

0485191

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## ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500800</b>		Agency Name <b>West Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>9   4   2017-0007382</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE	
D E F E N D A N T	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Multiple Clearance Indicator		Enter Type					
	Location of Arrest (Including Name of Business) <b>AUSTRALIAN AVE / PALM BEACH LAKES BLVD</b>						Location of Offense (Business Name, Address) <b>1199 N CONGRESS AVE/PALM BEACH LAKES BLVD, WEST</b>					
	Date of Arrest <b>04/17/2017</b>		Time of Arrest <b>01:37</b>		Booking Date		Booking Time		Jail Date		Jail Time	
	Name (Last, First, Middle) <b>ALDRICH, BARBARA JEAN</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)							
J U V E N I L E	Race W. White B. Black O. Oriental/Asian		Sex M F W F		Date of Birth <b>02/25/1972</b>		Height <b>5'06</b>		Weight <b>140</b>		Eye Color <b>BRO</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Complexion <b>Light</b>		Build <b>Small</b>	
	Local Address (Street, Apt. Number) <b>532 N WINTER PARK DR, CASSELBERRY, FL 32707</b>		(City)		(State)		(Zip)		Phone <b>(407) 219-1404</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
	Permanent Address (Street, Apt. Number) <b>532 N WINTER PARK DR, CASSELBERRY, FL 32707</b>		(City)		(State)		(Zip)		Phone <b>(407) 219-1404</b>		Address Source	
C O D E F	Business Address (Name, Street) <b>532 N WINTER PARK DR, CASSELBERRY, FL 32707</b>		(City)		(State)		(Zip)		Phone		Occupation	
	D/L Number, State <b>A436070725650 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Orlando FL</b>		Citizenship <b>USA</b>			
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone		Business Phone					
	Address (Street, Apt. Number) <b>4500</b>		(City)		(State)		(Zip)					
	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					
C O D E	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> 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.		School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
	Yes, by: <input type="checkbox"/> No: <input type="checkbox"/>											
	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ 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			
C H A R G E	Charge Description <b>DUI-DAMAGE TO PERSON/PROPERTY</b>		Statute Violation Number <b>316.193(3)(C)(1)</b>		Violation of ORD #							
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>2017-0007382</b>		Counts <b>2</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Charge Description <b>CRASH - LEAVING SCENE W/O RENDERING AID (INJURY)</b>		Statute Violation Number <b>316.027(2A)</b>		Violation of ORD #							
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>2017-0007382</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
J N T A K E	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:							
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By		Released To					
	Transported By		Date Transported		Time Transported		Other					
	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) <b>Criminal Justice CRIMINAL JUSTICE COMPLEX</b>		Court Date and Time <b>05/25/2017 08:30:00</b>		3228 GUN CLUB ROAD					
N O T I C E T O A P P E A R	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		No Photo Available					
	HOLD for Other Agency		Signature of Arresting Officer <b>Donde</b>		Name Verification (Printed by Arrestee)							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>DONDE, JAY</b>		I.D. # <b>01530</b>		(PRINT)					
	Intake Deputy <b>Col Hardemon</b>		I.D. # <b>4716</b>		Pouch #		Transmitting Officer <b>BRANDT</b>		I.D. # <b>1584</b>		Agency <b>WPA</b>	
A D M I N	Witness here if subject signed with an "X"										PAGE <b>1 OF 1</b>	

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

Enhardt

SCANNED

APR 17 2017 AM 5:44

# DUI PROBABLE CAUSE AFFIDAVIT

On the 16th Day of April at 2344 A.M. P.M.

Subject: Aldrich, Barbara Case Number: 17-7382

Agency: West Palm Beach Police Department Arresting Officer: Donde 1530

## Personal Contact

### Driving Pattern

Actual physical control (physical evidence putting the driver behind the wheel)

Def was involved in a crash at Okeechobee Blvd and Congress Ave The Def was driving 2014 Toyota FI Hpl119 and hit the rear of a 1995 Chev 2d truck. The def said she was scared for an unknown reason and did not know the crash was bad though the air bags in her car full front /side were deployed.

Officer Imbesi saw the defendants vehicle with damage driving north on Congress Ave and the victims vehicle behind it. The suspect vehicle comes to a stop at Congress Ave and Palm Beach Lakes Blvd and the defendant places the vehicle in reverse and backs into Officer Imbesi car. She continues east bound on Palm Beach Lakes Blvd. Until stopping at Australian Blvd and Palm Beach Lakes.

### Observation of Driver

Was lying in back seat of Officer Hardimans patrol vehicle. Upon exiting she was very uneasy on her feet, lost balance and fell to ground (not injured) said she just woke up and this is why. I had her lean on the patrol car for several moments before moving several feet to my patrol vehicle. continued with verbal reasons why things happened the back injury her knees. her being cold and scared.

### Drivers Statements:

Was scared after the crash had no reason to be. Was COLD was giving a jacket prior to tasks. "Did not sleep Thursday and Friday". Had been at a Detox unit

### Odors:

distinct unknown odor of an alcoholic beverage

## General Observations

**Speech:** slurred ,mumble VERY talkative e

**Attitude:** cove operative though talkative and interruptive

**Clothing:** sneakers blue jeans brown shirt

**Medical Problems/Medications:** Back knee issues

**Other:**

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APR 17 2017

# DUI PROBABLE CAUSE AFFIDAVIT

Subject: Aldrich, Barbara Case Number: 17-7382

## Roadside Tasks

### Horizontal Gaze Nystagmus

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Left Eye Does Not Follow Smoothly              | <input checked="" type="checkbox"/> Right Eye Does Not Follow Smoothly              |
| <input checked="" type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less      | <input checked="" type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less      |
| <input checked="" type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input checked="" type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

Hazel eyes

Subject had slight nystagmus at 45 was leaning against patrol vehicle due to defendant unable to stand still. extereuml uineasy in her feet up to almost loosing balanc ewhiel just standing

### Walk and Turn Task

- I instructed the driver to stand with her left on the line with her right foot directly in front of the left touching heal to toe with her hands down by his sides. The line a solid white line of a parking spot. The driver was told to remain in that position until told to begin the task. I explained and demonstrated the exercise and she said she understood the instructions. " I would not be able to do it" because her knees, elbows, breasts and a knot on her head. wished to change direction on line because of "wind" This was allowed. Left leg and sciatic nerve. questioned turn was explained. Wanted her MRI read. attempt was made only one step loose balance.

### One Leg Stand

Due to defendants continued mentioning of her pervious injuries, that she was tired had not slept in two days though said she slept on Saturday. this test was NOT instructed or preformed.

### Finger To Nose

The defendant was asked to sit on the bumper of my patrol vehicle to help her balance I explained and demonstrated the exercise and she stated she understood the instructions. I asked the driver to tilt her head back and close her eyes. Did not think keeping eyes closed and head back was fair. On the first left slow movement pad to tip, first right tip to right nostril, 2nd left pad to tip of nose. 2nd right touched left nostril 3rd right tip of nose on third left slow to tip. I observed the driver swaying.

### Romberg Alphabet

Was asked to recite the alphabet A-Z. had college education AA degree.  
Driver said she sings it to her grand kids. 1st attempt "q,s t r,v," 2nd attempt "L.M- L,M,N,O,P",.  
"Hard for me to due because I sing it to them"

## Breath Results from Instrument

1st Result

VNM

2nd Result

VNM

3rd Result

If Applicable

.054

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this



Personally Known



Produced Identification



Notary Public

Officer

Notary / Clerk of Courts / Officer (FSS: 117.10)

Signature of Arresting Officer

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Page 2 of 2

APR 17 2017

SUBJECT: Aldrich, Barbara CASE NUMBER: 17-7382

## **IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE**

**NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING**

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

OR

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

OR

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

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

I am Donde of the West Palm Beach Police Department. 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.

SUBJECTS SIGNATURE: \_\_\_\_\_

## **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.

SUBJECTS SIGNATURE: \_\_\_\_\_

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APR 17 2017



**West Palm Beach Police Department**  
**Breath Testing Facility Report**



Defendant: Aldrich, Barbara Case #: 17-7382  
Arresting Officer: Donde 1530 Date: 04/17/2017

Breath Test Results: VNM g/210L 0233 Time VNM g/210L 0228 Time  
.054 g/210L 0238 Time .050 g/210L 0241 Time

Note: Times are in Military Time

Breath Operator: Donde  
Maintenance Technician Ofc. R. Secord #1639

**Testing Officer Observations:**

Speech: Slurred at times and continued about medical issues  
Attitude: cooperative  
Clothing: blue jeans brown shirt  
Medical Conditions: back injury neck injury from crash 2004 maybe  
Medications: welrutrin Lorazepam Morphne  
Other: \_\_\_\_\_

Arrival Time at Facility/ Time Twenty (20) Minute Observation Started: 0140 / 0150

**Comments:**

Had to explain what may happen if she does not submit to a breath test was read implied consent.

Told me of at least two other DUI type arrests

Had two volumes not met 0223 hours / 0228 hours.

2nd test sample provided

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**APR 17 2017**

DEFENDANT: Aldrich, Barbara

CASE NUMBER: 17-7382

## 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 OPERATION A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT: \*\* requested attorney after asking

WHERE WERE YOU GOING? me questions

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START FROM? \_\_\_\_\_

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(3) HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGHT? \_\_\_\_\_ 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 YOUR 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? \_\_\_\_\_ WHEN? \_\_\_\_\_

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 CORRECTABLE 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: \_\_\_\_\_

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APR 17 2017



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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: WEST PALM BEACH PD  
Instrument Serial Number: 80-001235 Software: 8100.27  
Date of Test: 04/17/2017

Date of Last Agency Inspection: 03/31/2017  
Observation Period Began: 01:50  
Subject's Name: BARBARA J ALDRICH

DOB: 02/25/1972 Sex: F

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	02:35
	Air Blank	0.000	02:35
	Control Test	0.081	02:36
	Air Blank	0.000	02:36
	Subject Sample #1	0.054	02:38
	Air Blank	0.000	02:38
	Air Blank	0.000	02:40
	Subject Sample #2	0.050	02:41
	Air Blank	0.000	02:42
	Control Test	0.081	02:42
	Air Blank	0.000	02:43
	Diagnostics Check	OK	02:43

Cylinder Lot: 152169  
Exp: 10/30/2018

State of Florida, County of P.B.

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 J. DONDE 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: [Signature] Date: 4/17/17  
Signature

Sworn to or affirmed before me this 17 day of April, 2017  
[Signature] 1584  
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.



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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: WEST PALM BEACH PD  
Instrument Serial Number: 80-001235 Software: 8100.27  
Date of Test: 04/17/2017

Date of Last Agency Inspection: 03/31/2017

Observation Period Began: 01:50

Subject's Name: BARBARA J ALDRICH

DOB: 02/25/1972 Sex: F

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	02:18
	Air Blank	0.000	02:19
	Control Test	0.080	02:19
	Air Blank	0.000	02:19
	Subject Sample #1	VNM*	02:23
	Air Blank	0.000	02:23
	Air Blank	0.000	02:25
	Subject Sample #2	VNM**	02:28
	Air Blank	0.000	02:29
	Control Test	0.080	02:29
	Air Blank	0.000	02:30
	Diagnostics Check	OK	02:30

\*Volume Not Met (0.049 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

\*\*Volume Not Met (0.056 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 152169  
Exp: 10/30/2018

State of Florida, County of P.B.

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, J. DONDE, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, 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: [Signature] Date: 4/17/17  
Signature

Sworn to (or affirmed) before me this 17 day of April, 2017  
[Signature] Ivy Elnacht  
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.