☐ Marsy's Law CVI FL. Const. Art.1 § 16(b)

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

☐ Check if Supplement is Attached
1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

1 | Juvenile: N

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FL0 5 0 1 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 0 6 - 24-075525

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:

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): South Jog Road/ Pine Ave Lake Worth, Florida 33467

Location of Offense (Business Name, Address): South Jog Road/ Pine Ave Lake Worth, Florida 33467

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/27/24	0144					

DEFENDANT

Name (Last, First, Middle): Dagher Ramzi Jean

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	01/01/1979	5-08	150	BROWN	BROWN	FAIR	SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): tattoo on back, tribal eagle

Marital Status: Married | Religion:

Indication of: Alcohol Influence Y ☐ N ☐ Unk ☐ / Drug Influence Y ☐ N ☐ Unk ☐

Local Address (Street, Apt. Number): 6544 Stonehurst Circle (City): Lake Worth, Florida 33467 (State): (Zip):

Mobile Phone: 561-665-0007

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

Permanent Address (Street, Apt. Number): same as above (City): (State): (Zip):

Phone:

Address Source: FL DL

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

Phone:

Occupation: sales manager

D/L Number, State: D260-730-79-001-0, FL

Soc. Sec. Number: [redacted]

INS Number:

Place of Birth (City, State): Beirut, Lebanon

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
				☐ 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 #	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
DUI	1	☐ Y ☒ N	316.193(1A)		N	N	.042/ .041/ Urine Pend	24-075525		
		☐ Y ☐ N								
		☐ Y ☐ N								
		☐ Y ☐ N								

NOTICE TO APPEAR

Location (Court, Room Number, Address): Criminal Justice Complex - 3228 Gun Club Road, West Palm Beach FL. 33406

Court Date and Time: Month July Day 25th Year 2024 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 WILFULLY 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: 06/27/24

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:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy: I.D. # Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): K. Noel I.D. # 7660

Transporting Officer: K. Noel I.D. # 7660 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT):

Witness here if subject signed with an "X"

PAGE 1 OF

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

FILED PBC - GUN CLUB
JUN 20 AM 8:14

SCANNED
JUN 28 2024

JUN 27 AM 5:40

NOT A CERTIFIED COPY

0556434

564

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27th DAY OF June 20 24 , AT 0120 ☒ AM ☐ PM

SUBJECT: Dagher Ramzi Jean CASE NUMBER: 24-075525

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: K. Noel 7660

PERSONAL CONTACT

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

I was stopped at the intersection of Lake Worth Road an South Military Trail facing northbound at the traffic light. This area is located in unincorporated Lake Worth, Florida, Palm Beach County. While stopped at the light, I observed a dark SUV type vehicle make a quick and sharp turn westbound onto Lake Worth Road from the southbound lanes of South Military Trail, catching my attention. I therefore caught up to the vehicle now traveling along the inside lane of travel on Lake Worth Road traveling westbound. I observed the vehicle weave occasionally and noticeably within the lane occasionally making hard corrections to get back in the lane. I further began pace clocking the vehicle at approximately 49 MPH in a posted 40 MPH zone via my in car mounted Stalker DSR 2X front antenna radar, which is currently certified and properly calibrated along Lake Worth Road passing through Haverhill Road and eventually to the intersection of South Jog Road. I observed a FL tag of "DAGHERR" attached to a dark Merc EQE350 as we approached the intersection of South Jog Road. The vehicle came to a stop past the crossing bar and onto the crosswalk as we waited for the green arrow to now travel southbound on South Jog Road from Lake Worth Road. I continued to follow the vehicle southbound as we approached a law enforcement vehicle on the outside lane of travel; emergency lights activated and on a traffic stop. I observed the Merc continue traveling southbound passing the marked PBSO vehicle with emergency lights activated; failing to slow 20 miles under the posted speed limit of 40 MPH or change lanes. I then initiated a traffic stop on this vehicle as we passed the intersection of Pine Avenue.

OBSERVATION OF DRIVER:

I approached the driver and observed a white male driver and sole occupant wearing a long sleeve button up shirt with gray slacks and dress shoes. I immediately observed an obvious odor of an unknown alcoholic beverage coming from the interior of the vehicle; drivers eyes were glassy and glossy; eyelids were droopy as well as the driver appeared to be slightly drowsy. I introduced myself and began explaining the reasoning for the stop, as mentioned above. I asked the driver if he had consumed any alcohol, [redacted]. The driver provided a FL DL to identify him as the above listed and was also the registered owner of the above vehicle. As the driver spoke, I observed the driver to have an accent; not necessarily any slurring but rather a low tone.

DRIVER'S STATEMENTS:

[redacted] While being transported to the BAT, the driver spontaneously stated [redacted] " Post Miranda, on a scale of one to ten, [redacted]. The driver denied taking any medication(s) only Tylenol and or Asprin.

ODORS:

obvious odor of an unknown alcoholic bevergae

GENERAL OBSERVATIONS

SPEECH: low tone through an accent

ATTITUDE: cooperative

CLOTHING: see above

MEDICAL/OTHER: no injuries, no medical conditions and no medications to be noted

STATE OF FLORIDA
COUNTY OF PALM BEACH

K. Noel 7660
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of June 20 24 by K. Noel 7660

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

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

MADELIN GONZALEZ
Notary Public
State of Florida
Comm# HH225716
Expires 2/7/2026

NOT A CERTIFIED COPY

SUBJECT: Dagher Ramzi CASE NUMBER 24-075525

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:

During the instructional stance, the driver did sway noticeably in a circular motion and had to be told a couple times to follow the stimulus while slowly turning his head in the direction of the stimulus. Resting nystagmus was not observed. I was able to observe equal pupil size and equal tracking in both the left and right eyes. I did not observe a lack of smooth pursuit in both the left and right eyes. I did however observe distinct and sustained nystagmus at maximum deviation in both the left and right eyes. I observed an angle of onset at approximately 45 degrees in both the left and right eyes. VGN was not observed

WALK & TURN: SFST

The driver was placed on a solid yellow line, which the roadway was flat, level, and well lit. The driver was unable to maintain the instructional position and even started walking after being told not to begin until told to begin. The driver came out of the instructional stance during my demonstration continuing to say, "I got you." The driver walked nine steps forward and stated, "I'm sorry, I forgot what you told me"; demonstrating his inability to focus on the instructions, concentrate, and follow instructions. The driver the turned the wrong way and walked back another nine steps.

ONE LEG STAND: SFST

The driver used his left foot for the task. The driver did sway noticeably throughout the task, but did complete the task properly after being told to lift his foot properly and look at this foot as well, rather than looking at me.

FINGER TO NOSE:

During the instructional stance, the driver did sway noticeably in a circular motion. On the first left, the driver touched his nostril area and did not return his arm to the side as instructed. I then asked the driver if he understood my instructions, which he replied that he did then stated that he was sorry. I then explained the task for a second time; again the driver demonstrating his inability to follow instructions. This task was attempted a second time. On the first left, the driver touched his nostril area. On the second right, the driver touched the tip of his nose. On the third left, the driver touched his nostril area. On the forth right, the driver touched the tip of his nose. On the fifth right, the driver initially raised his left then switched to the right

ROMBERG ALPHABET:

During the instructional stance, the driver did sway noticeably in a circular motion. The driver did recite the alphabet in a very low tone in his voice.

BREATH TEST RESULTS: .042 .041 U pending

STATE OF FLORIDA
COUNTY OF PALM BEACH

K. Noel 7660
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of June 20 24 by K. Noel 7660

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

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

MADELIN GONZALEZ
Notary Public
State of Florida
Comm# HH225716
Expires 2/7/2026

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: DAGHER, RAMZI

CASE NUMBER: 24-075525

DATE: Jun 27, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:28

ENDING TIME: 02:48

BREATH TESTS RESULTS: 1) .042 TIME 02:33 A.M. ☒ P.M. ☐ 2) .041 TIME 02:36 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: M. GONZALEZ #40577

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: LOW

ATTITUDE: CALM, QUIET

CLOTHING: GREY PANTS, PINK SHIRT, BROWN SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

NOT A CERTIFIED COPY

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 02:05 HRS.

SUBJECT: AGREED TO TAKE TEST.

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

A/O: ASKED FOR URINE SAMPLE (02:39 HRS)
SUBJECT: AGREE TO PROVIDE URINE SAMPLE

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

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

A/O: READ I/C
SUBJECT: STATED HE UNDERSTOOD I/C AND AGREED TO PROVIDE URINE SAMPLE (02:46 HRS)

SUBJECT: PROVIDED A URINE SAMPLE AT 02:51 HRS
NO DRE CONDUCTED

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)_____

NOT A CERTIFIED COPY

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.

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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)_____

NOT A CERTIFIED COPY

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: _____

NOT A CERTIFIED COPY

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.

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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: _____

NOT A CERTIFIED COPY

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CSO
Instrument Serial Number: 80-006477 Software: 8100.27
Date of Test: 06/27/2024

Date of Last Agency Inspection: 06/14/2024
Observation Period Began: 02:05
Subject's Name: RAMZI J DAGHER DOB: 01/01/1979 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	02:31
Air Blank	0.000	02:31
Control Test	0.078	02:31
Air Blank	0.000	02:32
Subject Sample #1	0.042	02:33
Air Blank	0.000	02:33
Air Blank	0.000	02:35
Subject Sample #2	0.041	02:36
Air Blank	0.000	02:36
Control Test	0.079	02:37
Air Blank	0.000	02:37
Diagnostics Check	OK	02:37

Cylinder Lot: 14323080A3
Exp: 09/05/2025

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 MADELIN GONZALEZ, 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: 06.27.24
Signature

Sworn to (or affirmed) before me this 27 day of June, 2024

_____ INV. K. NOEL
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

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 24-075525

ARRESTING OFFICER: K. Noel

ADDRESS: PBSO, 3228 Gun Club Road, West Palm Beach, Florida 33406

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

CAN TESTIFY TO: DUI Investigation

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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ADDRESS _____

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ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

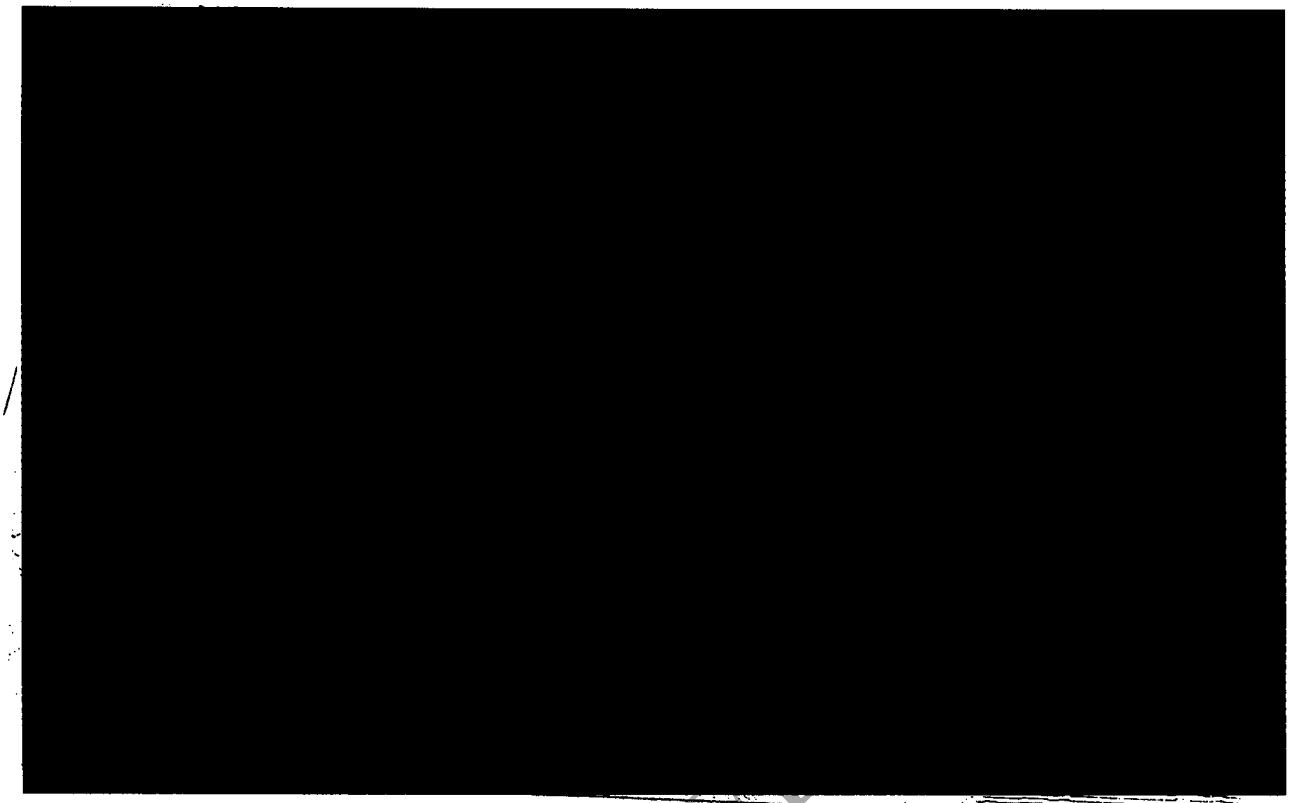
NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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	3
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	14
	☒	316.650(11)	Driver information contained in a uniform traffic citation	5-6
	☐	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: 2024017486	**Date:** 6/28/2024
	Specialist Name/ID#: ANGELA PINKNEY/7796