

J-0492227

17 OCT 17 999 P-3648

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

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>06-17133591</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 2 1. Yes 2. No	Multiple Clearance Indicator 1	
Location of Arrest (Including Name of Business) <b>22000 Powerline Rd, Boca Raton, FL 33433</b>			Location of Offense (Business Name, Address) <b>22000 Powerline Rd, Boca Raton, FL 33433</b>			
Date of Arrest <b>09/30/2017</b>	Time of Arrest <b>0250</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>22000 Powerline Rd, Boca Raton, FL 33433</b>

Name (Last, First, Middle) <b>Littleton, Charles, K</b>							Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>02/18/1969</b>	Height <b>5'08</b>	Weight <b>170</b>	Eye Color <b>brown</b>	Hair Color <b>Brown</b>	Complexion <b>light</b>	Build <b>medium</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>				Marital Status <b>Married</b>	Religion <b>CATHOLIC</b>	Indication of: Alcohol Influence Drug Influence			Y	N	Unk.
Local Address (Street, Apt. Number) <b>12850 West State Road 84 #3-21, Davie, FL 33325</b>			(City)	(State)	(Zip)	Phone <b>(914) 920-8138</b>		Residence Type 1. City 2. County 3. Florida 4. Out of State		1	
Permanent Address (Street, Apt. Number) <b>12850 West State Road 84 #3-21, Davie, FL 33325</b>			(City)	(State)	(Zip)	Phone		Address Source <b>Driver's License/verbal</b>			
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation <b>General Manager</b>			
D/L Number, State <b>L343151690580, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Leavenworth, KS</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

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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 <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.			School Attended		
<input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)			Grade		
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property		Value of Property		

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 Description <b>Driving under The influence (DUI)</b>			Counts <b>01</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>	Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>N/A</b>	Offense # <b>17133591</b>		Warrant / Capias Number		Bond			
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" 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>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>					
Court Date and Time <b>Month Oct Day 30 Year 2017 Time 0830 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.					
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed <b>09/30/2017</b>	

HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) <b>SEP 30 AM 7:16</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) <b>D/S Jacob Frey</b>	ID # <b>9658</b>	(PRINT)	
Intake Deputy <b>D/S L. BRYANT</b>	ID # <b>#8241</b>	Transporting Officer <b>D/S Jacob Frey</b>	ID # <b>9658</b>	Agency <b>PBSO</b>	PAGE OF
Witness here if subject signed with an "X"					

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PROBABLE CAUSE AFFIDAVIT

1 Arrest  
2 NTA

3 Request for Warrant  
4 Request for Capias

1

Juvenile

ADMIN  
DEF  
CHARGES  
VICTIM

OBTS Number

Agency ORI Number  
FLO. 5, 0, 0, 0, 0, 0

Agency Name  
PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number  
17-133591

Charge Type  
Check as many as apply  
 1 Felony  
 2 Traffic Felony  
 3 Misdemeanor  
 4 Traffic Misdemeanor  
 5 Ordinance  
 6 Other

Special Notes

Name (Last, First, Middle)  
LITTLETON, CHARLES K.

Alias

Race  
W

Sex  
M

Date of Birth  
02/18/1969

Charge Description  
DRIVING WHILE INTOXICATED

Charge Description

Victim's Name (Last, First, Middle)  
STATE OF FLORIDA

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.  
 confessed to \_\_\_\_\_

was observed by \_\_\_\_\_ who told \_\_\_\_\_  
 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 30 day of SEPTEMBER 20 17 at 0256  A.M  P.M (Specifically include facts constituting cause for arrest.)

On Saturday September 30, 2017, at approximately 0206hrs, I was flagged down by a motorist at the Mobile Gas Station located at 7176 Beracasa Way, in the county of Palm Beach, unincorporated Boca Raton, Florida 33433 in reference to a vehicle stopped at the intersection of Powerline Rd and Palmetto Park Rd in the northbound lanes facing southbound. The vehicle is described as a 4 door black Chevy Malibu bearing Florida tag# 289-YDY. Upon making contact with the aforesaid vehicle, I observed the front seat driver passed out behind the wheel. I tap the driver side window and made contact with the driver, who was later identified by his Florida driver license as Charles Littleton 02/18/69. Importantly, Charles stated that he was in Sawgrass and not Boca Raton moreover: Charles also stated that he was going through rough times with his live-in wife. Equally important, Charles speech was slurry and his eyes appeared to be glassy. Subsequently, I advised Charles to shut his vehicle off and I secured his vehicle keys for officer safety reasons. Consequently, D/S J. Frey ID# 9658 arrived on scene and took over the investigation.

PROBABLE CAUSE STATEMENT

STATE OF FLORIDA  
COUNTY OF PALM BEACH  
*[Signature]* 7378  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of SEPTEMBER 20 17 by D/S D. Powell

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

*[Signature]* 9658  
Notary Public, Clerk of Court, Officer (F.S.S.) 117.10

PAGE  
1 OF 1

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30 DAY OF Sep 20 17, AT 0206  AM  PM

SUBJECT: Littleton, Charles, K CASE NUMBER: 17133591

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Jacob Frey

## PERSONAL CONTACT

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

On 30Sep17 at 0212hrs I arrived in the area of 22000 Powerline Rd (intersection with Palmetto Park RD), Boca Raton, in unincorporated Palm Beach County in reference to a black vehicle traveling southbound in the northbound lanes with a driver passed out at the wheel.

Upon arrival I met D/S D. Powell (7378). He told me he was flagged down by a motorist at the Mobile Gas Station located at 7176 Beracasa Way in reference to a vehicle stopped at the intersection of Powerline Rd and Palmetto Park Rd in the northbound lanes facing southbound. The vehicle was black Chevy Malibu (Florida tag 289YDY). When he arrived on scene He observed the front seat driver passed out behind the wheel. He told me he tapped the driver side window and made contact with the driver. The driver was identified by his Florida driver license as Charles Littleton. D/S Powell told me Charles stated that he was in "Sawgrass". Charles also told D/S Powell he was going through rough times with his live-in wife. He told me Charles speech was "slurry and his eyes appeared to be glassy". He told Charles to shut his vehicle off and he secured his vehicle keys for officer safety reasons.

### OBSERVATION OF DRIVER:

After speaking to D/S Powell I made contact with Charles, he was sitting in the driver's seat. I could smell the light odor of an alcoholic beverage coming from his breath. His eyes were watery and glassy. His speech was slurred.

### DRIVER'S STATEMENTS:

Post Miranda he made the spontaneous utterances while sitting in the back of my marked patrol vehicle : "I am so drunk I can't pronounce the word temped" and "I am drunk and I can spell better".

### ODORS:

The light odor of an unknown alcoholic beverage coming from his breath.

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative, hilarious, carefree

CLOTHING: Plaid long sleeve shirt, tan pants, and brown shoes

MEDICAL/OTHER: Stated he has diabetes and hearing loss

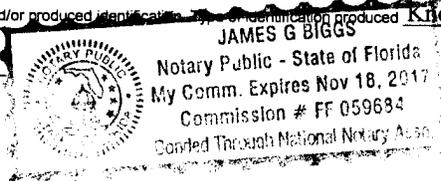
STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S Jacob Frey  
(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of Sep 20 17 by D/S Jacob Frey

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

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



SUBJECT: Littleton, Charles, K

CASE NUMBER 17133591

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

His eyes were watery and glassy. His body swayed. I again could smell the odor of an alcoholic beverage coming from his breath. His eyes had equal pupil size and equal tracking. He did not have Vertical Gaze Nystagmus (VGN) and he had Lack of Convergence (LOC) in his right eye.

**WALK & TURN:**

I instructed and demonstrated the walk and turn. He acknowledged he understood. He did not stand as instructed and had to step off the line. He walked 8 steps forward. He stepped off the line twice and failed to maintain heel to toe on several steps. He completed the turn incorrectly. He walked 9 steps back. He stepped off the line once and failed to maintain heel to toe on several steps. The task was completed on a dry and level surface (paved sidewalk).

**ONE LEG STAND:**

I instructed and demonstrated the one leg stand. He acknowledged he understood. He lifted his right foot off the ground approximately 1 inch. He bounced on he left leg and had to lift his arms from his side for balance. The task was completed on a dry and level surface (paved sidewalk).

**FINGER TO NOSE:**

I instructed and demonstrated the finger to nose. He acknowledged he understood. On each command he used the pad of his finger to touch his nose. He touched the underside of his nose and the side of his nose on two of the commands. He did not lean his head back as instructed during the task. His body swayed front to back. The task was completed on a dry and level surface (paved sidewalk).

**ROMBERG ALPHABET:**

He told me his highest level of education with approximately 2 years of college at various colleges. He acknowledged he understood the English alphabet and English was his primary language. During the task he could not tilt his head back as instructed. His body swayed from front to back. He skipped and repeated several letter of the alphabet: "a b c d e f g h i j k l m n o p q r s t m n o p q r s t u v w x y z". The task was completed on a dry and level surface (paved sidewalk).

I instructed the Modified Rhomberg. He stated he could estimate 30 seconds. His estimate of 30 second was approximately 40 seconds. His body swayed from front to back. He had difficulty counting and skipped and repeated several numbers. The task was completed on a dry and level surface (paved sidewalk).

**BREATH TEST RESULTS:** 1) .110    2) .103    3)    4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

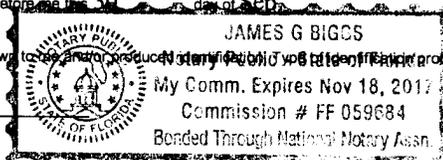
**D/S Jacob Frey**

(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of Sep, 2017 by D/S Jacob Frey

(Print name of Arresting Investigative Officer), who is personally known to me and is duly qualified to perform the duties of a Notary Public, produced Known

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



## 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 DLS Frey of the PBSC

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) Read on Camera

## 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: Littleton, Charles K CASE NUMBER: 11-153341

# 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: D/S J. Fry 9658

WHITE - STATE ATTY. YELLOW - DHSMV PINK - 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: 80-006238 Software: 8100.27  
Date of Test: 09/30/2017

Date of Last Agency Inspection: 09/29/2017

Observation Period Began: 04:10

Subject's Name: CHARLES K LITTLETON

DOB: 02/18/1969 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	04:33
	Air Blank	0.000	04:34
	Control Test	0.080	04:34
	Air Blank	0.000	04:35
	Subject Sample #1	0.110	04:36
	Air Blank	0.000	04:36
	Air Blank	0.000	04:38
	Subject Sample #2	0.103	04:39
	Air Blank	0.000	04:39
	Control Test	0.080	04:40
	Air Blank	0.000	04:40
	Diagnostics Check	OK	04:40

Cylinder Lot: 20016080A1  
Exp: 09/05/2018

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 JAMES G 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: 9/30/17  
Signature

Sworn to (or affirmed) before me this 30 day of Sept, 2017

[Signature] Signature of Notary Public-State of Florida  
DIS Frey 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:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M.  P.M.  2)  TIME  A.M.  P.M.   
3)  TIME  A.M.  P.M.  4)  TIME  A.M.  P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

EYES GLASSY, RED  
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT  
SUBJECT UNSTEADY ON FEET

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0410  
SUBJECT REFUSED THE TEST INITIALLY  
SUBJECT WAS READ IMPLIED CONSENT TO THE SUBJECT  
SUBJECT UNDERSTOOD AND STATED HE WOULD SUBMIT  
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST  
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY  
RESULTS WERE GIVEN TO SUBJECT  
MIRANDA WAS READ  
SUBJECT REFUSED QUESTIONS

SEP 30 10:00 AM '17



NOT A CERTIFIED COPY

100 200

FRI SEPTEMBER 29, 2017  
CHECK #1186348-1  
TABLE #56

HAPPY HOUR

4 YUENGLING DRAFT	\$12.00
2 MARGARITA	\$7.00
2 PATRON SILVER	\$4.00
1 MAHOO DEVICHE	\$14.00
DINNER	
1 RIBS APP	\$14.00
1 JUMPING SHRIMP	\$13.00
1 TOMATO FLATBREAD	\$11.00
2 YUENGLING DRAFT	\$12.00
7 BUD LT BTL	\$35.00
2 JAMESON	\$18.50
1 ON THE ROCKS 2.25oz	
14 PATRON SILVER	\$126.00
5 MARGARITA	\$35.00
5 PATRON SILVER	\$10.00
1 PLAIN PIZZA	\$11.00
1 PEPPERONI	\$1.00
1 QUESADILLA	\$12.00
1 SESAME TUNA	\$14.00
4 TITOS	\$34.00
SUB-TOTAL	\$383.50
TAX	\$23.01
<b>TOTAL</b>	<b>\$406.51</b>

Gratuity Example: 18.00% \$73.17  
Gratuity Example: 20.00% \$81.30

101 OCEAN

Time: 21:52 5 CUSTOMERS

HAPPY HOUR 5PM-7PM- DAILY  
50 % OFF DRINKS & SELECT APPS

YOU HAVE BEEN SERVED  
BY : SEAN

0567  
Server: LAURA L Rec:282  
09/29/17 22:42, Chip T: 965 Term: 4

ARUBA BEACH CAFE  
( )  
MERCHANT #:

CARD TYPE ACCOUNT NUMBER  
VISA  
Name: 4  
OO TRANSACTION APPROVED  
AUTHORIZATION #: 06513C  
ENTRY: CHIP  
TC: CB86ECA0A0BBE98  
TVR: 0080008000  
AID: A0000000031010  
TSI: FB00  
ATC: 0019  
APP: VISA CREDIT  
CVM: Signature  
Reference: 0929010000567  
TRANS TYPE: Credit Card SALE

CHECK: 71.29  
TIP: \_\_\_\_\_  
TOTAL: \_\_\_\_\_

X \_\_\_\_\_

\*\*\*Duplicate Copy\*\*\*

CARDHOLDER WILL PAY CARD ISSUER ABOVE  
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT  
PLEASE SIGN 1 COPY AND KEEP THE 2ND

0567 Table 965 #Party 0  
LAURA L SvrCk: 47 22:08 09/29/17

P	0.00
1 YUENGLING	4.00
1 BUD LT DFT	4.00
1 SAM LAGER	5.25
1 TITO'S	9.00
5 PATRON SILVR	45.00

Sub Total: 67.25  
Tax: 4.04

09/29 22:09 TOTAL: 71.29

Suggested Gratuity  
GRATUITY%18 12.11  
GRATUITY%20 13.45  
GRATUITY%22 14.80

GRATUITY NOT INCLUDED!

FOR YOUR PROTECTION...  
WHEN PAYING WITH CREDIT CARD  
PLEASE PRESENT I.D. FOR AUTHORIZATION  
CHECK US OUT @ WWW.ARUBABEACHCAFE.COM  
Join us for Happy Hour by the Beach!  
Every Monday thru Friday 5-7pm  
Drink Specials, New Menu & Live Music

NOT A CERTIFIED COPY

# WITNESS LIST

CASE NUMBER: 17133591

ARRESTING OFFICER: D/S Jacob Frey

ADDRESS: 3228 Gun Club Rd

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

CAN TESTIFY TO: Driving pattern, personal contact, SFST

NAME: D/S D. Powell

ADDRESS: 3228 Gun Club Rd

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

CAN TESTIFY TO: Driving pattern, personal contact

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 \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY