25CT455ASB 0487882 P# 2183

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.'s only): 3 2 2025-000385

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): 1300 CLINT MOORE RD, BOCA RATON, FL 33487
Location of Offense (Business Name, Address): 1300 CLINT MOORE RD, BOCA RATON, FL 33487

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/10/2025	01:15	01/10/2025	01:35	01/10/2025	01:35	GUARDIAN TOWING

DEFENDANT

Name (Last, First, Middle): DE SIMONE, MARK ANTHONY
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	11/15/1955	5'08	155	BLUE	GRAY	LIGHT	Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):
Marital Status: S
Religion: NONE
Indication of Alcohol Influence / Drug Influence: ☒ Yes ☐ No ☐ Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): 4882 N CITATION DR #105, DELRAY BEACH, FL 33445
Phone: (561) 901-1675
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 4882 N CITATION DR #105, DELRAY BEACH, FL 33445
Phone: (561) 901-1675
Address Source: DEFENDANT

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

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
D255541554150 / FL	[redacted]		ERIE., PA, United	US

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian
Name (Last, First, Middle)
Residence Phone
Address (Street, Apt. Number) (City) (State) (Zip)
Business Phone
NO BOND open CASES
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 K. Disperses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other
Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

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: WISECARVER
Released By:
Released To: TOT CJ

Transported By: J. Smith 882
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: 02/10/2025 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

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

No Photo Available

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Issuing Deputy I.D. # Pouch #

Signature of Arresting Officer 905
Name of Arresting Officer (Print): WISECARVER, M. C. I.D. # 905
Transporting Officer I.D. # Agency: BRPD

Name Verification (Printed by Arrestee) (PRINT)
RECEIVED PBSO GUN CLUB JAN 10 AM 7:52
Witness here if subject signed with an "X".

PAGE 1 OF 1

SMITH 882

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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 | 2025-000385

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
DE SIMONE, MARK ANTHONY		W	M	11/15/1955

CHARGES

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

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA,	U	U	

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
100 NW 2ND AVE, BOCA RATON, FL 33432	(561) 338-1234	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	(561) 338-1234	

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 committ the below acts.

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

On the 10 day of January, 2025 at 01:15 (Specifically include facts constituting cause for arrest.)

On 01/10/2025, at approximately 0050 hours, Officer Casas and I were conducting stationary traffic enforcement in the area of 1200 Clint Moore Rd. We were stopped facing eastbound in the median and were observing approaching westbound traffic. While observing approaching westbound traffic, Ofc. Casas observed a white Range Rover traveling at a high rate of speed in the outside (right) lane. He estimated the speed of the Range Rover to be 75mph in a 40mph zone. Ofc. Casas then activated the front antenna on his Kustom Raptor RP-1 radar device (SN: RP4140) which was set to the stationary opposite direction mode and obtained a speed reading for the Range Rover of 75mph coupled with a high audible doppler tone. Ofc. Casas then relayed that information to me.

Once the Range Rover drove past us, I made a U-turn and positioned the marked BRPD vehicle (623) behind the Range Rover as it continued westbound on Clint Moore Rd. At this time, we observed that the Range Rover was bearing FL tag L7BFQ. I initiated a traffic stop on the Range Rover by activating the emergency lights and sirens in the area of 1300 Clint Moore Rd while the Range Rover was stopped at a red light at the intersection of Clint Moore Rd and W Rogers Cir. It should be noted that the vehicle was stopped past the stopped bar and partially in the crosswalk at the intersection.

I approached the vehicle and observed a white male, later identified via FL DL, as Mark De Simone, as the sole occupant operating the vehicle. When asked for his driver's license, De Simone provided me a bank card. I asked him where he was coming from, and he said he was coming from a cigar bar. Per De Simone, he had two glasses of white wine this evening approximately an hour prior to our interaction. De Simone had the odor of alcohol on his breath. Based on De Simone's actions and my observations, I suspected De Simone may have been operating a vehicle while impaired by alcohol and/or chemical or controlled substances. I then asked if he would be willing to participate in Standardized Field Sobriety Exercises to dispel my suspicion that he was driving while

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

MELGAR, DANIEL JOSEPH
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/10/2025
DATE

905
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WISECARVER, MATTHEW COLE (905)
NAME OF OFFICER (PLEASE PRINT)

01/10/2025
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 Capias

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2025-000385

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
DE SIMONE, MARK ANTHONY		W	M	11/15/1955

PROBABLE CAUSE STATEMENT

impaired, and he agreed.

The first exercise was the Horizontal Gaze Nystagmus. While administering the instructions, De Simone was swaying back and forth without the ability to maintain normal balance. When the instructions were administered, I asked if he understood, and he said yes. I first verified that De Simone`s eyes had equal pupil size and no resting nystagmus. De Simone displayed lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and onset of nystagmus prior to 45 degrees in both eyes. He also displayed vertical nystagmus. It should be noted that I had to remind De Simone multiple times throughout the exercise to not move his head. I asked if he needed me to repeat the instructions and he said no, he understood. However, De Simone continued to move his head throughout the exercise.

The second exercise was the Walk and Turn. I administered the instructions and demonstrated the exercise to De Simone. He attempted to begin the exercise multiple times prior to my completion of the instructions. When asked if he understood the instructions, he said yes. De Simone was unable to maintain his balance throughout the instructional phase, stepping off the line multiple times. While taking his steps, De Simone missed heel-to-toe steps, stepped off the line, stopped while walking, made an improper turn and did not count outloud as instructed.

The third exercise was the One Leg Stand. De Simone was provided with the instructions and asked if he understood, he said yes. When instructed to begin, he did not count out loud and put his foot down multiple times. He used his arms for balance and swayed back and forth.

The fourth exercise was the Finger to Nose. De Simone was given the instructions, and asked if he understood and he said he did not understand, despite being told several times. After further clarification, De Simone ultimately stated he understood. De Simone searched for the tip of his nose of several occasions, kept his finger on his nose ever time, and consistently opened his eyes during the exercise.

The final exercise was the Romberg Balance exercise. De Simone was provided the instructions and when asked if he understood, he said yes. De Simone opened his eyes, confused after 64 seconds elapsed. He said that he understood he was supposed to notify me when 30 seconds passed, and Ofc. Casas asked if he made it there yet, and he said he got to 45 seconds and was waiting for more instructions.

Based on my investigation, and the totality of circumstances, I found probable cause to believe that De Simone was operating a motor vehicle in the state of Florida while impaired by alcohol and/or chemical or controlled substances. De Simone was placed under arrest for DUI per F.S.S 316.193(1A). De Simone was transported to BRPD booking for post arrest processing and administration of a breath test. Ofc. Madotta (Breath Test

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

MELGAR, DANIEL JOSEPH
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/10/2025
DATE

905
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WISECARVER, MATTHEW COLE (905)
NAME OF OFFICER (PLEASE PRINT)

01/10/2025
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 Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2025-000385

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
DE SIMONE, MARK ANTHONY		W	M	11/15/1955

PROBABLE CAUSE STATEMENT

Operator) responded to BRPD booking and assisted with BAT procedures. De Simone was asked to provide a sample of his breath for the purpose of determining the alcohol content and he provided two valid breath samples of 0.124 and 0.117. I then began to inform De Simone of his constitutional warnings (Miranda), and he stated that he would speak to me. De Simone answered the questions contained in the DUI Influence Report, see report for further. De Simone was transported to Palm Beach County Jail and turned over to PBSO. De Simone`s vehicle was towed from the scene by Guardian Towing.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

MELGAR, DANIEL JOSEPH
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/10/2025
DATE

905
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WISECARVER, MATTHEW COLE (905)
NAME OF OFFICER (PLEASE PRINT)

01/10/2025
DATE

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

2025-000385
10-15- 0115 Am
OBS - 1:38Am

D255541-554150
Mark Anthony De Simone
11/15/1955

DUI INFLUENCE REPORT

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

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2025-000385

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday (day), January (month), 10 (date), 2025 (year).

B. The time is now approximately 210 AM/PM.

C. The following is in reference to case number 2025-000385.

D. Present at this time is Ofc Wisecarver (Officer's Name) of the Boca Raton Police Department.

E. Officer Wise Carver, have you arrested Mark DeSimone (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. De Simone, 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 _____ of the _____.

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: _____

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

JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.
Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)

(2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)

(3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)

(4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)

(5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)

(6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)

(7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)

(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

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BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Mark DeSimone

CASE #: 2025-000385 DATE: 1/10/25

BREATH TEST RESULTS

1) TIME 1124 02:18 (AM)/PM 2) TIME 0117 02:21 AM/(PM)

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: L. Madotta

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITION:

OTHER:

COMMENTS:

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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: On Camera Date: 1/10/25 Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? No

Where were you going? Home

What street or highway were you on? Yamato or Clint Moore

Direction of travel? West

Where did you start driving from? Palmetto + Federal

What city (county) were you stopped in? Boca or Delray

What time did you start? I dont know AM/PM What time is it now? I dont know

What is today's date? 1/9/25 What day of the week is it? Thursday

When did you last eat? 2days ago What did you eat? Oatmeal

What have you been doing the past three hours prior to this stop/accident? Cards

How much do you weigh? 150 Have you been drinking? Yes What were you drinking? Yes

How much? 2 Where? Eddie V's/Strikes Cigar lounge With whom were you drinking? Friends

When did you have your first drink? 2130 AM/PM When did you stop drinking? 2300 AM/PM

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How did you consume your last two drinks? Slowly

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? Retired

When did you last work? Still work

Do you have any physical defects or injuries? ☐ Yes ☒ No If yes, explain:

_____

Are you sick or injured? ☒ Yes ☐ No If yes, explain:

Cold the last 3 weeks

Do you limp? ☐ Yes ☒ No Did you get a bump on the head? ☐ Yes ☒ No

Were you in an accident today? No

Have you taken any drugs or smoked marijuana today? No

What? ✓ When? ✓

Have you seen a doctor or dentist today? ☐ Yes ☒ No Who? _____

Are you taking any prescription medications? ☒ Yes ☐ No What? Steroid Codine Cough When? 1400 hours

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? No

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? ~~[illegible]~~ PA 30 years ago

I am now ending this video recording. The time is now approximately 0230 (AM)/PM.

The date is Jan (month), 10 (day), 2025 (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: 01/10/2025

Date of Last Agency Inspection: 12/12/2024
Observation Period Began: 01:38
Subject's Name: MARK A DESIMONE DOB: 11/15/1955 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	02:14
Air Blank	0.000	02:15
Control Test	0.079	02:15
Air Blank	0.000	02:15
Subject Sample #1	0.124	02:18
Air Blank	0.000	02:19
Air Blank	0.000	02:21
Subject Sample #2	0.117	02:21
Air Blank	0.000	02:22
Control Test	0.076	02:22
Air Blank	0.000	02:23
Diagnostics Check	OK	02:23

Cylinder Lot: 08223080A3
Exp: 06/05/2025

State of Florida, County of Palm Beach,

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

I LIONEL A MADOTTA, 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: 1/10/25
Signature

Sworn to (or affirmed) before me this 10 day of 01, 2025

_____ _____
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	
	☐	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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REVIEW COMPLETED BY

Booking Number: 2025000894	**Date:** 1/10/2025
	Specialist Name/ID#: Joe Kovach 44820