

JK# 0489745

PCH# 927

| ARREST / NOTICE TO APPEAR Juvenile Referral Report | | | | 1. Arrest 2. N.T.A. | 3. Request for Warrant 4. Request for Capias 1 | Juvenile | | | | | | |
|---|--|--|-----------------------|--|--|--|--|--|---|--|--------------------|--|
| OBTS Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number (N.T.A.'s only) 06- 17103117 | | | | | | | | |
| Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number (N.T.A.'s only) 06- 17103117 | | | | | | | | |
| Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony | | 3. Misdemeanor 4. Traffic Misdemeanor | | 5. Ordinance 6. Other | | Weapon Seized / Type 2 1. Yes 2. No | | | | | | |
| Location of Arrest (Including Name of Business) 8000 Block Okeechobee Blvd West Palm Beach, FL 33415 | | Location of Offense (Business Name, Address) 8000 Block Okeechobee Blvd West Palm Beach, FL 33415 | | Multiple Clearance Indicator | | | | | | | | |
| Date of Arrest 07/16/2017 | | Time of Arrest 0459 | | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle Sister's Towing | | | | |
| Name (Last, First, Middle) Zambrano, Miguel Nicanor | | | | | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | |
| Race W - White I - American Indian B - Black O - Oriental/Asian | | Sex M | | Date of Birth 05/13/1974 | Height 5'07" | Weight 158 | Eye Color Brown | Hair Color Brown | Complexion Medium | Build Small | | |
| Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) Left upper arm, Right upper arm, Right leg | | | | | | | | Marital Status Married | Religion NONE | Indication of: Alcohol Influence Drug Influence | | |
| DEFENDANT | | Local Address (Street, Apt. Number) 12282 Sawgrass Court | | (City) Wellington, Florida | (State) 33414 | (Zip) | Phone (561) 315-8939 | Residence Type: 1. City 2. County 3. Florida 4. Out of State 2 | | | | |
| CO-DEF | | Permanent Address (Street, Apt. Number) Same | | (City) | (State) | (Zip) | Phone () | Address Source Florida DL | | | | |
| JUVENILE | | Business Address (Name, Street) | | (City) | (State) | (Zip) | Phone () | Occupation Self Employed | | | | |
| CODE | | D/L Number, State Z516-554-74-173-0/FL | | Soc. Sec. Number [REDACTED] | | INS Number | Place of Birth (City, State) Washington D.C. | | Citizenship U.S. | | | |
| CO-DEF | | Co-Defendant Name (Last, First, Middle) | | Race | Sex | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large | | <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile | | | |
| JUVENILE | | Co-Defendant Name (Last, First, Middle) | | Race | Sex | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large | | <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile | | | |
| CODE | | <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other | | Name (Last) (First) (Middle) | | | | Residence Phone () | | | | |
| CHARGE | | Address (Street, Apt. Number) | | (City) | (State) | (Zip) | | | Business Phone () | | | |
| CHARGE | | Notified by: (Name) | | Date | Time | Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated | | | | | | |
| CHARGE | | Released To: (Name) | | Relationship | | | | Date | Time | | | |
| NOTICE TO APPEAR | | The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) | | | | | School Attended | | | Grade | | |
| ADMIN | | Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Description of Property | | | Value of Property | | | | | |
| CHARGE | | Drug Activity S. Sell N. N/A B. Buy P. Possess R. Smuggle D. Deliver T. Traffic K. Dispense/ E. Use L. Produce/ C. Cocaine A. Amphetamine Z. Other M. Manufacture/ C. Marijuana E. Heroin H. Hallucinogen O. Opium/Deriv. | | Counts 1 | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Drug Type N. N/A B. Barbiturate C. Cocaine A. Amphetamine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ S. Synthetics | Statute Violation Number 316.193 (1) | | Violation of ORD # | |
| CHARGE | | Drug Activity N | Drug Type N | Amount / Unit N/A | Offense # 17103117 | | | Warrant / Capias Number | | Bond | | |
| CHARGE | | Charge Description | | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | | Violation of ORD # | | |
| CHARGE | | Drug Activity N | Drug Type N | Amount / Unit N/A | Offense # 17103117 | | | Warrant / Capias Number | | Bond | | |
| CHARGE | | Charge Description | | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | | Violation of ORD # | | |
| CHARGE | | Drug Activity N | Drug Type N | Amount / Unit N/A | Offense # 17103117 | | | Warrant / Capias Number | | Bond | | |
| CHARGE | | Charge Description | | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | | Violation of ORD # | | |
| CHARGE | | Drug Activity N | Drug Type N | Amount / Unit N/A | Offense # 17103117 | | | Warrant / Capias Number | | Bond | | |
| NOTICE TO APPEAR | | Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX 3228 Gun Club Road WPB, FL | | | | | | | | JUL 16 2017 | | |
| NOTICE TO APPEAR | | Court Date and Time Month August Day 10th Year 2017 Time 8:30 | | | | | | | | AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> | | |
| NOTICE TO APPEAR | | 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 | | | | | | | | 7/16/17 | | |
| ADMIN | | Signature of Defendant (or Juvenile and Parent /Custodian) | | | | | | | | Date Signed | | |
| ADMIN | | HOLD for other Agency Name: John | | Signature of Arresting Officer John | | Name Verification (Printed by Arrestee) John Zambrano | | | | | | |
| ADMIN | | <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other | | Name of Arresting Officer (Print) Inv. CHIQUITO-RODRIGUEZ #18334 18334 | | I.D. # 18334 | | (PRINT) John Zambrano CO | | |
| ADMIN | | Intake Deputy John | | I.D. # 18334 | | Pouch # | | Transporting Officer Same | | Agency PBSO | | |
| ADMIN | | Witness here if subject signed with an "X" | | | | | | | | PAGE 1 | | |

| | | | | | | | | |
|--|-------------------|--|--------------------|------------------------|-----------------|------------------------------------|---|----------|
| OBTS Number | | PROBABLE CAUSE AFFIDAVIT | | | 1. Arrest | 3. Request for Warrant | 1 | Juvenile |
| ADMIN DEF CHARGES VICTIM | Agency ORI Number | Agency Name | | | 2. N.T.A. | 4. Request for Capias | | |
| | FLO 500000 | PALM BEACH COUNTY SHERIFF'S OFFICE | | | 06- | 17103117 | | |
| ChargeType: Check as many as apply. | | <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other | | Special Notes: | | | | |
| Name (Last, First, Middle) Zambrano, Miguel Nicanor | | Alias | | Race W | Sex M | Date of Birth 05/13/1974 | | |
| Charge Description DUI | | 316.193 (1) | | 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 <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. | | | | | | | | |
| On the <u>16th</u> day of <u>July</u> 20 <u>17</u> at <u>0432</u> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.) | | | | | | | | |
| <p>I asked the defendant if he would submit to voluntary SFST's and he verbally consented. Upon completing the roadsides I advised the defendant that I concluded my DUI investigation and, based on the observational clues on the SFST's and the defendant's admission of consuming alcohol, determined that he was too impaired to operate a motor vehicle and placed the defendant under arrest for DUI. The defendant verbally stated that he understood. I placed the defendant in handcuffs that were checked for proper fit and tightness and double locked and placed defendant in the rear of my PBSO marked patrol vehicle and transported the defendant to the B.A.T. (Breath Alcohol Testing) facility. Once at the B.A.T. the defendant was observed for a period of twenty minutes, during which time the defendant did not ingest anything, place anything in his mouth regurgitate or vomit. After the twenty minute observation period the defendant was placed on camera and asked if he would submit a breath sample for the purpose of determining its alcohol content and the defendant asked if he had to at which time I read Florida Implied Consent. He stated he understood Implied consent and when I asked again if he would submit a breath sample he verbally consented. The defendant provided two breath samples and the results were .180 for the first breath sample, "Volume Not Met" for the second sample and .192 for the third sample. The results were given, and explained to the defendant and the defendant verbally stated that he understood. I read the defendant his Constitutional warnings on camera and the defendant verbally stated that he understood his rights. The defendant refused to answer any questions and the Q&A portion was not completed.</p> <p>Based on the above set of facts and circumstances, probable cause exists to find MIGUEL NICANOR ZAMBRANO did drive or was in actual physical control of a vehicle, while under the influence of alcoholic beverages or chemical substances as set forth in Florida Statute 877.111, or a controlled substance as set forth in Chapter 893 or any combination thereof, and was affected to the extent that his or her normal faculties were impaired; or while having a blood alcohol level of .08 or more grams of alcohol per 100 milliliters of blood or breath alcohol level of .08 or more grams of alcohol per 210 liters of breath, contrary to Florida Statute 316.193(1). (MISD)</p> <p>I issued the defendant a citation for DUI and unlawful speed and transported the defendant to the main detention center, without incident, for booking and processing.</p> <p>This case is cleared by arrest.</p> <p>STATE OF FLORIDA COUNTY OF PALM BEACH Inv. Chiquito-Rodriguez (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>16th</u> day of <u>July</u> 20 <u>17</u> by <u>Inv. Chiquito-Rodriguez</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117) JAMES G. BIGGS Notary Public - State of Florida My Comm. Expires Nov-18, 2017 Commission # FF 059694 Bonded Through National Notary Assn.</p> <p>SCANNED JUL 22 2017</p> | | | | | | | | |
| ADMINISTRATIVE | DISTRIBUTION: | | WHITE - COURT COPY | GREEN - STATE ATTORNEY | YELLOW - AGENCY | PINK - AGENCY | | |
| PBSO #0004 REV. 04/01 | | | | | | | | |

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16th DAY OF July 20 17, AT 0432 AM PM

SUBJECT: Zambrano, Miguel Nicanor CASE NUMBER: 17103117

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Chiquito-Rodriguez

PERSONAL CONTACT

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

On 07/16/2017, at approximately 0430 hours, while traveling west in the 8000 block of Okeechobee Blvd in the city of West Palm Beach, Florida (Palm Beach County) and in my PBSO marked patrol unit, I observed a vehicle approaching me from the rear which I visually estimated to be traveling faster than the posted speed limit of 50MPH. I activated my in car radar unit which emitted a clear and high Doppler tone which is indicative of a high speed. The radar unit displayed an actual speed of 76MPH. I changed lanes to allow the vehicle to pass which continued traveling westbound without reducing it's speed. I elected to initiate a traffic stop by pulling up behind the vehicle and activating my emergency lights. The vehicle, a black 4 door Mercedes bearing Florida tag 695RWG, yielded to the right shoulder within a reasonable time.

OBSERVATION OF DRIVER:

I made contact with the driver and sole occupant of the vehicle, a male identified as MIGUEL NICANOR ZAMBRANO (defendant) DOB: 05/13/1974 by his Florida issued driver's license. I observed that the defendant was slow to respond to my request of retrieving his registration form, vehicle insurance card and driver's license as he fumbled through his vehicle and wallet looking in the same places. The defendant tried to avoid eye contact with me, but when he did turn his head in my direction I saw that his eyes were red, glassy and bloodshot. He spoke in a low voice and I had to ask him to speak up. His speech was slow, heavy and slurred. I could smell a strong odor of an unknown alcoholic beverage emanating from within the vehicle and the defendant's breath as he spoke. I asked the defendant to step out of the vehicle and I observed him stumble out of the vehicle and then walked touching the side of the car as he walked back toward my patrol car. I could see that the defendant was swaying while in a standing resting position and the odor of an unknown alcoholic beverage was emanating from the defendant's breath and was getting stronger as he continued to speak.

DRIVER'S STATEMENTS:

With my in car video system activated I advised the defendant that I suspected he was impaired and I was initiating a DUI investigation and he verbally stated he understood. Zambrano stated that he was on his way home from "Respectables Club" in downtown and that he consumed to 4 ounce servings of whiskey while he was there. He denied having any medical problems or taking any medications.

SEE Probable Cause PAGE 2 for further.....

ODORS:

Strong odor of an unknown alcoholic beverage emanating from defendant's breath that became stronger as the defendant spoke to me

GENERAL OBSERVATIONS

SPEECH: **Slow, slurred, mumbled**

ATTITUDE: **Polite, cooperative**

CLOTHING: **Black T-shirt, Black pants, black shoes**

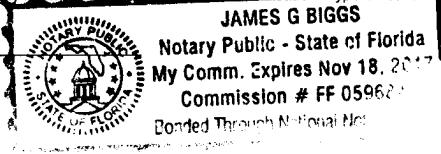
MEDICAL/OTHER: Defendant denied having any medical conditions, injuries or physical impairments. Defendant denied being on any medications or taking any medications.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Chiquito-Rodriguez
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16th day of July 20 17 by Inv. Chiquito-Rodriguez #18334

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification and/or identification produced **KNOWN**



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS: LT EYE-LACK OF SMOOTH PURSUIT RT EYE-LACK OF SMOOTH PURSUIT LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES**Other Observations:****Bloodshot, red, glassy eyes. Swaying in a side to side motion while in a resting standing position.****WALK & TURN:****Instructed and demonstrated. Defendant verbally stated he understood the instructions. The defendant started task before being instructed to do so. Had to be repositioned while explaining task. Missed heel to toe on more than one step. Overlapped feet, stumbled and stepped off line.****ONE LEG STAND:****Instructed and demonstrated. Defendant verbally stated he understood the instructions. Dropped foot more than once. Hopped on one foot to regain his balance.****FINGER TO NOSE:****Instructed and demonstrated. Defendant verbally stated he understood the instructions. The defendant demonstrated proficiency with identifying his left from his right hand. Swayed in a circular motion while completing task. Did not touch fingertip to nose. The defendant raised his hand up to the side of his face, at approximately ear height, instead of touching his nose.****ROMBERG ALPHABET:****Instructed and demonstrated. Defendant verbally stated he understood the instructions. The defendant stated he was not proficient at reciting the alphabet but could count from one to thirty. He counted from one to thirty without difficulty. Swayed in a circular motion throughout task.****BREATH TEST RESULTS:**

| | | | |
|---------|---------|----|----|
| 1) .180 | 2) .192 | 3) | 4) |
|---------|---------|----|----|

**STATE OF FLORIDA
COUNTY OF PALM BEACH**Inv. Chiquito-Rodriguez
(Signature of Arresting/Investigative Officer)The foregoing instrument was sworn to or affirmed and subscribed before me this 16th day of July 20 17 by Inv. Chiquito-Rodriguez #18334(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification and/or identification produced KNOWN

JAMES G BIGGS

Notary Public - State of Florida
My Comm. Expires Nov 18, 2017
Commission # FF 059684
Bonded Through National Notary Assn

WITNESS LIST

17103117

CASE NUMBER: _____

ARRESTING OFFICER: **Inv. Chiquito-Rodriguez**

ADDRESS: 3228 Gun Club Rd WPB, FL 33406

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

CAN TESTIFY TO: Facts of case

NAME: _____

ADDRESS: 3228 Gun Club Rd WPB, FL 33406

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

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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/C.RODRIGUEZ

SUBJECT: ZAMBRANO, MIGUEL

CASE NUMBER: 17-103117

DATE: 07/16/2017

VIDEO DVD NUMBER: 63002

BEGINNING TIME: 0542

ENDING TIME: 0600

BREATH TESTS RESULTS: 1) .180 TIME 0547 A.M. P.M. 2) V/.156 TIME 0553 A.M. P.M.
3) .192 TIME 0556 A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, CAREFREE, CALM,

CLOTHING: BLACK TSHIRT, BLACK JEANS, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY AND BLOODSHOT, UNSTEADY ON HIS FEET, SWAYING, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0520 SUBJECT REFUSED TO TAKE BREATH TEST

A/O READ I/C @ 0543, SUBJECT STATED HE UNDERSTOOD I/C AND AGREED TO TAKE BREATH TEST

SUBJECT PROVIDED TWO ADEQUATE BREATH SAMPLES SUCCESSFULLY.

A/O READ RIGHTS @ 0558, SUBJECT STATED HE UNDERSTOOD HIS RIGHTS TECH READ TEST RESULTS, SUBJECT STATED HE UNDERSTOOD RESULTS.

A/O ATTEMPTED Q&A, SUBJECT REFUSED TO ANSWER QUESTIONS.

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 INV. C. Rodriguez of the PBSO.

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 Camera

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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: Tony L. Chacon 151 H1834

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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: 80-006239 Software: 8100.27
Date of Test: 07/16/2017

Date of Last Agency Inspection: 06/02/2017
Observation Period Began: 05:20
Subject's Name: MIGUEL N ZAMBRANO

DOB: 05/13/1974 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 | 05:45 |
| | Air Blank | 0.000 | 05:46 |
| | Control Test | 0.080 | 05:46 |
| | Air Blank | 0.000 | 05:47 |
| | Subject Sample #1 | 0.180 | 05:47 |
| | Air Blank | 0.000 | 05:48 |
| | Air Blank | 0.000 | 05:50 |
| | Subject Sample #2 | VNM* | 05:53 |
| | Air Blank | 0.000 | 05:54 |
| | Air Blank | 0.000 | 05:56 |
| | Subject Sample #3 | 0.192 | 05:56 |
| | Air Blank | 0.000 | 05:57 |
| | Control Test | 0.078 | 05:57 |
| | Air Blank | 0.000 | 05:58 |
| | Diagnostics Check | OK | 05:58 |

*Volume Not Met (0.156 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 646645
Exp: 12/05/2019

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:

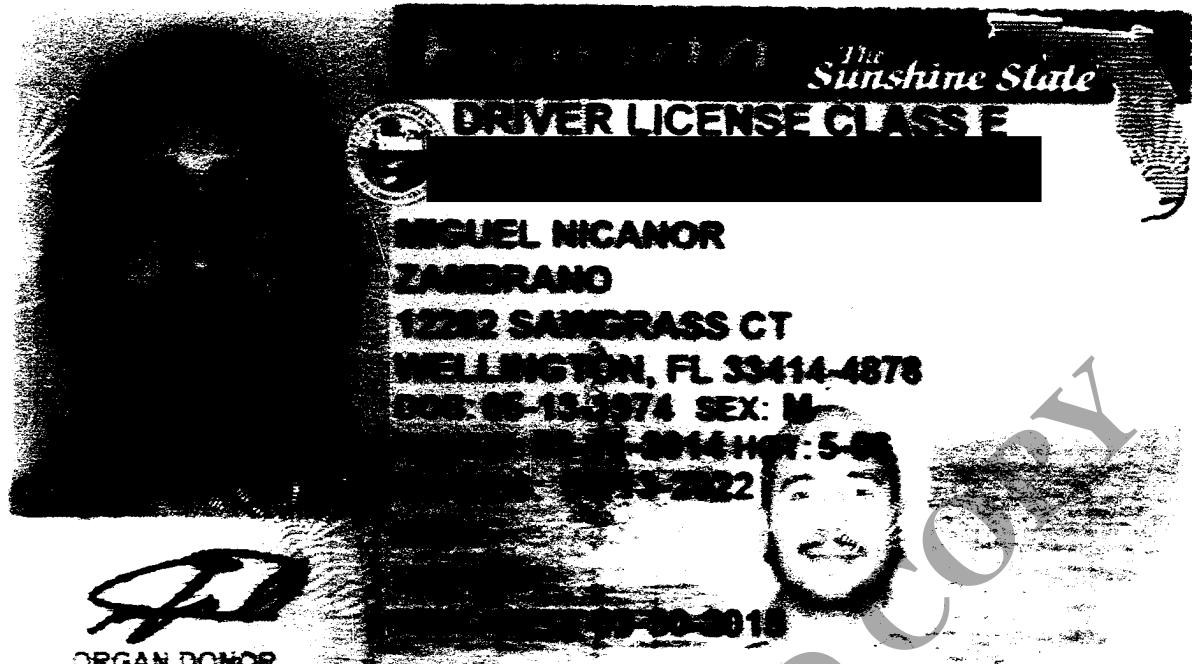
I SAMANTHA M PALMER, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: Samantha M Palmer Date: 07/16/17
Signature

Sworn to (or affirmed) before me this 16 day of July, 2017

Dolores A. Rodriguez INV C Rodriguez
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.



NOT A CERTIFIED COPY