0541469 23CT111554SA 248

# ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Copies
2. N.T.A. 5. Juvenile Referral

1 JUVENILE

**ADMINISTRATION**

OBTS Number

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.'s only): 3, 2 | 2023-008066

Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other
If Weapon Seized: Enter Type: UNARMED
Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 2400 W YAMATO RD, BOCA RATON FL, 33431, 2400 W YAMATO
Location of Offense (Business Name, Address): 2400 W YAMATO RD, BOCA RATON, FL 33431

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 06/24/2023 | 21:23 | 06/24/2023 | 23:05 | 06/24/2023 | 23:05 | TOWED |

**DEFENDANT**

Name (Last, First, Middle): LE, ZACK VAN
Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

| Race (W - White, I - American Indian, B - Black, O - Oriental/Asian) | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|
| W | M | 02/18/1976 | 5'07 | 130 | BROWN | BLACK | LIGHT | Small |

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):
Marital Status: S
Religion:
Indication of Alcohol Influence: ☒ Yes ☐ No ☐ Unk
Drug Influence: ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 22196 CONCHA AVE, BOCA RATON, FL 33428
Phone: (443) 365-5604
Residence Type: 1. City 3. Florida 2. County 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 22196 CONCHA AVE, BOCA RATON, FL 33428
Phone: (443) 365-5604
Address Source: SUBJECT

Business Address (Name, Street) (City) (State) (Zip): VENETIAN NAILS,
Phone:
Occupation: Nail Tech

| DL Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Country |
|---|---|---|---|---|
| L000998760580 / FL | [redacted] | | SAIGON, South Vietnam | US |

**CO-DEF**

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

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

**JUVENILE**

☐ Parent ☐ Other: ☐ Legal Custodian
Name (Last, First, Middle):
Residence Phone:
Address (Street, Apt. Number) (City) (State) (Zip):
Business Phone:

Notified by: (Name) Date Time JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address was provided by ☐ defendant and/or ☐ defendant's parents.
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.
☐ Yes, by: ☐ No:

School Attended | Grade

Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

**CODE**

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

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

**CHARGE**

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| DUI | 316.193(1) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | N | / | | 1 | ☐ Y ☒ N | | |

**CHARGE**

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | | / | | | ☐ Y ☐ N | | |

**CHARGE**

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | | | | | ☐ Y ☐ N | | |

**INTAKE**

Health / Apparent Physical Condition of Defendant: NORMAL
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

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

| PROPERTY - Received By | Released By | Released To |
|---|---|---|
| HORNE | HORNE | TOT CJ |

| Transported By | Date Transported | Time Transported | Other |
|---|---|---|---|
| HORNE | 06/24/2023 | 23:05 | |

**NOTICE TO APPEAR**

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 07/20/2023 08:30:00

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

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

No Photo Available

**ADMIN**

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

Signature of Arresting Officer: 791
Name of Arresting Officer (Print): HORNE, A. I.D. # 791

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy I.D. # Pouch # SCANNED JUN 23 2023

Transporting Officer: HORNE I.D. # 791 Agency: BOCA

Witness here if subject signed with an "X".

FILED BBC - BOND CLUB '23 JUN 25 AM 7:04

PAGE 1 OF 1

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# PROBABLE CAUSE AFFIDAVIT

OBTS Number *

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

1 JUVENILE

**ADMIN**

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FL FL0500200 | BOCA RATON POLICE DEPARTMENT | 3 \| 2 2023-008066 |

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 |
|---|---|---|---|---|
| LE, ZACK VAN | | A | M | 02/18/1976 |

**CHARGES**

| Charge Description | Charge Description |
|---|---|
| 316.193(1) DUI | |
| Charge Description | Charge Description |
| | |

**VICTIM**

| Victim's Name (Last, First, Middle) | Race | Sex | Date of Birth |
|---|---|---|---|
| STATE OF FLORIDA, | | U | |

| Local Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Address Source |
|---|---|---|
| 100 NW 2ND AVE, BOCA RATON, FL 33432 | (561) 338-1234 | |
| **Business Address (Name, Street) (City) (State) (Zip)** | **Phone** | **Occupation** |
| | (561) - | |

**PROBABLE CAUSE STATEMENT**

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody . . .

☐ committed the below acts in my presence.
☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.
☐ confessed to _____ admitting to the below facts.
☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 24 day of June, 2023 at 21:23 (Specifically include facts constituting cause for arrest.)

On 6/24/2023, at approximately 2058 hours, I responded to the 2400 block of W Yamato Road after hearing a loud bang which I believe was a crash. While getting closer to the location, I could see a green in color Kia Soul bearing Florida tag EXEW37 stopped in the center through lane while having a green indication light. While on the scene, Officer Madotta conducted his crash investigation; see his report for further ( 2023-8065). I then spoke to the sole occupant of the Kia, identified as Zach Le, by his Florida driver`s license. I asked Zach for his driver`s license, insurance, and vehicle registration. Zach presented his licenses but had issues finding his other paperwork and seemed confused and disorientated. I then asked Zach for his phone number and handed all information to Officer Madotta so he could complete his crash investigation. After completing his crash investigation, I informed Zach that I was conducting a DUI investigation and read his constitutional rights from a department-issued card. Zach acknowledged his rights and agreed to speak with me.

I explained to Zach that he appeared intoxicated and was stumbling while walking to his vehicle. While speaking to Zach, I could smell an unknown alcoholic odor emanating from his person, which grew stronger as he spoke. I was able to observe him having bloodshot/watery eyes and an inability to stand up straight. Based upon the combination of pre-and post-stop clues, I requested Zach to participate in Field Sobriety Exercises (FSEs), to which he complied. It should be noted that Zach stated he had no issues standing and bending as it pertains to mobility.

Horizontal Gaze Nystagmus (HGN)

The Defendant identified the stimulus as blue. The Defendant had equal pupil size and equal tracking in both eyes. In conducting the exercise, I was able to observe a Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, and the onset of Nystagmus prior to 45 degrees. While giving the instructions, the Defendant continued

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**ADMINISTRATIVE**

SWORN AND SUBSCRIBED BEFORE ME

a760
CODLING, TODD
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

06/24/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HORNE, ASHTON (791)
NAME OF OFFICER (PLEASE PRINT)

06/24/2023
DATE



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

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FL FL0500200 | BOCA RATON POLICE DEPARTMENT | 3 \| 2 \| 2023-008066 |

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 |
|---|---|---|---|---|
| LE, ZACK VAN | | A | M | 02/18/1976 |

PROBABLE CAUSE STATEMENT

to sway and had to be instructed multiple times during the exercise not to move his head. The Defendant had difficulty maintaining the instructional position and had to be told the instructions several times.

Walk and Turn

The surface was flat and hard. The Defendant attempted to do the exercise with shoes on. The line used was a painted white line. I made sure the Defendant both knew the line he would be using and the color of that line. I began the exercise by instructing and demonstrating to the Defendant how to complete the exercise. While giving instructions, the Defendant lost balance several times and failed to stay in the starting position. In conducting the exercise, the Defendant walked an improper number of steps (12- steps), was unable to walk Heal-to-Toe, utilized his arms to balance, and did not count out loud as instructed to do so. I had to give instructions to the Defendant several times, all of which he stated he understood.

One Leg Stand

The surface was flat and hard. The Defendant attempted to do the exercise with shoes. The Defendant raised his right leg. During the exercise, the Defendant did not count how he was instructed and used his arms for balance. The Defendant counted up to 6 and then stopped counting. The Defendant then placed his foot down and did not know what to do afterward. I explained this exercise again, and the Defendant still did not complete the exercise correctly.

Due to the totality of the circumstances and my training/experience, I felt the Defendant was unable to perform simple tasks during the exercises due to his impairment. I felt the Defendant is too impaired to operate a motor vehicle safely. The Defendant was placed under arrest at 2123 hours for driving under the influence. Zach was placed in handcuffs that were checked for tightness and double-locked.

Westway Towing towed the vehicle.

Zach was transported to the BRPD DUI Room. Officer Ricciardi operated the Intoxilyzer. After completing the 20-minute observation, I requested a breath sample.

Reference Intoxilyzer 8000 S# 80-006622 results were (.183/.177)

Zach was transported to Palm Beach County Jail after being medically cleared without incident.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

1760
CODLING, TODD
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

06/24/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HORNE, ASHTON (791)
NAME OF OFFICER (PLEASE PRINT)

06/24/2023
DATE



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

Case # - 23-8065
10-15-2123
1032-2153

# DUI INFLUENCE REPORT

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Case # - 23-8065
10-15-2123
1032-2153

# DUI INFLUENCE REPORT

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

Revised: July 9, 2018

# BOCA RATON POLICE SERVICES DEPARTMENT

## DUI INFLUENCE REPORT – PART I

On the 24 day of JUNE, at 2130 AM/PM

Subject: ZACK LC Case Number: 2023-8065

### PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

see PC

Driver's Statement: _____

Odors: _____

### GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

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Horizontal Gaze Nystagmus:

☐ Left eye does not follow smoothly ☐ Right eye does not follow smoothly

☐ Left eye jerks at 45 degrees angle or less ☐ Right eye jerks at 45 degrees angle or less

☐ Distinct jerking left eye maximum deviation ☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: see pc

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: .183, .177

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 6/24/23 (date) by A. Ricciardi.

Notary/Clerk of Court/ Officer (FSS 117.10) Date 6/24/23

Signature of Arresting Officer Name of Officer (print) A. Horne

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ARRESTING OFFICER: A. Horne

Name: Madotta Phone # / Work # 5613381234
Address: 100 NW 2nd Ave, Boca Raton FL 33432
Can testify to: investigation

Name: Ricciardi Phone # / Work # 5613381234
Address: 100 NW 2nd Ave, Boca Raton FL 33432
Can testify to: Breath Test

Name: _____ Phone # _____ Work # _____
Address: _____
Can testify to: _____

Name: _____ Phone # _____ Work # _____
Address: _____
Can testify to: _____

Name: _____ Phone # _____ Work # _____
Address: _____
Can testify to: _____

Name: _____ Phone # _____ Work # _____
Address: _____
Can testify to: _____

Name: _____ Phone # _____ Work # _____
Address: _____
Can testify to: _____

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-END OF PART ONE-

# BOCA RATON POLICE SERVICES DEPARTMENT
## DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2023-008065

**I. INTRODUCTION** (Instrument Operator faces video camera)

A. The day is Saturday (day), June (month), 24 (date), 2023 (year).

B. The time is now approximately 2221 AM (PM)

C. The following is in reference to case number 2023-008065

D. Present at this time is Ofc. Horne (Officer's Name) of the Boca Raton Police Department.

E. Officer Horne, have you arrested Zack Le (Defendant's name) in violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? yes

G. (Mr.)/Mrs./Ms. Le, I am required to inform you these proceedings are being video recorded.

*Operator Note:* *Video record breath request, breath sample, and interview.*

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## II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

*Note: ~~Read only the paragraph~~ applicable to the type of test you are requesting.*

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

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

C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

### IMPLIED CONSENT WARNINGS

*Note: Read only if the subject does not comply with your request.*

I am Ofc. Horse of the Boca Raton Police Dept.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject Signature: Read at Camera

*Note: Also read for CDL holders:*

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

*Note: After reading the implied consent warning, the arresting officer must request a breath sample again.*

**(IF REFUSAL THEN)**

At this time Mr./Mrs./Ms. ____ has refused to submit to a breath test.

The date is _____ (month), _____ (day), _____ (year), and the time is _____AM/PM.

A refusal form will be completed by the arresting officer.

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# BOCA RATON POLICE SERVICES DEPARTMENT

## JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.**
**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
***(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)***

(2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
***(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)***

(3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
***(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)***

(4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*
***(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)***

(5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
***(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)***

(6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*
***(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)***

(7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*
***(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)***

(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

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# BOCA RATON POLICE SERVICES DEPARTMENT

## TESTING FACILITY TASK REPORT

SUBJECT: Zack Le

CASE #: 2023-00806[illegible] DATE: 6/24/23

BREATH TEST RESULTS

1) TIME .183 22:28 AM/PM 2) TIME .177 22:31 AM/PM

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

BREATH OPERATOR: Ricciardi

MAINTENANCE TECHNICIAN: Crawford

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: language barrier, slightly slurred

ATTITUDE: Friendly

CLOTHING: Blue shirt, black jeans, black sneakers

MEDICAL CONDITION: None

OTHER: strong odor of alcohol coming from person, blood shot watery eyes.

COMMENTS: No medications.

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**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

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

Signed: Read on Camera Date: 6/24 Time: _____

Refused.

**QUESTIONS AND ANSWERS**

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? ____ What were you drinking? ____

_____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____AM/PM

How did you consume your last two drinks? _____

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Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain:

_____

Are you sick or injured? ☐ Yes ☐ No If yes, explain:

_____

Do you limp? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☐ No Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 2234 AM/(PM)

The date is June (month), 24 (day), 2023 (year).

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 06/24/2023

Date of Last Agency Inspection: 06/14/2023
Observation Period Began: 21:53
Subject's Name: ZACK V LE DOB: 02/18/1976 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 | 22:26 |
| Air Blank | 0.000 | 22:26 |
| Control Test | 0.078 | 22:27 |
| Air Blank | 0.000 | 22:27 |
| Subject Sample #1 | 0.183 | 22:28 |
| Air Blank | 0.000 | 22:29 |
| Air Blank | 0.000 | 22:30 |
| Subject Sample #2 | 0.177 | 22:31 |
| Air Blank | 0.000 | 22:32 |
| Control Test | 0.079 | 22:32 |
| Air Blank | 0.000 | 22:33 |
| Diagnostics Check | OK | 22:33 |

Cylinder Lot: 29122080A2
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 AMANDA L RICCIARDI, 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: 6/24/23
Signature

Sworn to (or affirmed) before me this 24 day of JUNE, 2023

_____ A. Horne
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**

## 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: | |

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**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2023016549 | **Date:** 6/25/2023 |
| | **Specialist Name/ID:** Chantel Daniels/30347 |