50-2023-CF-000008-ASB

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Copies
2. N.T.A. 5. Juvenile Referral

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.'s only): 3 2 2023-000001

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): 1424 N FEDERAL HWY, BOCA RATON, FL 33432, 1424 N
Location of Offense (Business Name, Address): 1424 N FEDERAL HWY, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/01/2023	00:55	01/01/2023	01:09	01/01/2023	01:09	LEFT ON SCENE

DEFENDANT

Name (Last, First, Middle): ROBINET, JORDAN DANIEL
Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

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	03/12/1987	6'02	242	HAZEL	BROWN	LIGHT	Large

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): SCAR L FOOT; SCAR L EYE; SCAR R CALF
Marital Status: S
Religion: NONE
Indications of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence ☐
Local Address (Street, Apt. Number) (City) (State) (Zip): 255 NE 3RD AVE 303, DELRAY BEACH, FL 33444
Phone: (586) 944-8071
Residence Type: 1. City 3. Florida 2. County 4. Out of State: 2
Permanent Address (Street, Apt. Number) (City) (State) (Zip): 255 NE 3RD AVE 303, DELRAY BEACH, FL 33444
Phone: (586) 944-8071
Address Source: ARRESTEE
Business Address (Name, Street) (City) (State) (Zip): SALES & MARKETING,
Phone:
Occupation: Self Employed
DL Number, State: R153424870920 / FL
Soc. Sec. Number: [redacted]
INS Number:
Place of Birth (City, State): ROCHESTER HILLS,
Citizenship: US

CO-DEF

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

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian
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 Department and Released 2. TOT JAC 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 355-2526) informed of any change of address.
☐ Yes, by: ☐ No:
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 E. 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	Statute Violation Number	Violation of ORD #
DRIVE UNDER INFLUENCE ALC	316.193(1A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant: GOOD
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:
Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health
PROPERTY - Received By: J. CASAS 818
Released By: MENDOZA 860
Released To: TOT CJ
Transported By: MENDOZA 860
Date Transported:
Time Transported:
Other:

NOTICE TO APPEAR

☒ 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: 01/30/2023 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) 1/1/23 Date Signed

No Photo Available

ADMIN

HOLD for Other Agency:
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Deputy: I.D. #: Pouch #:
Signature of Arresting Officer: 818
Name of Arresting Officer (Print): CASAS, J. I.D. #: 818
Transporting Officer: MENDOZA I.D. #: 860 Agency: BRPD
Name Verification (Printed by Arrestee) (PRINT): Jordan Robinet
Witness here if subject signed with an "X".

PAGE 1 OF 1

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JH05377094 PH 1801

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-000001

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
ROBINET, JORDAN DANIEL		W	M	03/12/1987

CHARGES

Charge Description	Charge Description
316.193(1A) DUI	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of 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 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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 1 day of January, 2023 at 00:55 (Specifically include facts constituting cause for arrest.)

On 1/1/23, at approximately 0032 hours, I was conducting stationary traffic enforcement in the area of 1000 N Federal Hwy. While observing approaching northbound traffic, I observed a black Mercedes Benz traveling at a high rate of speed in the center lane. I estimated the speed of the Mercedes Benz to be 60mph in a 35mph zone. I then used my DragonEye Speed Laser device (SN: 13855) to obtain a speed reading for the Mercedes Benz of 57mph. I then pulled into the roadway and positioned my marked BRPD vehicle (623) behind the Mercedes Benz which was bearing FL tag GTEW44. I initiated a traffic stop on the Mercedes Benz by activating my emergency lights and sirens in the area of 1200 N Federal Hwy. The Mercedes Benz came to a final stop in the parking lot of 1424 N Federal Hwy.

I approached the vehicle from the driver side and made contact with the driver who was identified via FL DL as Jordan Robinet. While speaking with Robinet, I observed that his eyes were red and glassy and that he had an overwhelmingly strong odor of an unknown alcoholic beverage emanating from his breath. I asked Robinet how much alcohol he had consumed this evening and he ultimately confessed to drinking three glasses of champagne.

Based on my observations, and Robinet`s confession of consuming alcohol, I suspected that Robinet may have been operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. I then requested that Robinet exit his vehicle for further investigation.

Robinet advised that he was not sick but did claim he had a leg injury from the gym. Robinet later informed me that he also had a bullet wound in his leg. Robinet claimed that his injuries caused him to limp, however, I did not observe him limping at any time during our interaction. Robinet also claimed he did not feel comfortable walking in the shoes he was wearing. Robinet denied consuming any drugs or smoking marijuana this

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

DALY, MICHAEL D
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/01/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASAS, JAVIER (818)
NAME OF OFFICER (PLEASE PRINT)

01/01/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT

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

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-000001

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ROBINET, JORDAN DANIEL		W	M	03/12/1987

PROBABLE CAUSE STATEMENT

evening. Lastly, Robinet advised he was not diabetic or epileptic, and stated he did not have anything wrong with his eyes that is not corrected by glasses or contacts. I then asked Robinet to submit to Standardized Field Sobriety Exercises to dispel my suspicion and he agreed to participate.

The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Robinet stated that he understood. I first ensured that Robinet`s eyes had equal pupil sizes and tracked equally. I then continued with the exercise. Robinet displayed lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and onset of nystagmus prior to 45 degrees in both eyes. Robinet also displayed lack of convergence.

The second exercise was the Walk and Turn. I administered the instructions and demonstrated how the exercise should be completed. Robinet stated that he understood. Robinet stated he preferred to take his shoes off for this exercise. Robinet did not stay in the starting position during the instruction phase. During the exercise, Robinet missed heel to toe, stepped on his toes, stepped off the line, and made an improper turn. It should be noted that Robinet did this exercise twice because he took too many steps the first time and wanted to start over.

The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how the exercise should be completed. Robinet claimed he was unable to do this exercise because of his injuries.

The fourth exercise was the Finger to Nose. I confirmed that Robinet knew his left from her right by asking him to show me his left hand and then his right hand. I then administered the instructions and Robinet stated he understood. The pattern was L-R-L-R-R-L.
L - Was slow to touch his nose and touched the bottom instead of the tip.
R - Was slow to touch his nose.
L - Was slow to touch his now and touched the bottom instead of the tip.
R - Was slow to touch his nose and touched the bottom instead of the tip.
R - Initially raised his left hand and then corrected himself. Was slow to touch his nose and touched the bottom instead of the tip.
L - Was slow to touch his nose and touched the bottom instead of the tip.

The final exercise was a modified Romberg balance exercise. I administered the instructions and conducted the exercise. Robinet estimated the passage of 30 seconds in 28 seconds.

Based on my investigation, and the totality of the circumstances, I found probable cause to believe that Robinet was operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. Robinet was placed under arrest for DUI per F.S.S. 316.193(1a).

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

DALY, MICHAEL D
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/01/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASAS, JAVIER (818)
NAME OF OFFICER (PLEASE PRINT)

01/01/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-000001

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ROBINET, JORDAN DANIEL		W	M	03/12/1987

PROBABLE CAUSE STATEMENT

Robinet was transported to BRPD booking for post arrest processing and the administration of a breath test. Officer Crawford (ID683) (Breath Test Operator) responded to BRPD booking and assisted with the BAT room procedures. Robinet was asked to provide a sample of his breath for the purpose of determining the alcohol content and he stated he was not aware of what his rights were. I then informed Robinet of Implied Consent, and she stated he would submit to the breath test. Robinet provided two valid breath samples of .148 and .143. Robinet was then informed of his constitutional warnings (Miranda), and he stated he understood. Robinet did not wish to answer any of my questions. See DUI Influence Report for further.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

DALY, MICHAEL D
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/01/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASAS, JAVIER (818)
NAME OF OFFICER (PLEASE PRINT)

01/01/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

23-000001 10-15 0055 ODS 0110

DUI INFLUENCE REPORT

NOT A CERTIFIED COPY

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

ARRESTING OFFICER: J. Casas

Name: Ofc. Cantard Phone # _____ Work # _____

Address: BRPD

Can testify to: Breath testing

Name: Ofc. Anjos Phone # _____ Work # _____

Address: BRPD

Can testify to: Back up

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: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2023-000001

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Sunday (day), January (month), 1 (date), 2023 (year).

B. The time is now approximately 1:29 (AM)/PM.

C. The following is in reference to case number 2023-1.

D. Present at this time is ofc.'s Cantrell / J. Casas of the Boca Raton Police Department. (Officer's Name)

E. Officer J. Casas, have you arrested Jordan Robinet (Defendant's name) in violation of Florida State Statute 316.193?

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

G. (Mr./Mrs./Ms.) Robinet, 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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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 Ofc. J. CASAS of the BRPD.

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: Read on Camera

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 _____ (month), _____ (day), _____ (year), and the time is _____AM/PM.

A refusal form will be completed by the arresting officer.

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BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Robinet, Jordan

CASE #: 2023-1 DATE: 1/1/23

BREATH TEST RESULTS

1) TIME .148/1135 (AM)/PM 2) TIME .143/1138 (AM)/PM

3) TIME — AM/PM 4) TIME — AM/PM

BREATH OPERATOR: Ofc. Crawford

MAINTENANCE TECHNICIAN: Ofc. Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: normal

ATTITUDE: Calm, respectful

CLOTHING: Black L/s shirt, black pants, BOW Loafers

MEDICAL CONDITION: IBS, Heat rash, Viagra

OTHER:

COMMENTS: Robinet's eyes are glassy + bloodshot. I can also smell an odor of an alcoholic beverage emanating from his breath.

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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: Read 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? Refused 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

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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 1:41 (AM)/PM.

The date is January (month), 1st (day), 2023 (year).

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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: 01/01/2023

Date of Last Agency Inspection: 12/15/2022
Observation Period Began: 01:10
Subject's Name: JORDAN D ROBINET DOB: 03/12/1987 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	01:33
Air Blank	0.000	01:34
Control Test	0.079	01:34
Air Blank	0.000	01:35
Subject Sample #1	0.148	01:35
Air Blank	0.000	01:36
Air Blank	0.000	01:37
Subject Sample #2	0.143	01:38
Air Blank	0.000	01:39
Control Test	0.078	01:39
Air Blank	0.000	01:40
Diagnostics Check	OK	01:40

Cylinder Lot: 02422080A1
Exp: 02/05/2024

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 A CRAWFORD, 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: 1/1/23
Signature

Sworn to (or affirmed) before me this 1st day of January, 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.

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

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	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2023000018	**Date:** 01/01/2023
	Specialist Name/ID: T.Howard/7185