

0489009

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias 1 Juvenile

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		Agency Report Number (N.T.A.'s only)		17091694										
	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		06-												
Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1									
Location of Arrest (Include Name of Business) 6000 BLK 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 1 - American Indian B - Black 0 - 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, Tatoos, Unique Physical Features (Location, Type, Description) UNK																	
Marital Status M		Religion NONE		Indication of: Alcohol Influence Drug Influence		Y N Unk.											
Local Address (Street, Apt. Number) 3751 OSWEGO AVE		(City) WEST PALM BEACH		(State) FL		(Zip) 33409		Phone (561) 932-8970		Residence Type: 1. City 2. County		3. Florida 4. Out of State		2			
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source VERBAL							
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		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		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile					
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile					
Parent Legal Custodian Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No. (Reason)																	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property									
CODE	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 DUI				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193 (1)				Violation of ORD # 1						
CHARGE	Drug Activity n	Drug Type n	Amount / Unit n	Offense # 17091694	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond								
	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #								
CHARGE	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 #								
CHARGE	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 #								
CHARGE	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 #								
NOTICE TO APPEAR	Location (Court, Room Number, Address) 3228 gun club rd West Palm Beach FL 33406																
	Court Date and Time Month JULY Day 15 Year 2017 Time 0830		AM <input checked="" type="checkbox"/>		PM <input type="checkbox"/>												
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 JUN 18 AM 10:27																	
Signature of Defendant (or Juvenile and Parent /Custodian)																	
Date Signed																	
HOLD for other Agency Name: X		Signature of Arresting Officer				Name Verification (Printed by Arrestee)											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) D/S MACKEY		I.D. # 8369		(PRINT)											
Intake Deputy AG 7558		Transporting Officer D/S MACKEY		ID # 8369		Agency PBSO		SCANNED									
Witness here if subject signed with an "X" JUN 22 2017																	
DISTRIBUTION: WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY		GOLD - DEFENDANT (N.T.A.'s ONLY)									
PSBO #148 REV. 8/97																	

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 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 and 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

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 2017 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

17091694

CASE NUMBER:

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 _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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CAN TESTIFY TO: _____

NAME: _____

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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: _____

SCANNED

JUN 22 2017



WITNESS VICTIM OTHER

CASE #:	17-09168Y	ZONE:	1-24	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	06/18/17 05:22
EVENT TYPE:	D.U.I.		DEPUTY:	Rieger M	ID#:	2E30

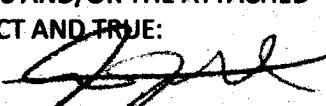
COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME:	VALBUENA	FIRST NAME:	EDGAR	MIDDLE INITIAL:	A	RACE:	H	SEX:	M
DATE OF BIRTH:	(MM/DD/YY)	YOUR HEIGHT:	5'9"	YOUR WEIGHT:	162	YOUR HAIR COLOR:	DARK BROWN	YOUR EYE COLOR:	DARK BROWN
YOUR HOME ADDRESS:	276 RIVER BLUFF LN		□ 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		□ CHECK IF UNEMPLOYED OR RETIRED	CITY: WEST PALM BEACH		STATE: FL	ZIP: 33401		
WORK PHONE:	□ CHECK IF NONE	CELL PHONE:	□ CHECK IF NONE	HOME PHONE:	□ CHECK IF NONE	EMAIL:	□ CHECK IF NONE		
()	(561) 383 3017	()	()	()	()	()	()		

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...
<p>I WAS TRAVELING EAST BOUND ON SOUTHERN BLVD & RIGHT AFTER GOING OVER THE 106TH STREET OVERPASS A SILVER MAZDA 3 CROSSED ALL TRAFFIC LANES & HIT THE SIDE OF MY DOOR. THE VEHICLE BALANCED BACK TO THE RIGHT SIDE & CAME BACK TO HIT MY VEHICLE ON THE FRONT AREA BY THE WHEEL. THIS HIT ME AGAINST A TREE & HIS VEHICLE TUNED THE RIGHT SHULDER.</p> <p>WITH 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 FIX YOUR CAR"</p> <p>WE STEPPED OUT OF HIS VEHICLE & WALKED AROUND TO THE OTHER SIDE OF HIS VEHICLE. PBCFR & PBSO ARRIVED SHORTLY AFTER.</p>		

PAGE 1 OF 1

READ AND SIGN	DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC <input type="checkbox"/> FSS: 117.10
I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
YOUR SIGNATURE: X 	DATE: 6/18/17 TIME: 07:15
	SIGNATURE: M B ID: 2E30

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 GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING 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) JUN 22 2017

DO NOT WISH TO PROSECUTE

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

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 TECHNICIAN: 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: Victor Gomez Lydia CASE NUMBER: 17-091694

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

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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? Fonest h. 11

WHAT TIME DID YOU START? 7am WHAT TIME IS IT NOW? 7am

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

WHAT COUNTY AND CITY ARE YOU IN NOW? WPD

WHEN DID YOU LAST EAT? 5pt 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 Book buy WITH WHOM? 11 people

WHEN DID YOU HAVE YOUR FIRST DRINK? / 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? /

WHAT? / WHERE? / WHEN? /

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

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? no WHAT? /

ARE YOU SICK OR INJURED? no WHAT'S WRONG? /

DO YOU LIMP? / 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? /

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? no WHO? / WHY? /

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? no WHAT? / WHEN? /

DO YOU HAVE: no EPILEPSY?

no GLASS EYE?

no FALSE TEETH?

no EAR INFECTION?

no INNER EAR TROUBLE?

no DIABETES?

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? / JUN 22 2017

INTERVIEWER: D Mackey 8369

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: Sam Palmer

Date: 06/18/17

Signature

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

8369
Signature of Notary Public-State of Florida

DIS MACKEY
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.