

19078172

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2019-006394		Multiple Clearance Indicator		
	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		Enter Type None/not Applicable						
	Location of Arrest (Including Name of Business) 1180 S OCEAN BLVD, BOCA RATON, FL 33432					Location of Offense (Business Name, Address) 1180 S OCEAN BLVD, BOCA RATON, FL 33432					
	Date of Arrest 05/05/2019		Time of Arrest 19:04		Booking Date 05/05/2019		Booking Time 19:14		Jail Date		Location of Vehicle WITH FATHER
	Name (Last, First, Middle) POETZINGER, CONNOR STANLEY					Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race W - White B - Black		Sex M		Date of Birth 04/12/1996		Height 5'07		Weight 150		Eye Color BROWN
	Hair Color BROWN		Complexion LIGHT		Build Medium		Marital Status S		Religion ATHEIST		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>
	Local Address (Street, Apt. Number) 1180 S OCEAN BLVD 15F, BOCA RATON, FL 33432					Phone (954) 978-4826		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Address Source SUBJECT	
	Permanent Address (Street, Apt. Number) 1180 S OCEAN BLVD 15F, BOCA RATON, FL 33432					Phone (954) 978-4826		Occupation Student			
	Business Address (Name, Street)		(City)		(State)		(Zip)		Phone (561) -		
D/L Number, State P325117961320 / FL		Soc. Sec. Number		DNS Number		Place of Birth (City, State) CORAL SPRINGS, FL,		Citizenship US			
C O D E F	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						
	Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone		
	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				
	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						
	Drug Activity S. Sell N. N/A P. Possess		R. Smuggle D. Deliver E. Use		K. Dispenses/ 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 DUI		Statute Violation Number 316.193(1)		Violation of ORD #					
Drug Activity N		Drug Type		Amount / Unit		Offense #		Counts I			
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond							
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #						
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		
	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond						
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #						
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		
	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond						
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD					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"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By OFC ZIADIE		Released By OFC ZIADIE		
	Transported By OFC		Date Transported 05/05/2019		Time Transported 21:45		Other		Released To TOT CJ		
	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) South County 200 W Atlantic Ave Delray Beach, FL 33444 Court Date and Time 06/03/2019 08:30:00					
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.					No Photo Available					
	Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed 5-5-19					
	HOLD for Other Agency					Signature of Arresting Officer (Print) ZIADIE, A. C.					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other					Name Verifications (Printed by Arrestee) Connor Poetzinger					
A D M I N	Intake Deputy Ms. Michelle		ID # 8033		Pouch #		Transporting Officer Scaverra		ID # 777		
	Agency BRPD		Agency BRPD		Agency BRPD		Agency BRPD		Agency BRPD		
Witness here if subject signed with an "X".											

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

050 7650

NH

3991

6/8/19

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2019-006394
-------------	--	--	--	--	--

Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) POETZINGER, CONNOR STANLEY	Alias	Race W	Sex M	Date of Birth 04/12/1996
---	-------	------------------	-----------------	------------------------------------

Charge Description 316.193(1) DUI	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432	Phone (561) -	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone (56) -	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 _____ that he/she saw the arrested person commit the below acts.

confessed to OFFICER ZIADIE admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 5 day of May, 2019 at 19:04 (Specifically include facts constituting cause for arrest.)

On Sunday, May 5, 2019 at approximately 18:35 hours, I responded to 1180 South Ocean Blvd, Boca Raton in reference to an intoxicated driver. The caller stated she observed an impaired driver in the area of 4000 N. Ocean Blvd, Boca Raton. She described the vehicle as being a black Jeep bearing FL tag "ATPI68" with a white male driver. She advised that the Jeep was travelling southbound on Ocean Blvd and kept swerving into oncoming traffic, almost striking other vehicles.

Sgt. Frenz (ID#741) observed a black Jeep matching the above description travelling south and approaching a solid red light at the intersection of Camino Real and Ocean Blvd. This vehicle had the same license plate given to dispatch by the caller. Sgt. Frenz observed the Jeep cross over the solid double yellow lines and conducted a traffic stop for this infraction (see his supplement for further).

I met with the driver and sole occupant of the vehicle, W/M Connor Poetzinger who was identified by his Florida driver's license. I asked Connor to exit the vehicle in which he complied. As we began to speak, I detected a strong odor of alcohol emanating from his breath. I could distinguish this odor through my training and experience. His eyes were glassy and bloodshot red, and his speech was slow and slurred. Connor told me the following: He consumed 5-6 alcoholic beverages prior to being stopped and was driving from "El Camino", a restaurant located in Delray Beach. He consumed a mixture of various liquor and beer. I explained to Connor what my observations and concerns were. I then asked Connor if would be willing to complete field sobriety tasks in order to dispel my alarm that he was operating a motor vehicle while under the influence of alcohol or any other substance. Connor refused to participate. I explained to Connor that if he refused, I would be forced to make a decision based on my observations and that his refusal could be used against him. Once again, Connor declined to complete any field sobriety tasks. He was then placed under arrest for DUI.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 746
GRAHAM, KEITH T NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S. 117.10)	ZIADIE, ANDREW C (746) NAME OF OFFICER (PLEASE PRINT)
05/05/2019 DATE	05/05/2019 DATE
	PAGE 1 OF 2

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2019-006394
-------------	--	--	--	--

Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) POETZINGER, CONNOR STANLEY	Alias	Race W	Sex M	Date of Birth 04/12/1996
---	-------	------------------	-----------------	------------------------------------

Officer Van Camp (ID#747) conducted the Intoxilyzer 8000 testing at the Boca Raton Police Department. Connor provided two breath samples of .238 and .230. While in custody, I read Connor his constitutional warnings from the DUI influence report in which he waived his rights. Connor told me the following: he consumed multiple drinks which included at least (4) margaritas, (2) white claws, and (1) tequila sunrise.

Based on my investigation, Connor Poetzingler is being charged per F.S.S. 316.193(1) for DUI. Connor was transported to Boca Raton Police Department where he was processed then taken to the Palm Beach County Jail.

NOT A CERTIFIED COPY

P
R
O
B
A
B
L
E

C
A
U
S
E

S
T
A
T
E
M
E
N
T

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	
	GRAHAM, KEITH T NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	ZIADIE, ANDREW C (746) NAME OF OFFICER (PLEASE PRINT)
	05/05/2019 DATE	05/05/2019 DATE

MC4 19-6394 1904

Poetzinger, Connor

Observation - 1920
10:15 - 1904

4-12-96

W/M

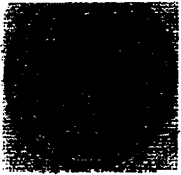
DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue

Boca Raton, FL 33432



**BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I**

On the _____ day of _____, at _____ AM/PM:

Subject: _____ Case Number: _____

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

NOT A CERTIFIED COPY

Horizontal Gaze Nystagmus:

- | | |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly | <input type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye jerks at 45 degrees angle or less | <input type="checkbox"/> Right eye jerks at 45 degrees angle or less |
| <input type="checkbox"/> Distinct jerking left eye maximum deviation | <input type="checkbox"/> Distinct jerking right eye maximum deviation |

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this _____ (date) by _____

Notary/Clerk of Court/ Officer (FSS 117.10) Date

Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 19-6394

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Sunday, May, 5th, 2019.
(day) (month) (date) (year)

B. The time is now approximately 7:45 AM/PM.

C. The following is in reference to case number 2019-6394.

D. Present at this time is VanCamp/Ziadie of the Boca Raton Police Department.
(Officer's Name)

E. Officer Ziadie, have you arrested P in violation of
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr./Mrs./Ms. Poetzinger, I am required to inform you these
proceedings are being video recorded.

Operator Note: Video record breath request, breath sample, and interview.

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

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 Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your **SECOND REFUSAL**, you will be permanently disqualified from operating a commercial motor vehicle.

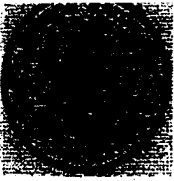
Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____, _____, _____, and the time is _____ AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT

JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.

Identify yourself and state:

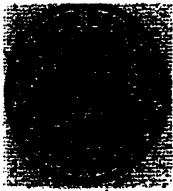
I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means.*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means.*
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____

Date: _____

Time: _____



BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Poetzinger, Connor

CASE #: 19-6394 DATE: _____

BREATH TEST RESULTS

1) TIME _____ AM/PM 2) TIME _____ AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: VanCamp

MAINTENANCE TECHNICIAN: VanCamp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative

CLOTHING: Normal

MEDICAL CONDITION: None

OTHER: _____

COMMENTS: _____

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: [Signature]

Date: 5-5-19

Time: 8:06 PM

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? yes, parked and pulled over

Where were you going? Home

What street or highway were you on? ATA

Direction of travel? South

Where did you start driving from? Atlantic Avenue

What city (county) were you stopped in? Boca Raton, Palm Beach County

What time did you start? 11:30 unsure

AM/PM (P)

What time is it now? 11:30 pm

What is today's date? 5/5/19

What day of the week is it? Sunday

When did you last eat? Noon

What did you eat? Soup and Sandwich

What have you been doing the past three hours prior to this stop/accident? at Bocas Tacos drinking/eating

How much do you weigh? 150

Have you been drinking? Yes

What were you drinking? Margarita at Bocas

Tequila Sunrise at Sandbar

(4) margarita (2) white clous 1:30pm

(1) tequila sunrise

How much? 8

Where? Bocas Tacos, Beach

with whom were you drinking? Friends

When did you have your first drink? 1:30

AM/PM (P)

When did you stop drinking? hour before arrest

AM/PM

How did you consume your last two drinks? Orally

Are you under the influence of alcohol now? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No How much? _____

What? _____ Where? _____

What line of work are you in? Student

When did you last work? 4 days ago

Do you have any physical defects or injuries? Yes No If yes, explain:

Flat foot

Are you sick or injured? Yes No If yes, explain:

Do you limp? Yes No

Did you get a bump on the head? Yes No

Were you in an accident today? No

Have you taken any drugs or smoked marijuana today? No

What? _____ When? _____

Have you seen a doctor or dentist today? Yes No Who? _____

Are you taking any prescription medications? Yes No What? _____ When? _____

Do you have: Epilepsy? Yes No

Inner ear trouble? Yes No

Glass eye? Yes No

Ear infection? Yes No

False teeth? Yes No

Diabetes? Yes No

Any problems not correctable by glasses or contact lenses? No

Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? No

I am now ending this video recording. The time is now approximately 805 AM/PM

The date is May 5th 2019
(month) (day) (year)

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 05/05/2019

Date of Last Agency Inspection: 04/19/2019
Observation Period Began: 19:20
Subject's Name: CONNOR S POETZINGER

DOB: 04/12/1996 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	19:46
	Air Blank	0.000	19:47
	Control Test	0.077	19:47
	Air Blank	0.000	19:48
	Subject Sample #1	0.238	19:48
	Air Blank	0.000	19:49
	Air Blank	0.000	19:51
	Subject Sample #2	0.233	19:51
	Air Blank	0.000	19:52
	Control Test	0.077	19:52
	Air Blank	0.000	19:53
	Diagnostics Check	OK	19:53

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Bch,

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

I JEFFERY A VAN CAMP, 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: 5-5-19
Signature

Sworn to (or affirmed) before me this 5 day of May, 2019

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida Ziadie, Andrew

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.

