0505151-1375

ARREST / NOTICE TO APPEAR

19CT2561

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

JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200

Agency Name: Boca Raton Police Department

Agency Report Number (N.T.A.'s only): 3 | 2 | 2019-001839

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

If Weapon Seized: Enter Type: None/not Applicable

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 1361 SW SUGAR PLUM DR

Location of Offense (Business Name, Address): 1361 SW SUGAR PLUM DR, BOCA RATON, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/06/2019	11:09	02/06/2019	11:09	02/06/2019	12:40	1361 SW SUGAR PLUM DR

DEFENDANT

Name (Last, First, Middle): SMART, JACKSON WYMAN III

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

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	04/29/1961	6'03	240	HAZEL	GRAY	LIGHT	Large

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status: S

Religion: CHRISTIAN

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 250 NE 3RD ST, BOCA RATON, FL 33432

Phone: (561) 995-0004

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 250 NE 3RD ST, BOCA RATON, FL 33432

Phone: (561) 995-0004

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip): GOLDENBERG HEYMEYER, 400 S 4TH ST MINNISOTA

Phone: (612) 384-9814

Occupation: Traitor

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S563439611490 / FL	[redacted]		EVANSON, IL, United	US

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 ☐ Other: ☐ 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 ☐ defendant and/or ☐ 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. ☐ Yes, by: ☐ No:

School Attended | Grade

Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

FILED FEB - 7 2019 SHARON R. BOCK CLERK & COMPTROLLER

OR

Received WB FEB - 7 2019

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Disperses/ 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

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant: GOOD

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By: CASAS, J | Released By: CASAS, J | Released To: PBSO

Transported By: CASAS, J | Date Transported: 02/06/2019 | Time Transported: 14:35 | Other

NOTICE TO APPEAR

☒ 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: 03/11/2019 08:30:00

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.

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☒ Suicidal ☐ Other

Intake Deputy | I.D. # | Post #: Wilson 8211

Signature of Arresting Officer: 818

Name of Arresting Officer (Print): CASAS, J. | I.D. #: 818

Transporting Officer: CASAS, J | I.D. #: 818 | Agency: BRPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

PAGE 1 OF 1

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

JUVENILE:

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2019-001839

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SMART, JACKSON WYMAN III		W	M	04/29/1961

CHARGES

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

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA,			

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
100 NW 2ND AVE, BOCA RATON, FL 33432	(561) -	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	(56) -	

PROBABLE CAUSE STATEMENT

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 committ the below acts.

☐ confessed to _____ admitting to the below facts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 6 day of February, 2019 at 11:09 (Specifically include facts constituting cause for arrest.)

At approximately 1015 hours on 2/6/19 I responded to 1361 SW Sugar Plum Dr in reference to possibly drunk driver. Passerby`s advised Boca Raton Dispatch that they witnessed a W/M, later identified as Jackson Smart, driving a 2011 black Mazda CX-9 (FL tag Y52JHJ). They said the vehicle veered off the roadway before partially entering a driveway and coming to a stop. They were unsure if the driver required medical treatment or if he was under the influence of drugs or alcohol. The vehicle was not involved in an accident and there was no damage to property.

Upon arrival, I observed that Smart was sitting in the driver seat and was nearly unresponsive to verbal commands. Smart had drool coming out of his mouth and onto his t-shirt. He was barely able to speak, and his speech was slow and slurred. Smart`s eyes were glossy, and I could smell the odor of alcohol emanating from his breath and his person. I asked smart if he was diabetic and he advised me that he was not. Smart also stated that he was not injured, and he was not taking any medication. There was an empty bottle of Skyy Vodka (1.75L), partially inside of a black plastic bag, in plain view on the passenger side floor board. The bottle was collected and submitted to evidence.

Standardized Field Sobriety Tests were not conducted on scene due to Smart being unable to support himself while standing. Based my observations, and the witness statements provided, Smart was placed under arrest for Driving Under the Influence per F.S.S. 316.193(1).

Smart was removed from the vehicle and placed onto a stretcher by BRFD. He required an enormous amount of assistance to complete the transition. Smart was transported to Boca Raton Regional Hospital due the apparently unsafe level of alcohol consumption. While at the hospital, I conducted the Finger to Nose and Rhomberg Alphabet sobriety exercises, which require minimal physical activity. Smart sat on the end of the hospital bed to complete the exercises.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

LAWLOR, MICHAEL D
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

02/06/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 818

CASAS, JAVIER (818)
NAME OF OFFICER (PLEASE PRINT)

02/06/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2019-001839

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SMART, JACKSON WYMAN III		W	M	04/29/1961

PROBABLE CAUSE STATEMENT

The Finger to Nose exercise (L,R,L,R,L,R) was conducted first. Smart started the exercise before being told to do so. He also did not tilt his head backwards like he was instructed to do. When instructed to use his left finger for the first time, Smart touched his eye and held the position. When instructed to use his right finger for the first time, Smart executed the maneuver but held the position once again. Smart once again touched his eye when instructed to use his left finger for the second time. He was able to properly execute the finger to nose the second time he was instructed to use his right finger. The third time Smart was told to use his left finger, he touched the top of his nose. He properly executed the finger to nose the third time instructed to use his right finger.

The Rhomberg Alphabet was conducted next. Smart began the exercise before being told to begin and he did not tilt his head back like he was instructed. He recited the alphabet properly until the letter "J" and was then unable to proceed. Smart ultimately said he was unable to complete the task. Smart needed to constantly be reminded of the instructions while trying to do both exercises.

It should be noted that, while at the hospital, Smart stated that he did not remember me approaching him inside of his vehicle. He also said that he did not recall drooling on himself or falling asleep. He appeared disoriented and asked what was happening multiple times. Smart also advised that his address was "2250 North East, Boca Raton, Florida" when it is in fact 250 NE 3rd St, Boca Raton, FL.

Smart was medically cleared but required a wheelchair to be transported to my police vehicle due to the high level of intoxication. Upon arrival at BRPD booking, smart required the assistance of myself and Ofc. Rosenthal in order to exit the vehicle and enter the building. His speech continued to be slow and slurred, and I could still smell the odor of alcohol emanating from his breath and his person. Smart fell asleep while waiting for the 20-minute observation period to elapse.

While in the BAT room, Smart was advised of his constitutional rights and he stated that he agreed and wished to speak to me. Smart informed me that he started drinking vodka at approximately 0700 hours this morning. When asked how much he had to drink, Smart's answer was "A lot". He stated that today was a Tuesday and that it was 2/6/12. Smart was given multiple opportunities to provide a breath sample which ultimately resulted in a refusal. He was struggling to keep his balance while standing and require assistance to sit and stand while inside of the BAT room.

Smart was transported to Palm Beach County Jail and turned over to PBSO. Smart's vehicle was moved into the driveway of his girlfriend's house which was adjacent to the scene.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

LAWLOR, MICHAEL D
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

02/06/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASAS, JAVIER (818)
NAME OF OFFICER (PLEASE PRINT)

02/06/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

DUI INFLUENCE REPORT

NOT A CERTIFIED COPY

BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

Revised: July 9, 2018

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2019-1839

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is WEDNESDAY (day), FEBRUARY (month), 6 (date), 2019 (year).

B. The time is now approximately 1200 AM/(PM)

C. The following is in reference to case number 2019-1839.

D. Present at this time is OFF. J. CASAS of the Boca Raton Police Department. (Officer's Name)

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

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

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

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

NOT A CERTIFIED COPY

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 OFC CASAS of the BOCA RATON PD.

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. SMART has refused to submit to a breath test.

The date is 02 (month), 06 (day), 2019 (year), and the time is 1230 AM/(PM).

A refusal form will be completed by the arresting officer.

NOT A CERTIFIED COPY

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: _____

NOT A CERTIFIED COPY

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: JACKSON SMART III

CASE #: 2019-1839 DATE: 02/06/19

BREATH TEST RESULTS

1) TIME 1221 REF AM/PM 2) TIME 12:27 REF AM/PM

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

BREATH OPERATOR: OFC. DAVID ROSENTHAL

MAINTENANCE TECHNICIAN: JEFF VAN CAMP

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: BLUE/WHITE DRESS SHIRT, CHINOS, BROWN LOAFERS

MEDICAL CONDITION: GOOD / NO MEDICATIONS

OTHER: ASSISTED OFC CASAS INTO BOOKING AS SMART COULD NOT WALK ON HIS OWN. HE NEEDED ASSISTANCE

~~COMMENTS~~: STEPPING ONTO CURB THEN INSIDE. ONCE INSIDE KEPT FALLING ASLEEP DURING OBSERVATION PERIOD.

STRONG ODOR ALCOHOLIC BEVERAGE EMINATING FROM BREATH. EYES WERE BLOOD SHOT & GLOSSY. SPEECH SLURRED.

SMART NEED US TO HOLD HIM UP. DURING INTERVIEW COULD NOT PROVIDE BREATH SAMPLE.

NOT A CERTIFIED COPY

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: _____ Date: 2/6/19 Time: 1237

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? no

Where were you going? Girfriends

What street or highway were you on? Sugar plum

Direction of travel? South

Where did you start driving from? 2150 NE 3rd St

What city (county) were you stopped in? Boca Rator FL

What time did you start? 1100 (AM)/PM What time is it now? 12:00

What is today's date? 2-6-12 What day of the week is it? Tuesday - Wednesday

When did you last eat? 0600 hrs What did you eat? EGGS and BACON

What have you been doing the past three hours prior to this stop/accident? Drinking

How much do you weigh? 240 Have you been drinking? Y What were you drinking? Vodka

How much? A lot Where? at house With whom were you drinking? nobody

When did you have your first drink? 0700 (AM)/PM When did you stop drinking? 1100 (AM)/PM

NOT A CERTIFIED COPY

How did you consume your last two drinks? no

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? Retired

When did you last work? 4 years ago

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

_____

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? Minnesota, Illinois

I am now ending this video recording. The time is now approximately 1237 AM/PM

The date is Feb. (month), 6 (day), 2019 (year).

NOT A CERTIFIED COPY

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: 02/06/2019

Date of Last Agency Inspection: 01/23/2019
Observation Period Began: 11:30
Subject's Name: JACKSON W SMART DOB: 04/29/1961 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	12:07
Air Blank	0.000	12:08
Control Test	0.078	12:08
Air Blank	0.000	12:09
Subject Sample #1	VNM*	12:12
Air Blank	PUR**	12:13
Air Blank	0.000	12:13

*Volume Not Met (0.254 - Breath Sample Not Reliable to Determine Breath Alcohol Level)
**Purge Fail

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

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 DAVID S ROSENTHAL, 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: D. Rothel Date: 02/06/19
Signature

Sworn to (or affirmed) before me this 6th day of FEBRUARY, 2019

Signature of Notary Public-State of Florida

Javier Casas
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

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.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2019004230	**Date:** 2/6/2019
	Specialist Name/ID: J. Beck/9007