

20-000812
RECEIVED LAB

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

JAN 17 2012

Instrument Type: Intoxilyzer 8000
Instrument Registered To: HERNANDO COUNTY S.O. FDLE
Instrument Serial Number: 80-000812 Software: 8100.27 Alcohol Testing Program
Date of Test: 01/05/2012

Date of Last Agency Inspection: 12/25/2011
Observation Period Began: 21:03
Subject's Name: GERARD J SMITH DOB: 05/08/1944 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	21:28
	Air Blank	0.000	21:29
	Control Test	0.080	21:29
	Air Blank	0.000	21:30
	Subject Sample #1	REF*	21:30
	Air Blank	0.000	21:30
	Control Test	0.080	21:31
	Air Blank	0.000	21:31
	Diagnostics Check	OK	21:31

*Subject Test Refused

Cylinder Lot: 30510080A1
Exp: 12/01/2013
24811080A1 JC 1184
1-7-12

State of Florida, County of HERNANDO

Personally appeared before me the undersigned authority, who (X) is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I STEVEN M CELT, 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: S. Celt 1184 Date: 1/5/12
Signature

Sworn to (or affirmed) before me this 5 day of JANUARY, 2012

[Signature] #903 Deputy W. Cooper
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.

80-000812
RECEIVED WB

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

JAN 17 2012

Instrument Type: Intoxilyzer 8000
Instrument Registered To: HERNANDO COUNTY S.O.
Instrument Serial Number: 80-000812 Software: 8100.2
Date of Test: 01/05/2012

FDLE
Alcohol Testing Program

Date of Last Agency Inspection: 12/25/2011
Observation Period Began: 03:20
Subject's Name: AARON J MARTIN

DOB: 01/15/1989 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	03:46
	Air Blank	0.000	03:46
	Control Test	0.080	03:47
	Air Blank	0.000	03:47
	Subject Sample #1	0.282	03:47
	Air Blank	0.000	03:48
	Air Blank	0.000	03:50
	Subject Sample #2	0.267	03:51
	Air Blank	0.000	03:52
	Control Test	0.076	03:53
	Air Blank	0.000	03:53
	Diagnostics Check	OK	03:53

2484080A1 SC 1189
Cylinder Lot: 30510080A1
Exp: 12/01/2013 1-7-12

State of Florida, County of HERNANDO,

Personally appeared before me the undersigned authority, who (X) is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I STEVEN M. CELT, 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: S. Celt 1189 Date: 1/5/12
Signature

Sworn to (or affirmed) before me this 5 day of JANUARY, 2012

[Signature] #903 Rep. W. Cooper
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.

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

RECEIVED
80-000812
JAN 17 2012

Instrument Type: Intoxilyzer 8000
Instrument Registered To: HERNANDO COUNTY S.O.
Instrument Serial Number: 80-000812 Software: 8100.27
Date of Test: 01/02/2012

FDLE
Alcohol Testing Program

Date of Last Agency Inspection: 12/25/2011
Observation Period Began: 02:25
Subject's Name: ALLISON OLSON
DOB: 10/13/1978 Sex: F

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	02:47
	Air Blank	0.000	02:47
	Control Test	0.079	02:48
	Air Blank	0.000	02:48
	Subject Sample #1	0.161	02:48
	Air Blank	0.000	02:49
	Air Blank	0.000	02:51
	Subject Sample #2	0.162	02:53
	Air Blank	0.000	02:54
	Control Test	0.077	02:54
	Air Blank	0.000	02:54
	Diagnostics Check	OK	02:54

29811080A1 SL
Cylinder Lot: 30510080A1
Exp: 12/01/2013
1189 1-7-12

State of Florida, County of HERNANDO

Personally appeared before me the undersigned authority, who (X) is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I STEVEN M CELT, 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: S. Celt 1189 Date: 1/2/12
Signature

Sworn to (or affirmed) before me this 2 day of JAN, 2012

[Signature] #963
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida
Deputy W. Cooper

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.

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

80-000812
RECEIVED
CFB

JAN 17 2012

Instrument Type: Intoxilyzer 8000
Instrument Registered To: HERNANDO COUNTY S.O.
Instrument Serial Number: 80-000812 Software: 8100.27
Date of Test: 01/01/2012

FDLE
Alcohol Testing Program

Date of Last Agency Inspection: 12/25/2011
Observation Period Began: 03:20
Subject's Name: HELENA E HALIABALIAS DOB: 07/26/1992 Sex: F

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	04:12
	Air Blank	0.000	04:12
	Control Test	0.080	04:13
	Air Blank	0.000	04:13
	Subject Sample #1	0.093	04:14
	Air Blank	0.000	04:14
	Air Blank	0.000	04:16
	Subject Sample #2	0.090	04:17
	Air Blank	0.000	04:17
	Control Test	0.078	04:18
	Air Blank	0.000	04:18
	Diagnostics Check	OK	04:18

Cylinder Lot: 30510080A1
Exp: 12/01/2013
39811090A1 SC 1184 1-7-12

State of Florida, County of HERNANDO

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 STEVEN M. CELT, 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: *S. Celt* 1189 Date: 1/1/12
Signature

Sworn to (or affirmed) before me this 1 day of JAN, 2012
[Signature] ROBERT SANDOZ
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

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

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80-000812
JAN 17 2012
CAB

Instrument Type: Intoxilyzer 8000
Instrument Registered To: HERNANDO COUNTY S.O. Alcohol Testing Program
Instrument Serial Number: 80-000812 Software: 8100.27
Date of Test: 01/01/2012

FDLE

Date of Last Agency Inspection: 12/25/2011
Observation Period Began: 03:23
Subject's Name: TRAVIS B ROBINSON DOB: 09/22/1981 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	03:57
	Air Blank	0.000	03:57
	Control Test	0.080	03:58
	Air Blank	0.000	03:58
	Subject Sample #1	REF*	03:59
	Air Blank	0.000	03:59
	Control Test	0.080	03:59
	Air Blank	0.000	04:00
	Diagnostics Check	OK	04:00

*Subject Test Refused

Cylinder Lot: 30510080A1
Exp: 12/01/2013
2981080A1 SC
1189
1-7-12

State of Florida, County of HERNANDO

Personally appeared before me the undersigned authority, who (X) is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I STEVEN M. CELT, 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: S. Celt 1189 Date: 1/1/12
Signature

Sworn to (or affirmed) before me this 1 day of JAN, 2012

[Signature] #963
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida
Deputy W. Cooper

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