

20-001062  
RECEIVED WDB

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

JAN 17 2012

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: TREASURE ISLAND PD  
Instrument Serial Number: 80-001062 Software: 8100.27  
Date of Test: 11/26/2011

FDLE  
Alcohol Testing Program

Date of Last Agency Inspection: 11/03/2011  
Observation Period Began: 04:36  
Subject's Name: ROBERT R SCHMIDT  
DOB: 03/27/1982 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	05:11
	Air Blank	0.000	05:12
	Control Test	0.079	05:12
	Air Blank	0.000	05:12
	Subject Sample #1	0.202	05:13
	Air Blank	0.000	05:13
	Air Blank	0.000	05:15
	Subject Sample #2	0.196	05:16
	Air Blank	0.000	05:17
	Control Test	0.079	05:17
	Air Blank	0.000	05:18
	Diagnostics Check	OK	05:18

Cylinder Lot: 22711080A1  
Exp: 09/01/2013

State of Florida, County of PINELLAS

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 AARON J DESHAY, 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: [Signature] Date: 11-26-11  
Signature

Sworn to (or affirmed) before me this 26 day of NOVEMBER, 2011  
[Signature] 208 Charles C. Thompson  
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.