

Gutschow, Taylor

From: Michael Feltovic <Michael.Feltovic@sarasotasheriff.org>
Sent: Thursday, March 2, 2023 2:48 PM
To: Gutschow, Taylor
Subject: Test Breath Test
Attachments: Administrative Breath Test 80-001344.pdf

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Taylor,

Per our conversation yesterday, I conducted an administrative breath test on 80-001344 to troubleshoot the instrument for its inability to accept a breath sample (as reported to me by a BTO). After watching a video of the administered breath test by the BTO and conducting this administrative breath test, I determined the operator bent the breath tube at such an angle to the side of the instrument he was pinching off the breath tube not allowing air to pass through. The breath tube is also now leaking and broken and in need of repair. I will arrange drop off after we do our inspections some time next week. Attached is the Form 38 with handwritten notes explaining the issue. Thanks!



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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: SARASOTA COUNTY SO
Instrument Serial Number: 80-001344 Software: 8100.27
Date of Test: 03/02/2023

Date of Last Agency Inspection: 02/24/2023
Observation Period Began: 11:00
Subject's Name: TEST TEST

DOB: 01/01/1960 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	12:26
	Air Blank	0.000	12:27
	Control Test	0.080	12:27
	Air Blank	0.000	12:28
	Subject Sample #1	0.000	12:28
	Air Blank	0.000	12:28
	Air Blank	0.000	12:30
	Subject Sample #2	0.000	12:31
	Air Blank	0.000	12:32
	Control Test	0.080	12:32
	Air Blank	0.000	12:33
	Diagnostics Check	OK	12:33

** ADMINISTRATIVE BREATH TEST RUN TO DETERMINE
PROBLEM W/ BREATH TUBE. BREATH TUBE
BROKEN BY OTHER OPERATOR.*

Cylinder Lot: 15922080A4
Exp: 08/05/2024

State of Florida, County of _____,

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 DEP M FELTOVIC, 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: _____
Signature

Sworn to (or affirmed) before me this _____ day of _____, _____

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.