

0517508

2024 CT - 3809 ASB 14/81

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
2. N.T.A. 4. Request for Capias
5. Juvenile Returnal

1 JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500200	Agency Name Boca Raton Police Department	Agency Report Number (N.T.A.'s only) 3 2 2024-002548
	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) 200 N FEDERAL HWY, BOCA RATON, FL 33432		Location of Offense (Business Name, Address) 200 N FEDERAL HWY, BOCA RATON, FL 33432
	Date of Arrest 03/02/2024	Time of Arrest 02:46	Booking Date 03/02/2024	Booking Time 02:56
			Jail Date 03/02/2024	Jail Time 02:46
				Location of Vehicle WESTWAY TOWING

D E F E N D A N T	Name (Last, First, Middle) STROMLAND, DANIEL ADAM		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)	
	Race W - White B - Black	Sex M	Date of Birth 11/24/1998	Height 6'06	Weight 180	Eye Color BLUE
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S	Religion	Complexion LIGHT	Build Medium
	Local Address (Street, Apt. Number) 105 TROPIC ISLE DR 28, DELRAY, FL 33483		Phone (508) 505-5247	Residence Type: 1. City 3. Florida 2. County 4. Out of State 3		
	Permanent Address (Street, Apt. Number) 105 TROPIC ISLE DR 28, DELRAY, FL 33483		Phone (508) 505-5247	Address Source ARRESTEE		
Business Address (Name, Street)		Phone	Occupation Student			
D/L Number, State S365161984240 /		Soc. Sec. Number	INS Number		Place of Birth (City, State) LONG BEACH, CA.	Citizenship US

C O D E F	Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
	Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile

J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian	Name (Last, First, Middle)			Residence Phone	
	Address (Street, Apt. Number)				Business Phone	
	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated	
	Released To: (Name)		Date	Time		
	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 355-2526) informed of any change of address.				School Attended	Grade
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		Property Crimes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	Value of Property	

C O D E	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.	F. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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C H A R G E	Charge Description DRIVE UNDER INFLUENCE				State Violation Number 316.193(1A)	Violation of ORD #
	Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

C H A R G E	Charge Description				State Violation Number	Violation of ORD #
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N

C H A R G E	Charge Description				State Violation Number	Violation of ORD #
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N

J N T A R K E	Health / Apparent Physical Condition of Defendant GOOD				Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By TURNER
	Transferred By DELGADO		Date Transported 03/02/2024	Time Transported 06:03	Released By DELGADO		Released To PBCJ

N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444
	<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time 04/01/2024 08:30:00

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

[Signature]
Signature of Defendant (or Juvenile and Parent/Custodian)

Date Signed

A D M I N	HOLD for Other Agency		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) TURNER, J. T.		I.D. # 883	(PRINT)
	Inhibitor # 015 00001-2073	I.D. #	Pouch #	Transporting Officer DELGADO	I.D. # 885	Agency BRPD

SCANNED
MAR 03 2024

PROBABLE CAUSE AFFIDAVIT

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

Agency ORI Number: FL FLO500200
Agency Name: BOCA RATON POLICE DEPARTMENT
Agency Report Number: 3 | 2 | 2024-002548

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other

Name (Last, First, Middle): STROMLAND, DANIEL ADAM
Race: W Sex: M Date of Birth: 11/24/1998

Charge Description: 316.193(1A) DUI

Victim's Name (Last, First, Middle): State of Florida
Local Address (Street, Apt. Number):
Business Address (Name, Street):


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.
On the 2 day of March, 2024 at 02:46 (Specifically include facts constituting cause for arrest.)

On 03/02/24, at approximately 0219 hours, Officer Casas and I were traveling southbound on S Federal Hwy, approaching the intersection with SE 3rd St, when Officer Casas observed a black Toyota 4Runner traveling northbound in the inside (left) lane at a high rate of speed as it approached SE 3rd St. Officer Casas estimated the speed of the Toyota 4Runner to be 55mph in a 35mph zone. He then used his Stalker Patrol radar device (SN: EC005694) to obtain a speed reading for the Toyota 4Runner of 55mph. Officer Casas relayed this information to me as the Toyota 4Runner approached and then passed us. I then completed a U-turn and positioned our marked BRPD vehicle (623) behind the Toyota 4Runner which was bearing FL tag 24DZPL. I initiated a traffic stop on the Toyota 4Runner by activating our emergency lights and sirens in the area of 200 N Federal Hwy. The Toyota 4Runner was breaking and not breaking. It should be noted the left hand turn signal was left on for the duration of the traffic stop. I approached the vehicle from the driver side and made contact with the driver who was identified via FL DL as Daniel Stromland. While speaking with Stromland, I observed that his pupils were dilated, his eyes were red and glassy, and his speech was slow. I asked Stromland to provide me his FL DL, registration, and vehicle insurance. He struggled to provide me the correct documents first handing me his health insurance. At one point during our conversation Stromland uttered several sentence fragments in a row. I then asked Stromland how much alcohol he had consumed tonight, and he confessed to drinking one beer. Based on my observations, and Stromland's confession of consuming alcohol, I suspected that Stromland may have been operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. I then requested that Stromland exit his vehicle for further investigation. Stromland advised that he was not sick but did claim he had a weak knee. Stromland also stated he felt comfortable walking in the shoes he was wearing. Lastly, Stromland stated

SWORN AND SUBSCRIBED BEFORE ME
LAWLOR, MICHAEL D
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)
03/02/2024
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
TURNER, JACOB THOMAS (883)
NAME OF OFFICER (PLEASE PRINT)
03/02/2024
DATE

PAGE 1 OF 3

OBTS Number Agency ORI Number FL FL0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2024-002548	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>	JUVENILE <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:		
Name (Last, First, Middle) STROMLAND, DANIEL ADAM		Race W	Sex M	Date of Birth 11/24/1998
<p>he did not have anything wrong with his eyes that is not corrected by glasses or contacts. I then asked Stromland to submit to Standardized Field Sobriety Exercises to dispel my suspicion and he agreed to participate.</p> <p>The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Stromland stated that he understood. I first ensured that Stromland's eyes had equal pupil sizes and tracked equally. I then continued with the exercise. Stromland displayed lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and onset of nystagmus prior to 45 degrees in both eyes. Stromland swayed, moved his head side to side, and took his eyes off the stimulus numerous times during the exercise.</p> <p>The second exercise was the Walk and Turn. I administered the instructions and demonstrated how the exercise should be completed. Stromland stated that he understood. Stromland started the exercise before being told to do so. During the exercise, Stromland missed heel to toe, and stepped off the line.</p> <p>The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how the exercise should be completed. Stromland started the exercise before the instructions were completed, swayed, and used his arms for balance.</p> <p>The fourth exercise was the Finger to Nose. I confirmed that Stromland knew his left from his right by asking him to show me his left hand and then his right hand. I then administered the instructions and Stromland stated he understood. The pattern was L-R-L-R-R-L.</p> <p>L - No obvious issues. R - No obvious issues. L - Missed the tip of his nose. R - Missed the tip of his nose. R - Missed the tip of his nose. L - Missed the tip of his nose.</p> <p>The final exercise was a modified Romberg balance exercise. I administered the instructions and conducted the exercise. Stromland estimated the passage of 30 seconds in 32 seconds.</p> <p>Based on my investigation, and the totality of the circumstances, I found probable cause to believe that Stromland was operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. Stromland was placed under arrest for DUI per F.S.S. 316.193(1a).</p> <p>Stromland was transported to BRPD booking for post arrest processing and the administration of a breath test. Officer Timoney (ID854) (Breath Test Operator) responded to BRPD booking and assisted with the BAT room procedures. Stromland was asked</p>				
SWORN AND SUBSCRIBED BEFORE ME LAWLOR, MICHAEL D NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 03/02/2024 DATE		<div style="text-align: center;">  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER TURNER, JACOB THOMAS (883) NAME OF OFFICER (PLEASE PRINT) 03/02/2024 DATE </div>		
		PAGE 2 OF 3		

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2024-002548
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:

Name (Last, First, Middle) STROMLAND, DANIEL ADAM	Alias	Race W	Sex M	Date of Birth 11/24/1998
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to provide a sample of his breath for the purpose of determining the alcohol content and he stated he would submit to the breath test. Stromland provided two valid breath samples of .024 and .026. Stromland was then asked to submit to a lawful test of his urine for the purpose of determining the presence of chemical or controlled substances. Stromland stated he would submit to a urine test. Urine was collected and submitted for testing. Stromland was then informed of his constitutional warnings (Miranda), and he stated he understood. Stromland stated he would answer my questions. See DUI Influence Report for further.

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SWORN AND SUBSCRIBED BEFORE ME <u>LAWLOR, MICHAEL D</u> <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small> <u>03/02/2024</u> <small>DATE</small>	<u><i>Jacob Thomas Turner</i></u> <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small> TURNER, JACOB THOMAS (883) <small>NAME OF OFFICER (PLEASE PRINT)</small> <u>03/02/2024</u> <small>DATE</small>	<small>PAGE</small> 3 OF 3
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COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

SCANNED
MAR 03 2024

Observation - 0315

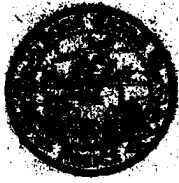
A- 02:56

Case # 2024-002548

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 2nd day of March, at _____ AM/PM:

Subject: _____ Case Number: _____

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: See
PC

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

SEARCHED
MAR 03 2004

Horizontal Gaze Nystagmus:

- Left eye does not follow smoothly
- Right eye does not follow smoothly
- Left eye jerks at 45 degrees angle or less
- Right eye jerks at 45 degrees angle or less
- Distinct jerking left eye maximum deviation
- Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? See _____

One leg stand: PC _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: .024 1.026

State of Florida, County of Palm Beach, Sworn and subscribed before me this 3/2/2024 (date) by Ofc. Timoney

[Signature] Notary/Clerk of Court/Officer (FSS 117.10) Date 3/2/2024

[Signature] Signature of Arresting Officer Name of Officer (print) Ofc. Turner

SCANNED
MAR 03 2024

ARRESTING OFFICER: Ofc. Turner

Name: Ofc. Turner Phone # _____ Work # 561-338-1234

Address: 100 NW 2nd Ave, Boca Raton, FL 33432

Can testify to: DUI

Name: Ofc. Casas Phone # _____ Work # 561-338-1234

Address: 100 NW 2nd Ave Boca Raton, FL 33432

Can testify to: DUI

Name: Ofc. Timoney Phone # _____ Work # 561-338-1234

Address: 100 NW 2nd Ave Boca Raton, FL 33432

Can testify to: Breath Test

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

COPIED
MAR 03 2024



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2024-002548

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Saturday (day), March (month), 2nd (date), 2024 (year).

B. The time is now approximately 1138 @ A M/PM.

C. The following is in reference to case number 2024-002548

D. Present at this time is Ofc. Cassis / Ofc. Turner / Ofc. Timoney of the Boca Raton Police Department (Officer's Name)

E. Officer Turner, have you arrested Daniel A. Stromland in violation of Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr. / Mrs. / Ms. Stromland, I am required to inform you these proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

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112 03 2024

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. 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.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am _____ of the _____.

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 if 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.

Subject Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____, _____, _____, and the time is _____ AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT
JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.
Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means. (You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means. (If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means. (You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means (If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means. (If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means (I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means (Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

MAR 03 2012



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Daniel Adam ^{RPT} ~~Stromland~~ Stromland

CASE #: 2024-002548 DATE: 3-2-24

BREATH TEST RESULTS

1) TIME .024/343 AM PM 2) TIME .026 / 0347 AM PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Ofc. Timoney

MAINTENANCE TECHNICIAN: Ofc. Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: Fine

ATTITUDE: Nice

CLOTHING: Wear red long sleeve shirt / tan pants

MEDICAL CONDITION: _____

OTHER: _____

COMMENTS: _____

NOTA CERTIFIED COPY
MAR 03 2024

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: Red on Camera Date: _____ Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

SEARCHED
MAR 03 1971

Are you under the influence of alcohol now? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? Yes No If yes, explain: _____

Are you sick or injured? Yes No If yes, explain: _____

Do you limp? Yes No Did you get a bump on the head? Yes No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? Yes No Who? _____

Are you taking any prescription medications? Yes No What? _____ When? _____

Do you have: Epilepsy? Yes No Inner ear trouble? Yes No

Glass eye? Yes No Ear infection? Yes No

False teeth? Yes No Diabetes? Yes No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 0359 AM/PM.

The date is March (month), 2nd (day), 2024 (year).

MAR 03 2024

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 03/02/2024

Date of Last Agency Inspection: 02/16/2024

Observation Period Began: 03:15

Subject's Name: DANIEL A STROMLAND

DOB: 11/24/1998 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	03:42
	Air Blank	0.000	03:42
	Control Test	0.079	03:42
	Air Blank	0.000	03:43
	Subject Sample #1	0.024	03:43
	Air Blank	0.000	03:44
	Air Blank	0.000	03:46
	Subject Sample #2	0.026	03:47
	Air Blank	0.000	03:47
	Control Test	0.080	03:48
	Air Blank	0.000	03:48
	Diagnostics Check	OK	03:48

Cylinder Lot: 29122080A2
Exp: 12/05/2024

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 RYAN P TIMONEY, 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]

Signature

Date: 3-2-24

Sworn to (or affirmed) before me this 2nd day of March, 2024

[Signature]
Signature of Notary Public-State of Florida

Jacob Turner
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.