

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26TH DAY OF DECEMBER 20 19, AT 2253 AM PM

SUBJECT: BRISTOW, BRIAN, JON CASE NUMBER: 19-007599

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

I responded to the intersection of Lighthouse Dr and Gardens East Dr, PBG, FL in regard to a vehicle collision with injuries. The driver of that at fault vehicle, identified via South Carolina Driver License, Brian Bristow crossed the intersection and collided head-on with another vehicle. Upon my arrival, Bristow was still in the driver seat of the vehicle and was identified by the occupants of the other vehicle as the driver at the time of the crash.

OBSERVATION OF DRIVER:

Bristow had a flushed red face, slurred speech, glassy eyes and the odor of an alcoholic beverage emanating from his breath. Upon exiting the vehicle, Bristow walked with an unsteady gait and had to place his hand on his on his vehicle to assist in standing up straight.

DRIVER'S STATEMENTS:

Bristow said he was coming from his house and initially said he had consumed one Bud Light, then said he had consumed two Bud Lights.

ODORS:

Unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Rapid mood

CLOTHING: Pink and Blue shirt, blue shorts

MEDICAL/OTHER: None stated

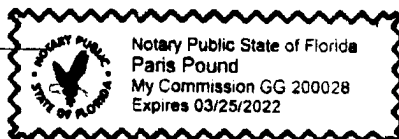
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of December 20 19 by Ofc. ANDREW FLINK

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

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



DEC 27 2019

SUBJECT: BRISTOW, BRIAN, JON

CASE NUMBER 19-007599

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Vertical Gaze Nystagmus in both eyes.

WALK & TURN:

During the exercise, after the first nine steps, Bristow conducted an "about face", even after being explicitly told not to conduct an "about face". After conducting the "about face", Bristow lost his balance and stepped over his other foot and off the line. Bristow then took 10 steps rather than nine as instructed.

ONE LEG STAND:

Bristow started the exercise twice, prior to be told to do so. Bristow raised his right foot for the exercise. During the exercise, Bristow was swaying for the duration. Bristow also had his toes pointed up rather than out and had to be told to look down, however, he looked beyond his foot, not at his raised foot. Bristow also put his foot down at the count of ten. It should be noted Bristow raised his right foot and crossed it in front of his left foot, rather than raised it straight out.

FINGER TO NOSE:

During the exercise on the command of "left", Bristow touched next to his nose. Bristow again did the same for "right". On the next command of "left", Bristow touched the bridge of his nose. On the next command of "right", he touched the side of his nose. On a consecutive command of "left", Bristow used his right hand. On the subsequent command of "right", Bristow used the pad of his finger to touch his nose. For the duration of the exercise, Bristow was swaying. back and forth.

ROMBERG ALPHABET:

Not conducted

BREATH TEST RESULTS: 1) .181 2) .171 3) - 4) -

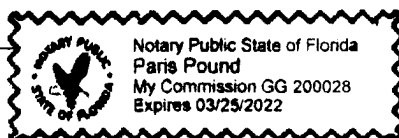
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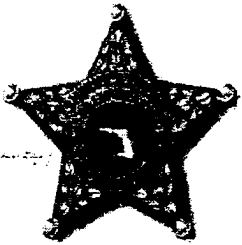
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DEC 27 2019



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

PBSO CASE # 19-152825 PBSO ZONE 3-13

AGENCY CASE # 19-007599 CRASH CASE # 89412071

TIME OF STOP/CRASH 2253 DATE 12/26/2019 DAY THURSDAY

SUBJECT'S NAME BRISTOW BRIAN JON RACE W SEX M
LAST FIRST MID

HGT 5'8 WGT 145 DOB 12/28/1989

LOCATION LIGHTHOUSE DR/GARDENS EAST DR, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: ROAD PATROL

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 2357

ARREST TIME 23:29

BREATH RESULTS:

- 1) .181
- 2) .171
- 3) N/A
- 4) N/A

BREATH TEST OPERATOR: 24639

NOT A CERTIFIED COPY

DEC 27 2019

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: 80-006029 Software: 8100.27
Date of Test: 12/27/2019

Date of Last Agency Inspection: 12/06/2019

Observation Period Began: 23:57

Subject's Name: BRIAN J BRISTOW

DOB: 12/28/1989 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	00:22
Air Blank	0.000	00:23
Control Test	0.081	00:23
Air Blank	0.000	00:24
Subject Sample #1	0.181	00:24
Air Blank	0.000	00:25
Air Blank	0.000	00:27
Subject Sample #2	0.171	00:27
Air Blank	0.000	00:28
Control Test	0.080	00:28
Air Blank	0.000	00:29
Diagnostics Check	OK	00:29

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 PARIS D POUND, 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: 12/27/19

Sworn to (or affirmed) before me this 27 day of December, 2019

Signature of Notary Public-State of Florida

OFF. A. FLUNK
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.

TESTING FACILITY TASK REPORT

AGENCY: PCPD

SUBJECT: 12-200-10300-5 CASE NUMBER: 11-2-2015

DATE: 12/2/15 VIDEO TAPE NUMBER: 1/1

BEGINNING TIME: 10:11 ENDING TIME: 10:12

BREATH TESTS RESULTS: 1) .121 TIME 10:11 A.M./P.M. 2) .171 TIME 10:12 A.M./P.M.

3) 1/1 TIME --- A.M./P.M. 4) 1/1 TIME --- A.M./P.M.

BREATH OPERATOR: P. [unclear]

MAINTENANCE TECHNICIAN: J. [unclear]

TESTING OFFICER'S OBSERVATIONS

SPEECH: clear

ATTITUDE: cooperative

CLOTHING: jeans, white shirt, black jacket

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: eyes

COMMENTS: subject at station at 10:11 AM

subject administered test at 10:11 AM

1.0000

1.0000

1.0000

1.0000

1.0000

1.0000

1.0000

PCPD

DEC 27 2015

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? _____

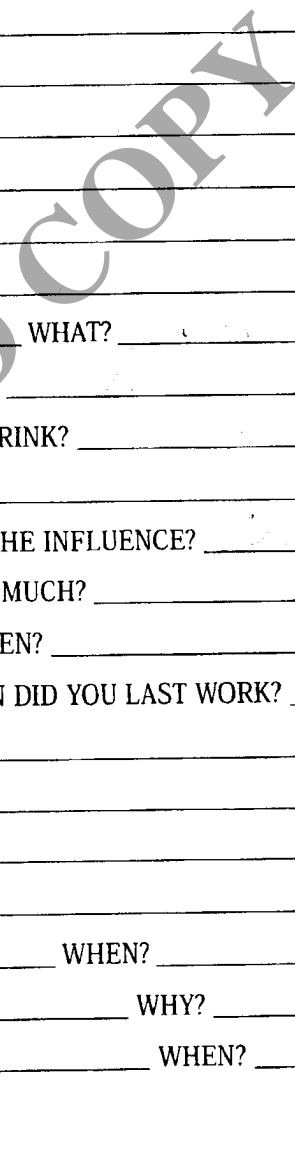
DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

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: _____

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



DUPLICATE
DEC 7 2016

SUBJECT: _____ CASE NUMBER: _____

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) _____

SCANNED
DEC 9 7 2016



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	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(ii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	782.04 (FS)	Other: Witness	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2019041034	Date: 12/27/2019
	Specialist Name/ID: M. Tooks #8557

SCANNED
DEC 27 2019