

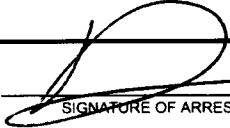
50-2023. CF 007495 ASB

ADDITIONAL INFORMATION		ARREST / NOTICE TO APPEAR		1. Arrest (No Warrant) 3. Request for Warrant 6. Arrest (Warrant) 4. Request for Capias 2. N.T.A. 5. Juvenile Referral		1	JUVENILE
OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2023-010897	
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) 7431 N FEDERAL HWY, BOCA RATON, FL 33487		Location of Offense (Business Name, Address) 7431 N FEDERAL HWY, BOCA RATON, FL 33487		Date of Arrest 08/30/2023		Time of Arrest 02:25	
Booking Date 08/30/2023		Booking Time 02:35		Jail Date 08/30/2023		Jail Time 04:43	
Name (Last, First, Middle) SCHALLIPP, DAVID T		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)		Location of Vehicle WEST WAY			
Race W - White 1 - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 04/01/2004		Height 5'05	
Weight 120		Eye Color BLUE		Hair Color BLONDE		Complexion LIGHT	
Build Small		Marital Status S		Religion CATHOLIC		Indication of: Alcohol Influence Yes ☐ No ☒ Unk. ☐ Drug Influence Yes ☐ No ☒ Unk. ☐	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT R HIP / ARABIC WRITING		Local Address (Street, Apt. Number) (City) (State) (Zip) 990 N UNIVERSITY DR 625, BOCA RATON, FL 33432		Phone (718) 614-7934		Residence Type: 1. City 3. Florida 2. County 4. Out of State 3	
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 990 N UNIVERSITY DR 625, BOCA RATON, FL 33432		Phone (718) 614-7934		Address Source DEFENDANT			
Business Address (Name, Street) (City) (State) (Zip) ANTHONY'S COALFIRE PIZZA,		Phone DEFENDANT		Occupation Server			
D/L Number, State 303299635 / NY		Soc. Sec. Number		INS Number		Place of Birth (City, State) BROOKLYN, NY,	
Citizenship US		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Date of Birth		☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor					
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor							
☐ Parent ☐ Other: Name (Last, First, Middle)		Residence Phone					
☐ Legal Custodian		Business Phone					
Address (Street, Apt. Number) (City) (State) (Zip)		Notified by: (Name)		Date		Time	
Relationship		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 ☐ defendant and/or ☐ 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			
☐ Yes, by: ☐ No:		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. 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 FLEEING OR ATTEMPTING TO ELUDE		Statute Violation Number 316.1935(1)		Violation of ORD #			
Drug Activity		Drug Type N		Amount / Unit		Offense #	
Counts 1		Domestic Violence ☐ Y ☒ N		Warrant / Capias Number		Bond 3,000	
Charge Description DUI-PROPERTY DAMAGE		Statute Violation Number 316.193(3C1)		Violation of ORD #			
Drug Activity		Drug Type N		Amount / Unit		Offense #	
Counts 1		Domestic Violence ☐ Y ☒ N		Warrant / Capias Number		Bond 3,000	
Charge Description DL UNAUTHORIZED POSSESSION OF D/L OR ID CARD		Statute Violation Number 322.212(1A)		Violation of ORD #			
Drug Activity		Drug Type N		Amount / Unit		Offense #	
Counts 1		Domestic Violence ☐ Y ☒ N		Warrant / Capias Number		Bond 3,000	
Health / Apparent Physical Condition of Defendant GOOD		Any knowledge of the following: Explain: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries					
Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health		PROPERTY - Received By 868		Released By 868		FILED PBC GUN CLUB-- PBC AUG 31 AM 7:11	
Transported By 868		Date Transported 08/30/2023		Time Transported 04:44		Other	
☒ INSTRUCTION NO. 1 - Mandatory appearance in court ☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 10/02/2023 08:30:00		No Photo Available	
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			
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
☐ Dangerous ☐ Suicidal		☐ Resisted Arrest ☐ Other		(PRINT)			
Intake Deputy WILLIAMS, D.		L.D. # 868		Agency BOCA		PAGE 1 OF 2	
Pouch #		Transporting Officer 878		Witness here if subject signed with an "X".			

**ARREST / NOTICE TO APPEAR
Additional Charge List**

Agency ORI Number 0500200		Agency Name Boca Raton Police Department			Agency Report Number (N.T.A.'s only) 3 2 2023-010897						
C O D E	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ 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 LEAVE SCENE OF ACCIDENT							Statute Violation Number 316.061(1)		Violation of ORD #	
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond		
			/		1	☐ Y ☒ N					

NOT A CERTIFIED COPY

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A.		3 Request for Warrant 4 Request for Capias		1	JUVENILE	
A	Agency ORI Number	Agency Name		Agency Report Number						
D	FL FLO500200	BOCA RATON POLICE DEPARTMENT		3 2 2023-010897						
M	Charge Type Check as many as apply		Special Notes							
I	☐ 1. Felony ☒ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other									
N	Name (Last, First, Middle)				Race		Sex		Date of Birth	
D	SCHALLIPP, DAVID T				W		M		04/01/2004	
E	Charge Description				Charge Description					
F	316.193(3C1) DUI- PROPERTY DAMAGE				316.1935(1) FLEE / ELUDE					
H	Charge Description				Charge Description					
A	322.212(1A) DL UNAUTHORIZED POSSESSION OF D/L OR I				316.061(1) LEAVE SCENE OF ACCIDENT					
R	Victim's Name (Last, First, Middle)				Race		Sex		Date of Birth	
G	STATE OF FLORIDA,				U		U			
E	Local Address (Street, Apt. Number)				(City)		(State)		(Zip)	
S	100 NW 2ND AVE, BOCA RATON, FL 33432									
V	Business Address (Name, Street)				(City)		(State)		(Zip)	
I										
C										
M										
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 . . . ☐ 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 <u>30</u> day of <u>August</u>, <u>2023</u> at <u>02:25</u> (Specifically include facts constituting cause for arrest) On 8/30/2023, at approximately 0150 hours, I was dispatched to a hit-and-run crash where the victim was following the suspect vehicle. The victim advised a white BMW (FL AJ56AS) struck him outside O'Brian's located at 51 SE 1st Ave. and then fled the scene northbound on Federal Hwy (US-1). The victim followed the BMW till it pulled into the Publix parking lot located at 7431 N Federal Hwy. Officer Bagwell was the first officer on the scene and attempted to flag down the BMW. The BMW began stunting within the parking lot then drove around Officer Bagwell and attempted to flee back onto Federal Hwy. Just as the vehicle was exiting the Publix parking lot and began driving eastbound on Hidden Valley Blvd toward Federal Highway I arrived on scene. I activated my emergency equipment and pulled in front of the vehicle. Officer Suboyu and I conducted a felony stop on the vehicle and detained the driver who was later identified as David Schallipp. Within the vehicle were 5 other young adults all between the ages of 18 and 21. David admitted to being involved in a traffic crash and fleeing the scene because "Florida is a no-fault state". While speaking with David I could smell the odor of alcohol emanating from his breath. David additionally had bloodshot and watery eyes. Once I had collected all relevant crash information, I explained to David I would no longer be investigating the crash and would now be transitioning to a criminal investigation for DUI/Fleeing and eluding. I read David his Miranda warnings and he advised he understood everything. David admitted post-Miranda that he intentionally left the scene of the crash and when questioned as to why he didn't stop for Officer Bagwell David stated he knew she was trying to stop him, and he intentionally drove away. David explained that prior to the crash he had consumed "two IPAs at O'Brian's" but wanted to make sure I knew that due to his low body weight and small stature, the drinks had a significant effect on him.										
P	SWORN AND SUBSCRIBED BEFORE ME RADFORD, STEPHEN THOMAS NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>08/30/2023</u> DATE  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT) <u>08/30/2023</u> DATE									
R	PAGE 1 OF 2									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2023-010897				
	Charge Type: Check as many as apply. ☐ 1. Felony ☒ 2. Traffic Felony		☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		Special Notes:		
D E F E N D E N T	Name (Last, First, Middle) SCHALLIPP, DAVID T				Race W		Sex M		Date of Birth 04/01/2004
	Due to the totality of the circumstances, David was placed under arrest at 0225 hours for DUI, hit and run, and fleeing/eluding. David was placed in handcuffs that were checked for tightness and double-locked. While searching through David's wallet I located a NY DL to which he spontaneously uttered that it wasn't his real DL. Upon review, it was obvious the driver's license was fictitious as it was delaminating and missing letters. As such, David was additionally charged with possession of a fake Driver's License. David was transported to the BRPD DUI room. Officer Coon conducted the 20-minute observation and operated the Intoxilyzer. David was read his implied consent warnings at 0306 hours. Reference Intoxilyzer 8000 S#80-006622 results were (.100/.107) David was transported to Boca Regional Hospital for medical clearance then Palm Beach County Jail.								
P R O B A B L E C A U S E S T A T E M E N T NOT A CERTIFIED COPY									
S W O R N A N D S U B S C R I B E D B E F O R E M E	SWORN AND SUBSCRIBED BEFORE ME								
	RADFORD, STEPHEN THOMAS NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
	08/30/2023 DATE				WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT)				
					08/30/2023 DATE				

04/01/04
NY 303299635

2023 010897
0227
0240

SCHALLIPP, DAVID T
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 _____ day of _____, at _____ AM/PM:

Subject: _____ Case Number: _____

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

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? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this _____ (date) by _____.

Notary/Clerk of Court/ Officer (FSS 117.10)

Date

Signature of Arresting Officer

Name of Officer (print)

ARRESTING OFFICER: OFC. WILLIAMS

Name: OFC. WILLIAMS Phone # 561 3686201 Work # _____

Address: 100 NW 2ND AVE, BOCA RATON, FL, 33432

Can testify to: DUI INVESTIGATION, CRASH INVESTIGATION

Name: OFC. COON Phone # 561 3686201 Work # _____

Address: 100 NW 2ND AVE, BOCA RATON, FL, 33432

Can testify to: BREATH TEST

Name: OFC. BAGWELL Phone # 561 3686201 Work # _____

Address: 100 NW 2ND AVE, BOCA RATON, FL, 33432

Can testify to: SCENE SAFETY

Name: OFC. MARTIN Phone # 561 3686201 Work # _____

Address: 100 NW 2ND AVE, BOCA RATON, FL, 33432

Can testify to: SCENE SAFETY

Name: OFC. SUBSHU Phone # 561 3686201 Work # _____

Address: 100 NW 2ND AVE, BOCA RATON, FL, 33432

Can testify to: SCENE SAFETY

Name: OFC. POSSIE Phone # 561 3686201 Work # _____

Address: 100 NW 2ND AVE, BOCA RATON, FL, 33432

Can testify to: SCENE SAFETY

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2023010897

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is WEDNESDAY, AUGUST, 30, 2023.
(day) (month) (date) (year)

B. The time is now approximately 0303 PM.

C. The following is in reference to case number 2023010897

D. Present at this time is OFF. WILLIAMS, OFF. COON of the Boca Raton Police Department.
(Officer's Name)

E. Officer WILLIAMS, have you arrested DAVID SCHALLIP 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. SCHALLIP, I am required to inform you these
proceedings are being video recorded.

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

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 OFFICER WILLIAMS of the BOLA RATON PD.

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: SEE VIDEO

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. SCHALLIPP has refused to submit to a breath test.

The date is AUGUST, 30, 2023, 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: _____



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: SCHALLIPP, DAVID

CASE #: 2023010897 DATE: 08/30/23

BREATH TEST RESULTS

1) TIME 0308 AM 2) TIME 0311 AM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: OFF. COSN

MAINTENANCE TECHNICIAN: OFF. CRAWFORD

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: BLUE SHIRT, BLUESHORTS

MEDICAL CONDITION: NONE

OTHER: _____

COMMENTS: _____

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: SEE VIDEO 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? _____

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 0314 AM PM.

The date is AUGUST 30 2023
(month) (day) (year)

**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: 08/30/2023

Date of Last Agency Inspection: 08/22/2023

Observation Period Began: 02:40

Subject's Name: DAVID T SCHALLIPP

DOB: 04/01/2004 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	03:05
	Air Blank	0.000	03:06
	Control Test	0.079	03:06
	Air Blank	0.000	03:06
	Subject Sample #1	0.100	03:08
	Air Blank	0.000	03:09
	Air Blank	0.000	03:10
	Subject Sample #2	0.107	03:11
	Air Blank	0.000	03:12
	Control Test	0.079	03:13
	Air Blank	0.000	03:13
	Diagnostics Check	OK	03:13

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

State of Florida, County of PAUMotu

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 REBECCA J. COON, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 08/30/23
Signature

Sworn to (or affirmed) before me this 30 day of AUGUST, 2023

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
Other	☐	FL CONSTITUTION ARTICLE 1,16(b)	Other: MARSY'S LAW	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2023022751	Date: 8/31/2023
	Specialist Name/ID: Pinkneya/7796