19CT 14039

OBTS Number 0418087	ARREST / NOTICE TO APPEAR Juvenile Referral Report	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1530	1	Juvenile N

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19126275

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

Weapon Seized / Type (1. Yes 2. No): 2 NONE — Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
CRESTHAVEN BLVD/MILITARY TRL. WEST PALM BEACH, FL. 33406	CRESTHAVEN BLVD/MILITARY TRL WEST PALM BEACH, FL. 33406

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/15/2019	0257					D & D TOWING

DEFENDANT

Name (Last, First, Middle): BRUTZMAN JOHN SCOTT — 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	10/27/1968	6'03"	250	BLUE	BROWN	LIGHT	HEAVY

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): NONE — Marital Status: Divorced — Religion: NONE — Indication of: Alcohol Influence Y ☒; Drug Influence Y ☒

Local Address (Street, Apt. Number)	(City) (State) (Zip)	Phone	Residence Type (1. City 2. County 3. Florida 4. Out of State)
340 HAMMOCKS TRL.	GREENACRES, FL. 33413	(802) 294-2902	1

Permanent Address (Street, Apt. Number)	(City) (State) (Zip)	Phone	Address Source
,		( )	

Business Address (Name, Street)	(City) (State) (Zip)	Phone	Occupation
		( )	

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
B632-477-68-387-0, FL	[redacted]		TOWANDA, PA	U.S.

CO-DEF

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 #
DRIVING UNDER THE INFLUENCE	1	☐Y ☒N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	NONE	19126275		OR

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

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

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): CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406

Court Date and Time: Month NOVEMBER Day 7 Year 2019 Time 8:30 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: 10/15/2019

ADMIN

HOLD for other Agency — Name — Signature of Arresting Officer X — Name Verification (Printed by Arrestee): (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): INV. ZEITZ — I.D. #: 24970

Intake Deputy — I.D. # — Pouch # — Transporting Officer: INV. ZEITZ — ID #: 24970 — Agency: PBSO — 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

PBSO #148 REV 5/97

SCANNED OCT 15 2019

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

Juvenile:

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 19-126275

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): Brutzman, John Scott

Alias:

Race	Sex	Date of Birth
W	M	10/27/1968

CHARGES

Charge Description: DUI

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle): State of Florida

Race: Sex: Date of Birth:

Local Address (Street, Apt Number): (City): (State): (Zip): Phone: ( ) Address Source:

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

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

- [x] committed the below acts in my presence.
- [ ] confessed to _____ admitting to the below facts.
- [ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- [x] was found to have committed the below acts, resulting from my (described) investigation.

On the 15th day of October 20 19 at 0227 [x] A.M [ ] P.M (Specifically include facts constituting cause for arrest.)

I was traveling north on S. Military Trail when I observed a white Hyundai Santa Fe also traveling north. I ran the tag on the vehicle FL-452PZC which came back to the vehicle, but was expired since 10/27/2017. I conducted a traffic stop on the vehicle, which stopped on Cresthaven Blvd just west of S. Military Trail in the Shoppes of Cresthaven plaza. I approached the vehicle as I neared the rear bumper I could smell a strong odor of alcoholic beverages coming from the vheicle. I approached the driver's door and identified the driver as John S. Brutzman. I noticed that his eyes were glossy and bloodshot and there was a stronger of alcoholic beverages coming from his breath as we spoke. I asked where he had been coming from and replied that he was getting something to eat. I then asked if he had been drinking and he said that he had 3 or 4 drinks. Based on my observations I believed that John was intoxicated and requested Investigator Zeitz of the DUI Unit to respond to the scene. He responded and assumed the investigation.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of October 20 19 by Sgt M. Lopez 6680

(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)

PAGE 1 OF 1

PSSO #0004A REV. 12197 DISTRIBUTION: WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15TH DAY OF OCTOBER 20 19, AT 0227 ✓ AM PM

SUBJECT: BRUTZMAN JOHN SCOTT CASE NUMBER: 19126275

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. ZEITZ

PERSONAL CONTACT

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

On the above date and time, I was dispatched to the area of Cresthaven Blvd and Military Trl in reference to a suspected impaired driver stopped by Sgt. Lopez #6680. Upon arrival to the area, Sgt. Lopez informed me of the following:

Sgt. Lopez observed a white Hyundai SUV bearing FL tag 452PZC traveling Northbound on Military Trl. When conducting a records check on the vehicle's tag, it was found to have been expired on 10/27/2017. Sgt. Lopez conducted a traffic stop on the vehicle, which yielded in a plaza on the Northwest corner of Military Trl and Cresthaven Blvd. Sgt. Lopez identified the driver and sole occupant of the vehicle as W/M John Brutzman by his Florida driver's license. Sgt. Lopez observed a number of articulable indicators of impairment and requested a DUI unit respond. Sgt. Lopez provided a supplemental probable cause affidavit detailing his observations.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by his Florida driver license as John Brutzman, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and breath. This odor intensified as I spoke to him. He had glassy, glazed, and blood shot eyes. Brutzman's speech was slow and thick. His movements were slow and deliberate. Brutzman had difficulty following directions given to him. He was wearing a white t-shirt, white/black shorts, and black flip-flops. All the clothing appeared dirty.

DRIVER'S STATEMENTS:

Pre-Miranda: Stated that he had 3 or 4 bottles of beer and smoked some marijuana approimately 45 minutes before being stopped.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from his person and breath which intensified as I spoke to him.

GENERAL OBSERVATIONS

SPEECH: **Bruckman's speech was slow, and thick.**

ATTITUDE: **Polite and cooperative**

CLOTHING: **White shirt with white and black shorts and back flip-flops**

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. ZEITZ
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15h day of OCTOBER 20 19 by INV. ZEITZ

(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced PERSONALLY KNOWN LEO

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

Notary Public State of Florida
Paris Pound
My Commission GG 200026
Expires 03/25/2022

SUBJECT: BRUTZMAN JOHN CASE NUMBER 19126275

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:

Brutzman would sway roughly in a side to side front to back pattern throughout the task. He correctly touched the tip of the pen as directed to positively identify the point to be tracked. He was reminded numerous times to track the pen with his eyes only. Brutzman failed to keep his head still while tracking the stimulus. LOC was obsevred

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Brutzman who stated that he understood. During the task, I observed him to sway roughly in a side to side, front to back pattern throughout the demonstration phase. He could not maintain his balance while listening to instructions and stepped out of the instructional stance during the demonstration to catch his balance. Brutzman would stop walking to steady himself. Brutzman missed heel-to-toe steps and stepped off the line.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Brutzman who stated that he understood. During the task, I observed him to sway roughly in a side to side, front to back pattern throughout the demonstration phase. He continued to sway while balancing on one leg. He used his arms for balance. Brutzman put his foot down to regain balance before the 30 seconds had elapsed.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Brutzman who stated that he understood. During the task, I observed him to sway roughly in a side to side, front to back pattern throughout the demonstration phase. He did not keep his eyes closed and had to be reminded. Brutzman's index finger did not touch the tip of the nose on 4 of 6 attempts. Brutzman searched for the tip of his nose using the finger to find their nose prior to touching the tip. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhomberg Alphabet" task to Brutzman who stated that hw understood. During the task, I observed him to sway roughly in a side to side, front to back pattern throughout the demonstration phase. He would sway more than 2 inches. Brutzman properly recited the alphabet as requested.

BREATH TEST RESULTS: .112 .104

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. ZEITZ
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15h day of OCTOBER 20 19 by INV. ZEITZ

(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced PERSONALLY KNOWN LEO

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

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

WITNESS LIST

CASE NUMBER: 19126275

ARRESTING OFFICER: INV. ZEITZ

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): ______ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT & OFFENSE REPORT

NAME: SGT. LOPEZ # 6680

ADDRESS: 3228 GUN CLUB RD. WEST PALM BEACH, FL. 33406

PHONE NUMBERS (HOME) () (WORK) 561-688-3000

CAN TESTIFY TO: SEE SUPPLEMENTAL PROBABLE CASUE AFFIDAVIT

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) ______

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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: ______

NAME: ______

ADDRESS ______

PHONE NUMBERS (HOME) ______ (WORK) ______

CAN TESTIFY TO: ______

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: BRUTZMAN, JOHN S CASE NUMBER: 19-126275

DATE: 10/15/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 03:32 ENDING TIME: 03:46

BREATH TESTS RESULTS: 1) .112 TIME 03:39 A.M./P.M. 2) .104 TIME 03:42 A.M./P.M.

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: R. POUNDS #24639

MAINTENANCE TECHNICIAN: J. KARLECKE # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: BLACK/WHITE PLAID SHORTS, WHITE SHIRT, BLACK SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES GLASSY & BLOODSHOT

COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 03:11 HRS.

A. WHAT HAPPENS IF I DON'T.

A/O. READ I/C

A. STATED HE UNDERSTOOD I/C AND AGREED TO TAKING TEST.

A/O. READ RIGHTS

A. STATED HE UNDERSTOOD RIGHTS

TECH. READ TEST RESULTS A. STATED HE UNDERSTOOD TEST RESULTS.

A/O. ATTEMPTED Q&A

A. REFUSED QUESTIONS

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

SUBJECT: BRUZMAN, JOHN S CASE NUMBER: 19-126275

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) Read on Camera

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) Read on Cam

SUBJECT: BRUTZMAN, JOHN S CASE NUMBER: 19-126275

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

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

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? _____
FALSE TEETH? _____
EAR INFECTION? _____
INNER EAR TROUBLE? _____
DIABETES? _____

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: _____

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: 80-006240 Software: 8100.27
Date of Test: 10/15/2019

Date of Last Agency Inspection: 09/13/2019
Observation Period Began: 03:11
Subject's Name: JOHN S BRUTZMAN DOB: 10/27/1958 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	03:36
Air Blank	0.000	03:38
Control Test	0.081	03:38
Air Blank	0.000	03:39
Subject Sample #1	0.112	03:39
Air Blank	0.000	03:42
Air Blank	0.000	03:42
Subject Sample #2	0.104	03:42
Air Blank	0.000	03:43
Control Test	0.080	03:43
Air Blank	0.000	03:44
Diagnostics Check	OK	03:44

Cylinder Lot: 00919080A3
Exp: 03/05/2021

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 PARIS D POUND, 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: 10/15/19
Signature

Sworn to (or affirmed) before me this 15th day of October 2019

_____ Inv. P. Zeitz
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

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	☐	539.001 FS	Other: All records relating to pawnbroker transactions.	
	☐	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019033493	**Date:** 10/15/2019
	Specialist Name/ID: howardt7185