
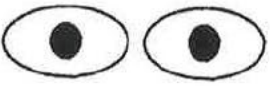





7th Judicial Circuit
 Flagler Beach Police Department 767

Court Case #:
 Agency ORI: FL0180200
 Agency Report # 2024-00021786

Date of Arrest: 11/28/2024	Day:	Time of Arrest: 04:04	UCR:	Arresting Deputy: Luttrell Emmett	ID#: 7089					
Arrest #	OBTS # 1803001511	BK# 24-2858	FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Defendant	Name	Last: PEARSALL	First: CHRISTOPHER	Middle: MICHAEL	SS#: [REDACTED]					
	Aliases:									
	City: Palm Coast		St: Florida	Zip: 32164-						
	Place of Birth:		Home Phone: [REDACTED]	Cell Phone:						
	DL#	St: Florida	US Citizen: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If no, list Country:							
	Date of Birth	Age: 39	Height: 6 1	Weight: 240	Race: WHITE	Sex: Male	Hair Color: BROW	Hair Length:	Hair Style:	Facial:
	Scars, Marks, Tattoos:			Eye Color: BLUE	Complexion:	Teeth:	Speech:	Build:		
	Occupation and work address:					Work Phone #:				
	Probation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		English <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deaf/Mute <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Influence of <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs		Video Documentation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Vehicle	Year:	Make:	Model:	Color:	Tag:	VIN #:			
Charge: 316.033 An item.		<input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor		Citation # AJO098E		Bond Amount: 1,000				
DUI Detection Guide (Check all applicable boxes)										
<input type="checkbox"/> Turning with wide radius <input type="checkbox"/> Straddling center or lane marker <input checked="" type="checkbox"/> Appearing to be drunk <input type="checkbox"/> Almost striking object or vehicle <input type="checkbox"/> Weaving <input type="checkbox"/> Driving on other than designated roadway <input type="checkbox"/> Swerving			<input type="checkbox"/> Slow speed (More than 10 mph below limit) <input type="checkbox"/> Stopping (without cause) in traffic lane <input type="checkbox"/> Following too closely <input type="checkbox"/> Drifting <input type="checkbox"/> Tires on center line or lane marker <input type="checkbox"/> Braking erratically <input checked="" type="checkbox"/> Driving into opposing or crossing traffic			<input type="checkbox"/> Signaling inconsistent with driving actions <input type="checkbox"/> Slow response to traffic signals <input type="checkbox"/> Stopping inappropriately (other than in lane) <input type="checkbox"/> Turning abruptly or illegally <input type="checkbox"/> Rapid acceleration or deceleration <input type="checkbox"/> Driving with headlights off <input checked="" type="checkbox"/> Other Single vehicle crash				
Observations (Describe each Area: Type, Color, Appearance, N/A if not Applicable)										
Clothes		Condition of Clothing			Attitude		Speech			
Shoes		<input type="checkbox"/> Disorderly <input type="checkbox"/> Soiled <input type="checkbox"/> Mussed <input checked="" type="checkbox"/> Orderly			<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Excited <input type="checkbox"/> Carefree <input type="checkbox"/> Talkative <input type="checkbox"/> Profanity <input type="checkbox"/> Sleepy <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Poor <input type="checkbox"/> Combative <input type="checkbox"/> Other		<input type="checkbox"/> Mumbled <input checked="" type="checkbox"/> Slurred <input type="checkbox"/> Stuttered <input checked="" type="checkbox"/> Thick Tongued <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Not Understandable			
Sneakers		Eyeglasses: <input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Watery <input checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Normal Color blue <input type="checkbox"/> Dilated <input type="checkbox"/> Not Equal <input type="checkbox"/> Contracted <input type="checkbox"/> Dilated <input type="checkbox"/> Normal		<input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Fighting <input type="checkbox"/> Crying <input type="checkbox"/> Laughing <input type="checkbox"/> Hiccupping <input type="checkbox"/> Other			
Clothes description		Contacts: <input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Faint <input type="checkbox"/> None		<input type="checkbox"/> Pale <input checked="" type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> Other			
shorts and a t-shirt		<input type="checkbox"/> Pale <input checked="" type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> Other			<input type="checkbox"/> Pale <input checked="" type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> Other					
Surface Conditions: 01 Dry				DUI Crash: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, Miranda given at 04:00 am / pm.						
Lighting: 4 Dark-Lighted				Crash Case # 2024-00021786		Investigating Agency Flagler Beach				
Weather Conditions: 1 Clear				Investigating Officer: Luttrell, Emmett			ID # 7089			
Other Comments: no traffic				Probable cause to believe crash caused death or serious bodily injury to a human being? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Blood Drawn at						

Field Sobriety Evaluations		Performed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Refused Date: _____ Time: _____	
Subject's ability to understand instructions: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unable			
Horizontal Gaze Nystagmus	Walk and Turn	One Leg Stand	Finger to Nose
<input type="checkbox"/> Lack of smooth pursuit, L eye <input type="checkbox"/> Lack of smooth pursuit, R eye <input type="checkbox"/> Distinct/sustained Nystagmus at maximum deviation; left eye <input type="checkbox"/> Distinct/sustained Nystagmus at maximum deviation; right eye <input type="checkbox"/> L eye onset before 45 degrees <input type="checkbox"/> R eye onset before 45 degrees Total score (Decision Point 4) <input type="checkbox"/> Vertical Gaze Nystagmus	<input type="checkbox"/> Can't keep balance while listening to instructions <input type="checkbox"/> Starts before instructions are finished <input type="checkbox"/> Stops walking to steady self <input type="checkbox"/> Does not touch heel-to-toe <input type="checkbox"/> Steps off the line <input type="checkbox"/> Uses arms for balance (raising over 6 inches) <input type="checkbox"/> Incorrect number of steps <input type="checkbox"/> Improper turn <input type="checkbox"/> Cannot perform. Danger of falling <input type="checkbox"/> Cannot do test (steps off the line 3 or more times) Total score (Decision Point 2)	<input type="checkbox"/> Sways while balancing <input type="checkbox"/> Uses arms to balance. Raises arms over 6 inches <input type="checkbox"/> Hops <input type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot do evaluation (puts foot down 3 times) <input type="checkbox"/> Cannot perform evaluation (danger of falling) Total score (Decision Point 2)	<input type="checkbox"/> Does not keep eyes closed. <input type="checkbox"/> Brings head forward to finger <input type="checkbox"/> Misses tip of nose with tip of index finger. <input type="checkbox"/> Uses wrong hand for evaluation <input type="checkbox"/> Sways <input type="checkbox"/> Unable to perform evaluation Use the chart in the middle to plot the location of the hits
Modified Romberg Balance	0 = Tip of Right Index Finger Δ = Tip of Left Index Finger Draw lines to spots touched 		Lack of Convergence Evaluation  Only use if you are certified to perform the exercise. Draw arrows in the direction that the eye moves.
<input type="checkbox"/> Uses arms for balance (raises over 6 inches) <input type="checkbox"/> Sways forward/backward more than 2" /30 sec. <input type="checkbox"/> Eyes do not remain closed <input type="checkbox"/> Body tremors <input type="checkbox"/> Cannot perform evaluation or loses balance	Wearing glasses <input type="checkbox"/> Yes <input type="checkbox"/> No Wearing contacts <input type="checkbox"/> Yes <input type="checkbox"/> No Previous eye problems <input type="checkbox"/> Yes <input type="checkbox"/> No		
Test Data			
Implied Consent read on 11/28/2024 at (08:11) by Deputy Prevatt			
Specimen	<input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input checked="" type="checkbox"/> None <input type="checkbox"/> Refused <input type="checkbox"/> Unable		
Breath	Instrument: Intoxilyzer 8000	Operator: J. Prevatt	ID # 261 Agency: FCSO
	Refused: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Results: #1 #2 Other	
Interview (Quote all answers)			
Miranda Read: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	By: E. Luttrell	(time) on 08:09 11/28/2024	
Interviewer to fill in actual	Date: 11/28/2024	Time: 04:00	Interviewer name: E. Luttrell
Were you operating a vehicle?	Where were you going?		
What street/highway were you on?	Direction of travel?		
Where did you start from?	Where are you going?	What is the date?	
What time is it now?	What day of the week is it?	What city/county are we in?	
Have you been drinking?	What?	How much?	Where?
What time did you start?	What time did you stop?	With whom?	
Can you feel the effects of the alcoholic beverage?	Are you under the influence?		
Did you experience any mechanical problems?			
When did you last eat?	What did you eat?	Where?	
What were you doing during the last three hours?			
Medical Questions			
Do you have any physical defects?	If yes, please explain.		
Are you sick or injured?	If so, please explain.		
When did you last sleep?	How much sleep did you have?		
Did you get a bump on the head?	Were you involved in an accident today?		
Have you had any alcoholic beverage since the accident?	If so, what?		
How much?	How much?	Where?	
Are you under the care of a Doctor or Dentist?	If so, who?	When?	
If so, what are you being treated for?			
Are you taking tranquilizers, pills or medicines of any kind?			
If so, what kind? (Get sample)	Last dose?	Do you have epilepsy?	
Diabetes?	Take insulin?	If so, last dose?	
Medical Questions Continued			
Have you used any drugs recently?	If so, what for?		

What kind of drug?	Last dose?
Are you wearing an artificial limb? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have false teeth? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have a glass eye? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Other comments	
Property Sheet Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tow Sheet Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Towed By Johns towing	
Probable Cause Statement	
That on the 28th day of November , 20 2024 , at 04:04 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m., the defendant, at within Flagler County, Florida, violated the law and did then and there:	
<p>On 11/28/2024 at approximately 03:35 AM, I, Officer Luttrell was dispatched to a just occurred crash with injuries in the 2100 block of S Ocean Shore Blvd.</p> <p>Upon my arrival, I observed a single vehicle, a 2011 silver F-150 bearing Florida tag # IAT0L facing northbound on the southbound side of the road, partially impeding the sidewalk. The vehicle had detrimental damage to all four wheels. Evidence pointed to the vehicle jumping the median from the northbound lane and crossing the oncoming southbound lane.</p> <p>The only person present in the area of the vehicle was walking around it at the time of my arrival. The male was identified as Christopher Pearsall by his Florida driver's license and also listed as the sole registered owner of the vehicle. The keys to the vehicle were found on the drivers seat upon my arrival.</p> <p>I read Christopher his Miranda rights, and he agreed to speak with me. [REDACTED]</p> <p>[REDACTED] As I was speaking with him, Christopher had a strong odor of what is commonly associated with alcoholic beverages emanating from his breath. He was unstable on his feet, spoke with a thick-tongue, and struggled to answer simple questions. Christopher's eyes were glassy and watery, and appeared bloodshot.</p> <p>Officer Scherr conducted the crash investigation, and upon completion, I began a DUI investigation based on the observations listed above.</p> <p>Christopher stated that his "friend" was driving the truck northbound, crashed it, and fled on foot.</p> <p>The reporting party, William Christy, who heard the crash, stated he observed a large vehicle facing north on the southbound side of the road partially over the sidewalk. When asked several times, he stated he had not seen anybody else in or near the vehicle. When asked if he had seen anybody walking or running from the crash scene, William advised that he had not.</p> <p>It should be noted that Christopher could not advise the driver's name despite being asked numerous times. Christopher also could not provide simple details about his friend such as what he was wearing or when exactly they had met. Christopher's story wavered numerous times about how and when he met his friend. At one point, Christopher mentioned coming from Ormond Beach and</p>	
Supervisor Approved:	

I swear or affirm the above statements are true and correct.  Deputy Sheriff ID # <u>7089</u> Print Last Name <u>Luttrell</u>	Sworn to and subscribed before me, the undersigned This <u>28th</u> day of <u>November</u> , 20 <u>24</u> Name <u>[Signature]</u> ID # <u>7064</u>
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Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear

Adult
 Juvenile

Court Case Number:

Defendant Name: PEARSALL, CHRISTOPHER MICHAEL		Agency Case Number: 2024-00021786	
Name (L,F,M): CHRISTY, WILLIAM MILTON	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: WHITE	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Address 2131 S Central AVE (# Street, City, State):		Zip: 32136-	Age: 71
Bus/School Address:		Home Phone:	DOB: 08/29/1953
Relative/Contact Name:		Relative/Contact Address:	SSN: --
Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Bus. Phone:	
Phone:		Phone:	

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner(Name) (Address) (Phone)			Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner(Name) (Address) (Phone)			Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

E. Intrell
Investigating Officer

7089
ID Number

FBPD
Agency

Narrative 707-B Supplement

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant Name: PEARSALL, CHRISTOPHER MICHAEL		Agency Case Number: 2024-00021786	
CHARGES	DOMESTIC VIOLENCE? YES <input type="checkbox"/>	Attachments, Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/>	Total Charges: 1
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: Citation No: Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: Citation No: Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: Citation No: Bond:

traveling northbound with his friend whom he had just met.

Christopher was not willing to cooperate with the investigation such as providing answers to simple questions as to what had occurred.

Christopher was then asked if he would be willing to partake in field sobriety exercises; he declined and was subsequently placed under arrest for driving under the influence.

Christopher was transported to Advent Health South for medical clearance due to being in a crash before being transported to FCIF.

Christopher was cleared at Advent Health South.

Christopher was then transported to FCIF without incident.

Christopher refused to provide a breath sample at FCIF after completing the twenty-minute observation period. The breath test was conducted by Deputy First Class Prevatt of the Flagler County Sheriff's Office.

Let it be known that while in contact the whole time with Christopher, the smell of an alcoholic beverage was emitting from his person. While in the back of my patrol vehicle, the smell continued to remain very strong even with the vehicle windows down. Also let it be known that the smell was present while at Advent South and in the Intoxilyzer Room at the Inmate Facility.

Also let it be known that while responding to the crash scene, no vehicles or pedestrians were seen in the area. It was a clear night with no one seen on A1A between Moody Boulevard & the crash scene.

Christopher was issued DUI citation # AJO098E

Christopher's truck was towed by John's Towing to their yard in Bunnell Florida.

Axon 3 body camera footage was uploaded to Evidence.com.

No further information or action.

Supervisor Approved:

Sworn to and subscribed before me, the undersigned this <u>28th</u> day of <u>November</u> , 2024	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>[Signature]</u> 7069	<u>[Signature]</u>	
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	OFFICER'S/COMPLAINANT'S SIGNATURE	
Type of Identification:	NAME (PRINTED) Emmett Luttrell	ID NUMBER 7069

707-B - COURT COPY

Narrative 707-B Supplement

Arrest
 Affidavit
 Notice to Appear

Adult
 Juvenile

Court Case Number:

Defendant Name: PEARSALL, CHRISTOPHER MICHAEL			Agency Case Number: 2024-00021786		
CHARGES	DOMESTIC VIOLENCE? YES <input type="checkbox"/>	Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/>			Total Charges: 1
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:

Supervisor Approved:

Sworn to and subscribed before me, the undersigned this <u>28th</u> day of <u>November</u> , 20 <u>24</u> . Name: <u>[Signature]</u> 7064 Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:	I swear/affirm the above statements are correct and true. <u>[Signature]</u> OFFICER'S/COMPLAINANT'S SIGNATURE NAME (PRINTED) Emmett Luttrell	Right thumb <u>[Signature]</u> 7064
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707-B - COURT COPY

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, D/S PREVATT, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)

member of FLAGLER COUNTY SHERIFFS OFFICE, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the 25th day of NOVEMBER, 20 24, at 5:00 ^{4:04} P.M. A.M.

DRIVER CHRISTOPHER MICHAEL PEARSALL
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL [REDACTED], state of FLORIDA, was placed under lawful arrest for

the offense of DUI by OFFICER LUTRELL and
(Name of Arresting Officer)

issued citation # AJ0698E.

That on or about the 25th day of November, 20 24, at 6:11 P.M. A.M.
in FLAGLER County,

I requested that the driver submit to a **breath and/or** **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a Commercial Driver's License (CDL), or was operating a commercial motor vehicle, refusal will result in the disqualification of the CDL for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)

The foregoing instrument was sworn and subscribed before me:

[Signature] 7089
Signature of Attesting Officer

Title officer
Date 11/29/2024

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20 _____, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public _____

HSMV-BAR1001 (REV. 09/2021)

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: FLAGLER COUNTY SO
Instrument Serial Number: 80-001138 Software: 8100.27
Date of Test: 11/28/2024

Date of Last Agency Inspection: 11/22/2024
Observation Period Began: 05:50
Subject's Name: CHRISTOPHER M PEARSALL

DOB: 06/10/1985 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	06:18
	Air Blank	0.000	06:18
	Control Test	0.079	06:19
	Air Blank	0.000	06:19
	Subject Sample #1	NSP*	06:22
	Air Blank	0.000	06:23
	Air Blank	0.000	06:25
	Subject Sample #2	NSP*	06:28
	Air Blank	0.000	06:28
	Control Test	0.080	06:29
	Air Blank	0.000	06:29
	Diagnostics Check	OK	06:29

*No Sample Provided

Cylinder Lot: 24923080A2
Exp: 10/05/2025

State of Florida, County of FLAGLER

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 JENNIFER M PREVATT, 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: Wep Prevatt #201 Date: 11-28-24
Signature

Sworn to (or affirmed) before me this 28th day of November, 2024
[Signature] 7089 Emmett Luttrell 7089
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.