J0502621 18 CT 019884

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 18-138450

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)

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 11000 Block S Military Trl, Boynton Beach, FL 33436

Location of Offense (Business Name, Address): 11000 block S Military Trl, Boynton Beach, FL 33436

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/29/2018	0340					

DEFENDANT

Name (Last, First, Middle): **Thomas, Paige, Elaine**

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	10/24/1993	5'05	215	Blue	Bro	Light	Large

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): Tattoos- Right Foot Flowers

Marital Status: Single | Religion: Christina | Indication of Alcohol Influence: Y | Drug Influence: Y | N | Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): 530 Swain Blvd, Greenacres, FL 33463 | Phone: (561) 345-4972 | Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt Number) (City) (State) (Zip): 11211 S Military Trl, Boynton Beach, fL 33436 | Phone: ( ) | Address Source: Verbal

Business Address (Name, Street) (City) (State) (Zip): | Phone: ( ) | Occupation: Front Desk (Country Club)

D/L Number, State	Soc Sec Number	INS Number	Place of Birth (City, State)	Citizenship
TS20665938840, FL	[redacted]		Wellington, FL	US

CO-DEF.

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1 Arrested 2 At Large	3 Felony 4. Misdemeanor 5. Juvenile

JUVENILE

Parent / Legal Custodian / Other. Residence Phone: ( )

Address (Street, Apt. Number) (City) (State) (Zip) Business Phone: ( )

Notified by (Name)	Date	Time	Juvenile Disposition 1 Handled/ processed within Dept. and Released.	2. TOT HRS / DYS 3 Incarcerated

Released To (Name) Relationship Date Time

The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by (Name) ☐ No: (Reason)

School Attended Grade

Property Crime? ☐ Yes ☐ No Description of Property Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other

Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Derv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under the Influence	01	☐Y ☒N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N		18-138450		

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

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

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

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

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

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
				NOV - 1 2018	

NOTICE TO APPEAR

Location (Court, Room Number, Address): South County Court House, 200 W. Atlantic Ave, Delray Beach, FL 33444

Court Date and Time: Month November Day 26 Year 2018 Time 8:30 AM X PM

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

X [signature] 10/29/2018

Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed

ADMIN

HOLD for other Agency Name

☐ Dangerous ☐ Resisted Arrest ☒ Suicidal ☐ Other

Issued Deputy I.D. # Pouch #

Signature of Arresting Officer: X [signature] 1430

Name of Arresting Officer (Print): D/S Christopher Ward # 16305 I.D. # 16305

Transporting Officer: D/S C. Ward ID # 16305 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

DISTRIBUTION WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO 3146 REV 6/17

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PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 1 | Juvenile: N

ADMIN

Agency ORI Number: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06- 18-138450

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor [X] 5. Ordinance 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Thomas, Paige, Elaine		W	F	10/24/1993

CHARGES

Charge Description: Driving Under the Influence 316.193(1)

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State of Florida, ,	--	--	--

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

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

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody

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

On the 29 day of October 2018 at 0316 [ ] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

Pen Light Task (Horizontal Gaze Nystagmus [HGN]):
The defendant was placed with their feet together and hands down by their side. The defendant was clearly instructed to await the competition of the instructions prior beginning the task. The defendant stated that she clearly understood the instructions for the task. I placed my stimulus in front of the defendant and ask the defendant if they could see it to which she said "yes." I asked the defendant what color the stimulus was to which they answered, "Silver." I asked the defendant to touch the tip of the stimulus with his finger which the defendant did without issue/. Upon commencing the Pen Light Task (HGN) I observed that the defendant had equal pupil size and did not exhibit resting nystagmus. The defendant's eyes tracked equally.

Vertical Gaze Nystagmus (VGN):
I then checked the defendant for Vertical Gaze Nystagmus (VGN). I did not see a distinct and sustained nystagmus at maximum deviation in both of the defendant's left and right eyes.

Post SFST's:
At this time I found probable cause to believe that the defendant was impaired for the purposes of operating and/or being in actual physical control of a motor vehicle pursuant to Florida State Statute 316.193(1). I placed the defendant in an handcuffing position by asking them to spread their feet apart, placed their hand behind them and close their eye. I then asked the defendant to count backwards from 50. The defendant then continued to counts I handcuffed them to the rear. I checked the handcuffs for proper fit and double locked them. I then placed the defendant in the rear of my PBSO patrol vehicle.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Christopher Ward
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of October 2018 by D/S Christopher Ward

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: Personally Known LEO

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

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

PAGE 1 OF 1

PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29 DAY OF October 20 18, AT 0316 AM PM

SUBJECT: Thomas, Paige, Elaine CASE NUMBER: 18-138450

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Christopher Ward # 16305

PERSONAL CONTACT

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

I was monitoring traffic in the area of S Military Trl and Woolbirght Rd when I saw defendant's vehicle, a Silver Nissan FL tag DSNS34 which was traveling South Bound I estimated the vehicles speed to be in excess of 60 mph in a 45 mph zone. I activated my Stalker DSR 2X Serial # DP009433 using the Front Antenna Serial # KC030148 in stationary mode. The Radar unit gave a digital read out of 61 mph as well as a doppler tone. I turned around and pulled behind the vehicle without losing sight of it. I activated my overhead emergency lights, stopping the vehicle just south of the intersection.

OBSERVATION OF DRIVER:

I made contact with the defendant, later identified by FL DL as, Paige Thomas. I observed that the defendant had watery, bloodshot eyes. The defendant had the odor of an unknown alcoholic beverage, based on my training and life experiences, that came from their breath which intensified as they spoke to me. I asked how much they had had to drink. The defendant said, they had two drinks.

I asked the defendant to exit the vehicle. The defendant swayed while standing and while walking. While outside of the vehicle I continued to smell the oder of an unknown alcoholic beverage that came from the defendant and intensified when they spoke. While outside of the car asked the defendant if they had any medical problems and the stated that they have a thyroid issues and a brain tumor on the pituitary area. I asked the defendant if they had had taken any medications and the defendant said they took medication for their thyroid and for memory loss.

I asked the defendant to perform voluntary roadside tasks. The defendant consented.

I conducted the Starndarized Field Sobriety Tasks (SFSTs) with the following results;

DRIVER'S STATEMENTS:

Pre Miranda roadside: The defendant stated that they were coming form West Palm Beach area. When I asked them where in west palm beach they stated Roxy's. While in the car she stated that she had two drinks. While outside of the vehicle she stated that she had drank vodka. When I asked her how long ago she stated that she couldn't remember what time. I asked her what time she thought it was and she stated that she thought it was about 0100 hours (it was after 0300 hours). She stated that she had a thyroid condition that causes memory loss and that she has a brain tumor on her pituitary area.

Post arrest statementroadside admissions: While being placed in the rear of the patrol vehicle she stated that she waited after drinking and that she thought she waited long enough.

ODORS:

I could smell the obvious odor of an unknown alcoholic beverage, based on my training and experience, that came from the defendant and intensified as the defendant spoke to me.

GENERAL OBSERVATIONS

SPEECH: calm, clearm

ATTITUDE: polite, friendly, cooperative, upset, crying

CLOTHING: Black Tee Shirt, blue Jeans, Sandals

MEDICAL/OTHER: I conducted the Standardized Field Sobriety Tasks (SFSTs) in front of my PBSO patrol vehicle (Asset # 56089) in car video system with the following results. The area was Flat, Dark and Lit by the lights on my patrol vehicle and street lights and clear of any large debris. It was/Warm and Not Windy. The area was dry.; Defendant states she has a thyroid condition and a brain tumor in the pituitary area. She stated that she has knee issues which makes hit hard for her to put her feet together. She took thyroid medication and memory loss medication.

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Christopher Ward # 16305
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of October 20 18 by D/S Christopher Ward # 16305

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

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

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

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SUBJECT: Thomas, Paige, Elaine CASE NUMBER 18-138450

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

See P.C.

WALK & TURN:

I had the defendant used a white line that was on the ground. The defendant was given the option to take their sandals off which they did. I had the defendant place their left foot on the line with their right foot in front of the left, heel to toe. I told the defendant to remain in the position throughout my instructions and demonstration. The defednant stated to me that she dosen't balance well. When asked if it had to do with her brain tumor she stated that it did not. The defendant was instructed not to start the task prior to me telling them to begin. The defendant acknowledged and stated they completely understood my instructions. The defendant was then instructed on the task which was also demonstrated. The defendant swayed during my instructions. The defendant came out of the stance prior to me telling him to begin. Once the defendant was told to begin the task they missed heel to toe, stepped off the line, used their arms for balance, made an improper turn, and slowed to balance/steady their self. The defendant swayed throughout completing the task.

ONE LEG STAND:

The defendant was instructed to stand with their feet together and their hands down by their side. The defendant still had their sandals off for this task. They were then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood the instructions. The defendant swayed while in the instructional position. After being told to begin the defendant put their foot down prior to being told to stop, used their arms for balance, and swayed. The defendant did miscounted multiple times.

FINGER TO NOSE:

The defendant was instructed to stand with their feet together and their hands down by their side. The defendant had put their sandals back on prior to this task. . The defendant was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood these instructions. The defendant swayed while in the instructional position. The defendant acknowledged the instructions stating that they clearly understood them. The defendant proceeded to miss/search for the tip of their nose with the tip of their finger and started with the wrong hand. ,The defendant swayed throughout the task.

MODIFIED ROMBERG:

The defendant was instructed to stand with their feet together and their hands down by their side. The defendant was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood these instructions. I asked the defendant if they knew how long half a minute was. The defendant stated to me that half a minute is 30 seconds. The defendant estimated 30 seconds to be approximately 27 seconds.

BREATH TEST RESULTS: .129 .130

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Christopher Ward # 16305
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of October 2018 by D/S Christopher Ward # 16305

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

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

Notary Public State of Florida
Paris Pound
My Commission GG 200023
Expires 03/25/2022

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WITNESS LIST

CASE NUMBER: 18-138450

ARRESTING OFFICER: D/S Christopher Ward # 16305

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

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

CAN TESTIFY TO: DUI Investigation

NAME: DS B. Sanz # 30565

ADDRESS: 3228 Gun Club Rd, West Palm beach, fL 33406

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

CAN TESTIFY TO: Back Up Officer

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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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: _____

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SUBJECT: _____ CASE NUMBER: _____

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? YES

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? V

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: _____

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SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X)_____

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)_____

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TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 10/29/2018

Date of Last Agency Inspection: 10/19/2018
Observation Period Began: 04:04
Subject's Name: PAIGE E THOMAS DOB: 10/24/1993 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	04:38
Air Blank	0.000	04:38
Control Test	0.081	04:39
Air Blank	0.000	04:39
Subject Sample #1	0.129	04:40
Air Blank	0.000	04:40
Air Blank	0.000	04:42
Subject Sample #2	0.130	04:43
Air Blank	0.000	04:44
Control Test	0.081	04:44
Air Blank	0.000	04:45
Diagnostics Check	OK	04:45

Cylinder Lot: 05218080A3
Exp: 05/05/2020

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

Breath Test Operator: _____ Date: 10/29/18
Signature

Sworn to (or affirmed) before me this 29th day of October, 2018

_____ D/S C. WARD
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	119.014(3A)(13)(1-3C)	Other: Keep Separate - Court Documents/Official Records	
	☐	119.071(2c)	Other: Active Criminal intelligence Information	

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REVIEW COMPLETED BY

Booking Number: 2018036168	**Date:** 10/29/2018
	Specialist Name/ID: WATSON/6665