

057/710

26 CT 12694 ASB

1556

Marsy's Law CVI FL Const. Art. 1 § 18(b)

Check if Supplement is Attached

ARREST / NOTICE TO APPEAR

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

1

Juvenile

Agency ORI Number 0500400	Agency Name Delray Beach Police Department	Agency Report Number (N.T.A.'s only) 40 26-012066
Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other	If Weapon Seized Enter Type UNARMED	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 450 W ATLANTIC AVE DELRAY BEACH FL 33444		
Date of Arrest 10/03/2026	Time of Arrest 00:07	Booking Date 10/03/2026
Booking Time 00:17	Jail Date 10/03/2026	Jail Time 00:19
Location of Vehicle 450 W ATLANTIC AVE		
Name (Last, First, Middle) HULTIN, CLAIRE BOUCHETTE		
Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black I - American Indian O - Oriental/Asian W	Sex F	Date of Birth 08/18/1989
Height 5'08	Weight 140	Eye Color Brown
Hair Color Blonde	Complexion M	Build Thin
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		
Local Address (Street, Apt. Number) 140 NE 4TH AVE STE D, DELRAY BEACH, FL 33483	(City) Delray Beach	(State) FL
(Zip) 33483	Mobile Phone (954) 832-8431	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1
Permanent Address (Street, Apt. Number) 140 NE 4TH AVE STE D, DELRAY BEACH, FL 33483	(City) Delray Beach	(State) FL
(Zip) 33483	Phone (954) 832-8431	Address Source
Business Address (Name, Street) 140 NE 4TH AVE STE D, DELRAY BEACH, FL 33483	(City) Delray Beach	(State) FL
(Zip) 33483	Phone	Occupation
D/L Number, State H232067148000 / FL	Soc. Sec. Number	INS Number
Place of Birth (City, State) Jackson MI	Citizenship US	
Co-Defendant Name (Last, First, Middle)	Race	Sex
Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex
Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Parent Legal Custodian Name (Last, First, Middle) 1. 1000 2. 1000	Residence Phone	
Address (Street, Apt. Number) 1. 1000 2. 1000	(City) Delray Beach	(State) FL
(Zip) 33483	Business Phone	
Notified by: (Name) 1. 1000 2. 1000	Date	Time
Released To: (Name)	Relationship	Date
Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated	
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.		
☐ Yes, by (Name) ☐ No, (Reason)		
Property Crime? ☐ Yes ☒ No	Description of Property	Value of Property
Drug Activity ☐ N/A ☐ Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use
K. Disperse/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 DUI-DAMAGE TO PERSON/PROPERTY	Counts 1	Domestic Violence ☐ Y ☒ N
Statute Violation Number 316.193(3)(C)(1)	Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit 1
Offense #	Warrant / Capias Number	Bond
Charge Description DRIVING WHILE UNDER INFLUENCE	Counts 1	Domestic Violence ☐ Y ☒ N
Statute Violation Number 316.193(1)A	Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit 1
Offense #	Warrant / Capias Number	Bond
Charge Description	Counts	Domestic Violence ☐ Y ☒ N
Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit
Offense #	Warrant / Capias Number	Bond
Charge Description	Counts	Domestic Violence ☐ Y ☒ N
Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit
Offense #	Warrant / Capias Number	Bond
Location (Court, Room Number, Address) 200 W Atlantic Ave DELRAY BEACH		
Court Date and Time Month October Day 28 Year 2026 Time 6:30 (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
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		
HOLD for Other Agency	Signature of Arresting Officer MERZ, ZACHARY	Name Verification (Printed by Arrestee) MERZ, ZACHARY
☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other	Name of Arresting Officer (Print) MERZ, ZACHARY	I.D. # 1319
Transporting Officer MERZ	I.D. # 1319	Agency DBPD
Witness here if subject signed with an "X"	PAGE 1 OF 1	

FILED 26 OCT 3 4:12 PM '26

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 02 DAY OF October 20 2026 AT 7:24 AM ☒ PM

SUBJECT: Claire Hultin CASE NUMBER: _____

AGENCY: Delray Beach Police Department ARRESTING OFFICER: Merz

PERSONAL CONTACT

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

Subject was witnessed driving into the Checkers parking lot, once in the parking lot subject began to reverse and pull forward to try and leave the parking lot. Subject attempted this 3 times and on the 3rd attempt backed over a curb hitting a parked unoccupied vehicle.

OBSERVATION OF DRIVER:

Driver was slow to speak and had slurred speech. Once ordered out of the car subject was swaying and had to sit down.

DRIVER'S STATEMENTS:

Subject stated that she was heading from her house to her moms house located in Pompano . Subject stated that she had been drinking but on yesterdays date. Subject also stated she had PTSD and Leukemia which led her to say she takes Prazosin and Quetiapine.

ODORS:

No odors

GENERAL OBSERVATIONS

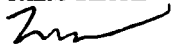
SPEECH: slow and slurred

ATTITUDE: Subject was not cooperative

CLOTHING: Black shirt Green shorts and black/brown shoes

MEDICAL/OTHER: Subject stated she had PTSD and Leukemia

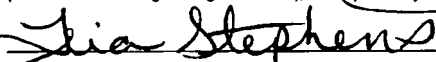
STATE OF FLORIDA
COUNTY OF PALM BEACH

Merz 

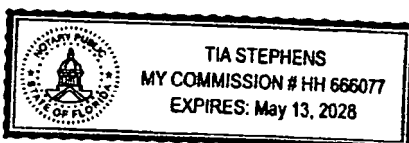
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 02 day of October 20 2026 by Officer Merz

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



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



SUBJECT: Claire Hultin CASE NUMBER _____

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| ☐ LT EYE-LACK OF SMOOTH PURSUIT | ☐ RT EYE-LACK OF SMOOTH PURSUIT |
| ☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | ☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| ☐ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | ☐ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Refused

WALK & TURN:

N/A

ONE LEG STAND:

N/A

FINGER TO NOSE:

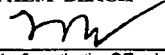
N/A

ROMBERG ALPHABET:

N/A

BREATH TEST RESULTS: 1) 370 2) 378 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Merz 
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 03 day of October, 202026 by Officer Merz

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

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



WITNESS LIST

CASE NUMBER: _____

ARRESTING OFFICER: Merz

ADDRESS: 300 W Atlantic Delray Beach FL 33444

PHONE NUMBERS (HOME): 561 243 7888 (WORK) _____

CAN TESTIFY TO: DUI

NAME: CSO Atwaters

ADDRESS: 300 W Atlantic Delray Beach FL 33444

PHONE NUMBERS (HOME) 561 243 7888 (WORK) _____

CAN TESTIFY TO: Crash

NAME: Santos Omari

ADDRESS 5041 Palm Ridge Blvd Delray Beach FL 33484

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Wheel Witness

NAME: Ofc Cartee

ADDRESS 300 W Atlantic Delray Beach FL 33444

PHONE NUMBERS (HOME) 561 243 7888 (WORK) _____

CAN TESTIFY TO: DUI

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: _____

SUBJECT: Robert Lee White

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? 9th St NW

DIRECTION OF TRAVEL? South

WHERE DID YOU START? 5th St NW

WHAT TIME DID YOU START? 7:00 PM

WHAT TIME IS IT NOW? 7:15 PM

WHAT IS TODAY'S DATE? 11/1/83

WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? Franklin County, NC

WHEN DID YOU LAST EAT? 6:00 PM

WHAT DID YOU EAT? Nothing

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Nothing

HOW MUCH DO YOU WEIGH? 140 lbs

HAVE YOU BEEN DRINKING? Yes

WHAT? Beer

HOW MUCH? 2

WHERE? At home

WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:00 PM

AND YOUR LAST DRINK? 7:15 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Drinking

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes

ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Yes

HOW MUCH? 2

WHAT? Beer

WHERE? At home

WHEN? 7:15 PM

WHAT LINE OF WORK ARE YOU IN? Unemployed

WHEN DID YOU LAST WORK? 10/1/83

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No

WHAT? None

ARE YOU SICK OR INJURED? No

WHAT'S WRONG? Nothing

DO YOU LIMP? No

DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No

WHEN? None

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No

WHO? None

WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No

WHAT? None

WHEN? None

DO YOU HAVE:

EPILEPSY? No

GLASS EYE? No

FALSE TEETH? No

EAR INFECTION? No

INNER EAR TROUBLE? No

DIABETES? No

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No

IF SO, WHEN WAS YOUR LAST INJECTION? None

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No

WHERE? None

INTERVIEWER: White

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: Hobbs, Charles Danette

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? YesWHERE WERE YOU GOING? East 54th to get mailWHAT STREET OR HIGHWAY WERE YOU ON? 9th NW AveDIRECTION OF TRAVEL? Left WHERE DID YOU START? Far endWHAT TIME DID YOU START? 2:00 WHAT TIME IS IT NOW? 1:00WHAT IS TODAY'S DATE? Nov 12 WHAT DAY OF THE WEEK IS IT? FridayWHAT COUNTY AND CITY ARE YOU IN NOW? Polk County, Marion, OregonWHEN DID YOU LAST EAT? 11:00 WHAT DID YOU EAT? FoodWHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? at homeHOW MUCH DO YOU WEIGH? 140 HAVE YOU BEEN DRINKING? Yes WHAT? BeerHOW MUCH? One WHERE? Home WITH WHOM? By myselfWHEN DID YOU HAVE YOUR FIRST DRINK? 2 years AND YOUR LAST DRINK? 1 hour agoHOW DID YOU CONSUME YOUR LAST TWO DRINKS? DrankCAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? NoHAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? NoneWHAT? None WHERE? None WHEN? NoneWHAT LINE OF WORK ARE YOU IN? None WHEN DID YOU LAST WORK? YesterdayDO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? PT. DARE YOU SICK OR INJURED? Yes WHAT'S WRONG? PT. DDO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? YesWERE YOU IN AN ACCIDENT TODAY? NoHAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? NoneHAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? None WHY? NoneARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? None WHEN? None

DO YOU HAVE:

EPILEPSY? NoGLASS EYE? NoFALSE TEETH? NoEAR INFECTION? NoINNER EAR TROUBLE? NoDIABETES? NoDO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? YesDO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? NoneHAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? CaliforniaINTERVIEWER: None

WHITE - STATE ATTY.

YELLOW - DHSMV

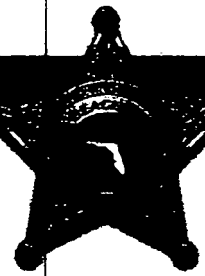
PINK - CENTRAL RECORDS

GOLD - JAIL

PALM BEACH COUNTY

SHERIFF'S OFFICE

SHERIFF RIC L. BRADSHAW



DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: 11111111111111111111 CASE NO: _____

DATE OF ARREST: 11/21/00 TIME OF ARREST: 21:18

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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, 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)

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (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.

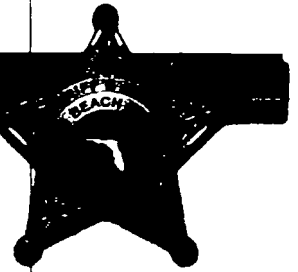
YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

A. Dark

SHERIFF RIC L. BRADSHAW



DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: John Doe CASE NO: 12345

DATE OF ARREST: 12/20/00 TIME OF ARREST: 21:15

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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, 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)

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (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:

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: HULTIN, CLAIRE BOUCHETTE

CASE NUMBER: 26- 092249

DATE: Oct 2, 2026

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:20

ENDING TIME: 22:42

BREATH TESTS RESULTS: 1) .370 TIME 22:27 A.M. ☐ P.M. ☒ 2) .378 TIME 22:42 A.M. ☐ P.M. ☒
3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: T. STEPHENS #15177

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: NORMAL

ATTITUDE: CALM

CLOTHING: GREEN SHORTS, BLACK/WHITE/GRAY SHIRT, NO SHOES

MEDICAL CONDITIONS: ACUTE LEUKEMIA, PTSD

MEDICATIONS: KLONOPIN

OTHER:

COMMENTS:

ARRIVED AT DUI TESTING FACILITY A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD 21:56 HRS

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWERED Q&A

A/O: REQUESTED SUBJECT SIGN DUI CITATIONS

SUBJECT: STATED SHE WILL SIGN DUI CITATIONS

**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: 80-006238 Software: 8100.27
Date of Test: 10/02/2026

Date of Last Agency Inspection: 09/25/2026

Observation Period Began: 21:56

Subject's Name: CLAIRE B HULTIN

DOB: 08/16/1989 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	22:22
	Air Blank	0.000	22:23
	Control Test	0.078	22:23
	Air Blank	0.000	22:24
	Subject Sample #1	0.370	22:27
	Air Blank	0.000	22:27
	Air Blank	0.000	22:29
	Subject Sample #2	0.378	22:30
	Air Blank	0.000	22:30
	Control Test	0.075	22:31
	Air Blank	0.000	22:31
	Diagnostics Check	OK	22:31

Cylinder Lot: 25-3342
Exp: 02/09/2028

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 LIA L STEPHENS, 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: Lia Stephens Date: 10/02/2026
Signature

Sworn to (or affirmed) before me this 2nd day of October, 2026

Zu Signature of Notary Public-State of Florida
Ofc Merz 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

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	Click or tap here to enter text.
	☐	119.071(2)(e)	Confession	Click or tap here to enter text.
	☐	119.071(2)(j)1.e.	Name of a law enforcement officer who, in the course of their duties became a victim, is confidential and exempt for 72 hours after the incident. This information is exempt for an additional 60 days after the initial 72 hours.	Click or tap here to enter text.
Public Info. Exemptions	☐	119.071(2)(j)1.b.(I)	Identity, home or employment phone number, home or employment address, or any other information that could be sued to locate or harass the victim.	Click or tap here to enter text.
	☐	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	Click or tap here to enter text.
	☐	119.0712(2)	Personal information contained in a motor vehicle record	Click or tap here to enter text.
	☐	316.650(11)	Driver information contained in a uniform traffic citation	Click or tap here to enter text.
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	Click or tap here to enter text.
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	Click or tap here to enter text.
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	Click or tap here to enter text.
	☐	Click or tap here to enter text.		Click or tap here to enter text.
	☐	Click or tap here to enter text.		Click or tap here to enter text.
Other	☐	Click or tap here to enter text.		Click or tap here to enter text.
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Booking Number: 2026027004	Date: 10/3/2026
	Specialist Name/ID#: Alexandra Jones #38839