

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: MIAMI BEACH PD  
Instrument Serial Number: 80-003224 Software: 8100.27  
Date of Test: 01/23/2014

Date of Last Agency Inspection: 12/02/2013  
Observation Period Began: 04:40  
Subject's Name: JUSTIN D BIEBER DOB: 03/01/1994 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	05:19
	Air Blank	0.000	05:20
	Control Test	0.080	05:20
	Air Blank	0.000	05:21
	Subject Sample #1	NSP*	05:24
	Air Blank	0.000	05:24
	Air Blank	0.000	05:26
	Subject Sample #2	VNM**	05:30
	Air Blank	0.000	05:30
	Control Test	0.082	05:30
	Air Blank	0.000	05:31
	Diagnostics Check	OK	05:31

\*No Sample Provided  
\*\*Volume Not Met (0.018 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 1351445  
Exp: 07/11/2015

State of Florida, County of MIAMI DADE

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 HARTIN DIONNE, 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: 01/23/14  
Signature

Sworn to (or affirmed) before me this 23 day of JANUARY, 2014  
[Signature] S. COSNER #526  
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 322.3615, F.S.

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Results:	Test	g/210L	Time
	Diagnostics Check	OK	05:34
	Air Blank	0.000	05:34
	Control Test	0.080	05:35
	Air Blank	0.000	05:35
	Subject Sample #1	0.014	05:37
	Air Blank	0.000	05:37
	Air Blank	0.000	05:39
	Subject Sample #2	0.011	05:40
	Air Blank	0.000	05:40
	Control Test	0.078	05:40
	Air Blank	0.000	05:41
	Diagnostics Check	OK	05:41

Cylinder Lot: 1351445  
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State of Florida, County of MIAMI DADE

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 MARTIN DIONNE, \_\_\_\_\_, 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: 01/23/14  
Signature

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[Signature] Printed Name of Notary Public-State of Florida  
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# MIAMI BEACH POLICE VEHICLE STORAGE RECEIPT

M.B.P.D. CASE #

2014-8582

YEAR 2013	MAKE CAMB	MODEL GALL	BODY 2DR	COLOR YELLOW	DATE OF TOW 1/23/2014	TIME OF TOW 0453
VIN NUMBER ZHWGUBA77DLA12498					LOCATION TOWED FROM 300 BIK OF Y/ST	
LICENSE TAG INFORMATION 14	YEAR FL	STATE FL	TAG NUMBER CGPR40		WRECKER SERVICE BEACH TOWING	

REGISTERED OWNER LOUIA VIE LLC	REASON FOR TOW <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> DRIVER ARRESTED <input type="checkbox"/> RECOV. STOLEN VEHICLE <input type="checkbox"/> ABANDONED <input type="checkbox"/> PARKING <input type="checkbox"/> OTHER
ADDRESS 1444 BISCAYNE BLVD	PHONE NO. #313
DRIVER OF VEHICLE JUSTIA BIEBEL	MESSAGE CENTER INFORMATION NCIC FCIC DCCJIS
ADDRESS 25202 PRADO DEL MAR DR CALABASAS, CA	OPERATOR DATE TIME

### VEHICLE PROPERTY INVENTORY

TRUNK LOCKED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SPARE TIRE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	RADIO IN CAR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	C-B RADIO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TAPE PLAYER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TELEPHONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	KEY IN IGNITION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	REGISTRATION PAPERS IN CAR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
---	---	---	--	--	--	--	---

PROPERTY FROM VEHICLE IMPOUNDED YES  NO  MISCELLANEOUS PROPERTY LEFT IN VEHICLE: \_\_\_\_\_

VEHICLE DAMAGE/MISSING PARTS				(ENTER # OF ITEMS VISIBLY DAMAGED/MISSING)			
2	3	5	4	Standard Parts	Missing	Damaged	
1	13	14	18	WHEELS		UNDER CARRIAGE	Missing
12	11	10	0	AVG COMP.		HOOD	Damaged
				LIGHTS		DOOR(S)	Missing
				ALTERNATOR		SEAT(S)	Damaged
				BATTERY		TIRE(S)	Missing
Other Visible Damage							

### VEHICLE HOLDS

OFFICER _____	PRINT NAME _____	I.D. # _____
PLACING _____	SIGNATURE _____	DATE _____
SUPERVISOR _____	PRINT NAME _____	I.D. # _____
HOLD APPROVAL _____	SIGNATURE _____	DATE _____

HOLD VEHICLE UNDER AUTHORITY OF:  
 FLORIDA FORFEITURE ACT  EVIDENTIARY MATERIAL  CURRENT INVESTIGATION

HOLD FOR:  
 IMPOUNDS UNIT — REF CONFISCATION  
 ACCIDENT INVESTIGATION UNIT  
 C.I.D. INVESTIGATION — DET.  
 S.I.U. INVESTIGATION — DET.  
 MARINE PATROL UNIT  
 AUTO THEFT UNIT

FOR INFORMATION CALL MBPD IMPOUNDS UNIT — 873-7815  
 SPECIAL VEHICLE STORAGE:  YES  NO

SPECIFIC LEGAL JUSTIFICATION TO HOLD VEHICLE (narrative): \_\_\_\_\_

ANY VEHICLE HOLD REQUIRES DETAILED JUSTIFICATION AND SUPERVISOR'S APPROVAL

THE UNDERSIGNED HEREBY CERTIFY THAT THE ABOVE LISTED PROPERTY INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.

RELEASED TO: \_\_\_\_\_

<u>F. MEDINA 036</u>	<u>CM</u>
PRINT NAME I.D. #	PRINT NAME
<u>[Signature]</u>	<u>[Signature]</u>
SIGNATURE	SIGNATURE
IMPOUNDED OFFICER	TOWTRUCK DRIVER

PRINT NAME _____	PHONE NO. _____
SIGNATURE _____	
OWNERSHIP PROOF # _____	DOCUMENT TYPE _____
I.D. USED _____	I.D. # _____
DATE/TIME RELEASED _____	PRINT NAME _____

IMPOUND UNIT VERIFICATION: \_\_\_\_\_

TAG: \_\_\_\_\_ YR \_\_\_\_\_ STATE \_\_\_\_\_

VIN: \_\_\_\_\_

CONDITION: \_\_\_\_\_

COMMENTS: \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_





MIAMI-DADE POLICE DEPARTMENT  
LABORATORY ANALYSIS REQUEST

M.D.P.D Case # PD 140123029019

- FORENSIC BIOLOGY/DNA: Blood, semen, other body fluids, hair, fingernail scrapings, and bloodstain pattern analysis.
- TRACE EVIDENCE: Gunshot Residue, accelerants, fire debris, paint, glass, fibers, and miscellaneous materials
- FORENSIC IDENTIFICATION: Firearms, ammunition, toolmarks, tire & footwear Impressions, and gunshot powder patterns
- CHEMISTRY: Drug analysis and alcoholic beverage analysis
- TOXICOLOGY: Blood and urine for alcoholic beverage and controlled substance analysis
- I.D. LATENT UNIT: Latent processing and fingerprint comparison

For Trial  
 Not for Trial  
 Found Property  
 Type of Case D.V.I.  
 Victim N/A  
 Subject JUSTIN BEAVER  
 Lead Investigator S. COSNER

OTHER POLICE AGENCY  
 Agency Case # 2014 - 8582R  
 Agency Name MBPD 02  
 Lead Investigator S. COSNER  
 Investigator's Phone # \_\_\_\_\_

Summary of Case: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Analysis Requested (Be Specific): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional Evidence to Follow (Specify type of evidence and where it was routed):  YES  NO

Standards for Analysis submitted:  YES,  NO  WILL FOLLOW

Submitter's Name (print): S. COSNER I.D. # 526

Date Submitted: 01/23/14 UNIT \_\_\_\_\_

MIAMI BEACH

# POLICE DUI TEST REPORT

ARREST DATE: 01/23/14  
 ARREST TIME: 0411  
 ARREST LOCATION: 300 Blk 41st St.  
 MIAMI BEACH CASE NUMBER: 14-8500K  
 CITATION NUMBER: 11A 555E  
 OTHER DEPT. CASE NUMBER: 140123027019

DUI  DRE

Page 1 of 2

Arrestee's Name (Last, First, MI): DISBAC, JUSTIN  
 Arresting Officer (Name, Badge, Agency): F. MEDINA M37D 036  
 Arrest Test Site: M37D  
 Breath Test Site: M37D

OBSERVATIONS:

CLOTHING Describe: (Type & Color) Blk shorts, blk shirt, blk hoodie  
ODOR OF MARIJUANA ON CLOTHES + BREATH  
 Condition:  DISORDERLY  DISARRANGED  SOILED  MUSSED  ORDERLY (DESCRIBE)

BREATH Odor of Breath: Alcoholic Beverage  PRESENT  NOT PRESENT  
 OTHER

ATTITUDE  EXCITED  HILARIOUS  TALKATIVE  CAREFREE  SLEEPY  PROFANITY  
 COOPERATIVE  UNCOOPERATIVE  INDIFFERENT  INSULTING  COCKY  POLITE

COLOR OF FACE  PALE  FLUSHED  NORMAL  OTHER

EYES  BLOODSHOT  WATERY  NORMAL Corrective Lenses:  None  Glasses  
 Contacts, if so  Hard  Soft

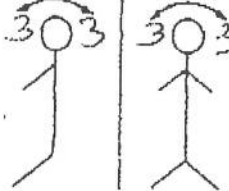
UNUSUAL ACTIONS  HICCOUGHING  BELCHING  VOMITING  FIGHTING  CRYING  LAUGHING  NONE

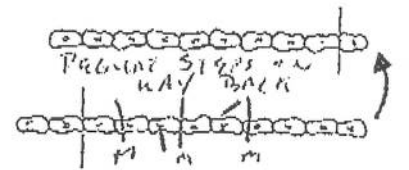
SPEECH  NOT UNDERSTANDABLE  MUMBLED  SLURRED  MUSH MOUTHED  CONFUSED  
 THICK TONGUED  STUTTERED  ACCENT  LOW  RASPY  FAIR  GOOD


PUPILS  NOT EQUAL SIZE  CONSTRICTED  DILATED  NORMAL (M37D)

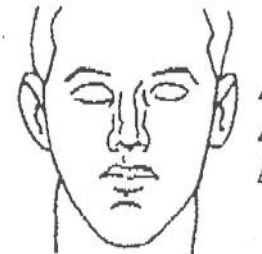
PSYCHOPHYSICAL EVALUATIONS/PERFORMANCE TESTS: Performed at scene?  YES  NO By: M. DISBAC

(only if certified to use)  
 HORIZONTAL GAZE NYSTAGMUS  
 LEFT  
 1. Cannot smoothly follow a moving object.  
 2. Distinct nystagmus at Maximum Deviation.  
 3. Onset occurs before 45° degrees.  
 RIGHT  
 1. Cannot smoothly follow a moving object.  
 2. Distinct nystagmus at Maximum Deviation.  
 3. Onset occurs before 45° degrees.

ROMBERG BALANCE (Time Estimation)  
  
 1. Does not maintain eyes closed.  
 2. Sways in any direction or manner.  
 3. Uses arm(s) for balance.  
 4. Time estimation: 17 for 30 seconds.  
 5. Cannot do test.  
EYES TRAGERS

WALK AND TURN TEST  
196  
TRAGERS  
  
 1. Loses balance during instructions.  
 2. Starts before told to do so.  
 3. Stops walking or pauses to regain balance.  
 4. Doesn't touch heel to toe. (Leaves more than 1/2 inch space)  
 5. Steps off line one or two times (count this only once).  
 6. Raises one or both arms six or more inches to maintain balance.  
 7. Does not turn correctly or loses balance during turn.  
 8. Takes more or less than nine steps in each direction.  
 9. Cannot do test. (Steps off line three or more times or is in danger of falling and cannot do test.)  
SPINS NO SMALL SPINS

ONE LEG STAND  
  
 1. Sways while balancing on one leg.  
 2. Raises arm(s) more than six inches to maintain balance.  
 3. Hops on one leg to maintain balance.  
 4. Puts foot down one or two times during 30 sec. period.  
 5. Cannot do test. (Puts foot down three or more times, or loses balance nearly falling.)  
FEET IN LINE  
ARM UP AT A 90 DEGREE ANGLE

FINGER TO NOSE TEST  
 1. Does not maintain eyes closed.  
 2. Misses tip of nose with tip of index finger.  
 3. Uses wrong hand when directed.  
 4. Does not remove finger.  
 5. Cannot do test.  
  
EYES TRAGERS  
USES HAND ON ALL  
WANT 699? 1967S BACK

**TIMES:**

Transporting Officer(s): M. D'Amore Transportation Time: 0920 Arrival Time: 0928  
Time Of First Observation: 0440 Time DRE/DART Notified: 0540 Time Of Completed Examination: \_\_\_\_\_  
If DRE/DART Not Notified, Why?: \_\_\_\_\_

**INTERVIEW (Quote Answers):**

Subject Advised Of Miranda Warnings: Date: 01/23/14 Time: 0703 By: S. Cosinek  
Are you ill?  YES  NO Nature of illness? \_\_\_\_\_ Taking medicine?  YES  NO What kind? \_\_\_\_\_  
Last taken? \_\_\_\_\_ Taking illegal drugs?  YES  NO What kind? \_\_\_\_\_  
Last taken? \_\_\_\_\_ Any physical disabilities?  YES  NO What kind? \_\_\_\_\_ Are you injured?  YES  NO  
Type of injury? \_\_\_\_\_ Do you have false teeth?  YES  NO A glass eye?  YES  NO  
Artificial limb?  YES  NO Under the care of a Doctor or Dentist?  YES  NO Name: \_\_\_\_\_  
Are you diabetic or epileptic?  YES  NO Take insulin?  YES  NO Are there signs of physical injury?  YES  NO  
Type: \_\_\_\_\_ Any previous head injury?  YES  NO When? \_\_\_\_\_ Allergies?  YES  NO  
Type: \_\_\_\_\_ MEDIC ALERT ID present?  YES  NO Type: \_\_\_\_\_  
Time of last meal? \_\_\_\_\_ What was eaten? \_\_\_\_\_ When did you last sleep? \_\_\_\_\_  
How long? \_\_\_\_\_ What were you doing in the three hours prior to your arrest? \_\_\_\_\_  
Have you been drinking?  YES  NO What? \_\_\_\_\_ How much? \_\_\_\_\_ Size of drink? \_\_\_\_\_  
Time started? \_\_\_\_\_ Time finished last drink? \_\_\_\_\_ Time now? \_\_\_\_\_ Actual Time: \_\_\_\_\_  
Where were you drinking? \_\_\_\_\_ Last three to four hours before that? \_\_\_\_\_  
Were you operating a vehicle (or vessel) at the time of the stop (accident)?  YES  NO Coming from? \_\_\_\_\_  
Going to? \_\_\_\_\_ Were you involved in an accident today?  YES  NO Where? \_\_\_\_\_  
Do you feel the effects of the alcohol?  YES  NO Drugs?  YES  NO At the time you were driving?  YES  NO  
If yes, how did it affect you? \_\_\_\_\_ Do you feel impaired, high, or buzzed?  YES  NO  
Describe this feeling? \_\_\_\_\_ Have you had anything to eat or drink since the arrest (accident)?  YES  NO  
If yes, what? \_\_\_\_\_ When? \_\_\_\_\_ How much? \_\_\_\_\_

**SPECIMEN COLLECTED:** Breath  Time: 1:014 1:0537 Breath  Time: 1:011 1:0540 Breath  Time: N/A  
Blood  Time: N/A Blood  Time: N/A Urine  Time: 0705 Unable  YES Explain: N/A  
Refusal: Breath  YES  NO  N/A Urine  YES  NO  N/A Blood  YES  NO  N/A  
Reason for refusal: Breath N/A Urine N/A Blood N/A  
PM Date: 12/02/13 Instrument S/N: 86-003224 Operator: M. D'Amore Badge #: 028

**PASSENGERS IN VEHICLE:**

NAME	ADDRESS	PHONE	CONDITION

Did the subject request an independent blood test, as outlined in the Implied Consent?  YES  NO  
If yes, what arrangements were made for the subject to obtain the independent test? DEF. ATTORNEY (BY NAME)  
(CASE AS HE DECIDED) WHETHER OR NOT TO TAKE THE BREATH TEST. DEF. HAD

REMARKS: Had extreme difficulty providing a breath sample. DEF. HAD  
difficulty providing a continuous breath.

CONCLUSION: Impaired By Ethanol (alcohol) substance

EXAMINER'S NAME (Print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ID or BADGE NUMBER: 028, 142 DATE OF EXAMINATION: 01/23/14





<b>MIAMIBEACH</b> <b>POLICE</b>	<b>CASE SUPPLEMENT REPORT</b> <b>NARRATIVE SUMMARY</b>	<b>CASE NO.</b> <b>AGENCY</b> <b>#FD-80700</b> <b>2014-00008582</b>
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DRIVER MAY BE IMPAIRED. KNOWING THAT OFFICER MEDINA IS NOT AS PROFICIENT AS I AM REGARDING STANDARD FIELD SOBRIETY EXERCISES, I OFFERED MY ASSISTANCE. SINCE THE DEF WAS ALREADY UNDER ARREST FOR RESISTING W/O VIOLENCE, I OPTED TO CONDUCT SFSTs AT THE MBPD HOLDING FACILITY. OFFICER MEDINA THEN HAD THE DEF EXIT HIS POLICE VEHICLE, AND PLACED HIM IN THE BACKSEAT OF MY VEHICLE. WHILE EN ROUTE TO THE STATION, I NOTICED THE STRONG ODOR OF MARIJUANA COMING FROM THE BACK SEAT OF MY VEHICLE. AT ONE POINT, I TOLD DEF THAT HE REEKED OF MARIJUANA. DEF STATED, "YEAH, WE WERE SMOKING ALL NIGHT AT THE STUDIO." DEF DID NOT EXPLAIN WHO HE WAS REFERRING TO WHEN HE SAID "WE". ONCE AT THE STATION, HE WAS UN CUFFED AND OFFERED SFSTs. PRIOR TO THE ONE LEG STAND EXERCISE, DEF ADVISED THAT HIS RIGHT KNEE HAD A TORN MENISCUS. DEF DID NOT PERFORM TO STANDARDS. DEF WAS LATER OFFERED A BREATH TEST. AFTER ABOUT AN HOUR OR SO, I READ DEF IMPLIED CONSENT. DEF AGREED TO TAKE THE BREATH TEST. I STARTED THE TEST AND WAITED FOR THE "PROVIDE SAMPLE" MESSAGE ON THE INSTRUMENT. DEF BEGAN TO ASK SEVERAL QUESTIONS ABOUT WHAT WOULD HAPPEN TO HIS LICENSE IF HE CHANGED HIS MIND AND REFUSED THE TEST. DURING THIS TIME, 3 MINUTES ELAPSED AND DEF DID NOT PROVIDE A SAMPLE. AFTER AGAIN GIVING DEF INSTRUCTIONS ON HOW TO PROPERLY PROVIDE A BREATH SAMPLE, HE BEGAN HIS 1ST ATTEMPT. DEF WAS TOLD REPEATEDLY NOT TO TOUCH OR GRAB THE HOSE. DEF CONTINUOUSLY ATTEMPTED TO GRAB THE HOSE THROUGHOUT THE TESTING PROCESS. HE CONTINUOUSLY FORGOT BASIC INSTRUCTIONS. DEF HAD EXTREME DIFFICULTY PROVIDING A CONTINUOUS BREATH SAMPLE. DEF COULD NOT BLOW CONTINUOUSLY FOR MORE THAN A COUPLE OF SECONDS. DEF WOULD CONTINUOUSLY START AND STOP BLOWING. DEF ADVISED THAT HE WAS BLOWING AS HARD AS HE COULD, AND TOLD ME TO LOOK AT HOW RED HIS FACE WAS. ANOTHER 3 MINUTES EVENTUALLY PASSED WITH NO VALID BREATH SAMPLE. THE INSTRUMENT PROVIDED A "VOLUME NOT MET " MESSAGE. I TOLD DEF THAT THIS WAS A SIMPLE TEST AND IT WAS VERY EASY TO PROVIDE A SAMPLE. I TOLD DEF THAT I BELIEVED HE WAS PURPOSELY NOT BLOWING PROPERLY, AND IF HE CONTINUED HIS ATTEMPT TO DECEIVE ME, I WOULD CONSIDER HIM A "REFUSAL" AND SUSPEND HIS LICENSE. DEF BECAME AGITATED AND ADVISED THAT HE WAS DOING IT PROPERLY. HE ADVISED THAT HE WAS BLOWING INTO THE HOSE LIKE HE BLOWS INTO HIS TRUMPET. DEF FINALLY FOLLOWED DIRECTIONS AND PROVIDED TWO VALID BREATH SAMPLES. AFTERWARDS, I AGAIN CHECKED DEF'S EYES (HGN), AND MADE THE SAME OBSERVATIONS THAT I HAD EARLIER. I THEN ASKED DEF IF TOOK MEDICATIONS. DEF ADVISED THAT HE DID, BUT DID NOT KNOW WHAT SPECIFIC MEDICATIONS. DEF EXPLAINED THAT HE TOOK MEDICATIONS FOR ANXIETY. I THEN STARTED TO NAME CERTAIN TYPES OF ANXIETY MEDICATIONS AND ASKED IF ANY OF THOSE WERE MED'S THAT HE'S BEEN PRESCRIBED. DEF AGAIN ADVISED THAT HE DIDN'T KNOW. WHEN I ASKED DEF HOW HE COULD NOT KNOW WHAT MEDICATIONS HE'S PRESCRIBED, DEF STATED, "WELL, MY MOM TAKES CARE OF ALL THAT STUFF FOR ME." DEF WAS LATER GIVEN A DRUG INFLUENCE EVALUATION AND HE PROVIDED A URINE SAMPLE. DEF HAD DRY MOUTH DURING MY INTERACTION WITH HIM. DEF REPEATEDLY ASKED FOR WATER. AFTER THE BREATH TEST, I BOUGHT DEF A BOTTLE OF WATER FROM A NEARBY VENDING MACHINE.

ADMIN	REPORTING OFFICER (LAST, FIRST)	Dionne Martin	028	DATE: 01/23/2014
	REVIEWING SUPERVISOR (LAST, FIRST)	Rojo Mario	325	DATE: 1/29/2014