ARREST / NOTICE TO APPEAR

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Capias
5 Juvenile Referral

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (NTA's only): 3 2 2019-000505

Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other
If Weapon Seized: Enter Type: None/not Applicable
Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 1700 S FEDERAL HWY, BOCA RATON, FL 33432
Location of Offense (Business Name, Address): 1700 S FEDERAL HWY, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/10/2019	19:27	01/10/2019	19:37	01/10/2019	19:40	WESTWAY TOWING

DEFENDANT

Name (Last, First, Middle): CENTONZIO, ROLANDO ANDRES
Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, 1 - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	03/12/1982	5'08	245	BLACK	BLACK	LIGHT	Large

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATT LOL BACK / VEGGIES AND KNIFE; TATT UL SHOULDER /
Marital Status: M
Religion:
Indication of Alcohol Influence: ☒ No ☐ Yes ☐ Unk
Drug Influence:

Local Address (Street, Apt. Number) (City) (State) (Zip): 3101 PORT ROYAL BLVD L731, FORT LAUDERDALE, FL 33308
Phone: (954) 594-1170
Residence Type: 1. City 2. County 3. Florida 4. Out of State
Permanent Address (Street, Apt. Number) (City) (State) (Zip): 3101 PORT ROYAL BLVD L731, FORT LAUDERDALE, FL 33308
Phone: (954) 594-1170
Address Source: SUBJECT
Business Address (Name, Street) (City) (State) (Zip): FOOD OF ALL NATIONS, AVENTURA
Phone:
Occupation: Chef

D/L Number, State: C535721820920 / FL
Soc. Sec. Number: [redacted]
INS Number:
Place of Birth (City, State): PUERTO RICO, PR,
Citizenship: 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 ☐ Other: ☐ Legal Custodian
Name (Last, First, Middle):
Residence Phone:
Address (Street, Apt. Number) (City) (State) (Zip):
Business Phone:

Notified by: (Name) | Date | Time | JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated
Released To: (Name) Relationship | Date | Time
School Attended | Grade

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

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. Disperses/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/Deriv., S. Synthetic, P. Paraphernalia/Equipment, U. Unknown, Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

FILED
JAN 11 2019
SHARON R. BOCK
Clerk & Comptroller

INTAKE

Health / Apparent Physical Condition of Defendant: INTOXICATED
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☒ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☒ T.O.T. County Jail
PROPERTY - Received By | Released By | Released To
Transported By | Date Transported | Time Transported | Other

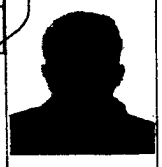
NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 02/11/2019 08:30:00

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 of Defendant (or Juvenile and Parent/Custodian) Date Signed 1/10/19



ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Deputy | I.D. # | Pouch #

Signature of Arresting Officer: Todd Codling 760
Name of Arresting Officer (Print): CODLING, T. I.D. # 760
Transporting Officer | I.D. # | Agency: BRPD

Name Verification (Printed by Arrestee) (PRINT)
Witness here if subject signed with an "X".

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☒ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

2019CT935

RECEIVED
JAN 14 2019
BY: WB

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PROBABLE CAUSE AFFIDAVIT

1. Arrest 2. NTA 3. Request for Warrant 4. Request for Capias | 1 | JUVENILE

ADMIN

OBTS Number

Agency ORI Number: FL 0500200

Agency Name: BOCA RATON POLICE DEPARTMENT

Agency Report Number: 3 2 2019-000505

Special Notes:

Charge Type: Check as many as apply. ☐ 1. Felony ☒ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other

DEF

Name (Last, First, Middle): CENTONZIO, ROLANDO ANDRES

Alias

Race	Sex	Date of Birth
W	M	03/12/1982

CHARGES

Charge Description: 316.193(1) DUI

Charge Description

Charge Description

Charge Description

VICTIM

Victim's Name (Last, First, Middle): STATE OF FLORIDA,

Race	Sex	Date of Birth

Local Address (Street, Apt. Number) (City) (State) (Zip): 100 NW 2ND AVE, BOCA RATON, FL 33432

Phone: (561) -

Address Source

Business Address (Name, Street) (City) (State) (Zip)

Phone: (56) -

Occupation

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 10 day of January, 2019 at 19:27 (Specifically include facts constituting cause for arrest.)

On 1/10/19 at approximately 1901 hours, I was dispatched to the area of Palmetto Park Rd and Federal Hwy reference to a report of a subject driving recklessly. The caller stated there were 2 males inside of a red Ford Mustang bearing FL tag# DDIL23 and it appeared as though they were drinking beer.

I was traveling southbound in the area of 800 S. Federal Hwy when I observed a red Ford Mustang bearing FL tag# DDIL23. The Mustang was in the outside through lane but was swerving in and out of the lane. The Mustang nearly struck several vehicles. Just south of E. Camino Real there was a transit bus stopped in the outside lane picking up and dropping off passengers. The Mustang nearly struck the back of the bus. The Mustang then swerved into the middle through lane without signaling, nearly striking another vehicle. I got behind the vehicle again and it continued to swerve in and out of its lane. I conducted a traffic stop on the vehicle at 1700 S. Federal Hwy. I made contact with the sole occupant and driver, Rolando Centonzio. I asked Centonzio for his driver license, vehicle registration and insurance. As he was looking for his documents I observed that his movements were slow and unsteady. Centonzio provided me with his passport but not his driver license or the other documents I requested. He then turned off the car, took the keys out of the ignition and handed them to me. I asked him if he remembered what I asked him for and he stated "I`m intoxicated and I`m going to jail." As I was speaking to Centonzio I could smell the odor of an alcoholic beverage emanating from inside the vehicle. I asked him if he was intoxicated and he said yes. I asked where he was drinking and he said work which is in Aventura.

Officer Calhoun arrived as back up so I had Centonzio step out of his vehicle. When he did exit the vehicle he immediately turned around and placed his hands on the roof of his car. I told Centonzio to turn around and face me which he did. Centonzio`s eyes were red and glassy and his face was red and flush. I asked Centonzio if he was willing to submit to some road side exercises? Centonzio stated "I`m going to jail, you know that."

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

WOLLSCHLAGER, ANTHONY J
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/10/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CODLING, TODD (760)
NAME OF OFFICER (PLEASE PRINT)

01/10/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OB'S Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1. Arrest 2. NTA 3. Request for Warrant 4. Request for Capias

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2019-000505

Charge Type. Check as many as apply.
☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes.

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
CENTONZIO, ROLANDO ANDRES		W	M	03/12/1982

PROBABLE CAUSE STATEMENT

I stated that I didn`t say that. I asked again If he wanted to do road side exercises and he said "No, just take me to jail." I advised Centonzio that if he did not do the road side exercises then I would have to make my decision based on my observations up to this point. Centonzio agreed to do the roadside exercises. As Officer Calhoun was moving his vehicle Centonzio again stated "I`m going to jail." When I asked why he was going to jail he stated "Because I was drinking and driving." I asked Centonzio how many drinks he had tonight he stated "5 or 6. I`m pretty sure my BAC is going to be up." I asked what kind of drinks they were and Centonzio stated Stella beer and 2 shots of tequila. Centonzio stated my BAC is going to be at least 25 or 26. I asked Centonzio if he had any medical issues that would stop him from conducting the exercises and he stated no. Centonzio said this is going to be my second DUI. I could smell an odor of an alcoholic beverage coming from Centonzio`s breath.

The first roadside exercise was the walk and turn. Centonzio was unable to stay in the stating position because he kept losing his balance. Centonzio left the starting position. He walked 10 steps out. He did not touch heel to toe on each step. He was raising his arms. He did not turn as instructed. He walked 10 steps back. He did not count his steps out loud.

I said the next exercise is the one leg stand. Centonzio stated he would not be able to do this task because he would lose his balance. I asked if he was willing to do the task and he said yes. He started before I said begin. He didn`t count out loud. He dropped his foot several times and he was unsteady. At approximately 10 seconds into the exercise, he dropped his foot and put his hands over his face for the remainder of the 30 seconds. When the time was up I asked him if he wanted to continue he stated no.

Centonzio was placed under arrest for FSS 316.193(1), Driving under the influence. Centonzio was transported to the Boca Raton Police Department, where he was requested to submit to a breath test. Officer Renteria conducted the 20-minute observation period and prepared the Intoxilyzer 8000. I requested a breath sample from Centonzio and he consented. Centonzio provided the breath samples of .301%, .278% and .293% BrAC. Ofc Renteria advised me that after the set of the first samples he received a perge fail. On the second set of samples Centonzio provided breath samples of .288% and .281% BrAC.

Centonzio was TOT County Jail. WestWay Towing responded and removed the vehicle. The vehicle was towed to WestWay Towing. Centonzio was given a citation for Fail to Drive in a Single Lane, 316.089(1).

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

WOLLSCHLAGER, ANTHONY J
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/10/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CODLING, TODD (760)
NAME OF OFFICER (PLEASE PRINT)

01/10/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

2019000505
10-15 : 1927
obs : 1942

DUI INFLUENCE REPORT

NOT A CERTIFIED COPY

BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

Revised: July 9, 2018

ARRESTING OFFICER: T. Codling

Name: Calhoun Phone # _____ Work # _____

Address: BRPD

Can testify to: Roadsides

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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-END OF PART ONE-

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 20190000505

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Thursday (day), January (month), 10th (date), 2019 (year).

B. The time is now approximately 806 AM/PM

C. The following is in reference to case number 20190000505.

D. Present at this time is Ofc. Codling (Officer's Name) of the Boca Raton Police Department.

E. Officer Codling, have you arrested Rolando Centonzio (Defendant's name) in violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr./Mrs./Ms. Centonzio, I am required to inform you these proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

NOT A CERTIFIED COPY

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

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

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

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

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am Ofc. Codling of the BRPD.

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 Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____ (month), _____ (day), _____ (year), and the time is _____ AM/PM.

A refusal form will be completed by the arresting officer.

NOT A CERTIFIED COPY

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Rolando A. Centonzio

CASE #: 2019000505 DATE: 1/10/19

BREATH TEST RESULTS

1) TIME .288/2030 AM/PM 2) TIME .281/2033 AM/PM

3) TIME — AM/PM 4) TIME — AM/PM

BREATH OPERATOR: Renteria

MAINTENANCE TECHNICIAN: Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slow and slurred

ATTITUDE: Calm

CLOTHING: blk work clothes Tap 42"

MEDICAL CONDITION: Acid Reflex

OTHER:

COMMENTS: Rolando has red glossy eyes, slurred speech, I was able to smell a strong odor of alchole coming from his person. Rolando was unable to maintane his balance.

NOT A CERTIFIED COPY

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions.
(2) Any statement you make must be freely and voluntarily given.
(3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
(8) Do you understand these rights as I have read them to you, and do you wish to speak to me? ,

Signed: _____ Date: 1/10/19 Time: 8:23

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? Yes

Where were you going? home

What street or highway were you on? US1

Direction of travel? North

Where did you start driving from? Kapow

What city (county) were you stopped in? Boca Raton

What time did you start? 7:00 pm AM/PM What time is it now? 9 or 8

What is today's date? 1/9/19 What day of the week is it? Thur

When did you last eat? 5:00pm What did you eat? Pasta

What have you been doing the past three hours prior to this stop/accident? working / Driving

How much do you weigh? 245 Have you been drinking? Yes What were you drinking? Wine, ~~Beer~~, Tequilla

How much? 16oz wine 4oz Tequilla Where? work With whom were you drinking? alone

When did you have your first drink? 5 AM/PM When did you stop drinking? 540 AM/PM

NOT A CERTIFIED COPY

How did you consume your last two drinks? Shots

Are you under the influence of alcohol now? ☒ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☒ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☒ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? N/A

What? _____ Where? _____

What line of work are you in? Culinary Arts

When did you last work? Today

Do you have any physical defects or injuries? ☐ Yes ☒ No If yes, explain:

_____

Are you sick or injured? ☒ Yes ☐ No If yes, explain:

Acid Reflux

Do you limp? ☐ Yes ☒ No Did you get a bump on the head? ☐ Yes ☒ No

Were you in an accident today? NO

Have you taken any drugs or smoked marijuana today? NO

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☒ No Who? _____

Are you taking any prescription medications? ☒ Yes ☐ No What? Prilosec When? 6 am 3 pm

Do you have: Epilepsy? ☐ Yes ☒ No Inner ear trouble? ☐ Yes ☒ No

Glass eye? ☐ Yes ☒ No Ear infection? ☐ Yes ☒ No

False teeth? ☐ Yes ☒ No Diabetes? ☐ Yes ☒ No

Any problems not correctable by glasses or contact lenses? No

Do you take insulin? ☐ Yes ☒ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? No

I am now ending this video recording. The time is now approximately 8:40 AM (PM)

The date is ~~1/10/2019~~ January (month), 10 (day), 2019 (year).

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 01/10/2019

Date of Last Agency Inspection: 12/27/2018
Observation Period Began: 19:42
Subject's Name: ROLANDO A CENTONZIO DOB: 03/12/1982 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	20:09
Air Blank	0.000	20:09
Control Test	0.080	20:10
Air Blank	0.000	20:10
Subject Sample #1	0.301	20:11
Air Blank	0.000	20:12
Air Blank	0.000	20:14
Subject Sample #2	0.278	20:15
Air Blank	0.000	20:16
Air Blank	0.000	20:18
Subject Sample #3	0.293	20:19
Air Blank	0.000	20:20
Control Test	0.074*	20:20
Air Blank	0.000	20:21

*Control Outside Tolerance

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced N/A as identification, and who after being placed under oath, states:

I BARTOLO RENTERIA, 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: 1-10-19
Signature

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

X Todd Cadling
Signature of Notary Public-State of Florida

X Todd Cadling
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

NOT A CERTIFIED COPY

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 01/10/2019

Date of Last Agency Inspection: 12/27/2018
Observation Period Began: 19:42
Subject's Name: ROLANDO A CENTONZIO DOB: 03/12/1982 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	20:27
Air Blank	0.000	20:28
Control Test	0.077	20:28
Air Blank	0.000	20:29
Subject Sample #1	0.288	20:30
Air Blank	0.000	20:31
Air Blank	0.000	20:32
Subject Sample #2	0.281	20:33
Air Blank	0.000	20:34
Control Test	0.077	20:34
Air Blank	0.000	20:35
Diagnostics Check	OK	20:35

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced N/A as identification, and who after being placed under oath, states:

I BARTOLO RENTERIA, 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: 1-10-19
Signature

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

x _____ x Todd Codling
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

NOT A CERTIFIED COPY

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.	
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Other	☐		Other:	
	☐		Other:	

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Booking Number: 2019001242	**Date:** 1/11/2019
	Specialist Name/ID: Gammage/5660