

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10th DAY OF AUGUST 20 19 AT 02:39 AM PM

SUBJECT: RICHARD WARREN HOFFMANN CASE NUMBER: 19-00677

AGENCY: PALM BEACH POLICE ARRESTING OFFICER: ARDAN 0068

PERSONAL CONTACT

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

SWERVING ON ROADWAY, HAD EXTENSIVE DAMAGE TO FRONT PASSENGER SIDE OF VEHICLE WAS DRIVING ON FLAT TIRE ON RIMS. TRAFFIC STOP WAS CONDUCTED, DEF WAS DRIVER.

OBSERVATION OF DRIVER:

CONFUSED, SLOW, MOVEMENTS, SLURRED SPEECH, STRONG ODOOR OF ALCOHOLIC BEVERAGE, BLOOD SHOT EYES, GLOSSY EYES.

DRIVER'S STATEMENTS: STATED HE HAD TWO DRINKS, DID NOT KNOW HOW HIS CAR GOT DAMAGED, STATED HE CAME FROM LAKE WORTH BAR, THEN PALM BEACH BAR AT 2:00.

ODORS: ALCOHOLIC BEVERAGE

GENERAL OBSERVATIONS

SPEECH: SLOW, SLURRED

ATTITUDE: CONFUSED

CLOTHING: BLUE BUTTON DOWN SHIRT, WHITE PANTS, GRAY SHOES

MEDICAL/OTHER: N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20____ by _____

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

SUBJECT: RICHARD WARREN HOFFMANN CASE NUMBER: 19-001077

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION |
| <input checked="" type="checkbox"/> LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

WALK & TURN:

KEPT LOSING BALANCE DURING INSTRUCTION, STEPPING TO THE SIDE LOSING BALANCE DURING TEST. IMPROPER TURN, DID NOT TOUCH HEEL TO TOE.

ONE LEG STAND:

LOST BALANCE DURING INSTRUCTIONS, LIFTED ARMS FOR BALANCE, PUT FOOT DOWN TO REGAINED BALANCE

FINGER TO NOSE:

HAD TO KEEP GETTING REMINDED TO PUT HAND DOWN, MISSED HIS NOSE SEVERAL TIMES, OPENED HIS EYES

ROMBERG/ALPHABET:

DID NOT KEEP HEAD BACK, OPENED EYES, BEGAN TO SING THE ALPHABET.

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)
The foregoing instrument was notarized or sworn before me this _____ day of _____, 20____ by _____

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

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

SEARCHED
AUG 11 2019

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: 80-006478 Software: 8100.27
Date of Test: 08/10/2019

Date of Last Agency Inspection: 07/19/2019
Observation Period Began: 03:11
Subject's Name: RICHARD W HOFFMANN DOB: 08/28/1962 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	03:48
	Air Blank	0.000	03:49
	Control Test	0.081	03:49
	Air Blank	0.000	03:50
	Subject Sample #1	0.130	03:50
	Air Blank	0.000	03:51
	Air Blank	0.000	03:53
	Subject Sample #2	0.129	03:53
	Air Blank	0.000	03:54
	Control Test	0.079	03:54
	Air Blank	0.000	03:55
	Diagnostics Check	OK	03:55

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 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: 08/10/19
Signature

Sworn to (or affirmed) before me this 10th day of AUGUST, 2019

[Signature] Signature of Notary Public-State of Florida OFF. T. ARDON 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.

SCANNED
AUG 11 2019

**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: 80-006478 Software: 8100.27
Date of Test: 08/10/2019

Date of Last Agency Inspection: 07/19/2019

Observation Period Began: 03:11

Subject's Name: RICHARD W HOFFMANN

DOB: 03/28/1962 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.

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	Air Blank	0.000	03:49
	Control Test	0.081	03:49
	Air Blank	0.000	03:50
	Subject Sample #1	0.130	03:50
	Air Blank	0.000	03:51
	Air Blank	0.000	03:53
	Subject Sample #2	0.129	03:53
	Air Blank	0.000	03:54
	Control Test	0.079	03:54
	Air Blank	0.000	03:55
	Diagnostics Check	OK	03:55

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SEARCHED
SERIALIZED
AUG 11 2019

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: 80-006478 Software: 8100.27
Date of Test: 08/10/2019

Date of Last Agency Inspection: 07/19/2019

Observation Period Began: 03:11

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DOB: 03/28/1962 Sex: M

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	Air Blank	0.000	03:53
	Subject Sample #2	0.129	03:53
	Air Blank	0.000	03:54
	Control Test	0.079	03:54
	Air Blank	0.000	03:55
	Diagnostics Check	OK	03:55

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

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Breath Test Operator: _____

Signature

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Signature of Notary Public-State of Florida

OFF. T. ARDON
Printed Name of Notary Public-State of Florida

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TESTING FACILITY TASK REPORT

AGENCY: PBPD

SUBJECT: HOFFMANN, RICHARD W CASE NUMBER: 19-102469

DATE: 08/10/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 03:47 ENDING TIME: 03:57

BREATH TESTS RESULTS: 1) .130 TIME 03:50 (A.M./P.M.) 2) .129 TIME 03:53 (A.M./P.M.)
3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.

BREATH OPERATOR: P POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: TAN PANTS, ^{LIGHT} BIVE SHIRT, BIVE SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES GLASSY + BLOODSHOT

COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20
MINUTE OBSERVATION PERIOD AT 03:11 HRS.

A. AGREED TO TAKE TEST.

A/O. READ RIGHTS

A. STATED HE UNDERSTOOD RIGHTS

TECH. READ TEST RESULTS.

A. STATED HE UNDERSTOOD TEST RESULTS

A/O. ATTEMPTED Q+A

A. REFUSED QUESTIONS.

COPIED
A3 11 08

TESTING FACILITY TASK REPORT

AGENCY: PBPD

SUBJECT: HOFFMANN, RICHARD W CASE NUMBER: 19-102469

DATE: 08/10/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 03:47 ENDING TIME: 03:57

BREATH TESTS RESULTS: 1) .130 TIME 03:50 (A.M./P.M.) 2) .129 TIME 03:53 (A.M./P.M.)

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

BREATH OPERATOR: P. POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: TAN PANTS, ^{LIGHT} BLUE SHIRT, BLUE SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES GLASSY + BLOODSHOT

COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20
MINUTE OBSERVATION PERIOD AT 03:11 HRS.

D. AGREED TO TAKE TEST.

A/O. READ RIGHTS

D. STATED HE UNDERSTOOD RIGHTS

TECH. READ TEST RESULTS.

D. STATED HE UNDERSTOOD TEST RESULTS

A/O. ATTEMPTED Q+A

D. REFUSED QUESTIONS.

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AUG 11 2019



PALM BEACH COUNTY SHERIFF'S OFFICE
 DUI TESTING FACILITY
 INFORMATION SHEET

PBSO CASE # 19-102469 PBSO ZONE 3-13

AGENCY CASE # 19-001077 CRASH CASE # _____

TIME OF STOP/CRASH 0219 DATE 8/10/19 DAY SATURDAY

SUBJECT'S NAME RICHARD WARREN HOFFMAN RACE W SEX M

HGT 508 WGT 165 DOB 8/28/62

LOCATION 2200 BLK S OCEAN BLVD

ARRESTING OFFICER'S NAME & ID ARDON 0068 AGENCY PBPD

DIVISION: PATROL

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 0311

BREATH RESULTS:

Arrest Time 0239

1. .130

2. .129

3. N/A

4. N/A

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

SEARCHED
 AUG 11 2019

WITNESS LIST

CASE NUMBER: 19-001077

ARRESTING OFFICER Ofc ARDAN

ADDRESS 345 S COUNTY RD, PALM BEACH, FL, 33480

PHONE NUMBERS (HOME) 561 838 5454 (WORK) _____

CAN TESTIFY TO: SFST

NAME: Ofc MARCH

ADDRESS 345 S COUNTY RD PALM BEACH, FL, 33480

PHONE NUMBERS (HOME) 561 838 5454 (WORK) _____

CAN TESTIFY TO: BACK UP OFFICER

NAME: SGT. KARNER

ADDRESS 345 S COUNTY RD PALM BEACH, FL, 33480

PHONE NUMBERS (HOME) 561 838 5454 (WORK) _____

CAN TESTIFY TO: SUPERVISOR ON SCENE

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SEARCHED
SERIALIZED
INDEXED
MAR 11 2019

SUBJECT: HOFFMANN, RICHARD W 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? _____

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: _____

SUBJECT: HOFFMANN, RICHARD W 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) READ ON CAMERA



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: 2019026126	Date: 08/11/2019
	Specialist Name/ID: AM/31562

NOTED
AUG 11 2019