0537434 23 CT-832 ASB 751

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 2023-000675

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): 141 NW 20TH ST BOCA RATON, 141 NW 20TH ST, BOCA RATON,
Location of Offense (Business Name, Address): 141 NW 20TH ST, BOCA RATON, FL 33431

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/14/2023	03:01	01/14/2023	03:11	01/14/2023	03:50	EMERALD

DEFENDANT

Name (Last, First, Middle): ASHTON, MORGAN
Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	03/16/1998	5'03	117	HAZEL	BROWN	LIGHT	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATT L HIP / ROSE; TATT U HIP / SUN; SCAR R ANKLE / ACL
Marital Status: S
Religion: NONE
Indication of: Alcohol Influence: Yes / No / Unk. Drug Influence:

Local Address (Street, Apt. Number) (City) (State) (Zip): 3335 W 130TH ST, CLEVELAND, OH 44111
Phone: (216) 513-7756
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 4

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 3335 W 130TH ST, CLEVELAND, OH 44111
Phone: (216) 513-7756
Address Source: DEFENDANT

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

D/L Number, State: UF748327 / OH
[redacted]
INS Number:
Place of Birth (City, State): CLEVELAND, OH,
Citizenship: 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:

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. 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 #
DUI	316.193(1)(A) DM	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
Y	N	/	23-675	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: NONE

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By: BAGWELL
Released By:
Released To: CJ

Transported By:
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: 02/06/2023 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.

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

No Photo Available

ADMIN

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

Signature of Arresting Officer: [signature] 874
Name of Arresting Officer (Print): BAGWELL, K. L. I.D. # 874

Name Verification (Printed by Arrestee) (PRINT)

Intake Officer: I.D. # 7464 Pouch #
Transporting Officer: MCQuiston I.D. # 785 Agency: BRPD

Witness here if subject signed with an "X".

PAGE 1 OF 1

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SCANNED JAN 15 2023

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 | 2023-000675

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
ASHTON, MORGAN		W	F	03/16/1998

CHARGES

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

VICTIM

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

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.

☐ 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 14 day of January, 2023 at 03:01 (Specifically include facts constituting cause for arrest.)

MVR utilized.

On 01/14/2023, at approximately 0226 hours, I responded to 141 NW 20th Street, Boca Raton, Florida, in reference to a driver and passenger passed out in a vehicle.

BRPD dispatch advised that there was a dark colored sedan with a driver and a passenger inside who were passed out.

Upon arrival, I activated my vehicle emergency lights and sirens when I observed the vehicle which was idling in the middle of a lane in a shopping plaza. The vehicle was a 2023 black Hyundai Elantra bearing FL tag AF85NU. My purpose for activating my lights and sirens was to initiate a welfare check on the two unconscious occupants inside of the vehicle. The driver proceeded to place the car into drive and slowly move forward, driving northbound in the plaza. I activated my sirens again and the driver stopped the vehicle in the furthest westside of the parking lot. As I approached the vehicle, W/F, Morgan Ashton, was sitting in the driver`s seat with the car turned on. There was one male passenger who was later identified as W/M, Michael Barbone.

I asked the driver, Morgan Ashton, if she was okay because we received a call that she was passed out behind the wheel. Morgan advised that she had just fallen asleep behind the wheel of her car because she was exhausted. Morgan advised that she was completing a DoorDash order from Taco Bell. Morgan lit a cigarette during the conversation and was acting erratic. Morgan had slurred speech and she was acting like she might be under the influence of alcohol or narcotics. I observed Morgan`s eyes and they appeared to be glossy. Morgan placed her car in park and turned her vehicle off at my request.

Morgan was asked to step out of the vehicle. I asked Morgan if she had anything to drink tonight and she stated that she had one tall boy Twisted Tea. Morgan also advised that

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

PATTERSON, MARC P
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/14/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BAGWELL, KIRBY LYNN (874)
NAME OF OFFICER (PLEASE PRINT)

01/14/2023
DATE

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

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SCANNED
JAN 15 2023

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 | 2023-000675

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
ASHTON, MORGAN		W	F	03/16/1998

PROBABLE CAUSE STATEMENT

she has a history with drugs. She admitted to smoking fentanyl before driving her vehicle. Morgan stated that she did not mean to fall asleep behind the wheel, she advised she was just really tired. Morgan advised that she got out of a detox center around 2000 hours on 01/13/2023. She stated that the detox center gave her Gabapentin and Ativan which she ingested.

After setting up my in-car camera, I asked Morgan to walk to the front of my vehicle. Morgan was walking slowly. She appeared to be unsteady on her feet. I explained the standard roadside sobriety tasks to Morgan and asked if she could perform them for me. She stated she would. Morgan stated that she had knee surgery on her right knee and that she currently takes the medications Gabapentin and Ativan.

The first task was the horizontal gaze nystagmus. Morgan was swaying side to side while standing. There was a lack of smooth pursuit in each eye. There was distinct and sustained nystagmus at maximum deviation in each eye. Onset of nystagmus prior to 45 degrees in each eye.

The second task was the walk and turn. She left the starting position before she was told to begin the task. She was using her arms for balance, and she was swaying as the instructions were read to her. She stepped off of the line multiple times. He did not touch heel to toe on each step. She improperly performed the turn.

The third task was the one leg stand. She advised that she had surgery on her right knee within the past year. She advised she would stand on her left foot to alleviate any issues with balance. It should be noted when performing the task, she chose to stand on her right leg. She was swaying. She dropped her foot during the task. When she continued, she had left off on 1012 and she continued at 1014. She stumbled as well.

The fourth task was the Romberg Alphabet. She swayed during the exercise but otherwise she was able to recite the alphabet.

The fifth task was the finger to nose (L-R-L-R-R-L). She had difficulty touching her nose on multiple attempts. She kept her finger on her nose which she was reminded multiple times to bring it back down.

The sixth task was an estimation of the passage of 30 seconds. She was swaying back and forth. She estimated at thirty-four seconds.

Based on my DUI investigation, I placed Morgan Ashton under arrest in violation of FSS 316.193(1) DUI.

Officer Coon conducted The Intoxilyzer 8000 testing. She provided the breath samples of .000 and .000. Morgan provided a urine sample.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

PATTERSON, MARC P
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/14/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BAGWELL, KIRBY LYNN (874)
NAME OF OFFICER (PLEASE PRINT)

01/14/2023
DATE

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

SCANNED
JAN 15 2023

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 | 2023-000675

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
ASHTON, MORGAN		W	F	03/16/1998

PROBABLE CAUSE STATEMENT

Morgan was transported to Palm Beach County Jail.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

PATTERSON, MARC P MP 6/14
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/14/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BAGWELL, KIRBY LYNN (874)
NAME OF OFFICER (PLEASE PRINT)

01/14/2023
DATE

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

SCANNED
JAN 15 2023

2023000675

ASHTON, MORGAN

0355

0301

DUI INFLUENCE REPORT

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

SCANNED
JAN 15 2023

ARRESTING OFFICER: Ofc Bagwell IDH 874

Name: Ofc Bagwell Phone # 561-368-6201 Work # _____

Address: 100 No 2nd Ave, Boca Raton FL 33432

Can testify to: DUI INVESTIGATION

Name: Ofc Arias Phone # 561-368-6201 Work # _____

Address: 100 No 2nd Ave, Boca Raton FL, 33432

Can testify to: SCENE SAFETY

Name: Ofc Gonzalez Phone # 561-368-6201 Work # _____

Address: 100 No 2nd Ave Boca Raton FL / 33432

Can testify to: SCENE SAFETY

Name: Ofc Coon Phone # 561-368-6201 Work # _____

Address: 100 No 2nd Ave Boca Raton FL, 33432

Can testify to: 10-32 / SCENE SAFETY

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 15 2023

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2023-000675

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is SATURDAY (day), JANUARY (month), 14 (date), 2023 (year).

B. The time is now approximately 0444 AM/PM.

C. The following is in reference to case number 2023-675.

D. Present at this time is OFFICER BAGWELL AND OFC. COON (Officer's Name) of the Boca Raton Police Department.

E. Officer BAGWELL, have you arrested MORGAN ASHTON (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. ASHTON, 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 15 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 OFC. BAGWELL of the BOLARAMA PD.

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: SEE VIDEO

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. ASHTON has refused to submit to a breath test.

The date is JANUARY 14, 2023, and the time is _____ AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.

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JAN 15 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?

gned: _____ Date: _____ Time: _____

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SCANNED
JAN 15 2023

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: ASHTON, MORGAN

CASE #: 2023-000675 DATE: 1/14/23

BREATH TEST RESULTS

1) TIME 0449 (A)/PM 2) TIME 0452 (A)/PM

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

BREATH OPERATOR: McCoon #494

MAINTENANCE TECHNICIAN: OFF. CRAWFORD

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, SLOW, JUMBLED

ATTITUDE: FALLING ASLEEP, ARGUMENTATIVE

CLOTHING: BLACK SHIRT, RED SHIRT, BLK LEGGINGS

MEDICAL CONDITION: DEPRESSION,

OTHER: GABAPENTIN, ADDERALL TOOK TODAY TOOK FENTINAL

COMMENTS:

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SCANNED
JAN 15 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: SEE VIDEO 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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SCANNED
JAN 15 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 0457 AM/PM.

The date is JANUARY (month) . 14 (day) . 2023 (year).

NOT A CERTIFIED COPY

SCANNED
JAN 15 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: 01/14/2023

Date of Last Agency Inspection: 12/15/2022
Observation Period Began: 03:55
Subject's Name: MORGAN C ASHTON DOB: 03/16/1998 Sex: F

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	04:47
Air Blank	0.000	04:47
Control Test	0.078	04:48
Air Blank	0.000	04:48
Subject Sample #1	0.000	04:49
Air Blank	0.000	04:49
Air Blank	0.000	04:51
Subject Sample #2	0.000	04:52
Air Blank	0.000	04:53
Control Test	0.079	04:53
Air Blank	0.000	04:54
Diagnostics Check	OK	04:54

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 FLDL as identification, and who after being placed under oath, states:

I REBECCA L COOU, 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: #7044 Date: 1/14/23
Signature

Sworn to (or affirmed) before me this 14 day of JANUARY, 2023

Signature of Notary Public-State of Florida

OFC. BAGWELL
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 15 2023