50-2023-CT-000277|AMB

0538179

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

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

☐ Check if Supplement is Attached

974

1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

NTA 1

Juvenile N

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FL0 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 0 6 -| 23035712 ( )

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized — Enter Type: N/A

Multiple Clearance Indicator

Location of Arrest (including Name of Business): LAKE WORTH RD / SWAIN BLVD, GREENACRES, FL 33463

Location of Offense (Business Name, Address): LAKE WORTH RD / SWAIN BLVD, GREENACRES, FL 33463

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/12/2023	0015					PRIORITY TOWING

DEFENDANT

Name (Last, First, Middle): DEPAULO, RANDY , M

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	11/19/1960	6'00	225	BRN	BALD	MED	MED

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): NONE

Marital Status: Single

Religion: NONE

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

Local Address (Street, Apt. Number) (City) (State) (Zip): 337 PINE RIDGE RD, C1, GREENACRES, FL 33463

Mobile Phone: (289) 314-1575

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

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

Phone: ( )

Address Source: VERBAL

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

Phone: ( )

Occupation: RETIRED

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
D26216406601119, ONTARIO	000-00-0000		ONTARIO, CA	NO

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) — Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone ( )

Notified by: (Name) — Date — Time — Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) — Relationship — Date — Time

The above address was provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address. ☐ Yes, by: (Name) ☐ No (Reason)

School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Dispense/ Distribute, M. Manufacture/ Produce/ Cultivate, Z. Other

Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/ Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE (1)

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under the Influence - Property Damage	1	☐ Y ☒ N	316.193(3)(c)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
U	U		23035712		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

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

NOTICE TO APPEAR

Location (Court, Room Number, Address): Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

Court Date and Time: Month MARCH Day 9TH Year 2023 Time 0830 A.M. ☒ P.M. ☐

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed: 02/12/2023

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: Barillo I.D. #: 18342 Pouch #:

Signature of Arresting Officer: X

Name of Arresting Officer (Print): Inv. Cisson J. I.D. #: 24091

Transporting Officer: Inv. Cisson J. I.D. #: 24091 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

0538179

974

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PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number: FLO 5 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 23035712

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

Special Notes: Susp DC

DEF

Name (Last, First, Middle): **Depaulo, Randy, M** | Alias | Race: W | Sex: M | Date of Birth: 11/19/1960

CHARGES

Charge Description: 316.193 (1A) | Charge Description

Charge Description | Charge Description

VICTIM

Victim's Name (Last, First, Middle): **State of Florida, ,** | 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 I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.
The Person taken into custody:

☒ committed the below acts in my presence.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

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

On the 11 day of February 20 23 at 2312 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

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

On 02/11/2023 I responded to the intersection of Lake Worth Rd and Swain Blvd in the City of Greenacres Palm Beach County, reference PBSO crash case# 23035703. Upon my arrival I met w/m Carlos Cruz 02/26/1973 who advised that the male sitting in the Buick struck his vehicle from behind without even stopping causing the vehicle to strike his vehicle twice. I then approached the Buick sedan bearing a Canadian tag # AVXA971. I then w/m Randy Depaulo. He was sitting in the driver's seat appearing to be impaired. He slurred his words and stated multiple times that the could not recall the accident or how it happened. There was a strong smell of an alcoholic beverage emanating from him and the vehicle which intensified as he spoke. He had blood shot eyes and looked flush. Depaulo struggled to acquire his Canadian driver's license out of his wallet, fumbling through it multiplet times. I asked him if he had any medical issues and he said no. As he exited the vehicle he used the door and vehicle body as support. He walked with a stagger and used a wide stance when he stood. I then noticed Depaulo had soiled himself. DUI investigator Cisson 24091 responded and initiated a DUI investigation.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

F. Torres 24971
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of February 20 23 by _____

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

DUI Cisson 24091
Notary Public, Clerk of Court, Officer (F.S.S). 117.10)

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

PBSO #0004 REV. 04/22

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11th DAY OF February 20 23, AT 2306 AM ✓ PM

SUBJECT: DEPAULO, RANDY , M CASE NUMBER: 23035712

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Cisson J.

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

On Saturday February 11th 2023 at approximately 2332 hours, I arrived on scene of a traffic crash at Lake Worth Rd and Swain Blvd, in the City of Greenacres, FL 33463 (Palm Beach County). Upon arrival I spoke with Deputy Torres ID# 24971 who relayed the following to me: On 02/11/2023 I responded to the intersection of Lake Worth Rd and Swain Blvd in the City of Greenacres Palm Beach County, reference PBSO crash case# 23035703. Upon my arrival I met w/m Carlos Cruz 02/26/1973 who advised that the male sitting in the Buick struck his vehicle from behind without even stopping causing the vehicle to strike his vehicle twice. I then approached the Buick sedan bearing a Canadian tag # AVXA971. I then w/m Randy Depaulo. He was sitting in the driver's seat appearing to be impaired. He slurred his words and stated multiple times that he could not recall the accident or how it happened. There was a strong smell of an alcoholic beverage emanating from him and the vehicle which intensified as he spoke. He had blood shot eyes and looked flush. Depaulo struggled to acquire his Canadian driver's license out of his wallet, fumbling through it multiple times. I asked him if he had any medical issues and he said no. As he exited the vehicle he used the door and vehicle body as support. He walked with a stagger and used a wide stance when he stood. I then noticed Depaulo had soiled himself. DUI investigator Cisson 24091 responded and initiated a DUI investigation. This concludes his supplement.

OBSERVATION OF DRIVER:

I observed the defendant, Randy Depaulo who was wearing a blue tee shirt, gray shorts, and black sandals. The defendant was sitting in the rear of the Greenacres Fire Rescue rig being attended to by medics. Once they were done with him, I asked the defendant to walk over to the front of my vehicle and speak with me. While walking over to my vehicle, the defendant was unsteady on his feet and staggered and stumbled as he walked. While standing stationary the defendant swayed and stumbled around while attempting to regain his balance. I could see the defendants eyes were bloodshot and glossy. He had an obvious odor of an unknown alcoholic beverage emitting from his breath that grew stronger as he spoke. The defendants speech was slow and slurred.

DRIVER'S STATEMENTS:

The defendant said he did not have any physical defects or preexisting injuries, diabetes, or wear glasses. The defendant said he had four Budweiser draft beers to drink. The defendant said he was coming from the Moose Lodge and going home. He said he was driving the vehicle. I asked the defendant to submit to roadside field sobriety tasks to which he agreed.

ODORS:

An obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: **Slow, Slurred**

ATTITUDE: **Calm, Compliant**

CLOTHING: **Dirty, Disheveled, Soiled Shorts**

MEDICAL/OTHER: **NONE**

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TATE OF FLORIDA
'OUNTY OF PALM BEACH

Inv. Cisson J.
ignature of Arresting/Investigative Officer)

ne foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of February 20 23 by Inv. Cisson J.

rint name of Arresting/Investigative Officer), who is personally known to me and/or pro[illegible] Type of identification produced Known LEO ID# 24091

Shari O'Neal (#6212)
otary Public, Clerk of Court, Officer (F.S.S 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

SUBJECT: DEPAULO, RANDY , M CASE NUMBER 23035712

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] 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:
The defendant swayed while standing stationary. I had to remind the defendant to not turn his head multiple times I had to remind the defendant to follow the red light with his eyes. He was unable to complete the task.

WALK & TURN:
The task was explained and demonstrated. The defendant stated he understood the instructions. During the task the defendant failed to maintain the instructional stance. The defendant swayed while standing stationary. The defendant used his arms for balance throughout the task, did not touch heel to toe on any step, stepped off the line, and took the incorrect number of steps. He stopped after his first attempt at the turn and I had to remind him to continue.

ONE LEG STAND:
The task was explained and demonstrated. The defendant stated he understood the instructions. The defendant swayed while standing stationary. During the task the defendant used arms for balance, put his foot down multiple times before 30 seconds elapsed. His leg was bent and his foot was about a 1 foot off the ground.

FINGER TO NOSE:
The task was explained and demonstrated. The defendant stated he understood the instructions. The defendant swayed while standing stationary. During the task the defendant missed the tip of his nose multiple times. He failed to keep his eyes closed during the task.

ROMBERG ALPHABET:
He said he went to college. He said he knew the English Alphabet. The task was explained and demonstrated. The defendant stated he understood the instructions. The defendant swayed while standing stationary. During the task the defendant began to sing the alphabet and missed multiple letters and then stopped.

BREATH TEST RESULTS: 0.219 0.219

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STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Cisson J.
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of February 2023 by Inv. Cisson J.

(Print name of Arresting/Investigative Officer), who is personally known to me or has produced identification. Type of identification produced Known LEO ID# 24091

Shari O'Neal (#6212)
(Notary Public, Clerk of Court, Officer (F.S.S 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

WITNESS LIST

CASE NUMBER: 23035712

ARRESTING OFFICER: Inv. Cisson J.

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

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

CAN TESTIFY TO: Facts of the case - Traffic Stop

NAME: DEPUTY Torres ID# 24971

ADDRESS: PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: INDICATORS OF IMPAIRMENT, TRAFFIC CRASH INV.

NAME: CARLOS CRUZ

ADDRESS 1323 OLIVE TREE CIRCLE, GREENACRES, FL 33413

PHONE NUMBERS (HOME) _____ (WORK) 561-255-7461

CAN TESTIFY TO: WITNESS

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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CAN TESTIFY TO: _____

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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
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 23035712 PBSO ZONE 16-21

AGENCY CASE # N/A CRASH CASE # 23035703

TIME OF STOP/CRASH 2306 DATE 02/11/2023 DAY Saturday

SUBJECT'S NAME DEPAULO, RANDY , M RACE W SEX M

HGT 6'00 WGT 225 DOB 11/19/1960

LOCATION LAKE WORTH RD / SWAIN BLVD, GREENACRES, FL 33463

ARRESTING OFFICER'S NAME & ID Inv. Cisson J. (24091) AGENCY Palm Beach County Sheriff's Office

DIVISION: CID - DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0132

ARREST TIME 0015

BREATH RESULTS:

.219

.219

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TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

TESTING FACILITY TASK REPORT

AGENCY: PBSO INV. CISSON #24091

SUBJECT: DEPAULO, RANDY M.

CASE NUMBER: 23-035712

DATE: 02-12-23

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:54 HRS

ENDING TIME: 02:04 HRS

BREATH TESTS RESULTS: 1) .219 TIME 01:59 A.M. ☒ P.M. ☐ 2) .219 TIME 02:03 A.M. ☒ P.M. ☐

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

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLUR

ATTITUDE: CALM, COOPERATIVE

CLOTHING: SHIRT-GREEN SCRUBS SHIRT PANTS- GREEN SCRUB PANTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: VERY RED, GLASSY FACE: FLUSHED
STRONG ODOR OF UNKNOWN ALCOHOLIC BEVERAGE
ODOR OF FECES COMING FROM D PERSON

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O CISSON #24091
A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE BREATH REQUEST.
D COMPLETED THE TEST CORRECTLY.
EXPLAINED THE BREATH RESULTS TO THE D.
C/W READ ON SCENE.
D REFUSED THE Q&A.

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SUBJECT: Leguelo, Randy CASE NUMBER: [illegible]

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your ***BREATH*** for the purpose of determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your ***URINE*** for the purpose of determining the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your ***breath, urine*** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS SIGNATURE: (X)_____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X)_____

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SUBJECT: Reynolds, Mindy CASE NUMBER: [illegible]

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: [illegible]

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006029 Software: 8100.27
Date of Test: 02/12/2023

Date of Last Agency Inspection: 02/10/2023
Observation Period Began: 01:32
Subject's Name: RANDY M DEPAULO DOB: 11/19/1960 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	01:58
Air Blank	0.000	01:58
Control Test	0.080	01:59
Air Blank	0.000	01:59
Subject Sample #1	0.219	01:59
Air Blank	0.000	02:00
Air Blank	0.000	02:02
Subject Sample #2	0.219	02:03
Air Blank	0.000	02:03
Control Test	0.079	02:04
Air Blank	0.000	02:04
Diagnostics Check	OK	02:04

Cylinder Lot: 29122080A1
Exp: 12/05/2024

State of Florida, County of Palm Beach,

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

I SHARI L O'NEAL, 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: S. O'Neal Date: 02-12-23
Signature

Sworn to (or affirmed) before me this 12 day of February, 2023

Signature of Notary Public-State of Florida

Inv. Cisson #2409(
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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