

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: WALTON COUNTY SO
Instrument Serial Number: 80-001311 Software: 8100.27
Date of Test: 06/23/2023

Date of Last Agency Inspection: 05/31/2023
Observation Period Began: 18:23
Subject's Name: CORBIN C DECKER

DOB: 07/19/1997 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	
	Air Blank	0.000	18:51
	Control Test	0.053*	18:51
	Air Blank	0.000	18:52
			18:52

*Control Outside Tolerance

Cylinder Lot: W032302427
Exp: 09/11/2024

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 EUGENE V KOUCHNIR, 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.

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Test	g/210L	Time
Results: Diagnostics Check	OK	18:54
Air Blank	AMB*	18:54
Air Blank	PUR**	18:55

*Ambient Fail
**Purge Fail

BTO Advised Subject spit into the
Tube. Mouth piece filter did not
catch the spit.

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