0495414 24CT-8276 TM 3577

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

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile ☐

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06 - 24059178

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

Multiple Clearance Indicator

Location of Arrest (including Name of Business): 400 Civic Center Way Royal Palm Beach, FL 33411

Location of Offense (Business Name, Address): 400 Civic Center Way Royal Palm Beach, FL 33411

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/04/24	07:22					

DEFENDANT

Name (Last, First, Middle): Hunt Hilary Jennifer

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	01/05/1984	5'07	200	BROWN	BLONDE	FAIR	LARGE

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: Single

Religion: Catholic

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☐ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): 5952 Cartier Rd West Palm Beach, FL 33417

Mobile Phone: 561-932-9238

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip)

Phone

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip)

Phone

Occupation: Accountant

D/L Number, State: H530330845050, FL

Soc. Sec. Number: [redacted]

INS Number

Place of Birth (City, State): WPB, Fl

Citizenship: USA

CO-DEF

Co-Defendant (Last, First, Middle) — Race — Sex — Date of Birth — ☐ 1. Arrested ☐ 2. At Large — ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant (Last, First, Middle) — Race — Sex — Date of Birth — ☐ 1. Arrested ☐ 2. At Large — ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) — Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone ( )

Notified by: (Name) — Date — Time — Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) — Relationship — Date — Time

The above address was provided by defendant and / or defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address.

School Attended — Grade

☐ Yes, by: (Name) ☐ No (Reason)

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
D.U.I.	1	☐ Y ☒ N	316.193(1) A	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N				

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): 3228 Gun Club Rd West Palm Beach FL 33406

Court Date and Time: Month May Day 30 Year 24 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: 05/04/24

FILED PBC - GUN CLUB 24 MAY 5 AM 8:51

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

ADMIN

HOLD for other agency

Signature of Arresting Officer: X

Name Verification (Printed by Arrestee) (PRINT): MAY 4 AM 10:56

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Name of Arresting Officer (Print) — I.D. # [redacted]

Initial Penalty — I.D. # 7969 — Pouch # — Agency PBSO

Witness here if subject refused to sign: X

PAGE ___ OF ___

PBSO #0148 REV. 01/23 DISTRIBUTION: COURT COPY — STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

SCANNED MAY 05 2024

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4th DAY OF May 20 24 . AT 0653 ☒ AM ☐ PM

SUBJECT: Hunt Hilary Jennifer CASE NUMBER: 24059178

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Jose A Claudio 7022

PERSONAL CONTACT

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

The witness Scott Ellis Barnwell, followed a Silver Lexus four door bearing Florida tag 77DNMS driven by a white female single occupant of the car. The car turned on to Okeechobee Blvd from Seminole Pratt Whitney Road heading east on Okeechobee Blvd. Barnwell said that the car hit a curb and was driving into the west bound lane, Barnwell never lost sight of the car. Deputy Logan picked up the car at Crestwood Blvd and Okeechobee Blvd, driving east on Okeechobee Blvd. Deputy Logan told me that the car was unable to drive within the white lines, Deputy Logan conducted a traffic stop on a Silver Lexus four door bearing Florida tag 77DNMS. The final stop was 400 Civic Center Way, I arrived on scene and made contact with a single white female still sitting in the drivers seat, still wearing her seatbelt.

OBSERVATION OF DRIVER:

The driver had glassy eyes and her pupils appeared to be dilated.

DRIVER'S STATEMENTS:

[redacted]

ODORS:

None

GENERAL OBSERVATIONS

SPEECH: slow

ATTITUDE: good

CLOTHING: Black Dress, Black shoes, Black socks

MEDICAL/OTHER: Back, Knees and Neck

STATE OF FLORIDA
COUNTY OF PALM BEACH

[redacted]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of May 20 24 by [redacted]

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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

NOT A CERTIFIED COPY

SCANNED
MAY 05 2024

SUBJECT: Hunt Hilary CASE NUMBER 24059178

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS / LIGHTED PEN STIMULUS TASK: SFST

☐ LT EYE-LACK OF SMOOTH PURSUIT

☐ RT EYE-LACK OF SMOOTH PURSUIT

☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☐ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Eye dilated,

WALK & TURN: SFST

I explained and demonstrated the instructions for the (Walk and Turn) Task for (Hilary Hunt) , whom advised (he/she) understood. Hunt did not follow my instructions, starting early. Hunt did not walk heal to toe throughout the task, she stumbled on step two, four and five. Hunt had her arms away from her body for balance, stumbled on the turn, did not walk back not heel to toe and took twelve steeps.

ONE LEG STAND: SFST

I explained and demonstrated the instructions for the (One Leg Stand) Task for (Hilary Hunt) , whom advised (he/she) understood. Hunt put her foot down on One, two and four as well as stumbling. Hunt started the task again and put her foot down on four as well as stumbling.

FINGER TO NOSE:

I explained and demonstrated the instructions for the (Finger to Nose) Task for (Hilary Hunt) , whom advised (he/she) understood. During the task, (Hilary Hunt) with left finger she touched the bottom of her nose and then touched the bridge of her nose. I kept telling her to put her arm down. With her right hand she touched her nose with her center of her finger.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the (Romberg Alphabet) Task for (Hilary Hunt) , whom advised (he/she) understood. Hunt completed this task with no problem.

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BREATH TEST RESULTS: 1) 0.00 | 2) 0.00 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

[redacted]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of May 20 24 by [redacted]

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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

24059178

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, [redacted], a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer Reading Implied Consent Warning)

am a member of **Palm Beach County Sheriff's Office**, and I do swear
(Name of law enforcement agency)

or affirm that on or about the **4th** day of **May**, 20 **24**, at **07:22** ☐ P.M ☒ A.M.

DRIVER **Hilary** **Jennifer** **Hunt**,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **H530330845050**, state of **FL**, was placed under lawful arrest for

the offense of **D.U.I.** by [redacted] and
(Name of Arresting Officer)

issued Citation # AIKV5CE.

That on or about the 4th day of May, 20 24, at 0[illegible]5 ☐ P.M ☒ A.M.

in **PALM BEACH** County,

I requested that the driver submit to a ☐ **breath and/or** ☒ **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this **4th** day of **May**, 20 **24**, by [redacted], who is personally known to me or who has produced **KNOWN** as identification.

Notary Public

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title **Deputy Sheriff**

Date

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

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

NOT A CERTIFIED COPY

PBSO CASE # **24059178** PBSO ZONE **9-41**

AGENCY CASE # **24059178** CRASH CASE # **N/A**

TIME OF STOP/CRASH **0653** DATE **05/04/2024** DAY **Saturday**

SUBJECT'S NAME **Hunt** (LAST) **Hilary** (FIRST) **Jennifer** (MID)

DOB **01/05/1984** HGT **5'07** WGT **200** RACE **W** SEX **F**

LOCATION **400 Civic Center Way** **Royal Palm Beach, FL 33411**

ARRESTING OFFICER'S NAME & ID [redacted] **Palm Beach County Sheriff's Office** (AGENCY)

DIVISION: **Road Patrol**

NOTIFIED BY COMMO ✓

BREATH RESULTS:

1) .000
2) .000
3) Urine Refused
4)

ARRIVAL AT FACILITY 0808 HRS

ARREST TIME 07:22 HRS

O'Neal 6212
BAT TECH. OFFICER NAME & ID

PBSO VIDEOTAPE #

WITNESS LIST

CASE NUMBER: 24059178

ARRESTING OFFICER: [redacted]

ADDRESS: Palm Beach County Sheriff's Office

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

CAN TESTIFY TO: see report

NAME: Deputy D. Logan

ADDRESS: Palm Beach County Sheriff's Office

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

CAN TESTIFY TO: see report

NAME: Scott Ellis Barnwell

ADDRESS 15670 64TH PL N Loxahatchee Fl 33470

PHONE NUMBERS (HOME) 954-515-7987 (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

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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: PBSO D/S [redacted]

SUBJECT: HUNT, HILARY J.

CASE NUMBER: 24-059178

DATE: 05-04-24

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 08:31 HRS

ENDING TIME: 08:55 HRS

BREATH TESTS RESULTS: 1) .000 TIME 08:37 A.M. ☒ P.M. ☐ 2) .000 TIME 08:40 A.M. ☒ P.M. ☐

3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLUR

ATTITUDE: EMOTIONAL, UPSET, CRYING, COOPERATIVE

CLOTHING: DRESS- BLACK & TAN

MEDICAL CONDITIONS: SEVERAL MEDICAL PROBLEMS

MEDICATIONS: NONE / D STATED PRESCRIBED MEDICATION ON CAMERA

OTHER:

EYES: RED, GLASSY, WATERY FROM CRYING
DEXTERITY: SLOW

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O [redacted]

A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE REQUEST.
D COMPLETED THE TEST CORRECTLY.
EXPLAINED THE BREATH RESULTS TO THE D.
A/O REQUESTED A URINE SAMPLE.
D REFUSED THE REQUEST FOR URINE.
A/O READ THE IMPLIED CONSENT ON CAMERA. D UNDERSTOOD THE I/C.
D STILL REFUSED URINE AFTER THE I/C WAS READ TO HER.
URINE REFUSAL @08:45 HRS
C/W READ ON CAMERA, Q&A CONDUCTED.

NOT A CERTIFIED COPY

SUBJECT: [redacted] CASE NUMBER: [redacted]

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 [redacted] of the [redacted]

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) [redacted]

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) [redacted]

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

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:
- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

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

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

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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: 05/04/2024

Date of Last Agency Inspection: 04/19/2024
Observation Period Began: 08:08
Subject's Name: HILARY J HUNT DOB: 01/05/1984 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	08:35
Air Blank	0.000	08:36
Control Test	0.080	08:36
Air Blank	0.000	08:36
Subject Sample #1	0.000	08:37
Air Blank	0.000	08:38
Air Blank	0.000	08:40
Subject Sample #2	0.000	08:40
Air Blank	0.000	08:41
Control Test	0.080	08:41
Air Blank	0.000	08:42
Diagnostics Check	OK	08:42

Cylinder Lot: 06723080A5
Exp: 04/05/2025

State of Florida, County of [redacted],

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

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

Breath Test Operator: _____ Date: [redacted]
Signature

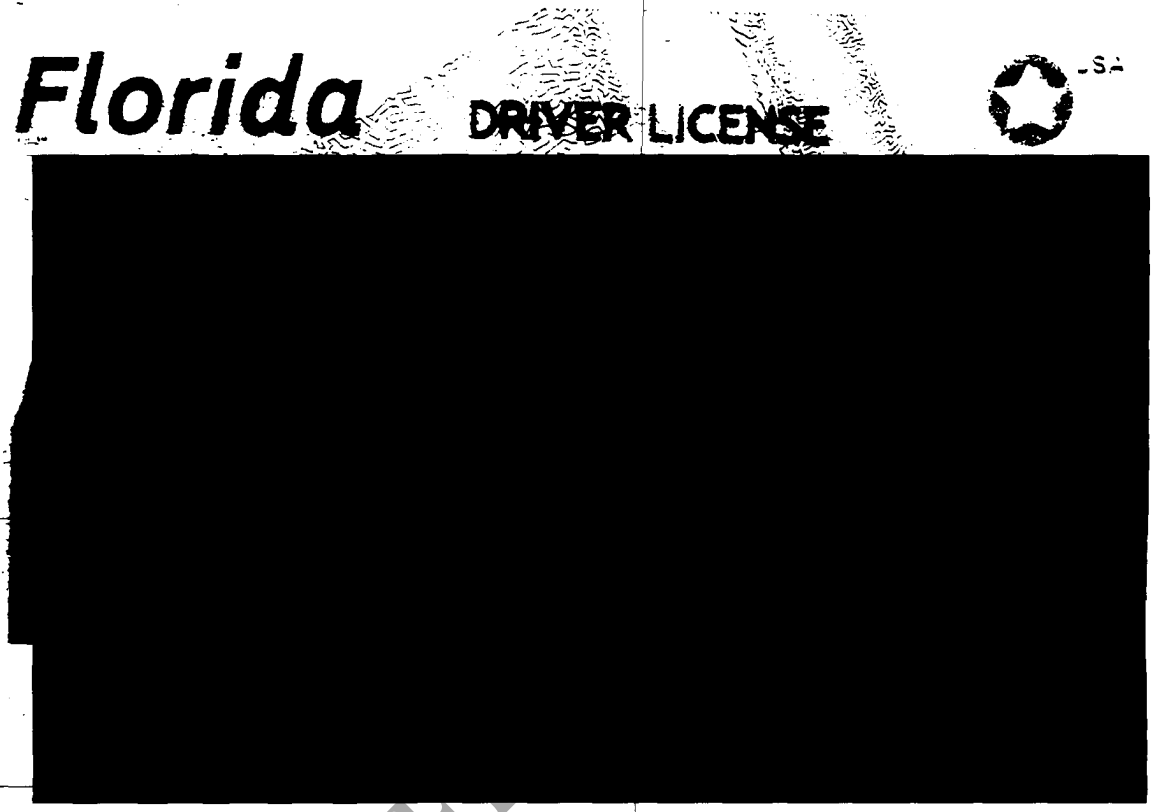
Sworn to (or affirmed) before me this [redacted] day of [redacted], [redacted]

_____ [redacted]
Signature of Notary Public-State of Florida Printed Name [redacted] 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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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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	1-10,12
	☒	119.071(2)(e)	Confession	3
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	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	
	☒	119.0712(2)	Personal information contained in a motor vehicle record	13
	☒	316.650(11)	Driver information contained in a uniform traffic citation	5
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(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	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
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Booking Number: 2024012029	**Date:** 5/5/2024
	Specialist Name/ID#: ANGELA PINKNEY/7796