

0489009

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

Juvenile

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17091694	
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input 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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1			
Location of Arrest (Include Name of Business) 6000 BLK SOUTHERN BLVD WEST PALM BEACH FL 33415				Location of Offense (Business Name, Address) 6000 BLK SOUTHERN BLVD WEST PALM BEACH FL 33415			
Date of Arrest 06/18/17		Time of Arrest 0557		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle ROTATION			
Name (Last, First, Middle) SONTAY-GOMEZ, EGIDIO JORAM				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 01/03/1996		Height 503	
Weight 125		Eye Color BRO		Hair Color BRO		Complexion MED	
Build THIN		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) UNK		Mental Status M		Religion NONE	
Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk		Local Address (Street, Apt. Number) 3751 OSWEGO AVE WEST PALM BEACH FL 33409		Phone (561) 932-8970		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number) () () ()		Address Source VERBAL		Business Address (Name, Street) () () ()		Occupation PAINTER	
D/L Number, State NONE		Soc. Sec. Number NONE		INS Number		Place of Birth (City, State) GUATAMALA	
Citizenship NO		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		Residence Phone () () ()	
Name (Last) ()		Name (First) ()		Name (Middle) ()		Business Phone () () ()	
Address (Street, Apt. Number) () () ()		(City) ()		(State) ()		(Zip) () () ()	
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. <input type="checkbox"/> Yes, by: (Name) ()		School Attended ()		Grade ()			
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property ()		Value of Property ()			
Drug Activity N. N/A S. Sell B. Buy P. Possess 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/Derv.	
P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other		Charge Description DUI		Counts 1	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193 (1)		Violation of ORD # ()		Warrant / Capias Number ()	
Drug Activity ()		Drug Type ()		Amount / Unit ()		Offense # 17091694	
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Violation of ORD # ()							

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF JUN 20 17 AT 05:57 ✓ AM PM
SUBJECT: SONTAY-GOMEZ, EGIDIO JORAM CASE NUMBER: 17091694
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: MACKEY #8369

PERSONAL CONTACT

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

I responded to a crash in the 6000 blk of Southern blvd. I met with Edger Valbuena who said he was driving east on southern blvd when he saw a a small car entering the east bound on ramp to southern from South Jog Rd. Edger said he saw the car swerving as it drove on the on ramp. Edger said he saw the car make an abrupt turn to the left and head to his location in the center lane, hitting him on the passengers side. Edger said he exited his car and saw a young H/M exit the drivers seat of the car that crashed into him. As I arrived I saw Edger being placed into the Fire Rescue Truck. I spoke to Edger who Identified the H/M that was driving the car that crashed into him.

OBSERVATION OF DRIVER:

As I approached the driver I could smell a pungent odor of an alcoholic beverage. I saw him sway back and forth as he was speaking. As the driver spoke he slurred his words, his mouth appeared to be dry adn asked for water. He had glassy and blood shot eyes. He appeared to be nervous, smiling and laughing. As I walked him to the front of my patrol car he was swaying side to side. I asked him to stand in front of my car. He appeared to be confused. He said he understood English several times.

DRIVER'S STATEMENTS:

He said he would complete the tasks and said he understood. he said he was driving the car and had an accident. He told me he had been drinking.

ODORS:

pungent odor of an alcoholic beverage from his breath and clothing.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: happy and cooperative.

CLOTHING: grey sweat pants, blue shirt and blk sneakers

MEDICAL/OTHER: none

STATE OF FLORIDA
COUNTY OF PALM BEACH

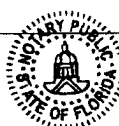
MACKEY #8369

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of JUN 20 17 by _____

(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)



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
JUN 22 2017

SUBJECT: SONTAY-GOMEZ, EGIDIO JORAM CASE NUMBER 17091694

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:

Continually moving his head and staring straight ahead. He did not follow directions. I had to explain the instructions several times before he completed the task

WALK & TURN:

Egidio lost his balance as I gave instructions. He started several times without being told. He lifted his arms and lost his balance. Egidio took several steps forward with out being told to begin and began to do the task in reverse walking back wards. Egidio stopped and side I cant do no more his hand up.

ONE LEG STAND:

Egidio began with out being told too. Pablo lost his balance several times and said he could not do it. Pablo swayed from side to side during the task.

FINGER TO NOSE:

Egidio began the test without being told. Once the test was started he left his eyes open not tilting his head back. After touching his nose I had to instruct him to return his hand to his side. Egidio again said he could not finish the task. He was swaying from side to side while attempting th task.

Count

Egidio started to sway to the front and rear. Several times I had to hold my hand out due to Egidio sawaying to keep him from falling. I ended the task due to safety reasons.

BREATH TEST RESULTS: 1) .231 2) .240 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

MACKEY #8369

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of JUN 20 17 by

(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)



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
JUN 22 2017

WITNESS LIST

CASE NUMBER: **17091694**

ARRESTING OFFICER: **MACKEY #8369**

ADDRESS: **PBSO**

PHONE NUMBERS (HOME): _____ (WORK) **561-688-3600**

CAN TESTIFY TO: **arrest**

NAME: **EDGAR VALBUENA**

ADDRESS: **276 RIVIR BLUFF LANE ROYAL PAM BEACH FL 33411**

PHONE NUMBERS (HOME) **561-385-3017** (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

JUN 22 2017

PALM BEACH COUNTY SHERIFF'S OFFICE - **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



☒ WITNESS ☒ VICTIM ☐ OTHER

CASE #: 17-09169Y	ZONE: 1-24	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 06/18/17 052
EVENT TYPE: D.U.I		DEPUTY: Rieker M	ID#: 2820

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: VALBUENA		FIRST NAME: EDGAR		MIDDLE INITIAL: E A	RACE: H	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 02/09/1966	YOUR HEIGHT: 5'9"	YOUR WEIGHT: 162	YOUR HAIR COLOR: DARK BROWN		YOUR EYE COLOR: DARK BROWN	
YOUR HOME ADDRESS: 270 RIVER BLVD LN		<input type="checkbox"/> CHECK IF HOMELESS		CITY: ROYAL PALM BEACH	STATE: FL	ZIP: 33411
YOUR WORK NAME & ADDRESS: CITY OF WEST PALM BEACH FIRE DEPT. 500 N. DIXIE HWY		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY: WEST PALM BEACH	STATE: FL	ZIP: 33401
WORK PHONE: <input type="checkbox"/> CHECK IF NONE ()	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (561) 385 3017	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL:		<input type="checkbox"/> CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

YOUR NAME: EDGAR A. VALBUENA	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
--	--

WAS TRAVELING EAST BOUND ON SOUTHER BLVD & RIGHT AFTER GOING OVER THE
 TOG RD OVERPASS A SILVER MAZDA 3 CROSSE ALL TRAFFIC LANES & HIT THE
 REAR END OF MY VEHICLE. THE VEHICLE BOUNCED BACK TO THE RIGHT SHOULDER &
 CAME BACK TO HIT MY VEHICLE ON THE FRONT AREA BY THE WHEELS. THIS BOUNCED
 ME AGAINST A TREE & HIS VEHICLE UNRAVLED THE RIGHT SHOULDER.
 AFTER SITTING ON MY VEHICLE & CALLING 911, I EXITED MY VEHICLE
 & APPROACHED THE MAZDA 3. THE DRIVER WAS STILL ON THE DRIVER SEAT.
 HE WAS A HISPANIC MALE WEARING A ^{DARK} T-SHIRT & STATED IN SPANISH "I AM
 SORRY, DO NOT CALL THE COPS. I WAS DRINKING AND I CAN PAY FOR YOUR CAR."
 HE STEPPED OUT OF HIS VEHICLE & WALKED AROUND TO THE OTHER SIDE
 OF HIS VEHICLE. PBCFR & PBSD ARRIVED SHORTLY AFTER.

PAGE 1 OF 1

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: **X**

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
 DATE: **6/18/17** TIME: **0715**
 SIGNATURE: **MR** ID: **2820**

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE ELIGIBLE FOR THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY
 PBSD #0134 REV. 12/11

JUN 22 2017

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: SONTAY-GOMEZ, EGIDIO

CASE NUMBER: 17-091697

DATE: 06/18/2017

VIDEO DVD NUMBER: 62819

BEGINNING TIME: 0658

ENDING TIME: 0724

BREATH TESTS RESULTS: 1) .231 TIME 0705 A.M. ☒ P.M. ☐ 2) .240 TIME 0708 A.M. ☒ P.M. ☐
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SPANISH SPEAKING

ATTITUDE: TALKATIVE, RAMBLING, REPETITIVE, COOPERATIVE, FIDGETTY

CLOTHING: BLUE SHIRT, GREY SWEATPANTS, BLACK SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE ON BREATH, ADMITTED TO 12-24 CORONAS (Q&A)

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0624
SUBJECT AGREED TO TAKE BREATH TEST
SUBJECT PROVIDED TWO ADEQUATE BREATH SAMPLES SUCCESSFULLY.
A/O READ RIGHTS, SUBJECT STATED HE UNDERSTOOD HIS RIGHTS
A/O CONDUCTED Q&A, SUBJECT ANSWERED QUESTIONS.

SCANNED
JUN 22 2017

SUBJECT: Antony Gomez Lygidio CASE NUMBER: 17-C91694

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.

SCANNED
JUN 22 2017

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: Sonlay Gomez, Lgiclio CASE NUMBER: 17-091694

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? yes

WHERE WERE YOU GOING? my house

WHAT STREET OR HIGHWAY WERE YOU ON? Foerst h. 11

DIRECTION OF TRAVEL? North WHERE DID YOU START? Foerst h. 11

WHAT TIME DID YOU START? 2am WHAT TIME IS IT NOW? 6am

WHAT IS TODAY'S DATE? 1 DK WHAT DAY OF THE WEEK IS IT? SUN

WHAT COUNTY AND CITY ARE YOU IN NOW? WPD

WHEN DID YOU LAST EAT? Sat 8am WHAT DID YOU EAT? EGGS

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? playing soccer

HOW MUCH DO YOU WEIGH? 185 HAVE YOU BEEN DRINKING? Little WHAT? Corona 24-12-3

HOW MUCH? 24 12-3 WHERE? At the Beck bay WITH WHOM? at Birthday

WHEN DID YOU HAVE YOUR FIRST DRINK? 1 AND YOUR LAST DRINK? Last night

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Fast

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? yes ARE YOU UNDER THE INFLUENCE? not now

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? 1

WHAT? 1 WHERE? 1 WHEN? 1

WHAT LINE OF WORK ARE YOU IN? printer WHEN DID YOU LAST WORK? Fri

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? 1

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? 1

DO YOU LIMP? 1 DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? no WHEN? Just Beer

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? 1 WHY? 1

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? 1 WHEN? 1

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>NO</u>

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? SCANNED

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Nothing WHERE? 1

INTERVIEWER: W Mackey 8269

**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: 80-006239 Software: 8100.27
Date of Test: 06/18/2017

Date of Last Agency Inspection: 06/02/2017

Observation Period Began: 06:24

Subject's Name: EGIDIO J SONTAY-GOMEZ

DOB: 01/03/1996 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	07:03
	Air Blank	0.000	07:03
	Control Test	0.080	07:04
	Air Blank	0.000	07:04
	Subject Sample #1	0.231	07:05
	Air Blank	0.000	07:06
	Air Blank	0.000	07:08
	Subject Sample #2	0.240	07:08
	Air Blank	0.000	07:09
	Control Test	0.079	07:09
	Air Blank	0.000	07:10
	Diagnostics Check	OK	07:10

Cylinder Lot: 646645
Exp: 12/05/2019

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 SAMANTHA M PALMER, 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: 06/18/17

Sworn to (or affirmed) before me this 18 day of June, 2017

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.