23CJ15801

☐ 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: 1 — N

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FL0 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06-23-106289

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: N/A

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): LAWRENCE RD & VIBURNAM

Location of Offense (Business Name, Address): 9858 S Military Trl Boynton Beach, FL 33436

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
9/3/2023	01:20					ATLANTIC TOWING

DEFENDANT

Name (Last, First, Middle): Amoriello Joseph Donald

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	02/16/1975	5'11	240	BROWN	BROWN	FAIR	LARGE

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): left leg tattoo, left forearm

Marital Status: Divorced — Religion: None

Indication of: Alcohol Influence (Y ☒ N ☐ Unk ☐) Drug Influence (Y ☐ N ☒ Unk ☐)

Local Address (Street, Apt. Number) (City) (State) (Zip): 9873 Lawrence Rd Apt A102 Boynton Beach, FL 33436

Mobile Phone: 727-318-9267

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 9873 Lawrence Rd Apt A102 Boynton Beach, FL 33436

Phone: 727-318-9267

Address Source: FL DL

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

Phone:

Occupation: Accountant

D/L Number, State: A564484750560, FL

Soc. Sec. Number: [redacted]

INS Number:

Place of Birth (City, State): Tampa, Florida

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.
☐ 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 #
D.U.I.	1	☐ Y ☒ N	316.193(3)(c)(1)	

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

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): ~~Criminal Justice Complex 3228 Gun Club Road, West Palm Beach FL 33406~~ South County Courthouse, 200 W. Atlantic Ave, Delray Beach, FL 33444

FILED FOR RECORD
CLERK OF CIRCUIT COURT
2023 SEP 14 P 12:27
PALM BEACH COUNTY, FL

Court Date and Time: Month October Day 05 Year 2023 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: 9/3/23

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:

Name Verification (Printed by Arrestee) (PRINT):

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other

Name of Arresting Officer (Print): D/S K. Barreras I.D. #: 36798

Intake Deputy I.D. # Pouch # — Transporting Officer: D/S K. Barreras I.D. #: 36798 Agency: PBSO

Witness here if subject signed with an "X":

PAGE 1 OF 1

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

SCANNED SEP 14 2023

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B12

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	23106289

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Amoriello, Joseph		W	M	02/16/1975

CHARGES

Charge Description	Charge Description
DUI FSS 316.193(1)	
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 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 3 day of September 20 23 at 12:06 ☑ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

☐ [redacted]

On Sunday, September 3, 2023, at approximately 00:06 hours, I responded to Latitude Pointe Community entrance, located at Lawrence Rd and Viburnum Tree Dr, Boynton Beach, Palm Beach County, FL 33437, in reference to a hit and run incident.

While en route, PBSO Dispatch notified that a Black Lexus (FL: XC2UR) was involved in an car accident and it was trying to leave the scene.

Upon arrival, I observed the Black Lexus attempting to enter the Latitude Pointe Community. I observed the vehicle hitting the median curves of the community entrance several times. I got behind the vehicle and turned on my Red and Blue lights, attempting to stop the vehicle. The vehicle ignored my commands. Then, the Lexus made a U-turn and attempted to exit the community and hit the median curves again. Almost at the community exit, the vehicle finally stopped. I exited my PBSO-marked unit and approached the Lexus, and I observed the driver, later identified as Joseph Amoriello, behind the Lexus' driver seat who also was the sole occupant of the vehicle. Amoriello exited the vehicle. As Amoriello was exiting the vehicle, I observed an obvious odor of an unknown alcoholic beverage coming from him. I also observed that Amoriello almost fell to the ground and had difficulty standing. As soon as I noticed it, I told Amoriello to sit in the curve. Also, Amoriello's speech was slurred during my interaction. I observed the vehicle and saw fresh damage in the passenger door, which appeared to be involved in a crash incident.

I spoke with the other driver involved in the crash, later identified as Eddy Etiene, who provided me a sworn recorded statement of his account of the incident. Etiene stated that he was parking in the Mcdonald's parking lot, located at 9858 S Military Trail, Boynton Beach, FL 33436, with the front of his vehicle out. Then he observed the Lexus hit his vehicle in the front right. The Lexus failed to stop and kept driving. Etiene started following the Lexus until they arrived at the Latitude Point Community, and I arrived.

I observed a black Toyota (FL: 10BXWM), which was what Etiene was driving, with fresh damage in the front right of the vehicle, which appeared that it was involved in a crash recently.

Based on the above facts, I called Deputy Barreras #36798 to assist me with a DUI investigation.

This is a supplement report.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S J. Ortiz # 35718
(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of September 20 23 by D/S J. Ortiz

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

D/S R. Barreras #36798
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SCANNED SEP 04 2023

PAGE 1 OF 1

DISTRIBUTION WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

PBSO #0004 REV. 04/22

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3rd DAY OF SEPTEMBER 20 23 , AT 00:15 ☒ AM ☐ PM

SUBJECT: Amoriello Joseph Donald CASE NUMBER: 23-106289

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S K. Barreras 36798

PERSONAL CONTACT

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

Upon my arrival, D/S J. Ortiz #35718 was already on scene and made contact with the driver, Joseph Amoriello. Please see supplemental PC.

OBSERVATION OF DRIVER:

Upon making contact with Mr. Amoriello, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area. Mr. Amoriello was sitting on the curb and appeared disoriented. Mr. Amoriello had Bloodshot, glassy, and watery eyes. His face was flushed and had droopy eyelids. Mr. Amoriello had difficulties standing up and was unsteady while walking to my patrol vehicle. Mr. Amoriello had slurred speech and difficulties following directions.

DRIVER'S STATEMENTS:

While on scene and Post Miranda, Mr.Amoriello advised he had a quarter of a pint of beer.

Mr. Amoriello refused to provide breath but after implied consent was read and explained, Mr. Amoriello advised he understood and consented to provide breath.

Mr. Amoriello consented to participate in the Q&A.

ODORS:

Odor of unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slurred and thick speech.

ATTITUDE: Polite, upset, mood swings, apologetic

CLOTHING: Disheveled clothing

MEDICAL/OTHER: Mr. Amoriello advised he had bad legs and a bad knee.

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S K. Barreras 36798
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3rd day of September 20 23 by D/S K. Barreras 36798

(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)

THOMASINA MILLER
Notary Public - State of Flori...
Commission # HH 339641
My Comm. Expires Dec 7, 2...
Bonded through National Nota...

SCANNED SEP 07 2023

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SUBJECT: Amoriello Joseph **CASE NUMBER** 23-106289

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:

Mr. Amoriello was swaying during the task in a side to side motion. Mr. Amoriello had to be reminded numerous times to track the stimulus with his eyes only. Mr. Amoriello did not keep head still.

WALK & TURN: REFUSED

Could not complete due to safety and medical related reasons.

ONE LEG STAND: REFUSED

Could not complete due to safety and medical related reasons.

FINGER TO NOSE:

I explained and demonstrated the instructions for the Finger to Nose Task to Mr. Amoriello, whom advised he understood. During the task, Mr. Amoriello was swaying in a side to side manner. Mr. Amoriello did not keep feet together, did not close eyes, and did not tilt head back. Mr. Amoriello did not touch the tip of nose with finger on 2 of 6 attempts. Mr. Amoriello did not immediately bring hand back to side. The sequence used in this task was L,R,L,R,R,L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the Romberg Alphabet Task to Mr. Amoriello , whom advised he understood. During the task, Mr. Amoriello was swaying in a side to side manner. Mr. Amoriello did not keep feet together, did not keep arms at sides, opened his eyes, did not keep his tilt head back, and stopped early (at Y.) Mr. Amoriello did not recite alphabet in correct manner. Mr. Amoriello recited the alphabet as follows: correctly to (U) then stated (Q,R,S,T,U,V,W,X,Y.)

BREATH TEST RESULTS: 1) .238 | 2) .234 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S K. Barreras 36798
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3rd day of September 20 23 by D/S K. Barreras 36798

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

Thomasina Miller

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

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 339641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

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TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: AMORIELLO, JOSEPH .D.

CASE NUMBER: 23-106289

DATE: Sep 3, 2023

VIDEO DVD NUMBER:

BEGINNING TIME: 02:12

ENDING TIME: 02:35

BREATH TESTS RESULTS: 1) .238 TIME 02:21 A.M. ☒ P.M. ☐ 2) .234 TIME .234 A.M. ☒ P.M. ☐

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

BREATH OPERATOR: T. MILLER #41017

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM

CLOTHING: GREEN SHIRT, KHAKI SHORTS, NO SHOES

MEDICAL CONDITIONS: SPINE ,SHOULDER, ELBOW PROBLEMS

MEDICATIONS: NONE

OTHER:

EYES: RED AND GLASSY
DEXTERITY: UNSTEADY

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:45 HRS.

SUBJECT: REFUSED TO TAKE TEST.

A/O: READ I/C.
SUBJECT: STATED HE UNDERSTOOD I/C AND AGREED TO TAKE TEST.

A/O: READ RIGHTS.
SUBJECT: STATED HE UNDERSTOOD RIGHTS.

TECH: READ TEST RESULTS.
SUBJECT: STATED HE UNDERSTOOD TEST RESULTS.

A/O: CONDUCTED Q & A.
SUBJECT: ANSWERED QUESTIONS.

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SCANNED
SEP 04 2023

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)_____

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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 CO SO
Instrument Serial Number: 80-006029 Software: 8100.27
Date of Test: 09/03/2023

Date of Last Agency Inspection: 08/11/2023
Observation Period Began: 01:45
Subject's Name: JOSEPH D AMORIELLO DOB: 02/16/1975 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	02:18
Air Blank	0.000	02:19
Control Test	0.079	02:19
Air Blank	0.000	02:20
Subject Sample #1	0.238	02:21
Air Blank	0.000	02:21
Air Blank	0.000	02:23
Subject Sample #2	0.234	02:24
Air Blank	0.000	02:24
Control Test	0.077	02:25
Air Blank	0.000	02:25
Diagnostics Check	OK	02:25

Cylinder Lot: 15922080A3
Exp: 08/05/2024

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 THOMASINA E MILLER, 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: Thomasina Miller Date: 09/03/23
Signature

Sworn to (or affirmed) before me this 03 day of September, 2023

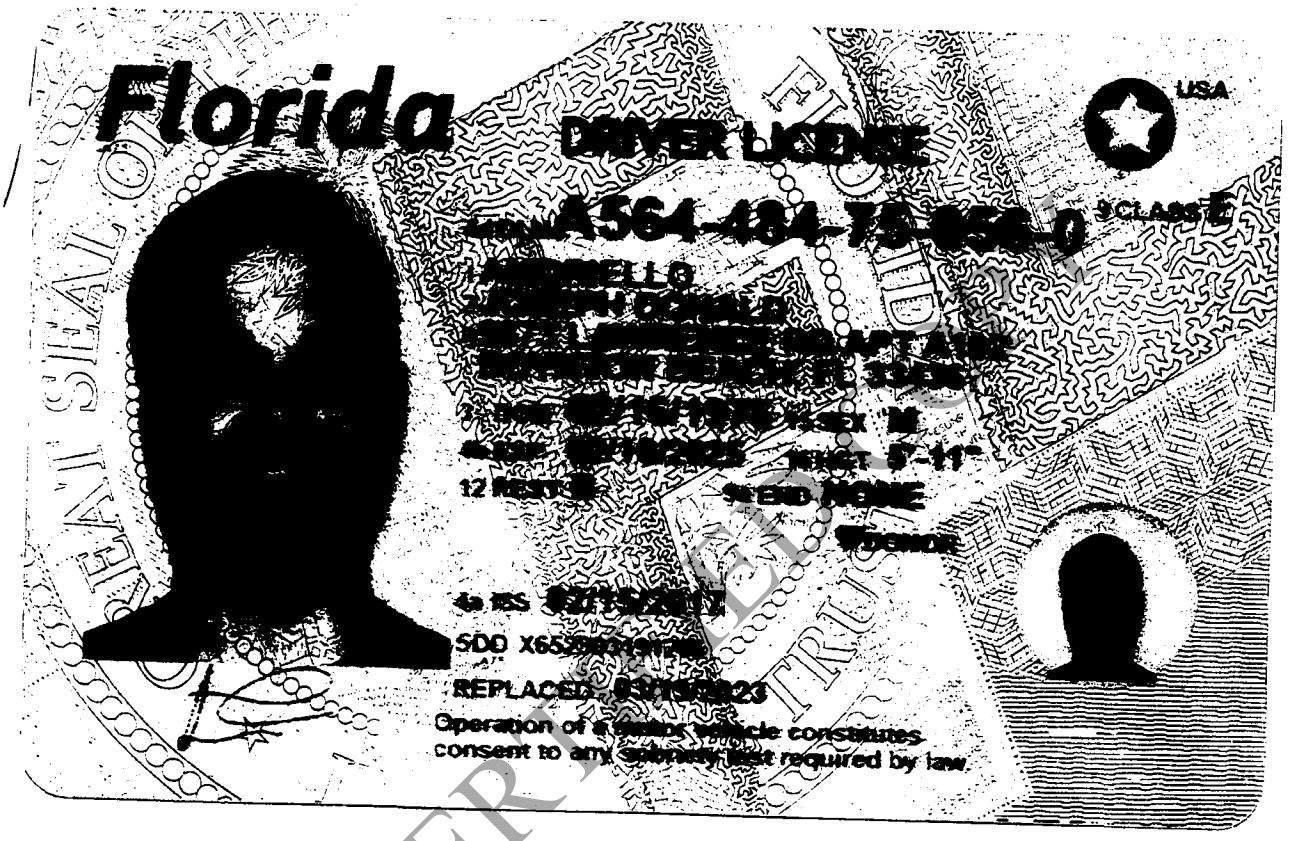
Signature of Notary Public-State of Florida

D/S K. Barreras
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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WITNESS LIST

CASE NUMBER: 23-106289

ARRESTING OFFICER: D/S K. BARRERAS #36798

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

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

CAN TESTIFY TO: SFSTs, ARREST

NAME: D/S J. ORTIZ #35718

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

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

CAN TESTIFY TO: CRASH, WHEEL WITNESS, BACK-UP

NAME: EDDY ETTIENNE

ADDRESS 202 NW 5TH AVE DELRAY BEACH FL 33444

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)

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CAN TESTIFY TO:

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ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

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SEP 04

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	☒	316.650(b)	Other: Driver information contained in a uniform traffic citation	12
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023023158	**Date:** 9/4/2023
	Specialist Name/ID: T.Howard/7185