

23CT15789MB
0543098

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

3036
 Check if Supplement is Attached
1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies
1 N

Agency ORI Number FLO: 5, 0, 0, 0, 0, 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 061-23-106190
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
Location of Arrest (Including Name of Business) 9918 Lyons Rd, Boynton Beach, FL 33472		Location of Offense (Business Name, Address) 9918 Lyons Rd, Boynton Beach, FL 33472
Date of Arrest 09/02/2023	Time of Arrest 1855	Location of Vehicle Gardens Towing

Name (Last, First, Middle) Amster, Bradley, L.	Aliases (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black	Sex W M	Date of Birth 4/5/1969	Height 6'00	Weight 250	Eye Color Blue	Hair Color Gray	Complexion Light	Build Med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Single	Religion Catholic	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State				
Local Address (Street, Apt. Number) 5624 Linton Blvd Apt D109, Delray Beach, FL 33484		City (State) (Zip)	Mobile Phone (917) 322-9443	Residence Type: 1. City 2. County 3. Florida 4. Out of State				
Permanent Address (Street, Apt. Number)		City (State) (Zip)	Phone	Address Source Verbal				
Business Address (Name, Street)		City (State) (Zip)	Phone	Occupation Uber Driver				
D/L Number, State A-523-072-69-125-0, FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) Miami, FL	Citizenship US				

Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony Misdemeanor <input type="checkbox"/> 4. Juvenile
Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony Misdemeanor <input type="checkbox"/> 4. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name (Last) (First) (Middle)	Residence Phone
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Date
The above address was 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's Office (Phone (561) 386-8611) informed of any change of address.		School Attended
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Grade
Property Crime?	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 E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description Driving Under the Influence		Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1A)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit	Offense # 23-106190	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)
Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

Court Date and Time
Month Sept Day 28 Year 2023 Time 0830 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 09/02/2023

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.

HOLD for other agency Dangerous Releated Arrest Suicidal Other: _____

Signature of Arresting Officer
Name of Arresting Officer (Print)
Inv. C. Ward 16305 I.D. # 16305

Transporting Officer
Inv. C. Ward 16305 Agency PBSO

Name Verification (Printed by Arrestee)
(PRINT)

Witness here if subject signed with an "X" _____

PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile **N**

OBTS Number	Agency ORI Number FLD. 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 23-106190
ADMIN	Charge Type	Special Notes		
	Check as many as apply			

CHARGES / DEF	Name (Last, First, Middle) Amster, Bradley, L	Alias	Race W	Sex M	Date of Birth 4/5/1969
	Charge Description Driving Under the Influence	316.193(1A)	Charge Description		

VICTIM	Victim's Name (Last, First, Middle) State of Florida,	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		

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:

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

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

On the 2 day of September 2023 at 1830 A.M P.M (Specifically include facts constituting cause for arrest.)

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

Horizontal Gaze Nystagmus (HGN)/Pen Light Task

The defendant was placed with their feet together and hands down by their side. The defendant was instructed to await the completion of the instructions prior to beginning the task. The defendant acknowledged that they clearly understood my instructions. I then instructed the defendant on the task. The defendant stated that they clearly understood my instructions for the task. I placed my stimulus in front of the defendant and ask the defendant if they could see it to which he said "yes." I asked the defendant what color the stimulus was to which they answered, "red." Upon commencing the task the defendant moved their head side to side instead of following with their eyes only, anticipated the stimulus, and did not follow the stimulus as instructed. I had to reinstruct the defendant multiple times during the task to follow the stimulus with their eyes only. During the task, I observed that the defendant had equal pupil size and did not exhibit resting nystagmus. The defendant's eyes tracked equally. I observed a lack of smooth pursuit in both of the defendant's left and right eyes. Due to the defendants apparent inability to complete the task as instructed this task was stopped.

At this time I found probable cause to believe that the defendant was impaired for the purposes being in actual physical control of a motor vehicle pursuant to Florida State Statute 316.193(1a). I handcuffed the ddefendant to the rear. I checked the handcuffs for proper fit and double locked them. I then placed the defendant in the rear of my PBSO patrol vehicle.

An inventory search of the vehicle was conducted prior to tow per PBSO policy. I located the a 375 ml bottle Bacardi that was mostly empty with a small amount of clear liquid remaining inside the bottle. The vehicle was towed by rotation by Gardens Towing to their impound lot.

I transported the Defendant to the Palm Beach County Jail Breath Alcohol Testing (B.A.T.) center.

Once at the Breath Alcohol Testing Center I placed the defendant in a centrally located position where they could be easily monitored. I observed the defendant for 20 uninterrupted minutes during which time they did not ingest anything and/or regurgitate. After the 20 minute observation period the defendant was escorted into and isolated testing room which was video recorded. Once inside the room I requested a lawful sample of the defendant's breath for the purposes of determining its blood alcohol content. The defendant Consented. The defendant gave two lawful samples of his breath resulting in a BAC of .204 and .213

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH	Inv. C. Ward 16305
	(Signature of Arresting Investigative Officer)	
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>2</u> day of <u>September</u> 20 <u>23</u> by <u>Inv. C. Ward</u>	
	(Print name of Arresting Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced	<u>Known LEO</u>
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	



MADILIN GONZALEZ
Notary Public

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2 DAY OF September, 2023, AT 1830 AM PM

SUBJECT: Amster, Bradley, L CASE NUMBER: 23-106190

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. C. Ward 16305

PERSONAL CONTACT

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

I was conducting a business check at the Chick Fil A, 8796 Boynton Beach Blvd, unincorporated Boynton Beach, Palm Beach county when I was approached by a concerned citizen. They stated that there was a male in the PetsMart Parking Lot, 9918 Lyons Rd, unincorporated Boynton Beach, Palm Beach County, that was throwing trash on his car. They stated that the male then sat in the car and fell asleep.

I responded to the PetsMart Parking lot where I located a White Nissan Utility bearing FL tag ZP59T. I observed that there was a pile of trash on the ground next to the driver side door. There was a white male, later identified as Bradley Amster by his New York State Identification card and verified through the Driver and Vehicle Information Database (DAVID). I parked beyond the vehicle, making sure not to block the vehicle in the parking spot. I then approached on the drive side of the vehicle. I observed that the vehicle was on with the motor running.

OBSERVATION OF DRIVER:

I knocked on the window waking the defendant who was sleeping in the driver seat. While speaking with the defendant I observed that the defendant had water eyes. The defendant had slurred, slowed speech and would have a hard time completing his thoughts when speaking. The defendant had the odor of an unknown alcoholic beverage, based on my training and life experiences, that came from their breath which intensified as they spoke to me. I asked the defendant if they had any medical issues stated that he did not. I asked him if he had taken any medications and he stated that he takes a blood pressure medication, a diabetes medications and Cialis. I was able to confirm with him that the diabetes medication was metformin. He stated that he did not believe that he was having a diabetic episode. I asked him if he had taken any illegal drugs and he stated that he did not. I asked him if had taken any marijuana and he stated that he did not. I asked how much they had had to drink and he stated that he had drank a pint of rum at approximately noon.

I asked the defendant to exit the vehicle. The defendant swayed while standing and leaned on the car for balance. I had the defendant walk to the front of my PBSO patrol vehicle and the defendant swayed while standing in front of my patrol vehicle.

I asked the defendant to perform voluntary field sobriety tasks. The defendant consented.

DRIVER'S STATEMENTS:

I asked the defendant if they had any medical issues stated that he did not. I asked him if he had taken any medications and he stated that he takes a blood pressure medication, a diabetes medications and Cialis. I was able to confirm with him that the diabetes medication was metformin. He stated that he did not believe that he was having a diabetic episode. I asked him if he had taken any illegal drugs and he stated that he did not. I asked him if had taken any marijuana and he stated that he did not. I asked how much they had had to drink and he stated that he had drank a pint of rum at approximately noon.

ODORS:

I could smell the odor of an unknown alcoholic beverage, based on my training and life experiences, which came from the defendant's breath and intensified as they spoke to me.

GENERAL OBSERVATIONS

SPEECH: slurred, slowed, incomplete thoughts

ATTITUDE: calm, cooperative,

CLOTHING: Red Tee Shirt (inside out) Black Shorts, Black sneakers untied laces

MEDICAL/OTHER: I asked the defendant if they had any medical issues stated that he did not. I asked him if he had taken any medications and he stated that he takes a blood pressure medication, a diabetes medications and Cialis. I was able to confirm with him that the diabetes medication was metformin. He stated that he did not believe that he was having a diabetic episode. I asked him if he had taken any illegal drugs and he stated that he did not. I asked him if had taken any marijuana and he stated that he did not. I asked how much they had had to drink and he stated that he had drank a pint of rum at approximately noon.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. C. Ward 16305
Signature of Arresting/Investigative Officer

This foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of September, 2023 by Inv. C. Ward 16305

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

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



MADELIN GONZALEZ
Notary Public
State of Florida
Comm# HH215716
Expires 2/7/2026

SUBJECT: Amster, Bradley, L

CASE NUMBER 23-106190

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

See P.C.

WALK & TURN:

I placed, with the assistance of another deputy, an approximately 2" wide piece of yellow on the ground. I asked the defendant if they knew their left from their right which they did. I asked the defendant if they could see the line and they stated that they did. I asked the defendant what color the line was and they stated yellow. I had the defendant place their left foot on the line with their right foot in front of the left, heel to toe. The defendant at no point placed his feet properly in the instructional position. I instructed the defendant to remain in the position throughout my instructions and demonstration. The defendant was instructed not to start the task prior to me telling them to begin. The defendant was unable to hold the position he was in coming out of the position multiple times during the instructions for the task. The defendant was then instructed on the task which I also demonstrated. The defendant swayed during my instructions. The defendant started the task prior to me telling them to begin. The defendant missed heel to toe eventually taking normal steps in lieu of the heel to toe steps requested. The defendant stepped off the line, used their arms for balance, made an improper turn, and walked the incorrect number of steps. The defendant did not count out loud and swayed throughout completing the task.

ONE LEG STAND:

The defendant was instructed to stand with their feet together and their hands down by their side. They were then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood the instructions. The defendant swayed while in the instructional position. The defendant came out of the instructional position and started the task prior to being told to begin. After being told to begin the defendant put their foot down prior to being told to stop, used their arms for balance, and swayed. Due to the defendants swaying this task was stopped for the defendants safety so he would not fall over. The defendant did not count in the manner instructed.

FINGER TO NOSE:

The defendant was instructed to stand with their feet together and their hands down by their side. The defendant was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood these instructions. The defendant swayed while in the instructional position. I instructed the defendant on the task and demonstrated the task. The defendant acknowledged the instructions stating that they clearly understood them. The defendant proceeded to miss/search for the tip of their nose with the tip of their finger and started with the wrong hand. The defendant did not keep their head tilted back during the task. The defendant swayed throughout the task.

ROMBERG ALPHABET:

The defendant was instructed to stand with their feet together and their hands down by their side. The defendant was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood these instructions. The defendant swayed while in the instructional position. The defendant stated that they knew their English alphabet from A to Z. I instructed them on the task and then demonstrated the task. The defendant acknowledged the instructions stating that they clearly understood them. The defendant then proceeded to misstate their alphabet. The defendant rhymed the alphabet although he was told not to. The defendant stopped without completing the alphabet.

BREATH TEST RESULTS: (1) 204 (2) 213 (3) (4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. C. Ward 16305

Signature of Arresting/Investigative Officer

This foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of September 2023 by Inv. C. Ward 16305

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

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



MADELIN GONZALEZ
Notary Public
State of Florida
Comm# HH225716
Expires 2/7/2026

WITNESS LIST

CASE NUMBER: 23-106190

ARRESTING OFFICER: Inv. C. Ward 16305

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

PHONE NUMBERS (HOME): _____ (WORK) 561-851-1130

CAN TESTIFY TO: DUI Investigation

NAME: Inv. E. White # 7209

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

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

CAN TESTIFY TO: Back Up Officer/Tow

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: _____

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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: _____

NOT A CERTIFIED COPY

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:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 19:47 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS.

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS.

A/O: ATTEMPTED Q & A

SUBJECT: WISH TO REMAIN SILENT

SUBJECT: Amos, Bobby L CASE NUMBER: 5010110

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 determining 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 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 <or> NO Do you still refuse to submit to this test? YES <or> NO

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> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS 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) Wesley Cameron

SUBJECT: Amber Bailey L CASE NUMBER: 123-106140

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: _____

**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: 80-006029 Software: 8100.27
Date of Test: 09/02/2023

Date of Last Agency Inspection: 08/11/2023
Observation Period Began: 19:47
Subject's Name: BRADLEY L AMSTER

DOB: 04/05/1969 Sex: M

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

Results:	Test	g/210L	Time
	Diagnostics Check	OK	20:33
	Air Blank	0.000	20:33
	Control Test	0.079	20:33
	Air Blank	0.000	20:34
	Subject Sample #1	0.204	20:35
	Air Blank	0.000	20:35
	Air Blank	0.000	20:37
	Subject Sample #2	0.213	20:38
	Air Blank	0.000	20:39
	Control Test	0.078	20:39
	Air Blank	0.000	20:39
	Diagnostics Check	OK	20:39

Cylinder Lot: 15922080A3
Exp: 08/05/2024

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 MADELIN GONZALES, 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: Madelin Gonzales Date: 09/02/23
Signature

Sworn to (or affirmed) before me this 02 day of September, 2023

Signature of Notary Public-State of Florida INV. C. WARD 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**

Florida State Statute Exemption Sheet

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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.071 (2)(j)	Other: The Victim's address in a Domestic Violence action on petitioner's request.	
	<input checked="" type="checkbox"/>	316.650(b)	Other: Driver information contained in a uniform traffic citation	6, 7

REVIEW COMPLETED BY

Booking Number: 2023023127	Date: 9/3/2023
	Specialist Name/ID: M. Tooks #8557