M-258738 23CT 22921 mB 3246

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

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 | Juvenile: N

ADMINISTRATIVE

OBTS Number

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 23-140212 ( )

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized: Enter Type: NONE

Multiple Clearance Indicator: 0 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
21644 S STATE RD 7, BOCA RATON, FL, 33428	21644 S STATE RD 7 , BOCA RATON, FL, 33428

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/22/2023	01:14 hrs					21644 S STATE RD 7, BOCA RATON, FL, 33428

DEFENDANT

Name (Last, First, Middle): Palaci, Jimmy,

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	M	3/25/1962	5'11	250	BROWN	GRAY	FAIR	LARGE

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

Marital Status	Religion	Indication of: Alcohol Influence / Drug Influence	Y	N	Unk
Married	CHRISTIAN		☐	☐	☒

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Mobile Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
23040 Sw 55th Ave, Boca Raton, FL 33433				(561) 542-6667	2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
,				( )	DL/VERBAL

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
				( )	MECHANIC

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
P420420621050, FL	[redacted]		ANKARA,TURKEY	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 ( )

1 - OR

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 / 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)

School Attended — Grade

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 #
DRIVING UNDER THE INFLUENCE	1	☐ Y ☒ N	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		23-140212		

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

FILED PBC - GUN CLUB-- CT

NOTICE TO APPEAR

Location (Court, Room Number, Address): Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

Court Date and Time: Month JANUARY Day 11TH Year 2024 Time 08:30 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 THIS 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: 12/22/2023

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: X

Name of Arresting Officer (Print): Inv. K. Barreras — I.D. #: 36798

Name Verification (Printed by Arrestee): (PRINT)

Issue Deputy: Barrera 18342 — I.D. # — Pouch # — Transporting Officer: Inv. K. Barreras 36798 — I.D. # — Agency: PBSO

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0146 REV 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | Juvenile N

ADMIN

Agency ORI Number: FLO 5 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 23140212

Charge Type (Check as many as apply): ☐ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☒ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other | Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Palaci, Jimmy		W	m	03/25/1962

CHARGES

Charge Description	Charge Description
DUI	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Florida			

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
	( )	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	( )	

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.
The Person taken into custody:

☒ committed the below acts in my presence.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☐ confessed to _____ admitting to the below facts.
☐ was found to have committed the below acts, resulting from my (described) investigation.

On the 22 day of December, 20 23 at 12:10 ☒ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

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

On December 22, 2023 at approximately 0010 hours, I observed a blue Mazda CX-5 Enter the West Boca Medical Center ER Parking area. I observed the vehicle drive over the curb and patch of grass in the parking area and then crash into the parking sign, causing a loud crashing sound and damage to the front drivers side bumper and headlight (glass was observed on floor at location). I observed the driver get out of the vehicle and walk (swaying for balance) inside of the Emergency Room as I followed behind him. I made contact with him and identified him as Jimmy Palaci W/M, 3/25/62 (by D.A.V.I.D.). I asked him for his vehicle paperwork and identification. We returned to his car and I detected a strong odor of alcohol on his breath. I observed his eyes were red and glossy and his struggled to stay balanced, leaning often on his car for stability. I requested an available DUI Deputy to conduct a further investigation. I issued a citation for not providing his driver's license and issued a warning for careless driving.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH Curci, Darren M. Digitally signed by Curci, Darren M. Date: 2023.12.22 01:54:20 -05'00'
(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of December 20 23 by D/S Darren Curci 8081

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

D/S E. Santos 39622 E. Santos
Notary Public, Clerk of Court, Officer (F.S.S). 117.10)

DISTRIBUTION: Court Copy | State Attorney | Agency | Agency

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22nd DAY OF DECEMBER 20 23, AT 00:21 AM ✓ PM

SUBJECT: Palaci, Jimmy, CASE NUMBER: 23-140212

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. K. Barreras

PERSONAL CONTACT

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

On December 22, 2023, at approximately 00:24 hrs, I responded to a traffic stop involving a possible impaired driver located at the West Boca Medical Center (21644 State Rd 7) in Boca Raton, Palm Beach County. I met and spoke to D/S D. Cerci #8081 and he provided me with a signed sworn probable cause affidavit stating the following, "On December 22,2023 at approximately 0010 hours, I observed a blue Mazda CX-5 Enter the West Boca Medical Center ER parking area. I observed the vehicle drive over the curb and patch of grass in the parking area and then crash into the parking sign, causing a loud crashing sound and damage to the front drivers side bumper and headlight (glass was observed on floor at location). I observed the driver get out of the vehicle and walk (swaying for balance) inside the Emergency Room as I followed behind him. I made contact with him and identified him as Jimmy Palaci W/M, 3/25/62 (by D.A.V.I.D.). I asking him for his vehicle paperwork and identification. We returned to his vehicle and I detected a strong odor of alcohol on his breath. I observed his eyes were red and glossy and his struggled to stay balanced, leaning on his car for stability. I requested an available DUI Deputy to conduct a further investigation. I issued a citation for not providing a driver's license and issued a warning for careless driving."

OBSERVATION OF DRIVER:

Upon making contact with the driver, who was leaning on the side of a silver Mazda bearing a Transport Tag of G0950L. The driver was verbally identified to me as Jimmy Palaci and I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his breath and face area. The odor intensified as I spoke to him. Palaci had an unsteady gate while walking to my patrol vehicle and had difficulties following directions. Palaci had bloodshot, glassy, and watery eyes. Palaci leaned on his vehicle for balance and lost his balance several times while doing roadside tasks. Palaci was swaying during the tasks.

DRIVER'S STATEMENTS:

Pre Miranda: Palaci advised he had 1 and a half drinks of Scotch.

Palaci consented to breath.

Post Miranda: Palaci consented to participate in the Q&A and advised he had one drink.

ODORS:

An obvious odor of an unknown alcoholic beverage coming from his breath which intensified as he spoke with me.

GENERAL OBSERVATIONS

SPEECH: **Slow, slurred, thick and at times difficult to understand.**

ATTITUDE: **Cooperative, Polite, Calm**

CLOTHING: **White Shirt, Gray shorts, and black sandals.**

MEDICAL/OTHER: **Palaci advised he had high blood pressure.**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. K. Barreras
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of December 20 23 by Inv. K. Barreras

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

Thomas Leahey (#19183)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 400333
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.

NOT A CERTIFIED COPY

SUBJECT:_____ CASE NUMBER:_____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your ***BREATH*** for the purpose of determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your ***URINE*** for the purpose of determining the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your ***breath, urine*** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS SIGNATURE: (X)_____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X)_____

NOT A CERTIFIED COPY

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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SUBJECT: Palaci, Jimmy, CASE NUMBER 23-140212

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Palaci was swaying during the task in a side to side. Palaci had to be reminded numerous times to track the stimulus with his eyes only. Palaci did not keep feet together and did not keep head still.

WALK & TURN:

I explained and demonstrated the instructions for the Walk and Turn Task to Palaci , whom advised he understood. During the task, Palaci was swaying in a side to side manner. Palaci was having trouble maintaining his balance. Palaci started too soon, and took an incorrect number of steps. Palaci stepped off line and did not step heel to toe. Palaci did not keep arms at sides, used arms to balance (by raising them over 6 inches). Palaci performed an improper turn other than which was demonstrated, and stopped early. Palaci did not count his steps out loud like instructed. The task was conducted in the parking lot on a paved road surface. Yellow tape was utilized.

ONE LEG STAND:

I explained and demonstrated the instructions for the One Leg Stand Task to Palaci , whom advised he understood. Palaci raised he right leg. During the task, Palaci was swaying. Palaci used arms to balance (by raising them over 6 inches). Palaci began hopping in an attempt to maintain balance. Palaci put his foot down numerous times to regain balance before the 30 second time period had elapsed. Palaci also did not keep feet together. Palaci did not raise foot 6 inches above ground and did not keep legs straight. Palaci did not look at elevated foot or count in appropriate manner (1001,1002,1003,etc.)

FINGER TO NOSE:

I explained and demonstrated the instructions for the Finger to Nose Task to Palaci, whom advised he understood. During the task, Palaci was swaying in a side to side manner. Palaci did not keep his eyes closed, did not keep his head tilted back. Palaci missed the tip of nose several times. Palaci did not immediately bring hand back to side. The sequence used in this task was L,R,L,R,R,L.

MODIFIED ROMBERG:

I explained and demonstrated the instructions for the modified Romberg Task to Palaci, whom advised he understood. During the task, Palaci was swaying in a side to side manner. Palaci did not keep feet together and started too soon. Palaci counted to 27 and not 26 as instructed.

BREATH TEST RESULTS: | 1) .151 | 2) .161 | 3) | 4) |

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. K. Barreras
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of December 2023 by Inv. K. Barreras

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

Thomas Leahey (#19183)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 408332
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.

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WITNESS LIST

CASE NUMBER: 23-140212

ARRESTING OFFICER: Inv. K. Barreras

ADDRESS: TRAFFIC DIV/DUI

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3400

CAN TESTIFY TO: FACTS OF THE CASE AND DUI INVESTIGATION.

NAME: D/S D. Cerci #8081

ADDRESS: 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3400

CAN TESTIFY TO: DRIVING PATTERN, TRAFFIC STOP, AND SIGNS OF IMPAIRMENT

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

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) _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Palaci, Jimmy

CASE NUMBER: 23-140212

DATE: Dec 22, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0223

ENDING TIME: 0239

BREATH TESTS RESULTS: 1) .151 TIME 0227 A.M. ☒ P.M. ☐ 2) .161 TIME 0230 A.M. ☒ P.M. ☐

3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: talkative

CLOTHING: gray shorts, white t-shirt, black slides

MEDICAL CONDITIONS: blood pressure

MEDICATIONS: Metropilol

OTHER:

eyes are glassy and bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period 0200 hrs

subject agreed to perform breath test

subject completed breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O conducted Q&A

subject answered

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

PBSO CASE # 23-140212 PBSO ZONE 7-41

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 00:21 DATE 12/22/2023 DAY Friday

SUBJECT'S NAME Palaci, Jimmy, RACE W SEX M

HGT 5'11 WGT 250 DOB 3/25/1962

LOCATION 21644 S STATE RD 7, BOCA RATON, FL, 33428

ARRESTING OFFICER'S NAME & ID Inv. K. Barreras (36798) AGENCY Palm Beach County Sheriff's Office

DIVISION: TRAFFIC/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 02:00 hrs

ARREST TIME 01:14 hrs

BREATH RESULTS:

1) .151
2) .161
3) N/A
4) N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

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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 CO SO
Instrument Serial Number: 80-006239 Software: 8100.27
Date of Test: 12/22/2023

Date of Last Agency Inspection: 12/08/2023
Observation Period Began: 02:00
Subject's Name: JIMMY PALACI DOB: 03/25/1962 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	02:25
Air Blank	0.000	02:25
Control Test	0.081	02:26
Air Blank	0.000	02:26
Subject Sample #1	0.151	02:27
Air Blank	0.000	02:28
Air Blank	0.000	02:29
Subject Sample #2	0.161	02:30
Air Blank	0.000	02:31
Control Test	0.080	02:31
Air Blank	0.000	02:32
Diagnostics Check	OK	02:32

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

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 THOMAS H LEAHEY, 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: 12/22/2023
Signature

Sworn to (or affirmed) before me this 22 day of December 2023

_____ Inv K Barreras #36798
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.

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	
	☐	119.071(2)(e)	Confession	
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	
	☒	316.650(11)	Driver information contained in a uniform traffic citation	3
	☐	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: 2023033443	**Date:** 12/23/2023
	Specialist Name/ID#: S.Brintnall/42772