

0500507

18 ARREST NOTICE TO APPEAR

3134

ADMINISTRATOR	OBTS Number		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2018-010543		Arrest Request for Warrant <input type="checkbox"/> Request for Citrus <input type="checkbox"/> N.T.A. <input type="checkbox"/> Request for Citrus <input type="checkbox"/> 1		JUVENILE <input type="checkbox"/>														
	Agency ORI Number 0500200		Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 3 Misdemeanor <input checked="" type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator N																
DEPENDANT	Location of Arrest (Including Name of Business) 7589 TEXAS TRL				Location of Offense (Business Name, Address) 7589 TEXAS TRL, BOCA RATON, FL 33487																		
	Date of Arrest 08/08/2018	Time of Arrest 13:12	Booking Date 08/08/2018	Booking Time 13:22	Jail Date	Jail Time	Location of Vehicle WESTWAY TOWING																
DEFENDANT	Name (Last, First, Middle) LEWANDOWSKI, MATTHEW ROBERT										Alias (Name, DOB, Sec. Sec. #, Etc.)												
	Race W - White A - American Indian B - Black O - Other/Ansa	Sex M	Date of Birth 09/16/1983	Height 5'11	Weight 185	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Medium														
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT BACK BACK / TRIBAL; TATT BACK BACK / MIA & ELI				Marital Status S	Religion Christian	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>														
	Local Address (Street, Apt. Number) (City) (State) (Zip) 7589 TEXAS TRL, BOCA RATON, FL 33487				Phone		Residence Type 1 City 3 Florida 2 County 4 Out of State 1																
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 7589 TEXAS TRL, BOCA RATON, FL 33487				Phone		Address Source DEFENDANT																
	Business Address (Name, Street) (City) (State) (Zip) SEDA DENTAL, BOCA RATON, FL				Phone		Occupation Dental Asst																
	D/L Number, State LS32556833360 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) FREDICKSBURG, VA,		Citizenship US														
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile		<input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor												
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile		<input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor												
	Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)										Residence Phone												
Legal Custodian										Business Phone													
Address (Street, Apt. Number) (City) (State) (Zip)																							
Notified by (Name)				Date	Time	JUVENILE DISPOSITION 1 Handled/Processed within Department and Released 3 TOT JAC 5 Incarcerated																	
Released To (Name)				Relationship	Date	Time																	
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address						School Attended		Grade															
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property				Value of Property															
<table border="0"> <tr> <td>Drug Activity N N/A P Potions</td> <td>S Sell B Buy T Traffic</td> <td>R Seize D Deliver E Use</td> <td>K. Dispense/ Distribute</td> <td>M Manufacture/ Produce/ Cultivate</td> <td>Z Other</td> <td>Drug Type N N/A A Amphetamine</td> <td>B Barbiturate C Cocaine E Heroin</td> <td>H Hallucinogen M Marijuana O Opium/Opium</td> <td>P Psychotropic/ E Etc.</td> <td>S Synthetic</td> <td>U Unknown Other</td> </tr> </table>												Drug Activity N N/A P Potions	S Sell B Buy T Traffic	R Seize 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/Opium	P Psychotropic/ E Etc.	S Synthetic	U Unknown Other
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Charge Description DUI - PROPERTY DAMAGE/ INJURY TO PROPERTY OR PERSON ENHANCED						State Violation Number 316.193(3C1)		Violation of ORD #															
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Citrus Number		Bond															
Charge Description						State Violation Number		Violation of ORD #															
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Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Citrus Number		Bond															
Health / Apparent Physical Condition of Defendant GOOD						Any knowledge of the following <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain																	
Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> TOT County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By 671		Released By 671		Released To PRISONER															
Transported By				Date Transported // : :	Time Transported	Other																	
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 09/11/2018 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																							
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed 8/16/18																	
HOLD for Other Agency				Signature of Arresting Officer		Name Verification (Printed by Arrestor)																	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arms <input type="checkbox"/> Susceptible				Name of Arresting Officer (Print) PARE, B. S.		ID # 671		Name (PRINT)															
Offense Description				Transporting Officer Rafalko		ID # 799 BRPD		Witness here if subject signed with an "X"															

2018 AUG - 9 AM
SOUTH COUNTY JAIL
DELRAY BEACH FL 33444

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBT# Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-010543
Charge Type Check as many as apply.	<input type="checkbox"/> 1 Felony	<input type="checkbox"/> 3 Misdemeanor	<input type="checkbox"/> 5 Ordinance	Special Notes
	<input type="checkbox"/> 2 Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6 Other	

Name (Last, First, Middle) LEWANDOWSKI, MATTHEW ROBERT	Alias	Race W	Sex M	Date of Birth 09/16/1983
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Charge Description 316.193(3C1) DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY	Charge Description
Charge Description	Charge Description

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	

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 WITNESSES who told OFC. PARE that he/she saw the arrested person commit 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 8 day of August, 2018 at 09:58 (Specifically include facts constituting cause for arrest.)

On 08/08/2018 at approximately 0958hrs, I responded to 7589 Texas Trl in the City of Boca Raton in reference to a minor traffic crash. Upon arrival to the above stated address, I observed a gray VW sedan bearing FL TAG DTY1R (V-1). The vehicle left the roadway while trying to negotiate the right curve and collided with a tree on the north shoulder of the roadway. The front of V-1 collided with the tree causing moderate damage to the vehicle.

I then made contact with CSO Lintzeris of BRPD. CSO Lintzeris advised that there were two witnesses to the crash that were still on scene filling out written statements. CSO Lintzeris advised that the witnesses reported V-1 traveling northbound on Texas Trl at an extremely high rate of speed. The speed limit in this neighborhood is 20mph. The witnesses told CSO Lintzeris that V-1 passed them in the southbound lane of travel at what they estimated to be 60-65mph. In speaking with Lewandowski, CSO Lintzeris reported that he could smell the odor of an unknown alcoholic beverage coming from his breath. Lewandowski told CSO Lintzeris that he had 3 beers before driving. See CSO Lintzeris's crash report for further details. After speaking with CSO Lintzeris, I made contact with W/M Seth Shepherd. Shepherd confirmed the account provided by CSO Lintzeris in regards to what he observed just prior to the crash.

Shepherd added that as they arrived at the curve in the roadway, they realized that V-1 had crashed. I asked Shepherd how much time had elapsed between the vehicle passing him and discovering the crash. Shepherd advised that it was only a few seconds and that they were approximately one block behind V-1. I asked Shepherd if there was enough time for any additional occupant to exit the vehicle and leave the scene. Shepherd again confirmed that the vehicle was only out of sight for a few seconds and that the driver was still sitting behind the wheel of the vehicle when he and his wife ran up to see if medical assistance was needed. The driver was later identified to me as W/M Matthew Lewandowski (L532556833360).

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<u>SOMMER, LEE S</u>	<u>PARE, BRIAN SCOTT (671)</u>
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)	NAME OF OFFICER (PLEASE PRINT)
<u>08/08/2018</u>	<u>08/08/2018</u>
DATE	DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1 Arrest
2 N.T.A.
3 Request for Warrant
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1 JUVENILE

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Agency ORI Number FL 0500200	Special Notes		
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Name (Last, First, Middle) LEWANDOWSKI, MATTHEW ROBERT	Race W	Sex M	Date of Birth 09/16/1983
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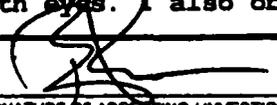
Shepherd stated that when he arrived at the vehicle, he asked the driver if he was ok. Lewandowski responded, "Yes" and then rolled up the window. Shepherd said that Lewandowski then exited the vehicle and asked why he and his wife called the cops. Shepherd stated that Lewandowski appeared annoyed that they were concerned with his well being. I asked Shepherd if he noticed anything unusual about the driver. Shepherd stated that Lewandowski was uneasy on his feet and that he could smell the odor of alcoholic beverages coming from his breath. Shepherd stated that he waited with his wife away from the driver of the VW and waited for BRPD to arrive. BRFR arrived on scene prior to my arrival to check on Lewandowski. Lewandowski refused any medical treatment and advised that he was not injured.

After speaking with Shepherd, I then made contact with Lewandowski who was still sitting in the driver seat of his vehicle. CSO. Lintzeris explained to Lewandowski that the crash investigation was complete. While at the vehicle, I could smell a strong odor of an alcoholic beverage emanating from Lewandowski's breath. I then had Lewandowski walk with me to the front of my Police Vehicle. I explained to Lewandowski that the crash investigation was now complete and that I was now conducting a criminal investigation. Prior to asking Lewandowski any questions, I read him his Miranda Warnings from a department issued card. Lewandowski advised that he understood his rights.

In speaking with Lewandowski, I could still smell a very strong odor of an unknown alcoholic beverage coming from his breath. His speech was slow and slurred at times. It should be noted that Lewandowski reported that he has a diagnosed speech impediment that causes his speech to be slow and slurred. His eyes were glassy/blood shot and he appeared to be unsteady on his feet as he spoke to me. Lewandowski stated that he lives down the street and that he is familiar with the roadway. He advised that he attempted to make the right turn at approximately 35mph. I explained to Lewandowski that there were two witnesses that reported he was traveling in excess of 60mph and that he passed their vehicle in the wrong lane of travel. Lewandowski denied this account.

I asked Lewandowski if he consumed any alcoholic beverages prior to operating his vehicle. He stated that he consumed 3 Stella Artois beers between approximately 0700-0930hrs. Lewandowski also reported that he takes .25mg of Zoloft before bed every night. Lewandowski confirmed that he took his medication as prescribed last night then asked Lewandowski to participate in some Standardized Field Sobriety Tasks which he agreed.

Horizontal Gaze Nystagmus- While conducting HGN, Lewandowski was unable to follow instructions at first and needed to be reminded several times to follow the steps to keep his head still. I observed a lack of smooth pursuit in both eyes. Distinct sustained Nystagmus at maximum deviation was observed in both eyes. Onset of nystagmus prior to 45 degrees could be observed as well in both eyes. I also observed

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JUVENILE

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LEWANDOWSKI, MATTHEW ROBERT		W	M	09/16/1983

Nystagmus in both of Lewandowski's eyes. Lewandowski swayed back and forth while trying to maintain his balance.

Walk and Turn- During the instruction phase of this task, Lewandowski was having a great deal of difficulty maintaining the starting position. Prior to being told to begin, Lewandowski began the task. Once he began the task, Lewandowski was unable to walk heel to toe throughout the entire task. Lewandowski was visibly swaying while trying to walk and used his arms for balance. He did not take the appropriate number of steps before the turn (10 Steps).

One-Leg-Stand- Lewandowski again began this task before being told to do so. After beginning the task, Lewandowski was unable to keep his foot up without swaying and hopping on one foot. Lewandowski needed to use his arms for balance and needed to be told to continue with the task after setting his foot down. It was at this point that Lewandowski told me that he has a hereditary genetic disorder that is diagnosed that causes balance problems. Lewandowski never mentioned this issue when I originally asked him if he had any medical conditions.

Rhomberg Alphabet- Lewandowski confirmed that he has a G.E.D. and that he is familiar with the English alphabet. Before being told to begin, Lewandowski began reciting the alphabet. I reminded him not to start until instructed to do so. Once told to begin after advising he understood my instructions, Lewandowski recited the alphabet as requested. I did observe Lewandowski to sway back and forth while trying to maintain his balance.

Finder to nose- I explained the instructions of this task and provided him with a demonstration. Lewandowski said that he understood the instructions. On the first command of Left, Lewandowski appeared to be confused and took a moment to raise his left arm. Lewandowski was not able to touch the tip of his finger to the tip of his nose on second command of Left as well as the second command of Right. Each time, Lewandowski missed the tip of his nose and touched the bridge.

At this point, based upon my investigation, I placed Lewandowski under arrest for DUI with property damage. Ofc. Crawford assisted in transporting Lewandowski as well as breath testing once at BRPD Booking facility. Upon arrival, he was processed and TOT County Jail. Upon arrival to BRPD I made contact with Breath Tech Operator Crawford. See his DUI Influence report for further detail. On the first request to submit a lawful sample of his breath, Lewandowski refused. I read Lewandowski the Implied Consent warning affidavit which he stated he understood, at which time he agreed to provide a breath sample. On the first request, Lewandowski provided a .251BAC. On the second request to provide a lawful sample of his breath, Lewandowski provided a .254BAC. Lewandowski declined to answer any further questions without legal representation. Lewandowski was issued a DUI Citation as well as a uniform traffic citation for Careless

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1

JUVENILE

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Name (Last, First, Middle)					Race	Sex
LEWANDOWSKI, MATTHEW ROBERT					W	M
					Date of Birth	09/16/1983

driving. Lewandowski was medically cleared at Boca Raton Regional Hospital prior to being transported to PBCJ. Lewandowski's vehicle was removed by Westway Towing.

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	<u>SOMMER LEE S</u>			
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		PARE, BRIAN SCOTT (671)	
	08/08/2018 DATE		NAME OF OFFICER (PLEASE PRINT) 08/08/2018 DATE	

18-10543 10-15 1053 27/062 1107

DUI INFLUENCE REPORT



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

ARRESTING OFFICER: Pare

Name: CSO Lintzer's Phone # - Work # 561-338-6201

Address: 100 NW 2nd Ave. Boca Raton, FL

Can testify to: Crash Investigation

Name: Ofc. Crawford Phone # - Work # Same

Address: Same

Can testify to: Backup/ Breath testing

Name: Ofc. Finne Phone # - Work # Same

Address: same

Can testify to: Backup

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 18-10543

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is wednesday, August, 8th, 2018.
(day) (month) (date) (year)

B. The time is now approximately 11:38 AM/PM.

C. The following is in reference to case number 2018-10543.

D. Present at this time is Officer Pare/Crawford of the Boca Raton Police Department.
(Officer's Name)

E. Officer Pare, have you arrested Matthew Lewandowski in violation of Florida State Statute 316.193?
(Defendant's name)

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

G. Mr./Mrs./Ms. Lewandowski, 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 Det B. PARE of the Boca Raton Police Dept.

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: on video

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. _____ has refused to submit to a breath test.

The date is _____, _____, _____, and the time is _____ AM/PM.
(month) (day) (year)



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Lewandowski, Matthew

CASE #: 2018-10543 DATE: 8/8/18

BREATH TEST RESULTS

1) TIME .251/1144 AM 2) TIME .254/1147 AM

3) TIME - AM 4) TIME - AM

BREATH OPERATOR: Ofc. Crawford

MAINTENANCE TECHNICIAN: Ofc. Pire

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred at times

ATTITUDE: Calm, repeats questions already answered

CLOTHING: Green t-shirt, ^{white} blue shorts, black sandals

MEDICAL CONDITION: None, Take Zoloft, propranolol

OTHER: ↳ Depression ^{nightly} ↳ HBP
↳ ~~1st~~

COMMENTS: Matthew's eyes are glassy + ^{last night} bloodshot.
I can smell an odor of alcoholic beverage emanating
from Matthew's breath.

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: ON Video Date: 8/8/18 Time: 1155 hrs

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

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

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

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? _____

When did you last work? _____

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? _____

Have you taken any drugs or smoked marijuana today? _____

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? _____

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? _____

I am now ending this video recording. The time is now approximately 11:53 AM PM.

The date is August (month), 9th (day), 2018 (year).

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: 08/08/2018

Date of Last Agency Inspection: 07/27/2018
Observation Period Began: 11:07
Subject's Name: MATTHEW R LEWANDOWSKI

DOB: 09/16/1983 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	11:41
	Air Blank	0.000	11:42
	Control Test	0.078	11:42
	Air Blank	0.000	11:43
	Subject Sample #1	0.251	11:44
	Air Blank	0.000	11:44
	Air Blank	0.000	11:46
	Subject Sample #2	0.254	11:47
	Air Blank	0.000	11:48
	Control Test	0.078	11:48
	Air Blank	0.000	11:49
	Diagnostics Check	OK	11:49

Cylinder Lot: J1517080A1
Exp: 01/05/2020

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 A. CRAWFORD, 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: 8/8/18
Signature

Sworn to (or affirmed) before me this 8th day of August, 2018

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida B. PARE 671

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.



Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2018026377	Date: 8/8/2018
	Specialist Name/ID: J. Beck/9007