

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2 DAY OF August 2019 AT 0855 PM
SUBJECT: Peter Flood CASE NUMBER: 2019-010283
AGENCY: BR PD ARRESTING OFFICER: Bisson

PERSONAL CONTACT

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

Stopped for speeding by Sgt Lawlor.

OBSERVATION OF DRIVER: Blood shot eyes
slurred speech.
strong odor of an alcoholic beverage.

DRIVER'S STATEMENTS: Nothing to drink today but drank last night

ODORS: strong odor of an alcoholic beverage emanating from his person

GENERAL OBSERVATIONS

SPEECH: Slurred
ATTITUDE: good
CLOTHING: white shirt, blue jeans, green sneakers
MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] 6664
(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of August 2019 by OFC S. Bisson

(Print name of Arresting Investigative Officer, who is personally known to me and is producing My Commission, if type of jurisdiction produced) KNOWN

Notary Public, State of Florida
Notary Public, Clerk of Court, Officer of Court
SCANNED
AUG 05 2019
Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

SUBJECT: Peter Flood.

CASE NUMBER: 2019-010383

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:

WALK & TURN: Failed to maintain starting position
11 steps forward 12 steps back
no heel to toe. didn't want
improper turn

ONE LEG STAND: Failed to maintain starting position
didn't keep foot six inches
switched foot during task.
put foot down several times

FINGER TO NOSE: Kept finger on nose for several seconds.
raised left hand then corrected to right hand and on the
third right

ROMBERG/ALPHABET: Didn't recite properly.

BREATH TEST RESULTS: .332 & .340

STATE OF FLORIDA
COUNTY OF PALM BEACH

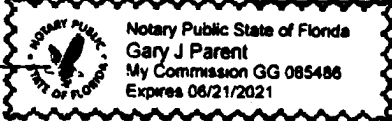
[Signature] 6664

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 2 day of August 20 19 by Officer S. Besson

who is personally known to me and/or produced identification. Type of identification produced KNOWN

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



SCANNED
AUG 05 2019

TESTING FACILITY TASK REPORT

AGENCY: BRPD

SUBJECT: FLURO PETER V CASE NUMBER: 19-099671

DATE: 08/02/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 1049 ENDING TIME: 1106

BREATH TESTS RESULTS: 1) .332 TIME 1054 (A.M.)/P.M. 2) .340 TIME 1058 (A.M.)/P.M.

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: G. PABEU # 7907

MAINTENANCE TECHNICIAN: KARLUCKE # 6417

TESTING OFFICER'S OBSERVATIONS

SPEECH: RAPID, MUMBLED AT TIMES

ATTITUDE: CALM, QUIET, CO OPERATIVE

CLOTHING: BLUE SLACKS, L/S WHITE BUTTFLY SHIRT, GREEN SLIPPERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES GLASSY AND SLIGHTLY REDDISH, ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON BREATH, UNSTEADY ON FEET. A ADMITTED TO DRINKING A COUPLE OF (OS+VODKA)

COMMENTS: ADDRESSES A-CENTER A/U REGAN THIS 30 MINUTE (Q+A) OBSERVATION PERIOD AT 0931 HRS

A AGREED TO TAKE TEST

A/U READ RIGHTS

A STATED HE UNDERSTOOD RIGHTS

A/U CONDUCTED Q+A

A ANSWERED QUESTIONS

TECH. READ BREATH TEST RESULTS A STATED WUW THAT'S CRAZY I DON'T UNDERSTAND

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) _____

SUBJECT: Flood, Peter V 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? No 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? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No 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? No WHAT? _____

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	_____	<u>No</u>
GLASS EYE?	_____	<u>No</u>
FALSE TEETH?	_____	<u>No</u>
EAR INFECTION?	_____	<u>No</u>
INNER EAR TROUBLE?	_____	<u>No</u>
DIABETES?	_____	<u>No</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? _____

INTERVIEWER: _____

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: 08/02/2019

Date of Last Agency Inspection: 07/19/2019

Observation Period Began: 09:31

Subject's Name: PETER V FLOOD

DOB: 04/23/1961 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	10:52
Air Blank	0.000	10:52
Control Test	0.079	10:52
Air Blank	0.000	10:53
Subject Sample #1	0.332	10:54
Air Blank	0.000	10:54
Air Blank	0.000	10:56
Subject Sample #2	0.340	10:58
Air Blank	0.000	10:58
Control Test	0.079	10:59
Air Blank	0.000	10:59
Diagnostics Check	OK	10:59

Cylinder Lot: 00919080A3
Exp: 03/05/2021

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 GARY J PARENT, 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: 08/02/19
Signature

Sworn to (or affirmed) before me this 02 day of AUGUST, 2019

[Signature] Signature of Notary Public-State of Florida OFC. S. BISSON 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
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 19-099671 PBSO ZONE 7-11

AGENCY CASE # 2019-010383 CRASH CASE # _____

TIME OF STOP/CRASH 0858 DATE 08/02/19 DAY Friday

SUBJECT'S NAME Peter Flood RACE W SEX M

HGT 5'11 WGT 180 DOB 04/23/1961

LOCATION 4000 N. Dixie Hwy

ARRESTING OFFICER'S NAME & ID Bisson 664 AGENCY BRPD.

DIVISION: _____

NOTIFIED BY COMMO Yes.

ARRIVAL AT FACILITY 0931

BREATH RESULTS:

Arrest Time 0855

1. .332

2. .340

3. N/A

4. N/A

TESTING OFFICER'S ID 7909 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: _____

ARRESTING OFFICER _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



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

REVIEW COMPLETED BY

Booking Number: 2019025254	Date: 08/03/2019
	Specialist Name/ID: AM/31562