			Cha an	1	
_		ARREST / NOTICE TO	ABBEAR	Check if Supplemer  1. Arrest 3. Request for Warrer	
	OBTS Number	Juvenile Referral F	leport	2. N.T.A. 4. Request for Capies	
INE TI	Agency ORI Number         Agency Name           FLD, 5, 0, 0, 0, 0         PALM	BEACH COUNTY SHERIFF'S O		eport Number (N.T.A.'s only)  -	70181(11)
<b>ADMINISTRATIVE</b>	Check as many	3. Misdemeanor 5. Ordin 4. Traffic Misdemeanor 6. Other	MINOR	eapoñ Seized or Type	Multiple Clearance Indicator
DMIN	as apply.  Location of Arrest (Including Name of Business)		Location of Offense (Business		1. Boad F180
ľ	Date of Arrest Dape of Arrest	Booking Date Booking Time Jali	Date Jall Time	Location of Vehicle	(M. D. C. V. S. C.
Н	Name (Lest, First, Middle)		Alias (Name, DOB, Sc	xc. Sec. #, Etc.	
		e of Birth Height	Weight,	Eye Color Hair Color	Complexion / Build
	W - White I - American Indian B - Black O - Oriental/Asian O Oriental/Asia	411836	00 760     Marije(Statu	Religion 7 Indication	Med Stock
Ę	Local Address (Street, Apt. Number)	(City) (Stat	Si na		vence
DEFENDAN	Local Address (Street, Apr. Number)	(Only) (Older	(	) 1. City 2. County	3. Florida 4. Out of State
B	Permanent Address (Street, Apt. Number)	allunand FC	33021 516	6) 673 6546 Address	. 01
	Business Address (Name, Street)	Lollings (Cfy)	3 3/2/ (5/4	1673-6541 Book	it Captain
	D/L Number, State Soo	. Sec. Number	INS Number	Place of Birth (City, S	
Н	Co-Defendant (Last, First, Middle)		Race Sex Date	of Birth 1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
CO-DEF	Co-Defendant (Last, First, Middle)		Race Sex Date	of Birth 1. Arrested 2. At Large	5. Juvenile 3. Felory 4. Misdemeanor 5. Juvenile
H	Parent Name (Last)	(First)	(Middle)		Residence Phone
H	Parent Name (Last)   Legal Custodian   Other:   Address (Street, Apt. Number)	(City)	(State)	(Zip)	Businesa Phone
П	Notified by: (Name)	Date	Time Juy	enile Disposition	( )
빌			1. H	landled/Processed within 2. TO	ot HRS/DYS carcerated
3	Released To: (Name)	Relations			Date Time
	The above address was provided by   defendant and / o to keep the Juvenile Court Clerk's Office (Phone 355-2526)   Yes, by: (Name)	r ☐ defendant's parents. The child and / informed of any change of address. ☐ No (Reason)	or parent was told So	hool Attended	Grade
	Property Crime? Description of Property  Yes No			lue of Property	
CODE		pense/ M. Manufacture/ Z. Other stribute Produce/ Cultivate	Drug Type B. Bar N. N/A C. Coc A. Amphetamine E. Her	biturate H. Hailucinogen seine M. Marijuana oin O. Opium/Deriv.	P. Paraphernalia/ U. Unknown Equipment Z. Other S. Synthetic
П	Charge Description		2	0.2. 1/11	Violation of ORD #
CHARGE	Drug Activity Drug Type Amount / Unit	Offense #	Warrant / Capias Number		Bond
Н	Charge Description	Counts Domestic	Statute Violation Number	1 1	Violation of ORD #
CHARGE	Drug Activity   Drug Type   Amount / Unit	Violence UY UN	Warrant / Caplas Number	1 10 1 1	Bond
	Charge Description	Counts Domestic	Statute Violation Number		, Violation of ORD #
CHARGE	Drug Activity   Drug Type   Amount / Unit	Violence □ Y □N	Warrant / Capias Number		Boneso
₹				9	Violation of ORD #
CHARGE	Charge Description	Violence	Statute Violation Number	11	1 1 2
Š	Drug Activity Drug Type Amount / Unit	Offense #	Warrant / Caplas Number		Bond O'
_	Location (Court, Room Number, Address)	Rd. West Pal	m Beach Fl	Criminal	DE. Stice. Comple
(PPEA	Court Date and Time  Month Day	Year 7 - 12   4 Tir	no 8:30 B	P.M.	0
NOTICE TO APPEAR	I AGREE TO APPEAR AT THE TIME AND PLACE DEBIG APPEAR BEFORE THE COURT AS REQUIRED BY THIS	NATED TO ANSWER THE OFFENSE CHA NOTICE TO APPEAR, THAT I MAY BE HE	RGED OR TO PAY THE FINE	SUBSCRIBED. LUNDERSTAND THA	IT SHOULD I WILLFULLY FAIL TO T SHALL BE ISSUED
NOTIC	4 /1			5/17/18	<b>?</b>
dash	Signature of Delendant (or Juvenile and Parent/O	Custodian Signature of Affesting Office/	O D Nar	Date Signed ne Verification (Printed by Arrestee)	_
Z	CAIL	Name of Arresting Officer (Pyrift)	9 6 G (PR	IINT)	
ADMIN	Dangerous Paelithd Arrest Sulcidel Other: Intake Deputy I.D. #   Pouch #	Transporting Officer I.D.#	Agency		PAGE
Ш		J.P. Rollenburg	With	ness here if subject signed with an "X	

### D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17 DAY OF May 20 18 AT	ANUZ Gan Day
SUBJECT: Andrew William Halsband	CASE MILLIDED. 19-709
ACENCY Pales Beach Df)	STEPLE OFFICIENT A PROPERTY OF THE PROPERTY OF
AGENCY: Palm Beach PD ARRE PERSONAL CON	TACT
DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE O	
Crossed over double yellow	lines on roadway on
two occasions,	
OBSERVATION OF DRIVER:	
Slurred speech, torgetful, fu on feet, poor coordination, eyes	imbling fingers unstead
on feet, poor coordination.	bloods bot and sed along
eyes	10003121 100 100, 91055 y
DRIVER'S STATEMENTS:	•
Stated that he "fucked up."	Stated he would fail
the SFST's Stated that the	uehicle was parked
at the time of the traffin	: 5400
Unknown alcoholic beverage e	maratin from hal
facial area GENERAL OBSERV	
Speech: Rambling, stacked	
ATTITUDE: Conserative, apologetic	
CLOTHING: White long sleeved 3Lich / Black	E parts / sneakers
MEDICAL/OTHER: N/A	
STATE OF FLORIDA COUNTY OF PALM/BEACH	
at ht	
The talegoing instrument was serom to or affirmed of authorities the last of the last of MAN	20 18 by.
The tringging instrument was swom to or affirmed old subscribed before me trie 1 day or 101 HV  (Print name of pressing transfer of identification of identi	1 produced
Samanina Palmer	· · · · · · · · · · · · · · · · · · ·
Notary Public, Clark of Court, Officer (F.S.S. 17740)  Commission 2 FV-17277  Expires: OCT 28, 2016  BONDED THRU	7
1ST FLORIDA NOTARY, LLC	<b>c</b>

SUBJECT: Andrew William CASE NUMBER 18-708
ROADSIDE TASKS
HORIZONTAL GAZE NYSTAGMUS:  LIT EYE-LACK OF SMOOTH PURSUIT  RT EYE-LACK OF SMOOTH PURSUIT  RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION  RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION  RT-EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
Other Observations: Swaying, Failed to follow instructions and keep head still. Did not keep hands at side. Failed to follow stimulus with eyes or WALK & TURN:  - Could not keep balance while listening to instructions.  - Missed heel to toe  - Stopped walking to steady self  - Stepped off the line  - Improper turn - Incorrect number of some legisters.  ONE LEG STAND:  - Failed to keep hands at side (Used them for balance)
- Did not count - Hopped - Did not look at foot - Pat foot down - Lost balance FINGER TO NOSE: - Used whole hand instead of tip of finger - Failed to return arm to side on his own
- Swayed ROMBERG ALPHABET: - Slurred speech - swaying - Started too soon  BREATH TEST RESULTS: 1), 202 (2), 202 (3) (4)
STATE OF FLORIDA COUNTY OF PALM BRACH

STA n to me and/or produced identification. Type of identification produced Samantha Palmer
Commission # 55 1722 / 7
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC Notary Public, Clerk of Court, Officer (F.S.S 117.10)



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

PBSO CASE # 48-075115 PBSO ZONE 3-2	.4
AGENCY CASE # 18-708 CRASH CASE #	
TIME OF STOP/CRASH 0008 DATE 5/17/18 DAY	THU.
SUBJECT'S NAME Andrew Halsband RACE W SEX	M
HGT 6'00 WGT 760 DOB 04 / //	/ 83
LOCATION 1338 N. Lake Way	
ARRESTING OFFICER'S NAME & ID ) P Rothenburg 9269 AGENCY	PBPD:
DIVISION: Patrol NOTIFIED BY COMMO	$\mathcal{S}$
ARRIVAL AT FACILITY	0130
BREATH RESULTS: ARREST TIME	0043
1202	
2202	
3.	
4.	
71.	<b>a</b>
TESTING OFFICER'S ID 7607 PBSO VIDEOTAPE # No	4

### **TESTING FACILITY TASK REPORT**

AGENCY: PBPD-ROTHENBURG
SUBJECT: HALSBAND, ANDREW CASE NUMBER: 18-075115
DATE: May 17, 2018 VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0151 ENDING TIME: 0212
BREATH TESTS RESULTS: 1) .202 TIME 0156 A.M. ☑ P.M. ☐ 2) .202 TIME 0159 A.M. ☑ P.M. ☐
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.
BREATH OPERATOR: J Biggs# 7607
MAINTENANCE TECHNICAN: D/S J Karklecke #6467
TESTING OFFICER'S OBSERVATIONS
SPEECH: SLURRED, MUSHED MOUTH, QUICK, RAMBLING ON
ATTITUDE: COOPERATIVE
CLOTHING: WHITE SHIRT, TAN PANTS
MEDICAL CONDITIONS: NONE
MEDICATIONS: NONE
OTHER:
EYES GLASSY, RED, BLOODSHOT STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT
COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0130 SUBJECT ADVISED HE WOULD SUBMIT TO THE BREATH TEST SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY RESULTS WERE GIVEN MIRANDA WAS READ ON SCENE SUBJECT SUBMITTED TO THE QUESTIONS ASKED

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? A / WHERE DID YOU START?
WHAT TIME DID YOU START? WHAT TIME IS IT NOW?
WHAT TIME DID YOU START? WHAT TIME IS IT NOW? 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? 2 HAVE YOU BEEN DRINKING? WHAT?
HOW MUCH? WHERE? WITH WHOM?
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?
HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? WHO? WHY? WHY? WHEN? W
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: WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL
WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL PBSO #0129C REV. 9/93

SUBI	ECT: CASE NUMBER:
J	IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE
1	NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.
cont	-UK-
chen	now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of nical or controlled substances.  OR-
I am and	now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content the presence of chemical or controlled substances.
	NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.
Lan	of the
15 av	ou fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a lod of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have uested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test our breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you dmissible into evidence in any criminal proceeding.  BJECT'S SIGNATURE: (X)
	CONSTITUTIONAL WARNINGS
IAI	M 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.
SU	JSPECT'S SIGNATURE: (X)

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

### **WITNESS LIST**

WIIIWD0 I	701
	CASE NUMBER:
ARRESTING OFFICER	
ADDRESS Councy & for the last	Bear 12 33400
PHONE NUMBERS (HOME)	(WORK)
CAN TESTIFY TO:	_ (World)
· · · · · · · · · · · · · · · · · · ·	
NAME: ADDRESS	Berus FL 33433
PHONE NUMBERS (HOME)	(WORK)
CAN TESTIFY TO: 5 F 5 / / A -	(1/0/14)
NAME:	
ADDRESS Section Sectio	2.11. Fr ? / 6/6/
PHONE NUMBERS (HOME)	_ (WORK)
CAN TESTIFY TO:	
NAME:	
ADDRESS	
PHONE NUMBERS (HOME)	(WORK)
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CAN TESTIFY TO:	
PB90 #0128C REV. 09/93 WHITE - STATE ATTY. YELLOW - DHSMV PINK	C - CENTRAL RECORDS GOLD - JAIL

## 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: 05/17/2018

Date of Last Agency Inspection: 05/11/2018

Observation Period Began: 01:30 Subject's Name: ANDREW HALSBAND

DOB: 05/11/1983 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		01:53
	Air Blank '	0.000	01:54
	Control Test	0.079	01:54
	Air Blank	0.000	01:54
	Subject Sample #1	0.202	01:56
	Air Blank	0.000	01:56
	Air Blank	0.000	01:58
	Subject Sample #2	0.202	01:59
	Air Blank	0.000	01:59
	Control Test	0.079	02:00
		0.000	02:00
	Diagnostics Check	OK	02:00

Cylinder Lot: 22817080A5 Exp: 10/05/2019

State of Florida, County of Am Begch,

Personally appeared before me the undersigned authority, who (1) is personally known to me or (1) produced as identification, and who after being placed under oath, states:

I JAMES C BIGGS , 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: 5/17/18

Signature

Sworn to (or affirmed) before me this 17 day of May , 2018

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.