24 CT 3802 mB

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

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FLO: 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 -| 24-039905 ( )

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: 0 1

Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address)
130 N JOG ROAD , UNINCORPORATED WEST PALM BEACH/FL/33413	130 N JOG ROAD , UNINCORPORATED WEST PALM BEACH/FL/33413

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/03/2024	0217					Palm Beach Finest, 3068 Lake Worth Rd., Palm Springs, FL 33461, (561) 684-8670

DEFENDANT

Name (Last, First, Middle): **Humphrey, Shelden, Kain**

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	11/9/1994	6'00	187	BRO	BLK	MED	MED

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Marital Status	Religion	Indication of:	Y	N	Unk
TATTOO RIGHT THIGH AND LEFT FOREARM	Single	CHRISTIAN	Alcohol Influence	☐	☐	☐
			Drug Influence	☐	☐	☒

Local Address (Street, Apt. Number) (City) (State) (Zip)	Mobile Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
6194 WALLIS RD APT 301 , West Palm Beach, FL 33413	(910) 803 4741	02

Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
,	( )	VERBAL

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
H516791944090, FL	[redacted]		NASHVILLE, TN	USA

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. Manjuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DRIVING UNDER THE INFLUENCE (BAC 0.15 OR HIGHER)	1	☐ Y ☒ N	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		24-039905		

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 28 Year 2024 Time 08:30 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: 03/03/2024

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	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
	x Jw W Amadon	(PRINT)
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:	Name of Arresting Officer (Print) I.D. # INV. W. AMADON 9440	
Intake Deputy I.D. # Pouch #	Transporting Officer I.D. # Agency: INV. W. AMADON 9440 PBSO	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)

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FILED PBC - GUN CLUB - 24 MAR 2 AM 7:12

PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # **24-039905** PBSO ZONE **1-21**

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH **0201** DATE **03/03/2024** DAY **Sunday**

SUBJECT'S NAME **Humphrey, Shelden, Kain** RACE **W** SEX **M**

HGT **6'00** WGT **187** DOB **11/9/1994**

LOCATION **130 N JOG ROAD , UNINCORPORATED WEST PALM BEACH/FL/33413**

ARRESTING OFFICER'S NAME & ID **INV. W. AMADON (9440)** AGENCY **Palm Beach County Sheriff's Office**

DIVISION: **DUI ENFORCEMENT**

NOTIFIED BY COMMO **YES**

ARRIVAL AT FACILITY **0232**

ARREST TIME **0217**

BREATH RESULTS:

1) .201
2) .195
3)
4)

TESTING OFFICER'S ID **6212** PBSO VIDEOTAPE # _____

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3 DAY OF MARCH 20 24 , AT 0201 ✓AM PM

SUBJECT: Humphrey, Shelden, Kain CASE NUMBER: 24-039905

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. W. AMADON

PERSONAL CONTACT

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

On the morning of Sunday March 3, 2024 while conducting traffic enforcement at the 6000 block of Southern Blvd (State Road 80), I observed a black lifted Chevrolet pickup truck bearing Tennessee Tag "6627FW" that I visually estimated to be in excess of the posted speed limit. I then activated my in car radar and heard a steady doppler tone consistent with the excessive speed, followed by my confirming the target speed on the digital display of 70 miles per hour in a posted 50 zone. I left my stationary position and, never loosing sight of the vehicle, overtook the violators speed to close distance and initiated a traffic stop. The vehicle entered a gas station parking lot located at 130 N Jog Road and approached a fuel pump as I activated my lights. I approached the vehicle on the driver side, and identified the driver, wearing teal t shirt and tan shorts, as Shelden K. Humphrey (FL DL H516-791-94-409-0). There was a second male in the truck, occupying the front passenger seat. Due to the defendant having a firearm located in the driver door of the truck, I had him exit to separate him from the handgun. (ncic/fcic check was completed and the firearm was clear).

OBSERVATION OF DRIVER:

I observed the defendant to be unsteady on his feet. I observed the defendant to have a noticeable orbital sway as he stood. I observed the defendant's clothing was properly worn. The defendant's eyes were red and glassy. The defendant's movements were slow and deliberate.

DRIVER'S STATEMENTS:

The defendant admitted to consuming "a couple beers" but was unable to provide a specific amount when asked. The defendant said he was coming from a Sports Bar in Boca Raton, and was driving home.

ODORS:

I immediately detected the odor of an unknown alcoholic beverage emanating from the defendant's breath that intensified when the defendant spoke.

GENERAL OBSERVATIONS

SPEECH: **slow / slurred / mush mouthed / deliberate**

ATTITUDE: **polite / respectful**

CLOTHING: **teal shirt / tan shorts / white shoes**

MEDICAL/OTHER: **STATED LOWER BACK PROBLEMS**

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STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. W. AMADON Inv W Amadon
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of MARCH 2024 by INV. W. AMADON

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

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.

SUBJECT: Humphrey, Shelden, Kain CASE NUMBER 24-039905

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:
The defendant had a noticeable orbital sway during this task.

WALK & TURN:
The defendant was placed into the instructional stance for the Walk and Turn Task, and told to remain in that position until I told him to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling him to move. The defendant missed heel to toe. The defendant stopped walking. The defendant did not count aloud. The defendant performed an improper turn. The defendant used his arms for balance. The defendant had a noticeable orbital sway during this task.

ONE LEG STAND:
The defendant was placed into the instructional stance for the One Leg Stand Task, and told to remain in that position until I told him to move. The defendant was given instructions and a demonstration. The defendant put his foot down more than three times within approximately thirty seconds. The defendant used his arms for balance. The defendant did not count aloud correctly. The defendant swayed trying to maintain balance. The defendant had a noticeable orbital sway during this task.

FINGER TO NOSE:
The defendant was placed into the instructional stance for the Finger to Nose Task, and told to remain in that position until I told him to move. The defendant was given instructions and a demonstration. The defendant did not touch tip to tip as instructed. The defendant had a noticeable orbital sway during this task.

ROMBERG ALPHABET:
The defendant was placed into the instructional stance for the Romberg Alphabet Task, and told to remain in that position until I told him to move. The defendant was given instructions and a demonstration. The defendant had to be reminded to keep his eyes closed. The defendant incorrectly recited the alphabet.

BREATH TEST RESULTS: | 1) 0.201 | 2) 0.193 | 3) | 4) |

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. W. AMADON
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of MARCH 20 24 by INV. W. AMADON

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

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 23, 2024
Bonded through National Notary Assn.

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WITNESS LIST

CASE NUMBER: 24-039905

ARRESTING OFFICER: INV. W. AMADON

ADDRESS: 3228 GUN CLUB ROAD / WEST PALM BEACH / FL / 33406

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

CAN TESTIFY TO: DUI INVESTIGATION

NAME: INV. J. CISSON #24091

ADDRESS: 3228 GUN CLUB ROAD / WEST PALM BEACH / FL / 33406

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

CAN TESTIFY TO: TRAFFIC STOP / WHEEL WITNESS / BACK UP

NAME: INV. A. SENTMANAT #24968

ADDRESS 3228 GUN CLUB ROAD / WEST PALM BEACH / FL / 33406

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

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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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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TESTING FACILITY TASK REPORT

AGENCY: PBSO INV. AMADON #9440

SUBJECT: HUMPHREY, SHELDEN K.

CASE NUMBER: 24-039905

DATE: Mar 3, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:58 HRS

ENDING TIME: 03:13 HRS

BREATH TESTS RESULTS: 1) .201 TIME 03:03 A.M. ☒ P.M. ☐ 2) .193 TIME 03:06 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- LIGHT GREEN SHORTS- KHAKI

MEDICAL CONDITIONS: ALLERGIC TO FISH, DEPRESSION

MEDICATIONS: MEDS. FOR DEPRESSION

OTHER:

EYES: RED, GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

COMMENTS:

20 MIN. OBSERVATION CONDUCTED BY A/O AMADON #9440

A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE REQUEST.
D COMPLETED THE TEST CORRECTLY.
C/W READ ON CAMERA TO THE D.
BREATH RESULTS EXPLAINED TO THE D.
D ANSWERED THE Q&A.

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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)_____

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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: _____ # 1490

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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 CSO
Instrument Serial Number: 80-001741 Software: 8100.27
Date of Test: 03/03/2024

Date of Last Agency Inspection: 02/16/2024
Observation Period Began: 02:32
Subject's Name: SHELDEN K HUMPHREY DOB: 11/09/1994 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	03:01
Air Blank	0.000	03:02
Control Test	0.081	03:02
Air Blank	0.000	03:02
Subject Sample #1	0.201	03:03
Air Blank	0.000	03:03
Air Blank	0.000	03:05
Subject Sample #2	0.193	03:05
Air Blank	0.000	03:06
Control Test	0.080	03:07
Air Blank	0.000	03:07
Diagnostics Check	OK	03:07

Cylinder Lot: 067230809S
Exp: 04/05/2025

State of Florida, County of [redacted],

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: [redacted] Date: 03-03-24
Signature

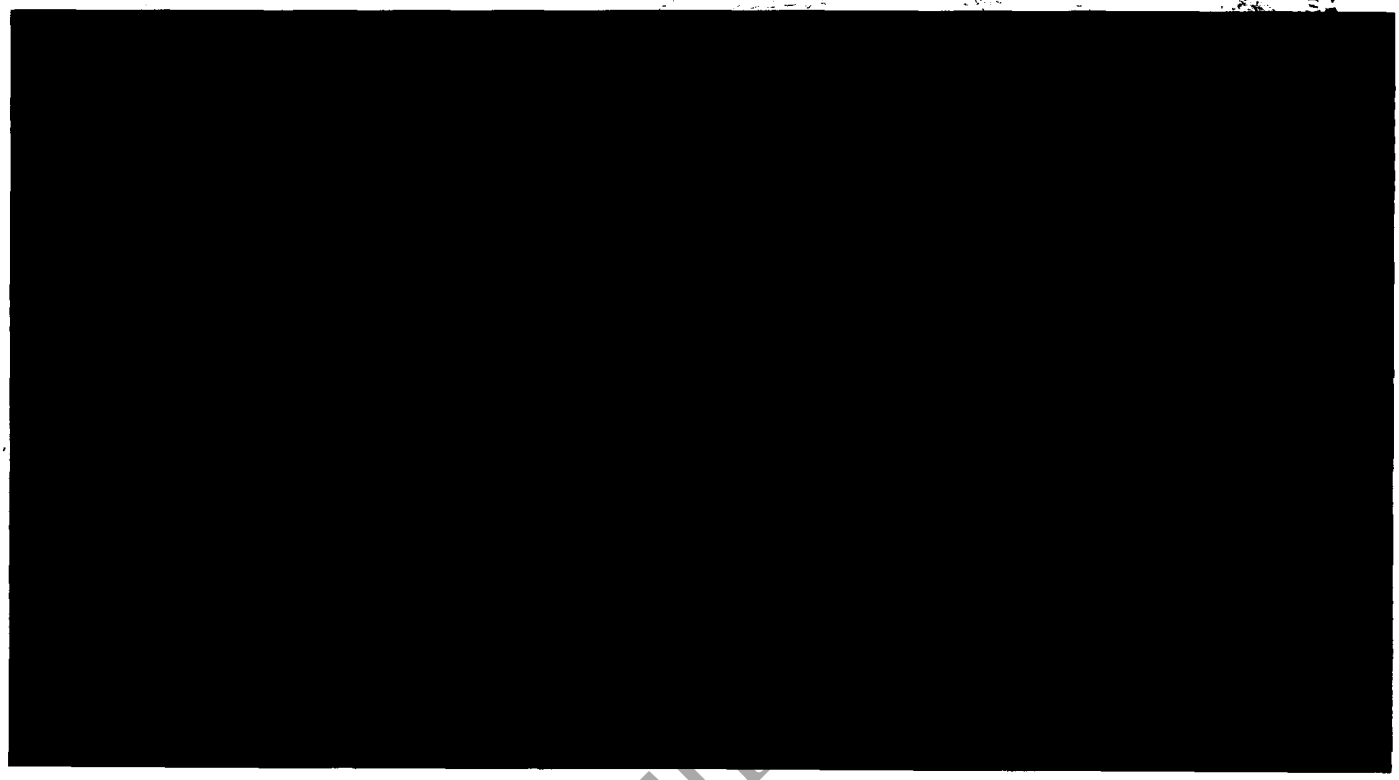
Sworn to (or affirmed) before me this 3rd day of March, 2024

[redacted] [redacted]
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	*Confession*	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☒	119.0712(2)	Personal information contained in a motor vehicle record	13
	☒	316.650(11)	Driver information contained in a uniform traffic citation	3, 4
	☐	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: 2024005820	**Date:** 3/3/2024
	Specialist Name/ID#: MTooks #8557