

0462022

ARREST / NOTICE TO APPEAR

497

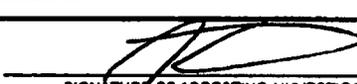
OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2018-007386		1 Arrest 3 N.T.A. 4 Request for Warrant Request for Captives	1	JUVENILE		
Charge Type Check as many as apply	3 Misdemeanor 4 Traffic Misdemeanor		5 Ordinance 6 Other		If Weapon Seized Enter Type None/not Applicable		Multiple Clearances Indicated N				
Location of Arrest (Including Name of Business) 800 N FEDERAL HWY, BOCA RATON, FL				Location of Offense (Business Name, Address) 800 N FEDERAL HWY, BOCA RATON, FL 33432							
Date of Arrest 05/30/2018	Time of Arrest 02:03	Booking Date 05/30/2018	Booking Time 02:13	Jail Date 05/30/2018	Jail Time 00:00	Location of Vehicle WESTWAY TOWING					
Name (Last, First, Middle) ZIMMER, MATTHEW				Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black	1 - American Indian O - Other/Asian	Sex M	Date of Birth 12/18/1993	Height 6'01	Weight 250	Eye Color GREY	Hair Color BLONDE	Complexion LIGHT	Build Large		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion NONE	Indication of Alcohol Intoxication Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Intoxication Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number) 3621 NE 4TH AVE, BOCA RATON, FL 33431			(City) BOCA RATON	(State)	(Zip)	Phone (561) 346-4076		Residence Type 1 City 3 Florida 2 County 4 Out of State 1			
Permanent Address (Street, Apt. Number) 3621 NE 4TH AVE, BOCA RATON, FL 33431			(City)	(State)	(Zip)	Phone (561) 346-4076		Address Source FLDL			
Business Address (Name, Street) FIRST WATCH,			(City)	(State)	(Zip)	Phone		Occupation			
D/L Number, State Z560543934580 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) SARACUSE, NY, United		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			
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)		Residence Phone							
<input type="checkbox"/> Legal Custodian		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 <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			
<input type="checkbox"/> Yes, by		<input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
Drug Accty N N/A P Possess	S Sell B Buy T Traffic	R Seizure D Deliver E Use	K Dispense/ Distribute	M Manufacture/ Produce/ Cultivate	Z Other	Drug Type N N/A A Amphetamine	B Balthuzane C Cocaine E Heroin	H Hallucinogen M Marijuana O Opioid/Depry	P Paraphernalia/ Equipment S Synthetic	U Unknown Z Other	
Charge Description DUI						Statute Violation Number 316.193(1)		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
	N			1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
Charge Description						Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
					<input type="checkbox"/> Y <input type="checkbox"/> N						
Charge Description						Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
					<input type="checkbox"/> Y <input type="checkbox"/> N						
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					
Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond						<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> TOT County Jail		PROPERTY - Received By VAN CAMP	
Transported By VAN CAMP						Date Transported 05/30/2018	Time Transported 00:00	Released By VAN CAMP		Released To PBCJ	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> 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 07/09/2018 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.										No Photo Available	
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed					
HOLD for Other Agency						Signature of Arresting Officer		Name Verification (Printed by Arrestee) MAY 30 AM 3:18			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Susceptible		<input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) VAN CAMP, J. A.		ID # 747					
Inmate Deposit 100		Pouch #		Transporting Officer Vancamp		ID # 747		Agency BOCA		Witness here if subject signed with an "X"	

SCANNED JUN - 1 2018

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2018-007386	
	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		Special Notes		Name (Last, First, Middle) ZIMMER, MATTHEW		Race W	Sex M
C H A R G E S	Charge Description 316.193(1) DUI		Charge Description		Charge Description		Charge Description	
	Victim's Name (Last, First, Middle) STATE OF FLORIDA,		Race	Sex	Date of Birth			
V I C T I M	Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432		(City)	(State)	(Zip)	Phone (561) -	Address Source	
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone (56) -	Occupation	
<p>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</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts admitting to the below facts <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>30</u> day of <u>May</u>, <u>2018</u> at <u>01:01</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 5-30-2018 at 0047 hours, I observed a dark colored Black Ford bearing Fl Tag#BRBD26 traveling southbound on N. Federal Hwy at a high rate of speed. I positioned my police vehicle behind the Ford and began following the car. As we were traveling southbound, the vehicle accelerated to 60 mph in a 35 mph zone. I continued following the vehicle to approximately the 800 block of S. Federal Hwy where it conducted a U-Turn and it began traveling northbound. The vehicle again was traveling 60 mph in a 35 mph zone. It should be noted that my vehicle unit#381 is speed calibrated semi annually. I conducted a traffic stop on the car, it stopped at 800 N. Federal Hwy. I approached the driver's side portion of the vehicle and made contact with the driver, identified through his FLDL as Matthew Zimmer. As I began speaking with Zimmer I detected a strong odor of an alcoholic beverage coming from his breath and he had glossy eyes. I asked Zimmer where he was coming from and he stated that he came from "Mizner." He further stated that he came from Kapow where he consumed alcoholic beverages. I asked Zimmer if he knew how fast he was going and he stated, "45." Ofc. Lauckner and Ofc. Clinard arrived a short time later as back-up.</p> <p>After running Zimmer's information through FCIC/NCIC, I returned to his vehicle and requested that he step out so that I could ask him further questions. Upon exiting his vehicle, I had to tell him a few times to leave everything in the car and he did not have to bring anything with him. He also dropped an e-cigarette onto the ground, which was on his lap as he was sitting in the car. As Zimmer exited the car, I continued to smell the strong odor of an alcoholic beverage coming from his person. Zimmer stated that he was driving his friend to a local CVS but realized it was closed and was not going home. I asked Zimmer if he felt impaired from the alcohol and he stated that he was not. I also noticed that Zimmer's fly was down on his pants.</p> <p>I then requested that he submit to the standard field sobriety tasks to dispel my alarm that he was driving impaired. He provided consent.</p>								
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		NAME OF OFFICER (PLEASE PRINT)		PAGE	
	FRENZ, JONATHAN RYAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10) <u>05/30/2018</u> DATE				VAN CAMP, JEFFERY ALAN (747)		<u>05/30/2018</u> DATE	

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-007386
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	Special Notes	

Name (Last, First, Middle) ZIMMER, MATTHEW	Alias	Race W	Sex M	Date of Birth 12/18/1993
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I performed and demonstrated each task before he attempted them.

The first task was the Horizontal Gaze Nystagmus. While observing HGN, lack of smooth pursuit was present in both eyes. Each eye had a constant jerking while at maximum deviation. He had a slight sway during the task.

The second task was the Walk and Turn. Zimmer fell off the line on the 1, 2, 3, 4, 5 and eighth step. He also took ten steps forward. He was wobbly on his feet during the task and momentarily used his arms for balance. Upon returning he stepped off the line on his first step.

The third task was the One Leg Stand. Zimmer started the task early. Zimmer was not looking down at his feet the entire time as he was counting. Zimmer stopped the task at the 1020 count and stopped the task. I asked if he was done and he said, "if you want me to keep going I can."

The fourth task was the Finger to Nose. On the first finger to nose sequence he missed the tip of his nose and held it for an extended period of time. I reminded Zimmer to bring his index finger directly back down to his side. Zimmer said that he was "sorry." On the third, fourth and fifth finger to nose sequences, Zimmer held his finger again to his nose.

The fifth task was the Rhomberg Alphabet. He completed this task without incident.

Based on my investigation, I placed Zimmer under arrest for DUI per F.S.S. 316.193(1) and transported him to the Boca Raton Police Dept. where I conducted the 20-minute observation. Ofc. Reissi responded and conducted the Intoxilyzer 8000. Zimmer refused to provide a legal sample of his breath, I read him implied consent and again he refused.

Zimmer was later transported to the Palm Beach County Jail.

Zimmer's vehicle was towed to Westway Towing.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
FRENZ, JONATHAN RYAN	VAN CAMP, JEFFERY ALAN (747)
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)	NAME OF OFFICER (PLEASE PRINT)
05/30/2018	05/30/2018
DATE	DATE

18-7386

1015 - 0101

OBS : 0115

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue

Boca Raton, FL 33432



**BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I**

On the _____ day of _____, at _____ AM/PM:

Subject: _____ Case Number: _____

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

Horizontal Gaze Nystagmus:

- | | |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly | <input type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye jerks at 45 degrees angle or less | <input type="checkbox"/> Right eye jerks at 45 degrees angle or less |
| <input type="checkbox"/> Distinct jerking left eye maximum deviation | <input type="checkbox"/> Distinct jerking right eye maximum deviation |

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this _____ (date) by _____

Notary/Clerk of Court/ Officer (FSS 117.10) Date

Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: OFC. Vancamp

Name: OFC Clinard Phone # _____ Work # _____

Address: 100 NW 2nd Ave

Can testify to: Back up

Name: OFC. Laucher Phone # _____ Work # _____

Address: 106 NW 2nd Ave

Can testify to: Back up

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: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

NOT A CERTIFIED COPY



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 18-7386

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Wednesday, May, 30, 2018.
(day) (month) (date) (year)

B. The time is now approximately 137 AM/PM.

C. The following is in reference to case number 18-7386.

D. Present at this time is Off. Vancamp of the Boca Raton Police Department.
(Officer's Name)

E. Officer Vancamp, have you arrested Matthew Zimmer 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? _____

G. Mr./Mrs./Ms. Zimmer, 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 its alcohol content.
- 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 _____ 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 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. _____ has refused to submit to a breath test.

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

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: _____



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Matthew Zimmer

CASE #: 14-7386 DATE: _____

BREATH TEST RESULTS

1) TIME _____ AM/PM 2) TIME _____ AM/PM

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

BREATH OPERATOR: Reissi

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: Calm

CLOTHING: Blk tee shirt, Blue Jeans, Blk shoes

MEDICAL CONDITION: None

OTHER: Odor of Alcoholic Beverage

COMMENTS: _____

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: _____ Time: _____

QUESTIONS AND ANSWERS

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

Where were you going? Home

What street or highway were you on? Federal Hwy

Direction of travel? North

Where did you start driving from? House

What city (county) were you stopped in? Boca Raton

What time did you start? 0430 AM/PM What time is it now? 1115

What is today's date? 5-30 What day of the week is it? Tuesday

When did you last eat? 3 hours What did you eat? Tacos

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

How much do you weigh? 250 Have you been drinking? No 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? General Manager

When did you last work? Today

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? No

I am now ending this video recording. The time is now approximately 143 AM/PM.

The date is May 30th 2018
(month) (day) (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: 05/30/2018

Date of Last Agency Inspection: 05/17/2018
Observation Period Began: 01:15
Subject's Name: MATTHEW C ZIMMER

DOB: 12/18/1993 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	01:38
	Air Blank	0.000	01:38
	Control Test	0.078	01:39
	Air Blank	0.000	01:39
	Subject Sample #1	REF*	01:39
	Air Blank	0.000	01:40
	Control Test	0.079	01:40
	Air Blank	0.000	01:41
	Diagnostics Check	OK	01:41

*Subject Test Refused

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, DAVID J. FISSA, 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: David Fissa 776 Date: 5/30/18
Signature

Sworn to (or affirmed) before me this 30 day of May, 2018

(X) [Signature] Signature of Notary Public-State of Florida
(X) J. Vargang 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.



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 checked="" type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018017986	Date: 05/30/2018
	Specialist Name/ID: D.Beavers/9606