2019CT1458

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 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 (N.T.A.'s only): 3 | 2 | 2019-000961

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

If Weapon Seized: Seizure Type: None/not Applicable

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 6199 N DIXIE HWY

Location of Offense (Business Name, Address): 6199 N DIXIE HWY, BOCA RATON, FL 33487

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/20/2019	00:52					

DEFENDANT

Name (Last, First, Middle): FORBIS, SKYLER ELIJAH

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

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	07/04/1997	5'09	182	HAZEL	BROWN	LIGHT	Slim

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): TATT L STOMACH / ALIEN; MARK R EYE / BIRTHMARK

Marital Status: S | Religion: BAPTIST | Indication of: Alcohol Influence: Yes ☒ No ☐ Unk. ☐ | Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 1011 CRYSTAL WAY B, DELRAY, FL 33444 | Phone: (239) 431-0400 | Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 1011 CRYSTAL WAY B, DELRAY, FL 33444 | Phone: (239) 431-0400 | Address Source: DEFENDANT

Business Address (Name, Street) (City) (State) (Zip): BROOKLYN WATER BAGEL COMPANY, | Phone: (561) - | Occupation: Cashier

D/L Number, State	DNS Number	Place of Birth (City, State)	Citizenship
F612785972440 / FL	[redacted]	NAPLES, FL, United	

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

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:

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/Deriv., P. Paraphernalia/Equipment, S. Synthetic, 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		OR

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		

INTAKE

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

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health | 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: 02/25/2019 08:30:11

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.

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

No Photo Available

ADMIN

HOLD for Other Agency | Signature of Arresting Officer

☐ Dangerous ☐ Resisted ☐ Related Arrest ☐ Other

Name of Arresting Officer (Entry): BURNETTE, A. N. I.D. # 798

Issuing Deputy | I.D. # | Punch # | Transcribing Officer | I.D. # | Agency

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 or 1

[redacted]

JAN 23 2019

BY: WB

0504693 Burnette 798 1952

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

JUVENILE:

ADMIN

Agency ORI Number: FL 0500200

Agency Name: BOCA RATON POLICE DEPARTMENT

Agency Report Number: 3 | 2 | 2019-000961

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): FORBIS, SKYLER ELIJAH

Alias:

Race	Sex	Date of Birth
W	M	07/04/1997

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 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 K GRAHAM who told A BURNETTE 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 19 day of January, 2019 at 23:42 (Specifically include facts constituting cause for arrest.)

On 01/19/2019 at approximately 2234 hours, I responded to 6199 N Dixie Hwy in reference to a traffic stop.

Upon arrival, I met with Sergeant Graham of the Boca Raton Police Department who informed me of the circumstances and events surrounding the traffic stop. Sgt. Frenz stated that he initiated a traffic stop on a dark colored 2-door sedan bearing FL tag 192PEB for an inoperable passenger side tail light. Upon making contact with the driver, Sgt. Graham could smell a strong odor of an alcoholic beverage coming from the driver, Skylar Forbis`, person. When asked where he was coming from he stated that he was coming from Deerfield Beach. While conversing with Forbis, Sgt. Graham stated he could smell a strong odor of alcohol coming from his mouth. Forbis was also speaking with a heavy tongue. Forbes stated that he had two beers earlier. Sgt. Graham stated that upon exiting the vehicle, Forbis was unsteady on his feet.

I approached the rear of the vehicle and made contact with Forbis. I asked the him where he was coming from and he stated that he was coming from Deerfield. As I was conversing with Forbis, I could still smell a strong odor of an alcoholic beverage coming from his mouth. I observed his eyes to be bloodshot, glassy, watery and red. At this point, I asked him to perform voluntary Standardized Field Sobriety Exercises (SFSE`s) so I could ensure he was not intoxicated and would be ok to drive and he consented. The lighting consisted of my patrol vehicle, streetlights, and my flashlight. The temperature was approximately 70 degrees. No surface defects were noted or claimed. Sgt. Graham and Sgt. McInnis were on scene as backup.

The first FSE I asked him to perform was the Horizontal Gaze Nystagmus. I instructed him on where to stand and how to perform the exercise. I asked him if he had any head injuries past or present and he stated no. He was not wearing glasses or any contact lenses. He did not have resting Nystagmus, and his pupil size was equal. He exhibited

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GRAHAM, KEITH T
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/19/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BURNETTE, ASHLEY NICOLE (798)
NAME OF OFFICER (PLEASE PRINT)

01/19/2019
DATE

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

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1. Arrest 2. N.T.A. 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 | 2019-000961

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Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
FORBIS, SKYLER ELIJAH		W	M	07/04/1997

PROBABLE CAUSE STATEMENT

lack of smooth pursuit in both eyes, distinct and sustained Nystagmus at maximum deviation in both eyes, and the onset of Nystagmus prior to 45 degrees in both eyes. Vertical gaze Nystagmus was not present in either eye. While conducting the HGN, I continued to smell an odor of an alcoholic beverage coming from his mouth. During the exercise, Forbis exhibited a front to back sway.

The second exercise was the walk and turn. I gave the instructions and demonstrated the exercise prior to asking him to perform it. I asked him if he had any physical issues that would prevent him from performing the exercise, and he stated no. He failed to stay in the starting position as I was explaining the instructions. On the first nine heel to toe steps, he failed to touch heel to toe on steps 3,4,5,and 6. He did not perform the turnaround properly, taking his lead foot off the line and turning around. He failed to touch heel to toe on all steps taken.

The third exercise was the one leg stand. I gave the instructions and demonstrated the exercise prior to asking him to perform it. I asked him if he had any physical issues that would prevent him from performing the exercise, he stated no. I gave the instructions to begin whenever he was ready, and he raised his left foot. When he began the exercise, he did not start counting immediately. When he started counting, he started with 1003, 1004, 1005, 1006, 1007, 1008, 1009, 1010, 1011, and 1012. During the exercise, he exhibited a front to back sway.

The fourth FSE I asked him to perform was the Rhomberg with recitation. I gave the instructions and demonstrated the exercise prior to asking her to perform it. I asked him if he understood the instructions and he stated yes. I asked him what level of education he had, and he stated some college. I asked him if he knew the English alphabet and he stated yes. He recited the following
A,B,C,D,E,F,G,H,IJ,K,O,P,Q,R,S,T,U,V he then took a pause and recited X,Y,Z. During recitation, he exhibited a front to back sway.

The fifth FSE I asked him to perform was the finger to nose (L-R-L-R-L-L-R). I gave the instructions and demonstrated the exercise prior to asking him to perform it. I asked him if he understood the instructions and he stated yes. He failed to touch finger to nose on every turn, touching the pad of his finger to the tip of his nose. He exhibited a front to back sway during the exercise.

I read Forbis his constitutional warnings and he refused to speak with me or answer any questions.

Based on the totality of circumstances, I placed Forbis under arrest for violation of F.S.S 316.193(1) at 0317 hours. I placed him in the right rear seat of my patrol vehicle.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GRAHAM, KEITH T
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/19/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BURNETTE, ASHLEY NICOLE (798)
NAME OF OFFICER (PLEASE PRINT)

01/19/2019
DATE

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

ADMIN

OBTS Number:

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT

1. Arrest 2. N.T.A. 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 | 2019-000961

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Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
FORBIS, SKYLER ELIJAH		W	M	07/04/1997

PROBABLE CAUSE STATEMENT

Ofc. Renteria responded to BRPD as my Breath Test Operator. Ofc. Renteria and I conducted the 20-minute observation and then he was taken into the BAT room. Forbis was asked to provide a breath sample and he consented. After several failed attempts to deliver sufficient breath, The instrument advised "volume not met." Forbis was provided a second opportunity to provide a sample but Forbis was uncooperative and failed to deliver sufficient breath into the instrument. Breath was refused. See DUI influence report.

Forbis was transported to the Palm Beach County Jail for further processing.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GRAHAM, KEITH T
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/19/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BURNETTE, ASHLEY NICOLE (798)
NAME OF OFFICER (PLEASE PRINT)

01/19/2019
DATE

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

2019000961
obs. 2325
10-15 2311

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: Burnette

Name: Sgt. Graham Phone # _____ Work # _____

Address: BRPD

Can testify to: Roadsides

Name: Sgt. Weinels 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: _____

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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 # 20190009611

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Sunday (day), January (month), 20th (date), 2019 (year).

B. The time is now approximately 1207 (AM)/PM.

C. The following is in reference to case number 20190009611.

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

E. Officer Burnette, have you arrested Skyler Forbis (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.) Forbis, I am required to inform you these proceedings are being video recorded.

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

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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. Burnett 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: See Video

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.

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BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Skyler Forbis

CASE #: 20190009641 DATE: 1-20-19

BREATH TEST RESULTS

1) TIME VNM 0015 AM/PM 2) TIME Ref 0019 AM/PM

3) TIME — AM/PM 4) TIME — AM/PM

BREATH OPERATOR: Ofc. Renteria

MAINTENANCE TECHNICIAN: Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: Calm, upset

CLOTHING: red shirt, black pants

MEDICAL CONDITION: none

OTHER:

COMMENTS: [redacted] Skyler had blood shot eyes and dry mouth he had a strong odor of alcohol coming from his person.

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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: See Video _____ Date: _____ Time: _____

QUESTIONS AND ANSWERS

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

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

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

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____
_____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____AM/PM

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How did you consume your last two drinks? _____

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? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

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

_____

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

_____

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

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

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

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

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? _____

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? _____

I am now ending this video recording. The time is now approximately 1224 (AM)/PM.

The date is January (month), 20 (day), 19 (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: 01/20/2019

Date of Last Agency Inspection: 12/27/2018
Observation Period Began: 23:25
Subject's Name: SKYLER E FORBIS DOB: 07/04/1997 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	00:10
Air Blank	0.000	00:11
Control Test	0.078	00:11
Air Blank	0.000	00:11
Subject Sample #1	VNM*	00:15
Air Blank	0.000	00:16
Air Blank	0.000	00:17
Subject Sample #2	REF**	00:19
Air Blank	0.000	00:20
Control Test	0.076	00:20
Air Blank	0.000	00:21
Diagnostics Check	OK	00:21

*Volume Not Met (0.144 - Breath Sample Not Reliable to Determine Breath Alcohol Level)
**Subject Test Refused

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: 1-20-19
Signature

Sworn to (or affirmed) before me this 20 day of January, 2019

_____ C Burnette
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	☐	539.001 FS	Other: All records relating to pawnbroker transactions.	
	☐	119.0712(2)	Other: Personal information contained within a motor vehicle record	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2019002292	**Date:** 01/20/2019
	Specialist Name/ID: howardt/7185