2023 CT - 1867 ASD

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	Agency Name	Agency Report Number (N.T.A.'s only)
	0500200	Boca Raton Police Department	3 | 2 | 2023-001457

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)	Location of Offense (Business Name, Address)
, 4000 N FEDERAL HWY, BOCA RATON, FL 33431	4000 N FEDERAL HWY, BOCA RATON, FL 33431

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/30/2023	22:08	01/30/2023	22:18	01/30/2023	23:26	WESTWAY

DEFENDANT

Name (Last, First, Middle): BRIDGES, MATTHEW LOUIS Alias:

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	10/28/1979	6'00	220	BROWN	BROWN	MEDIUM	L

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): None

Marital Status: M

Religion:

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number): 320 SE 11TH AVE 111, POMPANO BEACH, FL 33060 (City) (State) (Zip) Phone

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

Permanent Address (Street, Apt. Number): 320 SE 11TH AVE 111, POMPANO BEACH, FL 33060 (City) (State) (Zip) Phone

Address Source:

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
B632552793880 /	[redacted]		PLANTATION, FL	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

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth ☐ 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 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/Derv. 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	Released By	Released To
868	868	PBCJ

Transported By	Date Transported	Time Transported	Other
868	01/30/2023	23:26	

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: 03/06/2023 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

No Photo Available

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

ADMIN

HOLD for Other Agency: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer:

Name of Arresting Officer (Print): WILLIAMS, D. I.D. # 868

Name Verification (Printed by Arrestee) (PRINT):

Intake Deputy I.D. # Pouch #

Transporting Officer: WILLIAMS,DAVID I.D. # 868 Agency: BOCA

Witness here if subject signs and refuses:

SCANNED JAN 31 2023

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.D. ☐ DEFENDANT

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PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number		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 | 2023-001457		

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
BRIDGES, MATTHEW LOUIS		W	M	10/28/1979

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,		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) -	

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.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ 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 30 day of January, 2023 at 22:08 (Specifically include facts constituting cause for arrest.)

MVR Available

On 1/30/2023, at approximately 2154 hours, I was dispatched as a backup to a traffic stop located at 1830 N Federal highway. Upon arrival officer Jalil explained to me he stopped the vehicle for speeding and failing to maintain the lane. Officer Jalil additionally expressed his concern that the driver may be intoxicated due to his behavior. I walked up to the driver who was identified by his FL DL as Matthew Bridges. As soon as I approached the driver`s side window, I was immediately presented with the overwhelming odor of alcohol. I additionally observed his eyes to be bloodshot and watery. I asked Matthew where he was coming from prior to the stop, and he advised "Spanish River" when I asked where on Spanish river, he appeared confused. I then asked what his home address was and again he was unable to provide his full address despite claiming to have lived there for three years. In speaking with Matthew, I observed his speech to be extremely slow and slurred. Matthew struggled to answer even the simplest of questions and every time he spoke, I could smell the odor of alcohol emanating from his breath. I asked Matthew if he had consumed any alcohol to which he replied "a couple of drinks at 4".

Based upon the numerous indicators of intoxication I requested Matthew participate in Field Sobriety Exercises (FSEs). Matthew stated he was not willing to participate in FSEs because he did not want to provide me with any more proof of his intoxication. I explained to Matthew that his refusal to participate can be used against him in court and that I would be forced to make an arrest decision based on my observation up to this point. Matthew became irate and stated multiple times he would not do FSEs because he didn`t want to give me any more evidence.

Due to the totality of the circumstances and my training/experience, I felt the defendant is too impaired to operate a motor vehicle safely. The defendant was placed

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VAN CAMP, JEFFERY ALAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/30/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

01/30/2023
DATE

SCANNED
JAN 31 2023

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 | 2023-001457

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
BRIDGES, MATTHEW LOUIS		W	M	10/28/1979

PROBABLE CAUSE STATEMENT

under arrest at 2208 hours, for driving under the influence. Matthew was placed in handcuffs that were checked for tightness and double-locked.

The vehicle was towed by Westway towing. The tow log was completed and submitted by Officer Jalil.

Matthew was transported to the BRPD DUI room. I conducted the 20-minute observation period which began at 2221 hours after checking Matthew`s mouth for any foreign objects/liquids. I operated the Intoxilyzer. Reference Intoxilyzer 8000 S#80-006622 results were (.237/.229)

Matthew was transported to Palm Beach County Jail.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

VAN CAMP, JEFFERY ALAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/30/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WILLIAMS, DAVID (868)
NAME OF OFFICER (PLEASE PRINT)

01/30/2023
DATE

SCANNED
JAN 31 2023

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

Ob ~~1021~~ 2221

23-1457

XIS 2208

DUI INFLUENCE REPORT

1049

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

SCANNED
JAN 31 2023

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

On the 30th day of January, at 2208 AM/PM

Subject: Matthew Bridge Case Number: 23-1457

PERSONAL CONTACT

Driving Pattern: CPL

Observation of Driver: CPL

Driver's Statement: CPL

Odors:

GENERAL OBSERVATIONS

Speech:

Attitude:

Clothing: CPL

Medical Problems:

Medications:

Other:

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JAN 31 2023

Horizontal Gaze Nystagmus:

☐ Left eye does not follow smoothly
☐ Left eye jerks at 45 degrees angle or less
☐ Distinct jerking left eye maximum deviation
☐ Right eye does not follow smoothly
☐ Right eye jerks at 45 degrees angle or less
☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

CCC

Can not do, Why? _____

One leg stand: _____

CCC

Can not do, Why? _____

Finger to nose: _____

CCC

Can not do, Why? _____

Alphabet (speech pattern): CCC

Can not do, Why? _____

Breath/Blood test results: .237/.229

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 1/30/23 (date) by Ofc Galarza

Notary/Clerk of Court/ Officer (FSS 117.10) — Date 1/30/23

Signature of Arresting Officer — Name of Officer (print) David Galarza

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SCANNED
JAN 31 2023

ARRESTING OFFICER: David Williams

Name: Jail Phone # _____ Work # _____

Address: _____

Can testify to: Stop

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: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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SCANNED
JAN 31 2023

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2023-001457

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Monday (day), January (month), 30th (date), 2023 (year).

B. The time is now approximately 22:43 AM/PM.

C. The following is in reference to case number 23-1457.

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

E. Officer Williams, have you arrested Matthew Bridges (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. Bridges, 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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SCANNED
JAN 31 2023

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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SCANNED
JAN 31 2023

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:

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.)

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.)

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.)

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.)

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.)

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.)

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.)

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

ned: _____ Date: _____ Time: _____

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SCANNED
JAN 31 2023

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Matthew Bridges

CASE #: 23-1157 DATE: 1/30/23

BREATH TEST RESULTS

1) TIME _____ AM/PM 2) TIME _____ AM/PM

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

BREATH OPERATOR: Williams 864

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

_____

COMMENTS: _____

_____

_____

_____

_____

_____

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SCANNED
JAN 31 2023

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: _____ 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? _____ 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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JAN 31 2023

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 1955 AM/PM.

The date is January (month), 30 (day), 2023 (year)

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SCANNED
JAN 31 2023

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: 01/30/2023

Date of Last Agency Inspection: 01/16/2023
Observation Period Began: 22:21
Subject's Name: MATTHEW L BRIDGES DOB: 10/28/1979 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	22:47
Air Blank	0.000	22:47
Control Test	0.079	22:48
Air Blank	0.000	22:48
Subject Sample #1	0.237	22:49
Air Blank	0.000	22:50
Air Blank	0.000	22:51
Subject Sample #2	0.229	22:52
Air Blank	0.000	22:53
Control Test	0.079	22:53
Air Blank	0.000	22:54
Diagnostics Check	OK	22:54

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

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 DAVID R WILLIAMS, 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: 1/30/23
Signature

Sworn to (or affirmed) before me this 30 day of January, 2023

_____ Alex Galarza-53
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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SCANNED
JAN 31 2023