

		<b>ARREST / NOTICE TO APPEAR Juvenile Referral Report</b>				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N												
ADMINISTRATION	OBTS Number					Agency ORI Number <b>FL 0500300</b>	Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>	Agency Report Number <b>34-18-009552</b>														
	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		Multiple Clearance Indicator												
	Location of Arrest (Including Name of Business) <b>SR 804 / KNUTH RD, BOYNTON BEACH, FLORIDA, 33436</b>					Location of Offense (Business Name, Address) <b>SR 804 / KNUTH RD, BOYNTON BEACH, FL, 33436</b>																
DEFENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle															
	<b>02/15/2018</b>		<b>1936HRS</b>																			
	Name (Last, First, Middle) <b>ROSE, MELISSA SUE</b>				Alias (Name, DOB, Soc. Sec. #, Etc)																	
	W - White B - Black	I - American Indian O - Oriental / Asian	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/03/1960</b>	Height <b>506</b>	Weight <b>232</b>	Eye Color <b>BLUE</b>	Hair Color <b>BLOND</b>	Complexion <b>LIGHT</b>	Build <b>HEAVY</b>											
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>DIVORCE</b>	Region <b>N/A</b>	Indication of: Alcohol influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.													
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>702 BELMONT PLACE, BOYNTON BEACH, FLORIDA, 33436</b>				Phone <b>( ) - ( ) - ( )</b>	Residence Type 1. City 3. Florida 2. County 4. Out of State <b>1</b>																
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone <b>( ) - ( ) - ( )</b>	Address Source <b>FL DL</b>																
	Business Address (Street, Apt. Number) (City) (State) (Zip)				Phone <b>( ) - ( ) - ( )</b>	Occupation <b>MANAGER</b>																
	DL Number, State <b>R200557609430</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth <b>MIDDLETOWN, OH</b>		Citizenship <b>US</b>													
	CO-DEF	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														
JUVENILE	<input type="checkbox"/> Parent Name (Last) (First) (Middle)		Residence Phone																			
	<input type="checkbox"/> Legal Custodian		Business Phone																			
	<input type="checkbox"/> Other																					
	Address (Street, Apt. Number) (City) (State) (Zip)																					
	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 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 561-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade														
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		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		2. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Derv.		P. Paraphernalia Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description <b>DUI W/ PROPERTY DAMAGE</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>316.193.3C1</b>				Violation of ORC#											
CHARGE	Drug Activity		Drug Type		Amount/Unit		Offense # <b>18-009552</b>		Warrant/Capias Number		Bond											
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORC#													
CHARGE	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORC#													
CHARGE	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORC#													
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>																			
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Court Date and Time Month <b>03</b> Day <b>26</b> Year <b>2018</b> Time <b>0830</b>								<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.											
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														
ADMIN.	HOLD for other Agency Name:				Signature of Arresting Officer				Name Verification (Printed by Arrestee) (PRINT)													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		<input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>OFFICER CASTRO</b>				I.D. # <b>905</b>		<b>BU#110597</b>											
	Intake Deputy I.D. #		Pouch #		Transporting Officer <b>OFFICER CASTRO</b>				I.D. # <b>905</b>		Agency <b>BBPD</b>											
Witness here is subject Signed with an "X".										Page <b>1 OF 1</b>												

SHARON BEACH POLICE  
 BOYNTON BEACH  
 COUNTY  
 CLUB BRANCH  
 2:30 PM - 3:30 PM

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 15 DAY OF February 2018 AT 6:53  A.M  P.M.

CASE #: 18-009552

DEFENDANT: ROSE, MELISSA SUE

**PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:**

On the above date and time I responded to the intersection of Boynton Beach Blvd (SR 804) and Knuth Rd, in reference to a Vehicular Crash. Let it be noted that this incident occurred within the City of Boynton Beach, Palm Beach County, Florida. One of callers advised that one of the involved drivers may be impaired.

Upon arrival I observed a Silver Lexus NX200T (V2) bearing Florida tag L816YD stopped in the middle of the intersection, in the center eastbound lanes of SR 804; facing south. The vehicle had heavy front damage with what appeared to be all airbags deploys. I then observed a White Lexus RX350 bearing Florida tag HHQE22 (V1) stopped just east of the intersection, in the outside eastbound lanes of SR 804; facing east. The vehicle had heavy center front and right front damage to the vehicle. Just west of the Silver Lexus were large gouge marks on the roadway, in the center eastbound lanes; showing signs of AREA OF IMPACT.

I then made contact with Officer Autiello, who was on scene prior to my arrival. Officer Autiello advised that he had made contact with witness W/M Sparks, Daniel (09/10/54) who advised that he was behind V1 just prior to the crash. Sparks advised that they were in the left turn lane to travel south on Knuth Rd from SR 804. Sparks advised that V1 was the first vehicle in the turn lane and he was second. Let be noted that there is not traffic control device at this left turn lane. Sparks advised that he observed eastbound traffic approaching the intersection just prior to V1 attempting her left turn. Sparks advised that V1 failed to yield to V2 and as a result the front of V2 struck the right front corner of V1. Sparks advised that he contacted 911 and waited for police arrival. Statement was captured via Officer's Autiello's BWC.

Officer Autiello advised that while conducting his welfare check on the involved parties, while speaking with the operator of V1, later identified as W/F Rose, Melissa (12/03/60), he detected the strong odor of an unknown alcoholic beverage emitting from her breath. Officer Autiello advised that Rose's speech was thick and slurred as well. Officer Autiello advised that Rose did not exit her vehicle at any time prior to my arrival. See Officer Autiello's supplement for further.

I then made contact with the operator of V2, W/F Agnello, Milissa, as Rose was being medically treated by Boynton Beach Fire Rescue. Agnello had already exited her vehicle and was sitting on the curb along the southeast corner of the intersection. Agnello advised that she was not injured as a result of the crash, just shoked up. Agnello advised that she was traveling eastbound on SR 804 in the center lane approaching the intersection of Knuth Rd. Agnello advised doing so, out of nowhere, Rose appeared into the intersection from an unknown location. Agnello advised that she did not make contact with Rose and was tended by witnesses of the crash. Agnello's statement was complete VIA BWC.

I then made contact with Rose, who was still sitting in the driver seat of her vehicle. Upon asking what had happen Rose advised that she did not know. Rose couldn't tell me where she was coming from or what street she was on prior to the crash. Only thing Rose knew was that she was on her way home. Rose was very apologetic about the crash and kept stating "I FUCKED UP". When I asked Rose if she was injured, she first stated yes and that her back hurt. I asked Rose if she was hurt why did she refused medical treatment, which she quickly stated that she changed her mind and was no longer injured. While speaking Rose I detected the strong odor of an unknown alcoholic beverage emanating from her breath, which intensified as she spoke. Rose's speech was very thick and slurred and her eyes were bloodshot/glassy. Based on my investigation at this point I asked Rose to exit her vehicle, which she did. While doing so Rose utilized the driver's door frame and vehicle for support. As I was stepping back, to allow Rose to exit the vehicle, I observed a Silver COORS Beer can directly underneath the driver's door. I asked Rose if that her beer, which she stated no; then she jumped back into the driver seat. After requested Rose numerous times to exit the vehicle she refused at first but finally complied. I then asked Rose to walk to the front of my fully marked patrol vehicle (4734) which was directly in front of her vehicle, which she agreed to. While doing so Rose attempted to walk as straight as possible but instead she swayed side to side while doing so. I also noticed that Rose had urinated on herself. The front and rear of her pants were wet. While in the front of my front I asked Rose that the investigation was being audio/video recorded, which she stated that understood. Once the crash investigation was completed I asked Rose that I've completed my crash investigation and was now conducting a DUI investigation, which she stated that she understood. I then read Rose her Miranda Warnings, which she stated that she understood and quickly requested a lawyer. At this point of my investigation Rose's behavior and condition was not any better than it was when she was sitting in her vehicle. Rose was swaying and unstable on her feet, the odor of the unknown alcoholic beverage was still present, her speech was still very thick and slurred and her eyes were still bloodshot/glassy. Therefore I requested Rose to submit to a series of Road Side Sobriety Task, which she refused. I then advised Rose of her Taylor Warnings, which she stated that she understood. I then requested a second time, which Rose refused again. At that moment Rose was placed into custody under suspicion of DUI.

**HORIZONTAL GAZE NYSTAGMUS:**

- Left eye does not follow smoothly
- Left eye prior to 45 degrees
- Distinct jerking in left eye at maximum deviation
- Vertical Nystagmus in left eye

- Right eye does not follow smoothly
- Right eye prior to 45 degrees
- Distinct jerking in right eye at maximum deviation
- Vertical Nystagmus in right eye

**WALK AND TURN:**

REFUSED

**ONE LEG STAND:**

REFUSED

**FINGER TO NOSE:**

REFUSED

**ROMBERG/ALPHABET:**

REFUSED

Rose was placed into handcuff (D/L and Spaced) and placed in the back seat of my patrol vehicle (#4734). I then transported Rose to the Boynton Beach Police Department to continue my investigation. I arrived at BBPD at 1942hrs, started my 20 minutes observation at 1943hrs and completed at 2003hrs. Upon completion I requested Rose to provide a sample of her breath to determine the alcohol content, which she refused. I then read Rose Implied Consent, which she stated that she did not understand. Rose requested that I email her a copy of the Implied Consent. After repeating Implied Consent 3 times Rose advised that she understood. I then requested Rose a second time to provide a sample of her breath to determine the alcohol content, which she refused again. I then asked Rose if she remembered me reading her Miranda Warnings on scene with she advised no. I then read Rose her Miranda Warnings again, which she stated that she understood. I then asked Rose if she wanted to answer the question attached to this packet, which she refused.

Based on the above stated facts I have established Probable Cause to charge Rose with 1M count of DUI with F.S.S. 316.193(3)(C)(1). Due the fact that airbags were deployed on in the crash, Rose was transported to the Bethesda Hospital for medical clearance then later TOT PBCJ.

Rose's vehicle was removed from scene by Blakes's Towing. The SFST video, BAT video and on scene photos were later entered into Boynton Beach Evidence. Incident was also captured via BWC. Let it be noted that while assisting with the Tow Inventory I recovered the COORS beer from underneath the vehicle, with was half full and cold to the touch with dew on the outside of the can. There were no signs of the can belonging to Rose nor did anything see her discard it.

Nothing further.

The following instrument was sworn to before me this 15 day of February 2018

By: PERSONALLY KNOWN / OFFICER CASTRO #905

  
S. J. SANDERS  
Notary/Police Officer (F.S.S. 117.10)

  
Signature of Arresting Officer #905

NOT A CERTIFIED COPY

**STATE OF FLORIDA**  
**DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES**  
**AFFIDAVIT OF REFUSAL TO SUBMIT TO**  
**BREATH AND/OR URINE TEST**

I, OFFICER CASTRO #905, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of BOYTON BEACH POLICE DEPARTMENT, and I do swear  
(Name of law enforcement agency)

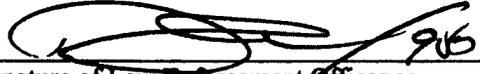
or affirm that on or about the 15 day of FEBRUARY, 20 18, at 7:36 P.M.  A.M.

DRIVER MELISSA SUE ROSE  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# R200557609430, state of FLORIDA, was placed under lawful arrest for  
the offense of DUI by OFFICER CASTRO #905 and  
issued Citation # 2013 XBH  
(Name of Arresting Officer)

That on or about the 15 day of FEBRUARY, 20 18, at 8:09 P.M.  A.M.  
in PALM BEACH County,

I requested that the driver submit to a  breath and/or  urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

  
Signature of Law Enforcement Officer or  
Correctional Officer

**THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)**

The foregoing instrument was sworn and subscribed before me:

[Signature] FOI (LANDERS)  
Signature of Attesting Officer

Title Sgt

Date 02/15/18

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

by \_\_\_\_\_,

who is personally known to me or who has produced  
\_\_\_\_\_ as identification

Notary Public \_\_\_\_\_

Note: Mail or hand deliver to the designated  
Bureau of Administrative Reviews office,  
Department of Highway Safety and Motor  
Vehicles, with the driver's license, the  
appropriate copy of the UTC, and the  
probable cause affidavit.

**STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
BREATH AND/OR URINE TEST**

I, OFFICER CASTRO #905, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of BOYNTON BEACH POLICE DEPARTMENT, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 15 day of FEBRUARY, 20 18, at 7:36  P.M.  A.M.

DRIVER MELISSA SUE ROSE  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# R200557609430, state of FLORIDA, was placed under lawful arrest for  
the offense of DUI by OFFICER CASTRO #905 and  
issued Citation # 2013 XBH  
(Name of Arresting Officer)

That on or about the 15 day of FEBRUARY, 20 18, at 8:09  P.M.  A.M.  
in PALM BEACH County,

I requested that the driver submit to a  breath and/or  urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

  
\_\_\_\_\_  
Signature of Law Enforcement Officer or  
Correctional Officer

**THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)**

The foregoing instrument was sworn and subscribed before me:

[Signature]  
\_\_\_\_\_  
Signature of Attesting Officer

Title Sgt

Date 02/15/18

(AFFIX SEAL)  
The foregoing instrument was sworn and subscribed before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_,  
who is personally known to me or who has produced  
\_\_\_\_\_ as identification  
Notary Public \_\_\_\_\_

Note: Mail or hand deliver to the designated  
Bureau of Administrative Reviews office,  
Department of Highway Safety and Motor  
Vehicles, with the driver's license, the  
appropriate copy of the UTC, and the  
probable cause affidavit.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: BOYNTON BEACH PD  
Instrument Serial Number: 80-001190 Software: 8100.27  
Date of Test: 02/15/2018

Date of Last Agency Inspection: 01/26/2018  
Observation Period Began: 19:43  
Subject's Name: MELISSA S ROSE

DOB: 12/03/1960 Sex: F

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	20:08
	Air Blank	0.000	20:08
	Control Test	0.080	20:08
	Air Blank	0.000	20:09
	Subject Sample #1	REF*	20:09
	Air Blank	0.000	20:10
	Control Test	0.080	20:10
	Air Blank	0.000	20:11
	Diagnostics Check	OK	20:11

\*Subject Test Refused

Cylinder Lot: 390314  
Exp: 04/19/2019

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 DENNIS CASTRO \_\_\_\_\_, 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: \_\_\_\_\_ Signature \_\_\_\_\_ Date: 02/15/18

Sworn to (or affirmed) before me this 15 day of FEBRUARY, 2018

Signature of Notary Public-State of Florida \_\_\_\_\_ Printed Name of Notary Public-State of Florida Holanda Sandoz

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.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: BOYNTON BEACH PD  
Instrument Serial Number: 80-001190 Software: 8100.27  
Date of Test: 02/15/2018

Date of Last Agency Inspection: 01/26/2018  
Observation Period Began: 19:43  
Subject's Name: MELISSA S ROSE

DOB: 12/03/1960 Sex: F

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	20:08
	Air Blank	0.000	20:08
	Control Test	0.080	20:08
	Air Blank	0.000	20:09
	Subject Sample #1	REF*	20:09
	Air Blank	0.000	20:10
	Control Test	0.080	20:10
	Air Blank	0.000	20:11
	Diagnostics Check	OK	20:11

\*Subject Test Refused

Cylinder Lot: 390314  
Exp: 04/19/2019

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 DENNIS CASTRO, 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: [Signature] 905 Date: 02/15/18  
Signature

Sworn to (if affirmed) before me this 15 day of FEBRUARY, 2018

[Signature] 801 Yolanda Sanders  
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.