

0512165

19CT20062NB
3060

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 502600		Agency Name Palm Beach Gardens Police Department				Agency Report Number (N.T.A.'s only) 78- 19006362															
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																	
Location of Arrest (Including Name of Business) MACARTHUR BLVD/NORTHLAKE BLVD, PBG				Location of Offense (Business Name, Address) MACARTHUR BLVD/NORTHLAKE BLVD, PBG, FL, 33410																	
Date of Arrest 10/29/2019		Time of Arrest 0043		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle KAUFFS TOWING									
Name (Last, First, Middle) COCHRANE, JOHN												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 12/08/1955		Height 600		Weight 230		Eye Color BLU		Hair Color BRO		Complexion LGT		Build MEDIUM					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A						Marital Status M		Religion CHRISTIAN		Indication of: Alcohol Influence Drug Influence		☒ Y ☐ N ☐ Unk.									
Local Address (Street, Apt. Number) 2175 Idlewild Rd				(City) Palm Beach Gardens FL		(State) FL		(Zip) 33410		Phone (409) 739-4817		Residence Type: 1. City 2. County 3. Florida 4. Out of State		4							
Permanent Address (Street, Apt. Number) 14111 Cimarron Road				(City) Santa Fe		(State) TX		(Zip) 77517		Phone ()		Address Source TEXAS DL									
Business Address (Name, Street) ()				(City) ()		(State) ()		(Zip) ()		Phone ()		Occupation Boat Captain									
DL Number, State 07273872, TX				Soc. Sec. Number ()				INS Number ()				Place of Birth (City, State) Galveston, TX				Citizenship US					
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:		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 ☐ 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 ()													
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 D.U.I.				Counts 1		Domestic Violence ☐ Y ☒ N		Statute Violation Number 316.193(1)				Violation of ORD # ()									
Drug Activity N				Drug Type N		Amount / Unit N/A		Offense # 19-006362		Warrant / Capias Number ()				Bond OR							
Charge Description ()				Counts ()		Domestic Violence ☐ Y ☐ N		Statute Violation Number ()				Violation of ORD # ()									
Drug Activity ()				Drug Type ()		Amount / Unit ()		Offense # ()		Warrant / Capias Number ()				Bond ()							
Charge Description ()				Counts ()		Domestic Violence ☐ Y ☐ N		Statute Violation Number ()				Violation of ORD # ()									
Drug Activity ()				Drug Type ()		Amount / Unit ()		Offense # ()		Warrant / Capias Number ()				Bond ()							
Charge Description ()				Counts ()		Domestic Violence ☐ Y ☐ N		Statute Violation Number ()				Violation of ORD # ()									
Drug Activity ()				Drug Type ()		Amount / Unit ()		Offense # ()		Warrant / Capias Number ()				Bond ()							
Location (Court, Room Number, Address) North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410																					
Court Date and Time Month DECEMBER Day 4TH Year 2019 Time 10:00 AM ☒ 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. X <i>John Cochran</i> Signature of Defendant (or Juvenile and Parent /Custodian)																					
Date Signed ()																					
HOLD for other Agency Name: ☐ Dangerous ☐ Resisted Arrest ☐ Sexual ☐ Other:				Signature of Arresting Officer X <i>Dean Morea</i> Name of Arresting Officer (Print) DEAN MOREA Transporting Officer DEAN MOREA				I.D. # 517 ID # 517 Agency PBPGD				Name Verification (Printed by Arrestee) () OCT 29 AM 7:16 PAGE 1 OF 1									
Witness here if suspect signed with an "X" ()																					

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: 80-006477 Software: 8100.27
Date of Test: 10/29/2019

Date of Last Agency Inspection: 10/18/2019

Observation Period Began: 01:05

Subject's Name: JOHN I COCHRANE III

DOB: 12/08/1955 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		01:30
	Air Blank	0.000	01:30
	Control Test	0.081	01:30
	Air Blank	0.000	01:31
	Subject Sample #1	0.201	01:31
	Air Blank	0.000	01:32
	Air Blank	0.000	01:34
	Subject Sample #2	0.202	01:34
	Air Blank	0.000	01:35
	Control Test	0.080	01:35
	Air Blank	0.000	01:36
	Diagnostics Check OK		01:36

Cylinder Lot: 17919080A1

Exp: 08/05/2021

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 THOMAS H LEANEY, 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: T Leaney

Signature

Date: 10/29/19

Sworn to (or affirmed) before me this 29th day of October, 2019

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 116.1934(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 116.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29th DAY OF OCTOBER 20 19 AT 0043 AM AM PM

SUBJECT: COCHRANE, JOHN

CASE NUMBER: 19006362

AGENCY: PALM BEACH GARDENS POLICE DEPT.

ARRESTING OFFICER: DEAN MOREA

PERSONAL CONTACT

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

I observed a Gray Nissan Bearing FL Tag: GIAE15 traveling eastbound in the 3000 block of Northlake Blvd, PBG, FL. The vehicle was driving with no lights on. I initiated a traffic stop on this vehicle at MacArthur Blvd/Northlake Blvd. The vehicle did not come to a stop until Old Dixie Hwy and Northlake Blvd. I contacted the driver and sole occupant of the vehicle whom was identified to me via TX driver's license as, John Cochrane (W/M, DOB: 12/08/1955).

OBSERVATION OF DRIVER:

When I contacted the driver, I immediately noticed that his eyes were glassy and bloodshot red. A strong odor of alcohol was also emanating from his breath and person. The driver appeared to be dazed and confused.

DRIVER'S STATEMENTS:

The driver stated he was heading to his boat where he sleeps. The driver stated he was coming from the Pirates Well Bar and had a few drinks. The driver's speech was very slurred.

ODORS:

Strong odor of unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slurred, Thick

ATTITUDE: Talkative, Cooperative, Calm

CLOTHING: White T-Shirt, Khaki Shorts, Sandals

MEDICAL/OTHER: High Blood Pressure

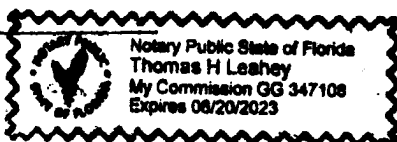
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting Investigator Officer)

This foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of October 20 19 at

(Print name of Arresting Investigator Officer), who is personally known to me and/or produced identification. Type of identification produced: Kuam

Notary Public, Court of Court, Officer (F.S.S. 117.12)



SCANNED
OCT 29 2019

SUBJECT: COCHRANE, JOHN

CASE NUMBER: 19006362

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☒ LT EYE-LACK OF SMOOTH PURSUIT

☒ RT EYE-LACK OF SMOOTH PURSUIT

☒ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

☒ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

☒ LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☒ RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Subject had a difficult time following instructions and continued to move his head rather than just his eyes per instruction.

WALK & TURN:

Cochrane was unable to keep balance while listening to instructions

Missed Heel to toe on all steps

Stepped off the line numerous times

Used arms for balance

Made an improper turn

Took an incorrect number of steps

ONE LEG STAND:

Subject Swayed while balancing

Used arms to balance

Put foot down before 30 seconds elapsed

Continued to count while foot was on ground

FINGER TO NOSE:

Subject missed the tip of his nose

ROMBERG/ALPHABET:

Subject attempted the Alphabet twice. Subject stated he knew the Alphabet before starting. On both attempts the subject was unable to recite the alphabet properly and said numerous letters in the wrong order.

BREATH TEST RESULTS: .201/.202

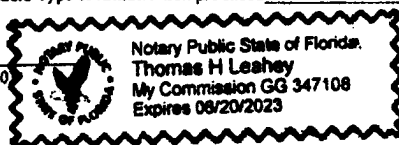
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 29 day of October, 2019 by

who is personally known to me and/or produced identification. Type of identification produced

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED
OCT 29 2019

WITNESS LIST

CASE NUMBER: 19006362

ARRESTING OFFICER: DEAN MOREA

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): _____ (WORK) 5617994445

CAN TESTIFY TO: THE WHOLE CASE

NAME: Officer Artola #452

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) _____ (WORK) 5617994445

CAN TESTIFY TO: SFST's

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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OCT 29 2019

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OCT 29 2019

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ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

OCT 29 2019



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 19-131474 PBSO ZONE 3-13
AGENCY CASE # 19-006362 CRASH CASE # _____
TIME OF STOP/CRASH 0020 DATE 10/29/19 DAY Tuesday
SUBJECT'S NAME John Cochrane RACE W SEX M
HGT 600 WGT 230 DOB 12/8/55
LOCATION Macarthur Blvd / Northlake Blvd, PB6, FL
ARRESTING OFFICER'S NAME & ID Morea #517 AGENCY PB6 PD
DIVISION: Patrol
NOTIFIED BY COMMO yes
ARRIVAL AT FACILITY 0105 am
Arrest Time 0043
BREATH RESULTS:
1. .201
2. .202
3. N/A
4. N/A
TESTING OFFICER'S ID 19123 PBSO VIDEOTAPE # N/A

SCANNED
OCT 29 2019

SCANNED
OCT 29 2019



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 19-131474 PBSO ZONE 3-13
AGENCY CASE # 19-006362 CRASH CASE # _____
TIME OF STOP/CRASH 0020 DATE 10/29/19 DAY Tuesday
SUBJECT'S NAME John Cochrane RACE W SEX M
HGT 600 WGT 230 DOB 12/8/55
LOCATION Macarthur Blvd / Northlake Blvd, PB6, FL
ARRESTING OFFICER'S NAME & ID Morea #517 AGENCY PB6 PD
DIVISION: Patrol
NOTIFIED BY COMMO yes
ARRIVAL AT FACILITY 0105 am
Arrest Time 0043
BREATH RESULTS:
1. .201
2. .202
3. N/A
4. N/A
TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

SCANNED
OCT 29 2019

John H II

CASE NUMBER

19006362

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER STOPPED AND ON THE
SIDE OF THE ROAD OR ANSWER AS YOU LIKE.

WERE YOU DRIVING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? Yes

WHERE WERE YOU DRIVING?

Went to bank in NFB, IL

WAS STOPPED ON HIGHWAY WHERE YOU DROVE?

Island 1

DIRECTION OF TRAVEL?

N

WHERE DID YOU START?

P.O. Box 1000 (CR) (IL) (IL)

WHAT TIME IS IT NOW?

11:26

WHAT DAY OF THE WEEK IS IT?

Wed

What day of the week is it?

WHAT TIME DID YOU START YOUR TRIP?

6:00

What time did you start?

WHAT DID YOU EAT?

Stark

What did you eat?

HOW MUCH DO YOU DRINK?

Yes

What?

HOW MUCH?

2-3

Where?

P.O. Box 1000

With whom?

WHEN DID YOU HAVE THE LAST DRINK?

5:30

And your last drink?

HOW DID YOU FEEL AFTER TWO DRINKS?

Sin

CAN YOU FEEL THE EFFECTS OF THE ACCIDENT?

No

Are you under the influence?

HAVE YOU CONSIDERED A SUICIDE SINCE THE ACCIDENT?

How much?

WHEN?

When?

When?

WHAT DID YOU DO AFTER THE ACCIDENT?

Don't know

When did you last drink?

DO YOU HAVE ANY OTHER INJURIES OR INJURIES?

No

What?

ARE YOU SICK OR INJURED?

What's wrong?

DO YOU LIMP?

No

DID YOU HAVE A BUMP ON THE HEAD RECENTLY?

No

WERE YOU IN AN ACCIDENT TODAY?

No

HAVE YOU TAKEN ANY DRUGS OR SUBSTANCES ANY MARIJUANA TODAY?

No

HAVE YOU TAKEN ANY DRUGS OR SUBSTANCES TODAY?

No

What?

ARE YOU THINKING OF SUICIDE TODAY?

Yes

What?

Don't know

DO YOU HAVE

No

No

No

No

No

No

No

DO YOU HAVE ANY OTHER INJURIES OR INJURIES THAT ARE NOT CORRECTED OR CLASSED?

IF SO, WHEN WAS YOUR LAST INJECTION?

No

DO YOU HAVE A CURRENT LICENSE TO DRIVE A VEHICLE?

No

SCANNED

OCT 29 2019

John H III CASE NUMBER: *1900636*

INFORMED CONSENT FOR DUI IN A MOTOR VEHICLE

PLEASE 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.

PLEASE READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH MINIMUM REQUIREMENTS

I am _____ of the _____

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle for a period of one (1) year or a less period, or eighteen (18) months if your privilege has been previously suspended, of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to a lawful test of your breath, urine or blood, 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 a lawful test of your breath, urine or blood is not a criminal proceeding.

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT MAY BE USED AGAINST YOU IN COURT.

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 answer any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before making any statement and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are permitted to remain silent.
6. You have the right to stop or postpone to induce you to make a statement. This must be of your own free will.
7. Any statement you make will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X)

Perd on camera

SCANNED
OCT 29 2013

TESTING FACILITY TASK REPORT

SUBJECT Cash, John H III AGENCY PBB
DATE 10/20/19 CASE NUMBER 19-131474
BEGINNING TIME 01:27 ENDING TIME 01:45
BREATH TESTS RESULTS: 1) .201 TIME 01:31 A.M./P.M. 2) .202
3) N/A TIME — A.M./P.M. 4) N/A

BREATH OPERATOR T. Leakey #19123

MAINTENANCE TECHNICIAN J. Karlock #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH thinned, thick
ATTITUDE cooperative, calm
CLOTHING white t-shirt, tan flip flops
MEDICAL blood pressure - High
MEDICATIONS Antelope

OTHER: eyes glassy + bloodshot
odor of alcoholic beverage on breath.
6 stated he had 2-3 drinks - vodka + 7UP - Q+A
AlO conducted 20 minute
observation period at 01:05 hrs

A agreed to perform breath test.

Tech read breath test results + A stated he understood
breath test results.

AlO read rights + A stated he understood rights

AlO conducted Q+A

A answered questions

SCANNED

OCT 23 2019



**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:	

REVIEW COMPLETED BY

Booking Number: 2019035091

Date: 10/29/2019

Specialist Name/ID: Gammage/5660

SCANNED
OCT 29 2019