05346071 23CT5126 mb 864

☐ 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
FL0 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 -| 23048073 ( )

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 NONE

Multiple Clearance Indicator: 0 1

Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address)
S. MILITARY TRAIL & GUN CLUB DRIVE, WEST PALM BEACH, FL 33415	S. MILITARY TRAIL & GUN CLUB DRIVE, WEST PALM BEACH, FL 33415

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/19/2023	03:48					GARDEN'S TOWING

DEFENDANT

Name (Last, First, Middle): TORRES FIGUEREDO, YULIER,

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	6/3/1984	5'7"	140	BROWN	BLACK	LIGHT	MEDIUM

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

Marital Status: Married | Religion: NONE | Indication of: Alcohol Influence ☒ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☒ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): 3556 VICTORIA DRIVE, WEST PALM BEACH, FL 33406

Mobile Phone: (561) 460-5806

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

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

Phone: ( )

Address Source: DEFENDANT - FL D/L

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

Phone: ( )

Occupation: ROOF GUTTERS

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
T621-960-84-203-0, FL	[redacted]		HAVANA, CUBA	CUBA

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 ( )

CIVIL

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 #
D.U.I.	01	☐ Y ☒ N	316.193(1)(C)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	23048073		

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 APRIL Day 20TH Year 2023 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: 03/19/2023

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 I.D. # Pouch # — Cpl HONEA 72W

Signature of Arresting Officer: X

Name of Arresting Officer (Print) I.D. #: INV. A. SENTMANAT 24968

Transporting Officer I.D. # Agency: INV. A. SENTMANAT 24968 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)

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | Juvenile

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 23048073

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
Torres Figueredo Yulier		W	M	06/03/1984

CHARGES

D.U.I.	316.193(1)

VICTIM

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

Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source

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

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.
☐ 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 commited the below acts, resulting from my (described) investigation.

On the _____ day of _____ 20____ at _____ ☐ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

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

On Sunday, March 19, 2023, at approximately 0310 hours I was traveling southbound on Military Trail at approximately 45 mph, located in unincorporated West Palm in Palm Beach County Beach, Florida when I observed a dark colored Ford bearing Florida tag 72BMDU traveling the same direction (southbound) as I was in lane 1. At this time I observed the above mentioned vehicle failing to maintain a lane. While the vehicle was traveling southbound on Military Trail it would sharply swerve from lane 1 to the middle lane (lane 2) and then sharply swerve back to lane 1. The Ford continued swerving from lane1 to lane 2 for approximately .5 miles. When I approached the intersection of Military Trail and Gun Club Road I activated my emergency light on my PBSO issued marked vehicle. Prior to the Ford coming to a complete stop, the Ford almost hit the center median. Seconds later I made contact with the sole occupant of the vehicle, a white male driver. I then asked the male driver for his licensee, insurance and registration, he told me that he did not speak English. While speaking with the driver I saw that his eyes were blood shot and watery. Moments later the driver provided me with his Florida issued driver's license, which he was identified as Yulier Torres. Moments later I requested a DUI unit to respond to the scene. Moment's later DUI investigator Sentmanat responded to the scene at which time he took over the investigation.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S J. Pacheco (ID #) 8487
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of March 20 23 by D/S J. Pacheco 8487

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

Inv. A. Sentmanat #24968

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

PAGE OF 1

PBSO #0004 REV. 04/22 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19TH DAY OF MARCH 20 23, AT 03:10 ✓ AM PM

SUBJECT: TORRES FIGUEREDO, YULIER, CASE NUMBER: 23048073

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. A. SENTMANAT

PERSONAL CONTACT

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

On Sunday March 19, 2023 at approximately 0313hrs I responded to S. Military Trail and Gun Club Drive, West Palm Beach, FL 33415 in reference to a D.U.I. investigation for a possible impaired driver. Upon arrival I spoke with K9-11 Pacheco #8487 and he advised the following: On Sunday, March 19, 2023, at approximately 0310 hours I was traveling southbound on Military Trail at approximately 45 mph, located in unincorporated West Palm in Palm Beach County Beach, Florida when I observed a dark colored Ford bearing Florida tag 72BMDU traveling the same direction (southbound) as I was in lane 1. At this time I observed the above mentioned vehicle failing to maintain a lane. While the vehicle was traveling southbound on Military Trail it would sharply swerve from lane 1 to the middle lane (lane 2) and then sharply swerve back to lane 1. The Ford continued swerving from lane1 to lane 2 for approximately .5 miles. When I approached the intersection of Military Trail and Gun Club Road I activated my emergency light on my PBSO issued marked vehicle. Prior to the Ford coming to a complete stop, the Ford almost hit the center median. Seconds later I made contact with the sole occupant of the vehicle, a white male driver. I then asked the male driver for his licensee, insurance and registration, he told me that he did not speak English. While speaking with the driver I saw that his eyes were blood shot and watery. Moments later the driver provided me with his Florida issued driver's license, which he was identified as Yulier Torres. Moments later I requested a DUI unit to respond to the scene. Moment's later DUI investigator Sentmanat responded to the scene at which time he took over the investigation.

OBSERVATION OF DRIVER:

Upon making contact with the defendant who was seated in the driver seat of his vehicle. I immediately smelled an obvious odor of an unknown alcoholic beverage coming from within the vehicle. I observed the defendant placing several pieces of gum into his mouth. I told him to spit out the gum and he just stared at me and began chewing very quickly. I told him again to spit out the gum, he chew some more, and then he spit out the gum. I observed the defendant's eyes to be glassy, watery, and red. I also observed the defendant to have a slow and slurred speech. The defendant had a pale and flushed face. The defendant was also lethargic. The defendant was asked to step out of his vehicle and speak with me in front of my patrol car, as he stepped out of his car, he dropped his wallet, he attempted to put his other slider on several times, he staggered to the side and had an unstable balance. I also observed the defendant to have a sway as he stood normally without walking.

DRIVER'S STATEMENTS:

The defendant stated he had no physical defects or injuries. He stated he had no medical conditions. He stated he is not taking any prescribed medications. He stated he was on his way home from his friends house. He stated he was driving on Military Trail. He stated he had not smoked marijuana or used any illegal drugs today. He stated he only drank two Corona beers and that it was several hours ago. Later after he was arrested he asked several times why he was handcuffed and I explained each time that he was under arrest for D.U.I.

ODORS:

An obvious odor of an unknown alcoholic beverage coming from his breath which intensified as he spoke with me.

GENERAL OBSERVATIONS

SPEECH: **Slow, slurred, thick and at times difficult to understand.**

ATTITUDE: **Cooperative**

CLOTHING: **Gray t-shirt, gray shorts, and black sliders.**

MEDICAL/OTHER: **None**

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. A. SENTMANAT
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th *day of* MARCH 20 23 by INV. A. SENTMANAT

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

Madelin Gonzalez (#40577)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

MADELIN GONZALEZ
Notary Public
State of Florida
Comm# HH225715
Expires 2/7/2026

SUBJECT: TORRES FIGUEREDO, YULIER, CASE NUMBER 23048073

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 was placed into the instructional stance for Horizontal Gaze Nystagmus. He verbally identified the red stimulus that I was holding up. He was told to follow the stimulus with his eyes only and not to move his head. I checked his eyes for equal pupil size, equal tracking, and resting nystagmus. I observed a lack of smooth pursuit in both eyes. I observed distinct and sustained nystagmus at maximum deviation in both eyes. I observed onset of nystagmus prior to 45 degrees in both eyes. He was reminded several times not to move his head. I did not observe any vertical nystagmus in neither eye. He swayed from side to side throughout this process.

WALK & TURN:

I explained and demonstrated the instructions for the Walk & Turn to him. He stated he understood the instructions and had no questions for me. He failed to maintain the instructional stance by separating his feet help steady himself. He swayed from side to side. He did not walk heel to toe, stepped off the line, stopped to steady himself, took more than nine steps, did not count the steps out loud at times, and made an improper turn. He used his arms to assist in balance. At the start of this task I asked him if he wanted to keep his sliders on or remove them. He chose to keep them on.

ONE LEG STAND:

I explained and demonstrated the instructions for the One Leg Stand to him. He stated he understood the instructions and had no questions for me. He failed to maintain the instructional stance by separating his feet to help steady himself. He swayed from side to side. I demonstrated this task twice for him. He did not raise his foot up but instead took big steads forward walking towards my vehicle. I asked him if he understood the task and he asked if he had to raise his foot six inches and I said yes. He then began walking but raising his foot in the air as he took each step forward.

FINGER TO NOSE:

I explained and demonstrated the instructions for the Finger to Nose task to him. He stated he understood the instructions and had no questions for me. He failed to maintain the instructional stance by separating his feet to help steady himself. He missed all attempts with both the right and left hand. He used the pad of his fingers, touched under the nose, to the side of the nose, or in his nostril. I had to remind him several times to drop the hand the moment he touches the tip of the nose.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the Rhomberg Alphabet task to him. He stated he understood the instructions and had no questions for me. He failed to maintain the instructional stance by separating his feet to help steady himself. He swayed from side to side. He did not keep his eyes closed as instructed. He did not correct recite the Alphabet.

NOT A CERTIFIED COPY

BREATH TEST RESULTS: 1) VNM | 2) .213 | 3) .223 | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. A. SENTMANAT
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of MARCH 2023 by INV. A. SENTMANAT

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

Madelin Gonzalez (#40577)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

MADELIN GONZALEZ
Notary Public
State of Florida
Comm# HH225715
Expires 2/7/2026

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

WHITE: STATE ATTY. YELLOW: DHSMV PINK: CENTRAL RECORDS GOLD: JAIL

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

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: 80-006240 Software: 8100.27
Date of Test: 03/19/2023

Date of Last Agency Inspection: 03/10/2023
Observation Period Began: 04:11
Subject's Name: YULIER TORRES FIGUEREDO DOB: 06/03/1984 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	04:43
Air Blank	0.000	04:44
Control Test	0.079	04:44
Air Blank	0.000	04:44
Subject Sample #1	VNM*	04:47
Air Blank	0.000	04:48
Air Blank	0.000	04:50
Subject Sample #2	0.213	04:51
Air Blank	0.000	04:51
Air Blank	0.000	04:53
Subject Sample #3	0.223	04:54
Air Blank	0.000	04:54
Control Test	0.078	04:55
Air Blank	0.000	04:55
Diagnostics Check	OK	04:55

*Volume Not Met (0.206 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 08622080A1
Exp: 06/05/2024

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 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: 03/19/23
Signature

Sworn to (or affirmed) before me this 19 day of March, 2023

Inv. A. Sentmanat 74968 Inv. A. Sentmanat 74968
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: 23048073

ARRESTING OFFICER: INV. A. SENTMANAT

ADDRESS: CID/DUI

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3400

CAN TESTIFY TO: FACTS OF THE CASE AND DUI INVESTIGATION.

NAME: K9-11 PACHECO #8487

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

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3400

CAN TESTIFY TO: DRIVING PATTERN, TRAFFIC STOP, AND SIGNS OF THE DRIVERS IMPAIRMENT

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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: _____

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: TOERRES FIGUEREDO , YULIER

CASE NUMBER: 23-048073

DATE: Mar 19, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 04:36

ENDING TIME: 04:57

BREATH TESTS RESULTS: 1) VNM TIME 04:47 A.M. ☒ P.M. ☐ 2) .213 TIME 04:51 A.M. ☒ P.M. ☐

3) .223 TIME 04:54 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: SPANISH SPEAKER

ATTITUDE: QUIET

CLOTHING: BLACK JEAN SHORTS, GREY SHIRT, BLACK SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

NOT A CERTIFIED COPY

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 04:11 HRS.

SUBJECT: WASN'T SURE IF HE SHOULD TAKE TEST

A/O: READ I/C
SUBJECT: STATED HE UNDERSTOOD I/C AND AGREED TO TAKE TEST

SUBJECT REFUSED TO FOLLOW TECH INSTRUCTION KEPT BLOWING & STOPPING

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

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

A/O: NO Q & A CONDUCTED

PALM BEACH COUNTY
SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(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	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2023007356	**Date:** 3/19/2023
	Specialist Name/ID: Chantel Daniels/30347