J-CC23912 18CT20563 P-3469

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | Juvenile | N

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N T A 's only): 06- 18145583

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 N/A

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): ALT A1A/ FREDRICK SMALL RD, JUPITER, FL, 33477

Location of Offense (Business Name, Address): ALT A1A/ FREDRICK SMALL RD JUPITER, FL, 33477

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/16/2018	19:44					

DEFENDANT

Name (Last, First, Middle): BROWN IAN FRANK

Alias (Name, DOB, Soc Sec #, Etc.)

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	06/15/1951	5'11	160	BLUE	WHITE	FAIR	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: Widowed | Religion:

Indication of Alcohol Influence / Drug Influence: Y ☒ / ☐ N ☐ / ☐ Unk ☐

Local Address (Street, Apt Number) (City) (State) (Zip): 189 WATERFORD DR JUPITER, FL, 33458

Phone: (561) 797-0127

Residence Type (1 City 2 County 3 Florida 4 Out of State): 2

Permanent Address (Street, Apt Number) (City) (State) (Zip): ,

Phone: ( )

Address Source: DEFENDENT

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( )

Occupation: RETIRED

D/L Number, State	Soc Sec Number	INS Number	Place of Birth (City, State)	Citizenship
B650406512150	[redacted]		WEST PALM, FL	YES

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other

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 ☐ defendant and / or ☐ 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 ☐ Yes, by (Name) ☐ No (Reason)

School Attended | Grade

Property Crime? ☐ Yes ☐ 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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI	1	☐Y ☒N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	18145583		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☒N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
/	/	/			

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court Room Number, Address): 3228 GUN CLUB RD WEST PALM BEACH FL 33406

Court Date and Time: Month 12 Day 13 Year 2018 Time 0830 AM X PM

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: 11/16/2018

ADMIN

HOLD for other Agency Name

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy | ID # | Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): INV. G. LYNCH 8568 | ID #: 8568

Transporting Officer: INV. G. LYNCH 8568 | ID #: 8568 | Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an -X-

PAGE 1 OF 1

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

PBSO 1148 REV 9/97

O/S ON 26 8057 P32

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16 DAY OF NOV 20 18 AT 19:20 AM ✓ PM

SUBJECT: BROWN IAN FRANK CASE NUMBER: 18145583

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. G. LYNCH 8568

PERSONAL CONTACT

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

On 11/16/18 while on patrol on Alt A1A, in Palm Beach County, I observed a blue Telsa Model X, bearing FL tag HYN0U, traveling south. The car was traveling in the left lane and repeatedly sped up tailgating the vehicle ahead of it. The car would suddenly brake and made jerking steering corrections to stay in the lane of travel. The vehicle then changed lanes to the far right lane and accelerated. The vehicle accelerated and a got a speed reading, on my in car radar, of 66mph in the posted 50mph zone. I conducted a traffic stop on the vehicle for the infractions on Alt A1A/ Fredrick Small Rd.

OBSERVATION OF DRIVER:

I made contact with the driver, Ian Brown, the sole occupant of the vehicle. I immediately noticed the odor of an unknown alcoholic beverage coming from the vehicle. Brown's eyes were glassy and his speech was slurred. Brown advised almost immediately that he had been drinking. Brown's movements were slow/ lethargic and uncoordinated as he looked for his license. Brown then advised that he was coming back from camping and had left his license. I had Brown exit the car and stand in front of my patrol car. Brown was very unsteady while standing, swaying while standing still. Brown repeatedly used his car for support and stumbled. Brown advised that he had 3 vodka drinks starting around 5pm and believed that it was approximately 7pm. Based on my observations and Brown's admission to drinking I asked him to perform standard field sobriety tasks.

DRIVER'S STATEMENTS:

Had 3 drinks of vodka

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: **slurred**

ATTITUDE: **calm/ cooperative**

CLOTHING: **blue/white shirt/ blue jeans/ brown shoes**

MEDICAL/OTHER:

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of NOV 20 18 by INV. G. LYNCH 8568

(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 INSURANCE, LLC

SUBJECT: BROWN IAN CASE NUMBER 18145583

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

I perform the horizontal gaze nystagmus task. Brown was asked to stand with his feet together and place his hands by his sides. Brown was asked to focus on the stimulus and follow it with his eyes. Brown was told not to move his head to assist in following the stimulus. Brown showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation and onset of Nystagmus prior to 45 degrees in both eyes. Brown swayed while performing this task and had to be reminded multiple times to follow the stimulus and not to move his head.

WALK & TURN:

I performed the walk and turn task. I explained and demonstrated the task to Brown. During the instructions Brown was unable to maintain the instructional position and stepped out of the position several times. After completing the instructions Brown asked for the instructions to be repeated. I explained and demonstrated the task to Brown a seconc time. After completing the instructions Brown advised he understood and had no questions. During the task Brown did not walk heel-to-toe. Brown used his arms for balance and stepped off the line multiple times. Brown did not turn as instructed and took the incorrect number of steps, taking 11 steps on the second set of steps.

ONE LEG STAND:

I performed the one leg stand task. I explained and demonstrated the task to Brown. After completing the instructions Brown advised he understood and had no questions. During the task Brown swayed and used his arms for balance. Brown put his foot down several times prior to 30 seconds elapsing.

FINGER TO NOSE:

I performed the finger to nose task. I explained and demonstrated the task to Brown. After completing the instructions Brown advised he understood and had no questions. During the task Brown failed to keep his eyes closed several times. Brown missed touching the tip of his nose several times. Brown failed to return his hand to his side several times. On the third right command Brown began to use his left first. Throughout the task Brown swayed.

ROMBERG ALPHABET:

I performed the Romberg alphabet task. I explained and demonstrated the task to Brown. After completing the instructions Brown advised he understood and had no questions. During the task Brown swayed, more than 2 inches. Brown incorrectly recited the alphabet, making multiple errors. Brown then stated that he messed up. Brown repeatedly attempted to recite the alphabet again but each time made several errors.

BREATH TEST RESULTS: 1) .164 | 2) .157 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 16 day of NOV 2018 by INV. G. LYNCH 8568

(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

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: LBC/LYNCH

SUBJECT: [redacted] CASE NUMBER: P-145683

DATE: 11/16/16 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 2026 ENDING TIME: 2043

BREATH TESTS RESULTS: 1) .164 TIME 2032 A.M./(P.M.) 2) .157 TIME 2035 A.M./(P.M.)

3) XX TIME XX A.M./P.M. 4) XX TIME XX A.M./P.M.

BREATH OPERATOR: Flowers #24520

MAINTENANCE TECHNICIAN: Kinlock #4467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, quiet, cooperative

CLOTHING: Blue t-shirt, blue jean, brown sandals

MEDICAL CONDITIONS: Unremarkable

MEDICATIONS: "Seizure"

OTHER: Eyes: Normal, bloodshot, odor of unknown alcoholic beverage coming from breath, urinated on his feet, sat + walked drunk. (QM)

COMMENTS: At 2026 began observation at LBSS

Δ Agreed to take breath test

Δ Read implied consent

Δ Stated understood rights

Δ Asked if understood rights

Δ Conducted Q+A

Δ Answered questions

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WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #0129A REV.11/02

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE 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: _____

COMMENTS: _____

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X)_____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X)_____

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

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-OR-

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-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)_____

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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)_____

NOT A CERTIFIED COPY

SUBJECT: Excum, Tom CASE NUMBER: 18-145583

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? home

WHAT STREET OR HIGHWAY WERE YOU ON? Alfarale 1

DIRECTION OF TRAVEL? S WHERE DID YOU START? Sebastian

WHAT TIME DID YOU START? about 3pm-5p WHAT TIME IS IT NOW? 8p

WHAT IS TODAY'S DATE? unk WHAT DAY OF THE WEEK IS IT? Fri

WHAT COUNTY AND CITY ARE YOU IN NOW? Indian River County Jail

WHEN DID YOU LAST EAT? 5pm WHAT DID YOU EAT? chicken salad, chips

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? bicycle bike

HOW MUCH DO YOU WEIGH? 160 HAVE YOU BEEN DRINKING? yes WHAT? vodka

HOW MUCH? 3-4 shots WHERE? Sebastian WITH WHOM? by myself

WHEN DID YOU HAVE YOUR FIRST DRINK? afternoon AND YOUR LAST DRINK? 2hrs ago

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? straight like shots last drink

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? a little ARE YOU UNDER THE INFLUENCE? probably

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? 2 days ago

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

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

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

WERE YOU IN AN ACCIDENT TODAY? no

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

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

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? — WHEN? 11 months ago

DO YOU HAVE:

EPILEPSY?	no
GLASS EYE?	no
FALSE TEETH?	no
EAR INFECTION?	no
INNER EAR TROUBLE?	no
DIABETES?	no

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

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

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

INTERVIEWER: INV LYNCH #8568

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: _____

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? home

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? S WHERE DID YOU START? _____

WHAT TIME DID YOU START? 3pm WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? Fri

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?	NO
FALSE TEETH?	NO
EAR INFECTION?	NO
INNER EAR TROUBLE?	NO
DIABETES?	NO

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

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: _____

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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: 80-006027 Software: 8100.27
Date of Test: 11/16/2018

Date of Last Agency Inspection: 10/19/2018
Observation Period Began: 19:55
Subject's Name: IAN F BROWN DOB: 06/15/1951 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	20:30
Air Blank	0.000	20:30
Control Test	0.079	20:30
Air Blank	0.000	20:31
Subject Sample #1	0.164	20:32
Air Blank	0.000	20:32
Air Blank	0.000	20:34
Subject Sample #2	0.157	20:35
Air Blank	0.000	20:35
Control Test	0.078	20:35
Air Blank	0.000	20:36
Diagnostics Check	OK	20:36

Cylinder Lot: 12317080A3
Exp: 07/05/2019

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: _____ Date: 11/16/18
Signature

Sworn to (or affirmed) before me this 16 day of November 2018

_____ INV. LYNCH #8568
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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WITNESS LIST

CASE NUMBER: 18145583

ARRESTING OFFICER: INV. G. LYNCH 8568

ADDRESS: HQ

PHONE NUMBERS (HOME). _____ (WORK) 561 688 3000

CAN TESTIFY TO FACTS OF CASE

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO _____

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

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
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	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2018038403	**Date:** 11/17/2018
	Specialist Name/ID: Ricketts/8693