19GT23129 0081136 / 3559

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

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- 19-148475

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

Weapon Seized / Type: 1. Yes 2. No

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
FLYING COW ROAD (RD) AND RUSTIC RD WELLINGTON FL 33414	FLYING COW RD AND RUSTIC RD / WELLINTON FL 33414

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/14/2019	1928					PRIORITY TOWING

DEFENDANT

Name (Last, First, Middle): BALLARD THOMAS E — 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	M	01/07/1965	507	165	BRO	BRO	MED	SMALL

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): NONE

Marital Status: Single — Religion: METHODIST — Indication of: Alcohol Influence ☒ Y ☐ N ☐ Unk. / Drug Influence ☐ Y ☐ N ☒ Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): 50 CANTON RD LAKE WORTH FL 33463 — Phone: (561) 670 0230 — Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): , — Phone: ( ) — Address Source: DEFENDANT

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

D/L Number, State: (FL)B463 825 65 007 0 — INS Number: — Place of Birth (City, State): BEAVER FALLS PA — 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
				☐ 1. ☐ 2.	☐ 3. ☐ 4. ☐ 5.
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
				☐ 1. ☐ 2.	☐ 3. ☐ 4. ☐ 5.

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: — Residence Phone: ( ) — Business Phone: ( )

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

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/Deriv. — P. Paraphernalia/ Equipment S. Synthetics — U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI	1	☐Y ☒N	316.193(1)	
Drug Activity	**Drug Type**	**Amount / Unit**	**Offense #**	**Warrant / Capias Number**	**Bond**
/	/		19-148475		OR

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 / 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**

NOTICE TO APPEAR

Location (Court, Room Number, Address): 3228 GUN CLUB RD WPB FL 33406

Court Date and Time: Month JANUARY Day 9 Year 2020 Time 0830 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

Signature of Defendant (or Juvenile and Parent /Custodian) — Date Signed: 12/14/2019

ADMIN

HOLD for other Agency Name: — Signature of Arresting Officer: X — Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: — Name of Arresting Officer (Print): INV E. K. WHITE — I.D. #: 7209

Intake Deputy — I.D. # — Pouch # — Transporting Officer: E. K. WHITE — ID #: 7209 — Agency: PBSO — 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. ONLY)

PBSO #148 REV. 8/97

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number

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

Juvenile:

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 19-148475

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
BALLARD, THOMAS, E		W	M	01/07/1965

CHARGES

Charge Description		Charge Description
DUI	316.193(1)	
Charge Description		Charge Description

VICTIM

Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth
, ,				/	/	/
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.

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

On the 14 day of DECEMBER 20 19 at 1822 ☐ A. M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

On Saturday, December 14, 2019 at approximately 1833 hours, I responded to Flying Cow Road (Rd) and Rustic Rd, Wellington (Palm Beach County) Florida to assist Deputy Riccardo Aime with a single car roll over traffic crash with the driver possibly being impaired. Upon my arrival I noticed a black vehicle resting on its passenger side facing west. I also saw a white male subject sitting on the curb of a round-about. He had gauze on wrapped around his head. Dried blood was all over his face. He was wearing blue jean shorts, a black shirt and no shoes. Remnants of blood was on both piece of clothing. I made contact with D/S Aime who was actively investigating the crash. D/S Aime located two witnesses who came forward with information regarding the crash. Andrew Gale reported he witnessed the jeep attempting to drive straight through th round-about and flip over. He later assisted him out of the vehicle. William M. Krabbe also saw the vehicle flip.

I saw evidence on the roadway which shows the jeep was traveling southbound on Flying Cow. It entered into the northbound lane of the round-about and began yawing. The vehicle began rolling over and came to final rest on its passenger side. I saw an open container of beer standing upright on the floor board. Blood was on the driver seat and steering wheel. Blood was also on the roadway outside of the vehicle.

I made contact with the subject that was sitting on the curb. He was later identified as Thomas Edwin Ballard by his Florida driver license. I told him I am required to read him his Constitutional Rights prior to speaking with him. He acknowledged his "rights" after the advisement. I asked if he would speak with me regarding the crash. He invoked his "rights". After my assistance with the crash I advised him that I would now be conducting a criminal investigation for DUI. My suspicion was prompted by his eyes being red, watery and glossy. His cheeks being flushed and his mouth being dry. I could also smell a strong odor of an unknown alcoholic beverage emanating from his breath that intensified when he spoke. An open contained of alcohol was found inside the vehicle. He was the sole occupant inside the vehicle that is registered to him. Recognizing is bead injury I suggested and asked that he go to the hospital for additional treatment. He refused. I asked if he would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. He consented to the SFSTs.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE
(Signature of Arresting/Investigative Agency Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of DECEMBER 20 19 by INV E. K. WHITE 7209

[Print name of Arresting/Investigative Officer] 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)

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 08/21/2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14 DAY OF DECEMBER 20 19, AT 1822 AM ✓ PM

SUBJECT: BALLARD THOMAS E CASE NUMBER: 19-148475

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV E. K. WHITE

PERSONAL CONTACT

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

SEE PC AFFIDAVIT

OBSERVATION OF DRIVER:

SEE PC AFFIDAVITS

DRIVER'S STATEMENTS:

INVOKED RIGHTS AFTER MIRANDA

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: **SLOW RASPY**

ATTITUDE: **COOPERATIVE**

CLOTHING: **DIRTY AND BLOOD STAINED**

MEDICAL/OTHER: **NONE**

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of DECEMBER 20 19 by INV E. K. WHITE

(Print name of Arresting/Investigative Officer), 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)

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

SUBJECT BALLARD THOMAS CASE NUMBER 19-148475

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
- [ ] 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:

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. Subject showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum left eye. I also saw an onset of Nystagmus prior to 45 degrees in his left eye. Subject swayed while performing this task.

WALK & TURN:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The defendant was unable to maintain his balance while placed in the instructional position, he swayed and ultimately abandoned the position. During his performance he was unable to maintain his balance while walking the line, he stepped off the line, he raised his arms away from his body, he took an incorrect number of steps and turned improperly

ONE LEG STAND:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject was unable to maintain his balance while his leg/foot was elevated. He swayed and counter leaned in an effort to keep his balance. He dropped his foot on the roadway three (3) times. I ceased in continuing this task for safety concerns.

FINGER TO NOSE:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The defendant swayed while performing this task. He failed to touch the tip of his finger to the tip of his nose 5 out of six times. On his failed attempts he touched underneath his nose and searched for his nose. He failed to return his arms to his side after making contact with his nose.

ROMBERG ALPHABET:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The defendant swayed while performing this task. He failed to recite the 26 letter alphabet correctly

BREATH TEST RESULTS: 1) .099 | 2) .098 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of DECEMBER 20 19 by INV E. K. WHITE

(Print name of Arresting/Investigative Officer), 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)

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

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	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-148475

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
BALLARD, THOMAS, E		W	M	01/07/1965

CHARGES

Charge Description		Charge Description
DUI	316.193(1)	
Charge Description		Charge Description

VICTIM

Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth
, ,				/	/	/
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.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 14 day of DECEMBER 20 19 at 1822 ☐ A. M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

Prior to his performance I asked if he had any other physical problems with his body that would inhibit him from performing light physical exercises. I also asked if they were taking medication. He told me he was fine. I escorted them to a level surface that was smooth and free from obstructions and debris. I placed a yellow strip of masking tape on the surface that formed a line. The defendant identified the tape by giving its color and placing his left foot on it when prompt to do so. The following SFSTs were explained, demonstrated and acknowledged by him prior to his performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. His deficiencies were recorded on another form in this work sheet. At the conclusion of the SFSTs, coupled with the witnesses' observation of the defendant's vehicle in motion when the crash occurred and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant he was being placed under lawful arrest for DUI. He was searched and handcuffed (double locked and checked for tightness) prior to being seated into the rear of my patrol car. Back up deputies arranged for the defendant's vehicle to be towed by a tow service from PBSO's rotation list. Priority Towing responded and impounded the vehicle to their lot. Meanwhile I began transport to Palms West Hospital for medical clearance. We arrived at approximately 1940 hours. The defendant was seen by the medical staff and cleared medically at 2336. I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted the defendant into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into their body orally or otherwise. Neither did they regurgitate. I escorted him into the testing room and asked him to provide breath samples for the purpose of determining his alcohol content. He obliged. The defendant gave two breath samples that rendered results of .099 and .098. Q&A was not done since the defendant invoked his rights on scene. The defendant was booked into the main jail for DUI.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of DECEMBER 20 19 by INV E. K. WHITE

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

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

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

PAGE 2 OF 2

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

WITNESS LIST

CASE NUMBER: 19-148475

ARRESTING OFFICER: INV E. K . WHITE
ADDRESS: HQ
PHONE NUMBERS (HOME): (WORK) 561 688 3000
CAN TESTIFY TO: FACTS

NAME: D/S RICCARDO AIME
ADDRESS: DIST 8
PHONE NUMBERS (HOME) 0 (WORK) 561 688 3000
CAN TESTIFY TO: CRASH INVESTIGATOR

NAME: ANDREW J GALE
ADDRESS 534 BILLINGS RD SOMERS CT 06071
PHONE NUMBERS (HOME) 860 818 2251 (WORK)
CAN TESTIFY TO: WITNESSING THE CRASH AND ASSISTING THE DEFENDANT OUT OF IT

NAME: WILLIAM M KRABBE
ADDRESS 1372 WATERWAY COVE WELLINGTON FL 33414 (203) 328 0459
PHONE NUMBERS (HOME) 0 (WORK) 0
CAN TESTIFY TO: WITNESSING THE CRASH AND ASSISTING THE DEFENDANT OUT OF IT

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
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NAME:
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CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: [illegible] CASE NUMBER: [illegible]

DATE: 12/7/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0013 ENDING TIME: 0025

BREATH TESTS RESULTS: 1) .099 TIME 0017 A.M./P.M. 2) .099 TIME 0022 A.M./P.M.

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

BREATH OPERATOR: [illegible]

MAINTENANCE TECHNICIAN: [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [illegible]

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: [illegible]

MEDICATIONS: [illegible]

OTHER: [illegible]

COMMENTS: [illegible]

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #0129A REV.11/02

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: [illegible] CASE NUMBER: 19-14-475

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: T. L. WHITE

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #0129C REV. 9/93

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: 80-006029 Software: 9100.27
Date of Test: 12/15/2019

Date of Last Agency Inspection: 12/06/2019
Observation Period Began: 23:50
Subject's Name: THOMAS E BALLARD DOB: 01/07/1965 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	00:15
Air Blank	0.000	00:15
Control Test	0.081	00:16
Air Blank	0.000	00:16
Subject Sample #1	0.099	00:18
Air Blank	0.000	00:18
Air Blank	0.000	00:20
Subject Sample #2	0.098	00:22
Air Blank	0.000	00:22
Control Test	0.079	00:23
Air Blank	0.000	00:23
Diagnostics Check	OK	00:23

Cylinder Lot: 17919080A1
Exp: 08/05/2021

State of Florida, County of PALM BEACH,

Personally appeared before me the undersigned authority, who (L) 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: 12/15/19
Signature

Sworn to (or affirmed) before me this 15 day of December, 2019

_____ INV. E. WHITE
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

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	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019039932	**Date:** 12/15/2019
	Specialist Name/ID: howardt7185