21CT-15419

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number				Juvenile
			1	N

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 21-106390

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

Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
100 Pimlico Way, Royal Palm Beach FL	100 Pimlico Way, Royal Palm Beach FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/13/2021	2219					Gardens Towing

DEFENDANT

Name (Last, First, Middle): **Castrillon, Alex, Andrew** — Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	2/3/1987	5'10	155	Br	Br	Lgt	Sm

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

Marital Status: Single — Religion: NONE — Indication of: Alcohol Influence (Y ☒ N ☐ Unk. ☐) Drug Influence (Y ☐ N ☐ Unk. ☒)

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
470 Long Bow Ct, Royal Palm Beach, FL 33411	( )	2

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

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C236001870430, FL	[redacted]		NJ, NJ	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 ☐ 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 provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) 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. Synthetics — U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under the Influence	1	☐Y ☒N	316.193(1)a	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
n	n		21-106390		

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 I 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**

SEP 14 AM 1:40

Court Date and Time: Month 10 Day 7 Year 21 Time 8:30 AM ☒ PM ☐

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: 09/13/2021

ADMIN

HOLD for other Agency Name: — Signature of Arresting Officer: X

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): A. Soloway — I.D. #: 8586

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy — I.D. # — Pouch #

Transporting Officer: A. Soloway — ID #: 8586 — Agency: PBSO

Witness here if subject signed with an "X"

SCANNED SEP 14 2021

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (Juv. Ct.'s ONLY)

PBSO #148 REV. 8/97

0525918

3002

PROBABLE CAUSE AFFIDAVIT

OBTS Number

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

ADMIN

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 21-106390

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
Castrillon Alex Andrew		W	M	2/3/1987

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

PROBABLE CAUSE STATEMENT

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 13 day of SEPTEMBER 20 21 at 2114 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

On Monday 09/13/2021 at approximately 2114 hours, I responded to the scene of a man down sick person / suspicious person complaint in the area of 100 Pimlico Way Royal Palm Beach FL 33411, located in Palm Beach County.

Upon my arrival I observed that EMS was already on scene and where speaking to the occupants of the involved vehicle (Gray Ford , FL Tag 1M01XT). The driver was later positively identified by FL DL as Alex Castrillon and the passenger was later positively identified by FL DL as Charles Burckner.

I spoke to the complainant Sgt Searing 6798, whom advised that he observed the subjects laying in a nearby yard. Sgt Searing 6798 stated that he asked if they needed assistance and they responded yes. The subjects then got back into the vehicle , drove to the intersection, stopped and remained in the vehicle.

I asked if the driver and the passenger if they "would mind" stepping out of the vehicle so that the paramedics could treat them. The occupants agreed and stepped out of the vehicle to be treated by EMS (Station 28 - Run 21104052).

I noticed that the driver Alex Castrillon, had articulable indicators of impairment (slurred speech, trouble standing / walking, and an odor of an unknown alcoholic beverage from his breath. I called for a Dui unit to respond to conduct a DUI investigation.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S J.VASQUEZ (ID #) 8844
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of SEPTEMBER 20 21 by D/S J.VASQUEZ 8844

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

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

PAGE OF

PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF September 20 21, AT 2114 AM ✓PM

SUBJECT: Castrillon, Alex, Andrew CASE NUMBER: 21-106390

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

PERSONAL CONTACT

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

I responded to assist DS Vasquez #8844 with a possible impaired driver. Upon my arrival he advised me:
On Monday 09/13/2021 at approximately 2114 hours, I responded to the scene of a man down sick person / suspicious person complaint in the area of 100 Pimlico Way Royal Palm Beach FL 33411, located in Palm Beach County.

Upon my arrival I observed that EMS was already on scene and where speaking to the occupants of the involved vehicle (Gray Ford , FL Tag IM01XT). The driver was later positively identified by FL DL as Alex Castrillon and the passenger was later positively identified by FL DL as Charles Burckner.

I spoke to the complainant Sgt Searing 6798, whom advised that he observed the subjects laying in a nearby yard. Sgt Searing 6798 stated that he asked if they needed assistance and they responded yes. The subjects then got back into the vehicle , drove to the intersection, stopped and remained in the vehicle.

I asked if the driver and the passenger if they "would mind" stepping out of the vehicle so that the paramedics could treat them. The occupants agreed and stepped out of the vehicle to be treated by EMS (Station 28 - Run 21104052).

I noticed that the driver Alex Castrillon, had articulable indicators of impairment (slurred speech, trouble standing / walking, and an odor of an unknown alcoholic beverage from his breath.

OBSERVATION OF DRIVER:

The defendant had an obvious odor of an unknown alcoholic beverage on their breath. This odor intensified when the defendant spoke. The defendant's eyes were red and glassy. He was extremely unsteady on his feet and almost fell as he walked towards my vehicle. As he walked, he actually walked into the side mirror of his vehicle. His speech was noticeably slurred.

DRIVER'S STATEMENTS:

The defendant denied having any medical conditions or physical abnormalities. I asked him how much alcohol he drank tonight and he responded, it was none of my business. He stated the current time was 9, it was actually approximately 9:50.

ODORS:

The defendant had an obvious odor of an unknown alcoholic beverage on their breath. This odor intensified when the defendant spoke.

GENERAL OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **Mood swings, verbally abusive, vulgar**

CLOTHING: **tshirt, shorts, flip flop**

MEDICAL/OTHER: **stated none.**

TATE OF FLORIDA
:OUNTY OF PALM BEACH

A. Soloway
ignature of Arresting/Investigative Officer)

ne foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of September 20 21 by A. Soloway

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

Renee Ragin (#16877)
otary Public, Clerk of Court, Officer (F.S.S. 117.10)

Notary Public State of Florida
Renee Ragin
My Commission GG 966418
Expires 03/05/2024

SUBJECT: Castrillon, Alex, Andrew CASE NUMBER 21-106390

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 swaying. He moved his head several times during this task. He separated his feet. He had to be reminded to follow the stimulus.

WALK & TURN:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant stepped off the line several times. He missed heel to toe on most steps. He did not count out loud.

He stated "I'm a little drunk".

ONE LEG STAND:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant raised his leg and immediately approximately 10 times.

He stated "this is stupid".

FINGER TO NOSE:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. He separated his feet. He was swaying significantly. He touched his lip on attempts 1, 3, 4, 5, and 6. He touched the side of his nose on attempt 2.

ROMBERG ALPHABET:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. He correctly recited the alphabet from A-Z. He was swaying and was unable to keep his feet together.

BREATH TEST RESULTS: 1) .339 | 2) .331 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Soloway
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of September 2021 by A. Soloway

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

Renee Ragin (#16877)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Notary Public State of Florida
Renee Ragin
My Commission GG 966418
Expires 03/05/2024

SCANNED
SEP 14 2021

WITNESS LIST

CASE NUMBER: 21-106390

ARRESTING OFFICER: A. Soloway
ADDRESS: PBSO
PHONE NUMBERS (HOME): (WORK)
CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS Vasquez #8844
ADDRESS: PBSO
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO: STOPPING DS

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Castrillon, Alex A

CASE NUMBER: 21-106390

DATE: Sep 13, 2021

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 2316

ENDING TIME: 2328

BREATH TESTS RESULTS: 1) .339 TIME 2322 A.M.☐ P.M.☒ 2) .331 TIME 2325 A.M.☐ P.M.☒

3) n/a TIME 0 A.M.☐ P.M.☐ 4) n/a TIME 0 A.M.☐ P.M.☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: agitated, talkative

CLOTHING: gray shorts, black t-shirt, black flip flops

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2253 hrs

subject agreed to perform breath test - does the amount I blow over determine if I go to jail tonight

A/O read I/C & subject understood I/C

subject agreed to perform breath test

tech read breath test results & subject understood breath test results

A/O read rights due to subject understood rights

A/O did not attempt Q&A

subject invoked right to counsel

SUBJECT: _____ CASE NUMBER: 21-10390

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 detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and 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 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'S 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) _____

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: _____

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

PBSO CASE # 21-106390 PBSO ZONE 9-11

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 2114 DATE 09/13/2021 DAY Monday

SUBJECT'S NAME Castrillon, Alex, Andrew RACE W SEX M

HGT 5'10 WGT 155 DOB 2/3/1987

LOCATION 100 Pimlico Way, Royal Palm Beach FL

ARRESTING OFFICER'S NAME & ID A. Soloway (8586) AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2253

ARREST TIME 2219

BREATH RESULTS:

1) .339
2) .331
3) N/A
4) N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

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: 80-006478 Software: 8100.27
Date of Test: 09/13/2021

Date of Last Agency Inspection: 09/10/2021
Observation Period Began: 22:53
Subject's Name: ALEX A CASTRILLO DOB: 02/03/1987 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	23:20
Air Blank	0.000	23:20
Control Test	0.081	23:20
Air Blank	0.000	23:21
Subject Sample #1	0.339	23:22
Air Blank	0.000	23:22
Air Blank	0.000	23:24
Subject Sample #2	0.331	23:25
Air Blank	0.000	23:25
Control Test	0.079	23:26
Air Blank	0.000	23:26
Diagnostics Check	OK	23:26

Cylinder Lot: 02021080AI
Exp: 03/05/2023

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 THOMAS H LEAHEY, 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: T. Leahey Date: 09/13/21
Signature

Sworn to (or affirmed) before me this 13 day of September, 2021

Signature of Notary Public-State of Florida

Cpl A Soloway #8586
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

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:	

REVIEW COMPLETED BY

Booking Number: 2021022914	**Date:** 9/14/2021
	Specialist Name/ID: J. Beck/9007