0401780 3988

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	0500200	Boca Raton Police Department	3 1 2 2017-016149

Charge Type: Check as many as apply. [X] 1. Felony [ ] 2. Traffic Felony [ ] 3. Misdemeanor [X] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

If Weapon Seized: Enter Type: None/not Applicable | Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
145 SE MIZNER BLVD	145 SE MIZNER BLVD, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/24/2017	19:40	11/24/2017	19:54			EMERALD TOWING

DEFENDANT

Name (Last, First, Middle): FRADLEY, ADAM MARTIN — Alias:

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	12/27/1976	5'10	177	BROWN	BROWN	MEDIUM	M

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: S — Religion: NONE — Indication of: Alcohol Influence [X] Yes [ ] No [ ] Unk; Drug Influence [X] Yes [ ] No [ ] Unk

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type (1. City 2. County 3. Florida 4. Out of State)
1500 SW 16TH STREET, BOCA RATON, FL 33486				(561) 212-9626	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
1500 SW 16TH STREET, BOCA RATON, FL 33486				(561) 212-9626	FL D/L

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
WINNINGHAM & FRADLEY INC, 111 NE 44TH ST, OAKLAND PARK FL, 33334				(954) 771-7440	Civil Engineer

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
F634013764670 / FL	[redacted]	N/A	FT LAUDERDALE, FL	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
				[ ] 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 [X] No — Description of Property: N/A — Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Disperses/ 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- PROPERTY DAMAGE/ INJURY TO PROPERTY OR PERSON ENHANCED	316.193(3C1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	2017-016149	1	[ ] Y [X] N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
POSSESSION OF COCAINE	893.13(6A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	2017-016149	1	[ ] Y [X] 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: FAIR

Any knowledge of the following: [ ] Mental [ ] Escape Risk [ ] Medication [ ] Deformities [ ] Injuries
Explain:

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

PROPERTY - Received By	Released By	Released To
CASTILLO	CASTILLO	TOT COUNTY

Transported By	Date Transported	Time Transported	Other
CASTILLO	11/24/2017	00:00	

NOTICE TO APPEAR

[ ] INSTRUCTION NO. 1 - Mandatory appearance in court
[X] 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:

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

Name of Arresting Officer (Print): GENDEN, ERIC B. — I.D. #: 680

Name Verification (Printed by Arrestee): (PRINT)

Intake Deputy: CPT Honlex I.D. #: 7204 — Pouch #

Transporting Officer: CASTILLO — I.D. #: 804 — Agency: BRPD

Witness here if subject signed with an X

NOV 25 AM 12:21

SCANNED

PAGE 1 OF 1

NOT A CERTIFIED COPY

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 0500200	BOCA RATON POLICE DEPARTMENT	3 2 2017-016149

Charge Type: Check as many as apply.
- [X] 1. Felony
- [ ] 2. Traffic Felony
- [ ] 3. Misdemeanor
- [X] 4. Traffic Misdemeanor
- [ ] 5. Ordinance
- [ ] 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
FRADLEY, ADAM MARTIN		W	M	12/27/1976

CHARGES

Charge Description	Charge Description
893.13(6A) POSSESSION OF COCAINE	316.193(3C1) DUI- PROPERTY DAMAGE/ INJURY TO PROPE
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
TONG, THU ANH	A	F	03/20/1972

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
5672 GREEN ISLAND DR, LAKE WORTH, FL 33463	(561) 634-0132	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**

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 . . .

- [X] 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 committ the below acts.
- [X] was found to have committed the below acts, resulting from my (described) investigation.

On the 24 day of November, 2017 at 18:40 (Specifically include facts constituting cause for arrest.)

On 11/24/2017 at 1840 hours, Officer Castillo and I responded to 145 SE Mizner Blvd, Boca Raton, FL in reference to a traffic accident. Upon arrival, we met with Officer Reissi and he advised W/M Adam Fradley was in actual physical control of his 2006 Ford F150 bearing FL Tag #EAVZ92 when he crashed into a 2005 Mercedes bearing FL Tag #992WER. Officer Reissi advised he obtained a sworn written witness statement from W/M Ryan Le who witnessed the accident and he saw Adam in actual physical control of the Ford. Officer Reissi advised he could smell a strong alcoholic beverage smell emanating from Adam`s breath and his speech was slurred. At this point Officer Reissi advised his crash investigation was complete and Officer Castillo and I conducted a DUI investigation. I read Adam his constitutional rights and asked him if he would complete some roadside exercises and he said yes. Adam advised he drank twelve beers and he should not be driving. I could smell a strong alcoholic beverage smell emanating from his breath and his speech was heavily slurred. Adam had glassy/ bloodshot eyes. He also told me he has no known medical issues and he takes no prescription medications.

First, Adam conducted the Horizontal Gaze Nystagmus Exercise. He displayed a lack of smooth pursuit in the right and left eye. He also displayed a distinct nystagmus at maximum deviation and an onset of nystagmus prior to forty five degrees in the right and left eyes. Adam also displayed a lack of convergence in his right eye.

Next, I asked Adam to conduct the Walk and Turn exercise and he advised he understood my instructions. Adam did not remain in the starting position and he started too soon. Adam took too many steps and he did not remain on the straight white line. Adam made an improper turn and he did not use heel to toe steps. Lastly, Adam did not count out loud and he could not complete the final nine steps of the exercise.

Next, I asked Adam to conduct the one leg stand exercise and he advised he understood my instructions. Adam dropped his foot on the ground numerous times and he had to be

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GRAHAM, KEITH T
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

11/24/2017
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

GENDEN, ERIC BRADLEY (680)
NAME OF OFFICER (PLEASE PRINT)

11/24/2017
DATE

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

NOT A CERTIFIED COPY

SCANNED
NOV 2 5 2017

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 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2017-016149

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
FRADLEY, ADAM MARTIN		W	M	12/27/1976

PROBABLE CAUSE STATEMENT

reminded to complete the exercise. Adam at one point switched from his left leg to his right leg.

Based on my training (DRE #028046), experience and the totality of circumstances, Adam was placed under arrest for driving under the influence. Officer Castillo and I transported Adam to the Boca Raton Police Department and Officer Deen conducted the breath tech operation. While Officer Deen was searching Adam in the intake vestibule she found .8 grams of cocaine in a baggy in his front right pocket. Officer Castillo and I field tested the cocaine using a Lynn Peavey Cocaine test kit and it tested positive. Adam provided two breath samples of .225 and .218 and he refused to answer any further questions. Lastly, Adam was medically cleared at Boca Regional Hospital and transported to the Palm Beach County Jail. His vehicle was towed to Emerald Towing and the roadside exercises were downloaded into evidence on 11/24/2017. A sworn written witness statement by Ryan was placed into evidence by Officer Reissi. The cocaine was placed into evidence by Officer Castillo.

Per Florida State Statute 316.193(3C1), Adam did drive or was in actual physical control of a vehicle, while under the influence of alcoholic beverages/ chemical substances and was affected to the extent that his normal faculties were impaired causing property damage/ minor injury.

Per Florida State Statute 893.13(6A), Adam was in actual possession of cocaine.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GRAHAM, KEITH T #714
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

11/24/2017
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

GENDEN, ERIC BRADLEY (680)
NAME OF OFFICER (PLEASE PRINT)

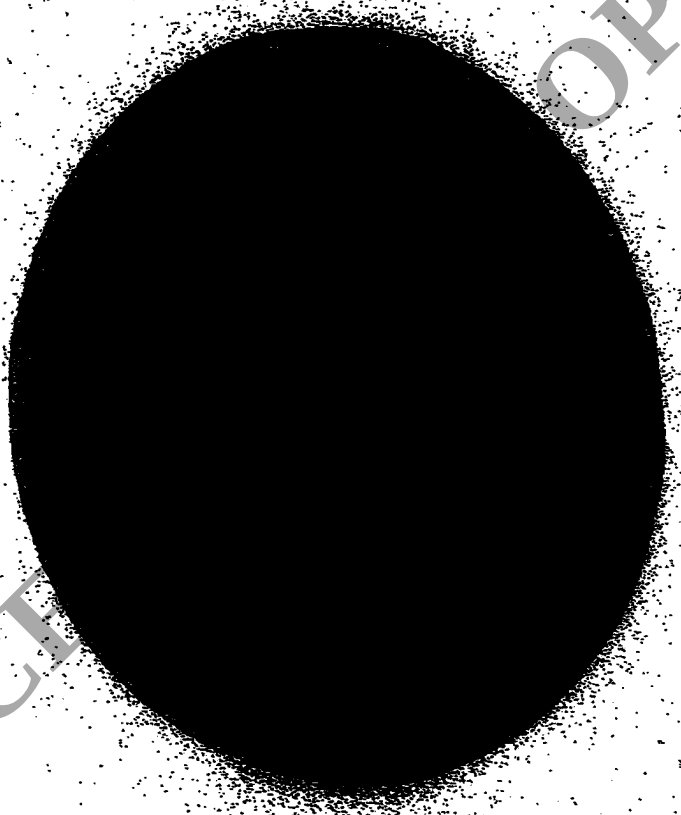
11/24/2017
DATE

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

SCANNED
NOV 2 5 2017

1940hrs. 0810
2017-016149

D. U. I. INFLUENCE REPORT



NOT A CERTIFIED COPY

Boca Raton Police Services Department

100 Northwest Second Avenue

Boca Raton, Florida 33432

SCANNED
NOV 2 5 2017

ARRESTING OFFICER: officer Castillo

Name: Officer Castillo Phone # Home _____ Work 561 368 6201

Address: 100 NW 2nd Ave

Can testify to: Traffic Crash Report / DUI investigation

Name: officer Genden Phone # Home _____ Work 561 368 6201

Address: 100 NW 2nd Ave

Can testify to: Traffic Crash Report / DUI Investigation

Name: Officer Reissi Phone # Home _____ Work 561 368 6201

Address: 100 NW 2nd Ave

Can testify to: First officer on scene

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

NOT A CERTIFIED COPY

-END OF PART 1-

BOCA RATON POLICE DEPARTMENT

Agency Case# 17 - 16149

PART II D.U.I. REPORT
To be filled out at testing facility

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is: Friday (day), November (month), 24 (date), 2017 (year)

B. The time is now approximately 8 20 AM/PM

C. The following is in reference to case number 2017 - 16149

D. Present at this time is Officer Castillo # 804 (Officer's Name) of the Boca Raton Police Department.

Officer Garden

E. Officer Castillo #804, Have you arrested Adam M. Fradley (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?

G. Mr./Mrs./Ms. Fradley, I am required to Inform you these proceedings are being video taped.

Operator Note: Video tape breath request, breath sample, and interview.

NOT A CERTIFIED COPY

Agency Case #_____

H. 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 its alcohol content.

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.

2. I am _____ of the _____

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: _____

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.

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____AM/PM

A refusal form will be completed by the arresting officer.

NOT A CERTIFIED COPY

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: _____

Revised 8/2006

NOT A CERTIFIED COPY

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Adam Martin Fradley

CASE #: 17-16149 DATE 11/24/17

BREATH TESTS RESULTS

1) TIME 2024 AM/PM 2) TIME 2027 AM/PM

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

BREATH OPERATOR: Deen 768

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Quiet Calm

CLOTHING: White Tank Top / Blue Jeans

MEDICAL CONDITION: None

OTHER: _____

COMMENTS: _____

NOT A CERTIFIED COPY

Agency Case #_____

ADULT CONSTITUTIONAL WARNINGS
(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following 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 the right to the presence of a lawyer 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 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.

DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?

(X)_____

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?_____

NOT A CERTIFIED COPY

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?_____

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

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

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

Can you feel the affects 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?_____ Did you get a bump on the head?_____

Were you involved in an accident today?_____

Have you taken any drugs or smoked marijuana today?_____

What?_____ When?_____

Have you seen a doctor or dentist today?_____ Who?_____

Are you taking any prescription medicines? 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 eye 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 videotaping. The time now is approximately 830 AM/(PM)

The date is: November (month) 24 (day) 2017 (year).

NOT A CERTIFIED COPY

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: 11/24/2017

Date of Last Agency Inspection: 11/17/2017
Observation Period Began: 20:00
Subject's Name: ADAM M FRADLEY DOB: 12/27/1976 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	20:22
Air Blank	0.000	20:22
Control Test	0.078	20:22
Air Blank	0.000	20:23
Subject Sample #1	0.225	20:24
Air Blank	0.000	20:24
Air Blank	0.000	20:26
Subject Sample #2	0.218	20:27
Air Blank	0.000	20:28
Control Test	0.074*	20:28
Air Blank	0.000	20:28

*Control Outside Tolerance

Cylinder Lot: 01316080A1
Exp: 02/05/2018

State of Florida, County of Palm Beach,

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

I ALVIA S DEEN, 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: 11/24/17
Signature

Sworn to (or affirmed) before me this 11 day of 24, 17

X _____ X Gerdenso
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