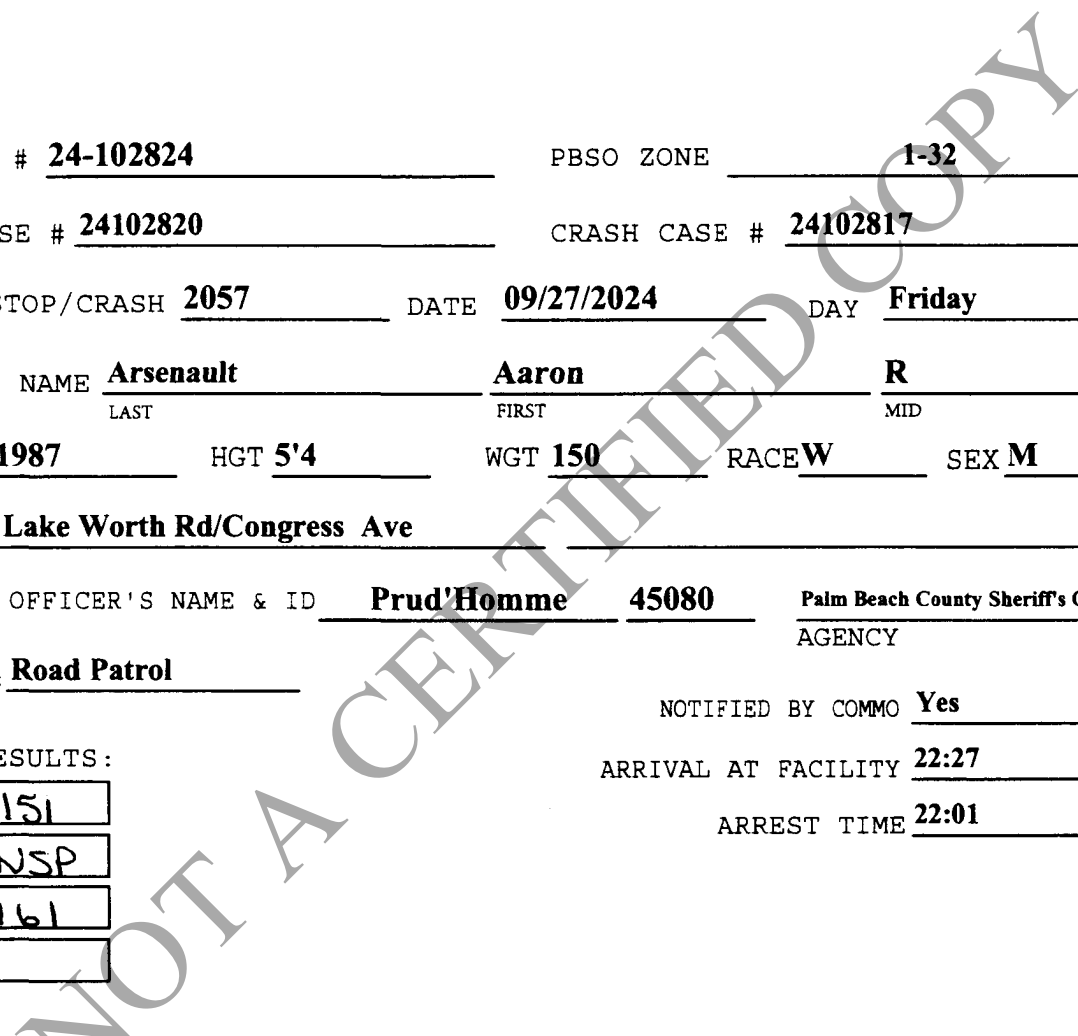
ARRIVAL AT FACILITY 22:27

- 1) .151
- 2) *NSP
- 3) .161
- 4)

ARREST TIME 22:01

Shari O'Neal #6212
BAT TECH. OFFICER NAME & ID

PBSO VIDEOTAPE #



TESTING FACILITY TASK REPORT

AGENCY: PBSO D/S PRUD'HOMME #45080

SUBJECT: ARSENAULT, AARON R.

CASE NUMBER: 24-102824

DATE: 09-27-24

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:00 HRS

ENDING TIME: 23:41 HRS

BREATH TESTS RESULTS: 1) .151 TIME 23:14 A.M. P.M. 2) *NSP TIME 23:19 A.M. P.M.
3) .161 TIME 23:22 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: MUMBLED

ATTITUDE: AGITATED, SARCASTIC, COOPERATIVE AT TIMES, INDECISIVE, PROFANE

CLOTHING: SHIRT- PINK/DIRTY PANTS- KHAKI/DIRTY

MEDICAL CONDITIONS: BACK PAIN, ALLERGIES, ACID REFLUX ON CAMERA

MEDICATIONS: SEVERAL MEDS. ON CAMERA

OTHER:

EYES: VERY RED, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

DEXTERITY: STUMBLING AT TIMES, SLUGGISH, FIDGETY

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O PRUD'HOMME #45080

A/O REQUESTED THE BREATH TEST.

D SUBMITTED TO THE TEST.

D ASKED WHAT HAPPENS IF HE DID NOT BLOW.

A/O READ THE IMPLIED CONSENT ON CAMERA TO THE D.

D WAS INDECISIVE AND REPETITIVE.

D WAS GOING BACK AND FORTH ABOUT THE BREATH REQUEST.

D EVENTUALLY DECIDED TO SUBMIT.

D WAS STILL PLAYING GAMES DURING THE BREATH TEST.

D EVENTUALLY COMPLETED THE TEST CORRECTLY.

EXPLAINED THE BREATH RESULTS TO THE D.

D SAID HE DID NOT UNDERSTAND HIS RESULTS.

C/W READ ON CAMERA TO THE D 2X'S

D ANSWERED Q&A.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CSO
Instrument Serial Number: 80-006029 Software: 8100.27
Date of Test: 09/27/2024

Date of Last Agency Inspection: 09/27/2024

Observation Period Began: 22:27

Subject's Name: AARON R ARSENAULT

DOB: 01/22/1987 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	23:10
	Air Blank	0.000	23:10
	Control Test	0.080	23:10
	Air Blank	0.000	23:11
	Subject Sample #1	0.151	23:14
	Air Blank	0.000	23:14
	Air Blank	0.000	23:16
	Subject Sample #2	NSP*	23:19
	Air Blank	0.000	23:20
	Air Blank	0.000	23:22
	Subject Sample #3	0.161	23:22
	Air Blank	0.000	23:23
	Control Test	0.080	23:23
	Air Blank	0.000	23:24
	Diagnostics Check	OK	23:24

*No Sample Provided

Cylinder Lot: 14323080A3
Exp: 09/05/2025

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: [Signature] Date: 09-27-24
Signature

Sworn to (or affirmed) before me this 27 day of September 2024

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida Doris [unclear] #15030

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 322.2415, F.S.

NOT A CERTIFIED



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input checked="" type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	15
	<input checked="" type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	13-14
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<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"/>	(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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2024026187	Date: 9/28/2024
	Specialist Name/ID#: Joe Kovach 44820