

0485441

18 CT 02 1035 3022

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06- 18148586</b>	
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		Weapon Seized / Type 1. Yes 2. No	
Location of Arrest (Including Name of Business) <b>60th St at Seminole Pratt Loxahatchee FL 33470</b>				Location of Offense (Business Name, Address) <b>60th St at Seminole Pratt Loxahatchee FL 33470</b>			
Date of Arrest <b>11/26/2018</b>	Time of Arrest <b>04:25</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) <b>Dipasquale Brianna R</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>11/16/95</b>	Height <b>5'11"</b>	Weight <b>105 lb</b>	Eye Color <b>Bro</b>	Hair Color <b>Bla</b>	Complexion <b>Med</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>Sing</b>	Religion <b>None</b>	Indication of: Alcohol influence <input type="checkbox"/> Drug influence <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>17813 66TH Ct N Loxahatchee FL 33470</b>				Phone <b>( ) ( )</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number)				Phone		Address Source <b>Verbal</b>	
Business Address (Name, Street)				Phone		Occupation <b>Retail</b>	
D/L Number, State <b>D124076957960</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>West Palm Beach FL</b>	
Citizenship <b>US</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		
Parent Legal Custodian Other:		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone ( ) ( )
Business Phone ( ) ( )		Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handed/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
Released To: (Name)		Relationship		Date	Time		
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity S. Sell N. N/A P. Possess		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/Denv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other	
Charge Description <b>DUI</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(j)</b>		Violation of ORD #	
Drug Activity <b>N N</b>		Drug Type <b>N N</b>		Amount / Unit	Offense # <b>18148586</b>	Warrant / Capias Number <b>Bond OR</b>	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond	
Location (Court Room Number, Address) <b>PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996</b>							
Court Date and Time <b>Month Dec Day 20 Year 2018 Time 08:30 AM X PM</b>							
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 <b>11/26/2018</b>							
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer		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>Inv. J. Schneider</b>		I.D. # <b>8501</b>	
Intake Date		Pouch #		Transporting Officer <b>Inv. J. Schneider</b>		I.D. # <b>8501</b>	
Agency <b>PBSO</b>		Witness here if subject signed with an -X-		PAGE <b>1</b> OF <b>1</b>			

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

8:00

PROBABLE CAUSE AFFIDAVIT

OBTS Number

1 Arrest  
2 NTA  
3 Request for Warrant  
4 Request for Capias

1

Juvenile

Agency ORI Number FLO 5, 0, 0, 0, 0, 0, 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 18-148586
Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 2 Traffic Felony	<input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other

Name (Last, First, Middle) Dipasquale, Brianna R	Alias	Race W	Sex F	Date of Birth 08/16/1995
Charge Description	Charge Description			
Charge Description	Charge Description			

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Local Address (Street, Apt Number) (City) (State) (Zip) Phone	Address Source		
Business Address (Name, Street) (City) (State) (Zip) Phone	Occupation		

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.  was observed by \_\_\_\_\_ who told \_\_\_\_\_

confessed to \_\_\_\_\_  that he/she saw the arrested person commit the below acts.

admitting to the below facts. \_\_\_\_\_ was found to have committed the below acts, resulting from my (described) investigation.

On the 26th day of November 20 18 at 3:30  A.M  P.M (Specifically include facts constituting cause for arrest.)

I was on routine patrol in the area of the 5000 block of Seminole Pratt Whitney Rd in the City of Westlake FL 33470. I observed a silver vehicle traveling north on Seminole Pratt Whitney Rd with the drivers side headlight not functioning. I got behind the vehicle and observed it cross the center lane twice. The vehicle then came to the intersection of 60th St N where the vehicle almost came to a stop at the green light. The vehicle then made a left turn to travel west of 60th St N. The vehicle crossed into the turn lane and then crossed the fog line at which time I conducted a traffic stop. Upon approaching the vehicle I made contact with the driver who was identified as the defendant by her Florida driver's license. I could smell a strong odor of an unknown alcoholic beverage emanating from the vehicle. I asked the driver if she had been drinking and she stated one or two. I advised the driver of the odor of alcohol emanating from the vehicle and she stated that she also smokes cigarettes. I requested a response from Inv. J Schneider #8501 of the DUI Unit to continue the DUI investigation.

PROBABLE CAUSE STATEMENT

NOT A CERTIFICATE

STATE OF FLORIDA COUNTY OF PALM BEACH <i>[Signature]</i> #8779 (Signature of Arresting/Investigative Officer)	26th day of November 20 18 by D/S.T. Patt #8779
The foregoing instrument was sworn to or affirmed and subscribed before me this	Known LEO
(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced	
Notary Public, Clerk of Court, Officer (F.S.S.) 117.10	PAGE 1 OF 1

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26 DAY OF Nov 20 18, AT 03:30  AM  PM

SUBJECT: Dipasquale Brianna R CASE NUMBER: 18148586

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider

## PERSONAL CONTACT

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

D/S Patt observed a silver Nissan driving near the area of 60th Street and Seminole Pratt Whitney Road. He observed the vehicle only had one functional tail lamp, nearly stopped for a green light and departed the travel portion of the roadway by crossing the fog line. Due to his observations he performed a traffic stop. While speaking with the driver he became concerned that she may be impaired and requested I respond.

## OBSERVATION OF DRIVER:

On my arrival I obtained the reason for the stop and some basic observations before walking to the driver's side window. As I began to engage her in conversation I confirmed her name as Briann Dipasquale. While speaking with her I smelled the odor of a unknown alcoholic beverage coming from her breath. While illuminating the interior of the vehicle I observed she had red, bloodshot, and glossy eyes. Due to my observations I requested she step from the vehicle to perform roadside tasks. She agreed to do so.

After being taken into custody she continued to ramble on about various topics which were inappropriate for the situation.

## DRIVER'S STATEMENTS:

I had a few drinks after work. Everybody does it.

## ODORS:

Distinct odor of a unknown alcoholic beverage coming from her breath and person.

## GENERAL OBSERVATIONS

SPEECH: Normal

ATTITUDE: Cooperative

CLOTHING: Blue shirt, black pants, black shoes

MEDICAL/OTHER: Stated None

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. J. Schneider

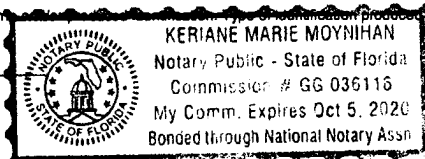
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of November 20 18 by Inv. J. Schneider

(Print name of Arresting/Investigative Officer), who is personally known to me Known

Keriane Marie Moynihan

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



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:**

**Distinct sway while standing stationary and had to be placed back into the proper stance numerous times. Had to be reminded to follow the stimulus and keep her head still.**

**WALK & TURN:**

**Unable to maintain the instructional position. Ultimately she abandoned it standing with her feet side by side. Starting to walk she missed heel to toe, raised her arms for balance, stepped off the line, and stopped walking on step nine. She had to be reminded to turn around and continue. While returning she once again raised her arms for balance and missed heel to toe.**

**ONE LEG STAND:**

**While standing in the instructional position she swayed while stationary. Starting the task she was unable to keep her foot elevated for the duration of the task and raised her arms for balance.**

**FINGER TO NOSE:**

**While standing in the instructional position she swayed while stationary and had to be placed back into the instructional stance. Starting the task she used the pad of her finger numerous times and had to be reminded to keep her eyes closed during the task.**

**ROMBERG ALPHABET:**

**While standing in the instructional position she swayed while stationary. Performing the task she rhymed a portion of the alphabet contrary to instruction.**

**BREATH TEST RESULTS: .121 .125**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**Inv. J. Schneider**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of November 2018 by Inv. J. Schneider

(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)



# WITNESS LIST

CASE NUMBER: 18148586

ARRESTING OFFICER: Inv. J. Schneider

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 762 - 4714

CAN TESTIFY TO: DUI Investigation

NAME: D/S Patt #8779

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: Initial stop and driver observations

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: P350

SUBJECT: D. D. Squire, Brianna R CASE NUMBER: 18-148586

DATE: 11/26/18 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 05:23 ENDING TIME: 05:39

BREATH TESTS RESULTS: 1) .121 TIME 05:28 AM/P.M. 2) .125 TIME 05:31 AM/P.M.  
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: K. Mognitan #92079

MAINTENANCE TECHNICIAN: J. Knieck #16467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: Taxative, upset, Rumbling, uncooperative

CLOTHING: Black pants, Blue short sleeve + shirt, Black shoes

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: Eyes glassy and bloodshot, Admitted to drinking 2 "Tall Boy" Coronas during O+A.

Order of unmonitored alcoholic beverage on breath.

COMMENTS: Arrived at Testing Center, ALO began 90 minute observation period at 05:00 hrs.

A agreed to take test.

ALO read Rights

A stated she understood her Rights

Tech read Breath Test Results and explained, A stated she understood her Results.

ALO conducted O+A

A answered Questions

SUBJECT: Dipisquale, Bianca R CASE NUMBER: 18-143586

**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) Read on Camera

SUBJECT: Diposquale, Brianna R CASE NUMBER: 18-148586

### 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? NO

WHERE WERE YOU GOING? HOME

WHAT STREET OR HIGHWAY WERE YOU ON? 602

DIRECTION OF TRAVEL? W WHERE DID YOU START? HOME

WHAT TIME DID YOU START? 12 WHAT TIME IS IT NOW? 12

WHAT IS TODAY'S DATE? 10/23/18 WHAT DAY OF THE WEEK IS IT? MONDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? CLATSOP COUNTY, SEASIDE

WHEN DID YOU LAST EAT? 6 AM WHAT DID YOU EAT? BRANDED BREAD

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? DRIVING

HOW MUCH DO YOU WEIGH? 160 HAVE YOU BEEN DRINKING? NO WHAT? NO

HOW MUCH? NO WHERE? NO WITH WHOM? NO

WHEN DID YOU HAVE YOUR FIRST DRINK? NO AND YOUR LAST DRINK? NO

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? NO

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? NO

WHAT? NO WHERE? NO WHEN? NO

WHAT LINE OF WORK ARE YOU IN? NO WHEN DID YOU LAST WORK? NO

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? NO

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? NO

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? NO

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? NO WHY? NO

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? NO WHEN? NO

- DO YOU HAVE: EPILEPSY? NO
- GLASS EYE? NO
- FALSE TEETH? NO
- EAR INFECTION? NO
- INNER EAR TROUBLE? NO
- DIABETES? NO

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? NO

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? NO

INTERVIEWER: Inv. J. Schneider.

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: 80-006477 Software: 8100.27  
Date of Test: 11/26/2018

Date of Last Agency Inspection: 11/23/2018  
Observation Period Began: 05:00  
Subject's Name: BRIANNA R DIPASQUALE DOB: 08/16/1995 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	05:26
	Air Blank	0.000	05:27
	Control Test	0.080	05:27
	Air Blank	0.000	05:27
	Subject Sample #1	0.121	05:28
	Air Blank	0.000	05:29
	Air Blank	0.000	05:30
	Subject Sample #2	0.125	05:31
	Air Blank	0.000	05:31
	Control Test	0.080	05:32
	Air Blank	0.000	05:32
	Diagnostics Check	OK	05:32

Cylinder Lot: 05218080A3  
Exp: 05/05/2020

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 KERIANE M MOYNIHAN, 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: Keriane Moynihan Date: 11/26/18  
Signature

Sworn to (or affirmed) before me this 26 day of November, 2018

Signature of Notary Public-State of Florida Inv. J. Schneider  
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.



**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"/>	(iii) 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"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2018039253	Date: 11/26/2018
	Specialist Name/ID: J. Beck/9007