

#0518606

20 CT 011 629 SB

PCH-3585

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A 3. Request for Warrant 4. Request for Capias 1 JUVENILE

OBTS Number	Agency ORI Number <b>0500-100</b>	Agency Name <b>Delray Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>4 0   20-012364</b>
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized	Enter Type <b>None/not Applicable</b>	Multiple Clearance Indicator <b>1</b>
Location of Arrest (Including Name of Business) <b>HOMEWOOD BLVD/AZALEA CT DELRAY BEACH, FL</b>		Location of Offense (Business Name, Address) <b>1799 HOMEWOOD BLVD/AZALEA CT, DELRAY BEACH, FL</b>	
Date of Arrest <b>09/18/2020</b>	Time of Arrest <b>00:12</b>	Booking Date <b>09/18/2020</b>	Booking Time <b>00:22</b>
Jail Date <b>09/18/2020</b>	Jail Time <b>02:48</b>	Location of Vehicle <b>1799 HOMEWOOD</b>	

Name (Last, First, Middle) <b>WATSON, AARON REINHOLT</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/04/1989</b>	Height <b>6'00</b>
Weight <b>225</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>
Build <b>MEDIUM</b>	Marital Status <b>S</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) <b>2335 SW 22ND AVE 203, DELRAY BEACH, FL 33445</b>		Phone <b>(954) 494-2727</b>	
Permanent Address (Street, Apt. Number) <b>2335 SW 22ND AVE 203, DELRAY BEACH, FL 33445</b>		Phone <b>(954) 494-2727</b>	
Business Address (Name, Street)		Occupation <b>Construction</b>	
D/L Number, State <b>W325016894040 / FL</b>	INS Number	Place of Birth (City, State) <b>PLANTATION, FL,</b>	Citizenship <b>US</b>

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
Name (Last, First, Middle)			Residence Phone			
Address (Street, Apt. Number)			Business Phone			
Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
Released To: (Name)	Relationship	Date	Time			

The above address was provided by  defendant and/or  defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.

Property Crime?  Yes  No

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Dispose/Distribute, M. Manufacture/Produce/Cultivate, Z. Other

Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, E. Heroin, H. Hallucinogen, O. Opium/Deriv., M. Marijuana, P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

Charge Description <b>DRIVING WHILE UNDER INFLUENCE</b>	Statute Violation Number <b>316.193(1)(A)</b>	Violation of ORD #
Drug Activity <b>N</b>	Amount / Unit	Bond <b>OR</b>
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Amount / Unit	Bond
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Amount / Unit	Bond

Health / Apparent Physical Condition of Defendant	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health	PROPERTY - Received By <input checked="" type="checkbox"/> T.O.T. County Jail
Transported By	Date Transported / Time Transported / Other

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>	No Photo Available
Court Date and Time <b>10/15/2020 08:30:00</b>		
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		
Signature of Defendant (or Juvenile and Parent/Custodian)	Date Signed	

HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) <b>WINDSOR, NICHOLAS</b>	(PRINT)
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	ID # <b>1029</b>	PAGE <b>1 OF 1</b>
Arresting Deputy <b>DS COLLINS 7020</b>	Transporting Officer <b>WINDSOR</b>	Witness here if subject signed with an "X".
Pouch #	ID # <b>1029</b>	Agency <b>DELRA</b>

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18TH DAY OF SEPTEMBER 20 20 AT 0012  AM  PM  
SUBJECT: WATSON, AARON REINHOLT CASE NUMBER: DELRAY BEACH PD #20-12364  
AGENCY: DELRAY BEACH PD ARRESTING OFFICER: WINDSOR #1029

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

The following occurred in the City of Delray Beach, County of Palm Beach, FL.

On 09/18/20 at 0012hrs I was sitting stationary in my marked Delray Beach Police patrol vehicle at the intersection of W. Linton Blvd. and S. Military Trl. I observed a black 2019 F-350 pickup (FL Tag #LUED28) make a left turn (east) onto W. Linton Blvd. at a high rate of speed (estimated 25-30mph). I was concerned because the Ford had a suspension lift and the truck was leaning to the passenger side. I had concerns the Ford may rollover due to the high center of gravity. I made a u-turn (west to east) to follow the Ford. The Ford continued east at a high rate of speed (estimated 75-80mph) in a posted 45mph speed zone. I was 1550ft behind the Ford and observed the Ford brake suddenly in the center travel lane just west of Old Germantown Rd. I then hear an extremely loud horn coming from the direction of the Ford. The horn sound and volume was consistent with an large air horn found on trains and large sea vessels. I observed a vehicle in front of the Ford swerve left leaving the center travel lane and almost lose control of their vehicle. The Ford accelerated and continued east. I was able to pace the Ford's speed from the 3100 block to the 2700 block of W. Linton Blvd. at a speed of 80mph. The Ford turned right (south) onto Homewood Blvd. and I conducted a traffic stop by activating my emergency lights at the intersection of Homewood Blvd. and Azalea Ct. When I approached the Ford, I could hear air compressors running which is consistent with filling an air tank for the air horn system. I met with the white male driver and identified him by his FL DL as Aaron Reinhold Watson. Watson was the only person inside the Ford. The Ford's engine was running and Watson was in possession of the Ford's key fob. I never lost sight of the Ford during the incident.

## OBSERVATION OF DRIVER:

I smelled a strong odor of an unknown alcoholic beverage coming from Watson. Watson had red and glassy eyes. Watson's speech was slurred and Watson had a slow response to my questioning. Watson was sweating while sitting in the driver seat of the Ford. Watson was defensive when I questioned him about the use of the large air horn.

## DRIVER'S STATEMENTS:

Watson stated he left his friend's residence in the area of W. Atlantic Ave. and US 441 and was on his way home when the traffic stop occurred. Watson stated he traveled east on W. Atlantic Ave. to S. Military Trl., then turned right (south) on S. Military Trl., continued south to W. Linton Blvd. and turned left (east) onto W. Linton Blvd. Watson stated he did not know he was traveling in excess of 80mph. Watson stated he used the large air horn because a vehicle entered his travel lane and cut him off. Watson stated he consumed two beers at his friend's residence and finished the last beer 1.5hrs prior to the traffic stop. Watson refused to perform roadside tasks and I informed him of the Taylor Warning. Watson stated he understood the Taylor Warning and refused to perform roadblocks because he was tired and wanted to go home.

## ODORS:

Watson had a strong odor of an unknown alcoholic beverage coming from his person.

## GENERAL OBSERVATIONS

SPEECH: Slurred and Slow Response

ATTITUDE: Polite and Cooperative

CLOTHING: Red Shirt, Gray Pants and Black Shoes.

MEDICAL/OTHER: None Stated

STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of September 20 20 by Ofc. Windsor DBPD

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known

Notary Public, Clerk of Court, Office (F.S. S. 117.10)



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SEP 18 2020  
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SUBJECT: WATSON, AARON REINHOLT CASE NUMBER DELRAY BEACH PD #20-12364

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- LT EYE-LACK OF SMOOTH PURSUIT
- RT EYE-LACK OF SMOOTH PURSUIT
- LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

WATSON REFUSED ALL ROADSIDE TASKS.

**WALK & TURN:**

REFUSED

**ONE LEG STAND:**

REFUSED

**FINGER TO NOSE:**

REFUSED

**ROMBERG ALPHABET:**

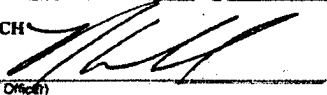
REFUSED

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SEP 18 2020  
MDF

**BREATH TEST RESULTS:**

1) .120	2) .121	3)	4)
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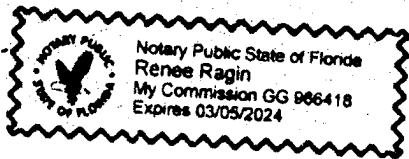
STATE OF FLORIDA  
COUNTY OF PALM BEACH



(Signature of Arresting/Investigative Officer)  
The foregoing instrument was signed, affirmed and subscribed before me this 18th day of September 2020 by Ofc. Windsor DBPD

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)





**PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET**

PBSO CASE # 20-108179 PBSO ZONE 4-22

AGENCY CASE # 20-12364 CRASH CASE # N/A

TIME OF STOP/CRASH 0012 DATE 09/18/20 DAY FRIDAY

SUBJECT'S NAME WATSON, AARON REINHOLT RACE W SEX M

HGT 6'00" WGT 225 DOB 11/04/89

LOCATION HOMEWOOD BLVD./AZALEA CT, DELRAY BEACH, FL

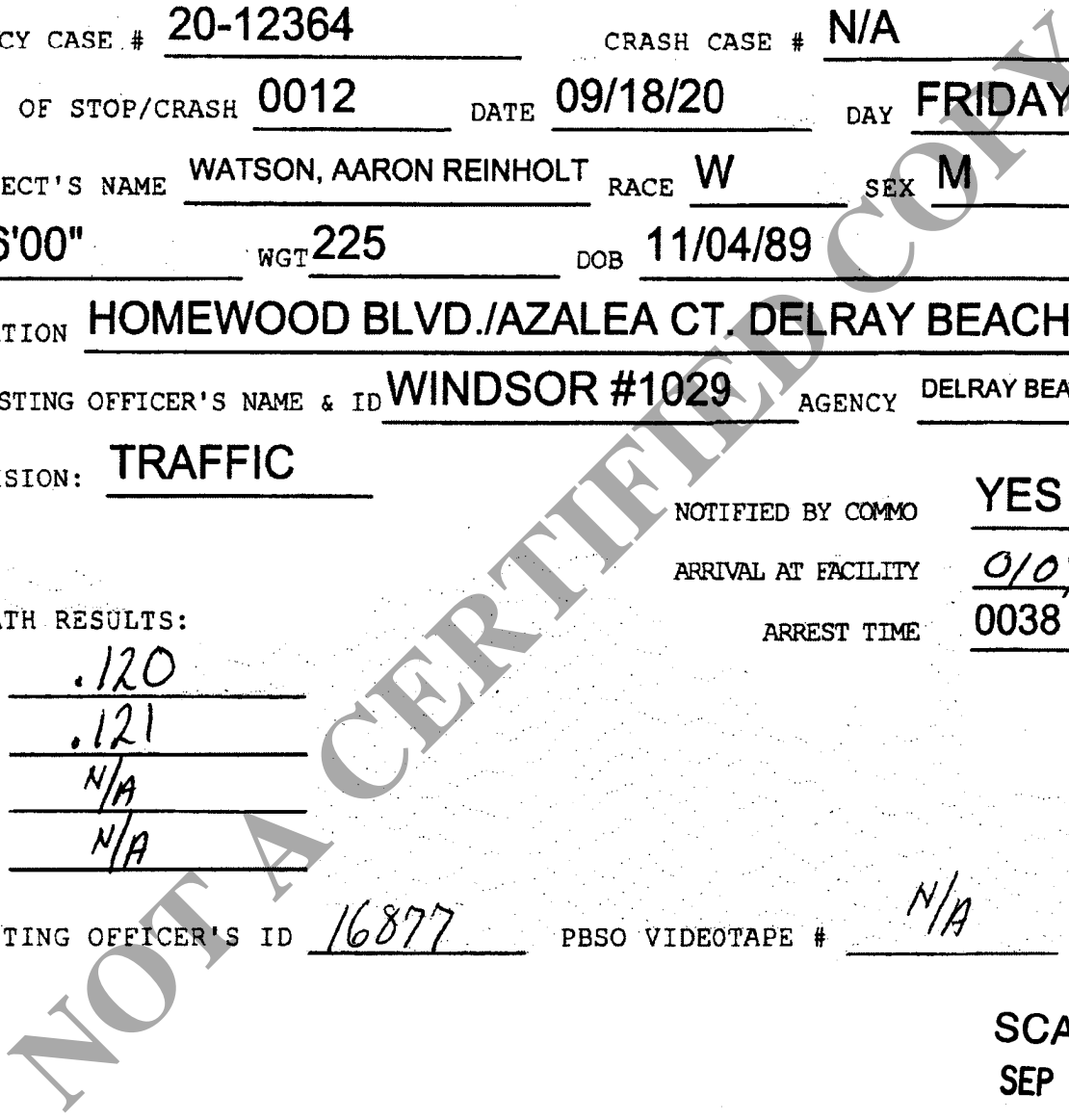
ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD

DIVISION: TRAFFIC

NOTIFIED BY COMMO YES  
ARRIVAL AT FACILITY 0109  
ARREST TIME 0038

- BREATH RESULTS:
- 1) .120
  - 2) .121
  - 3) N/A
  - 4) N/A

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A



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# TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Watson, Aaron R.

CASE NUMBER: 20-108170

DATE: Sep 18, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:33

ENDING TIME: 01:48

BREATH TESTS RESULTS: 1) .120 TIME 1:38 A.M.  P.M.  2) .121 TIME 1:41 A.M.  P.M.   
3) N/A TIME ——— A.M.  P.M.  4) N/A TIME ——— A.M.  P.M.

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, cooperative

CLOTHING: Gray pants, red t-shirt, black sneakers

MEDICAL CONDITIONS: None

MEDICATIONS: None

## OTHER:

Eyes red, watery

Odor of unknown alcoholic beverage on breath.

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 01:09 hrs.

Subject agreed to take breath test.

Tech read breath test results.

Subject stated he understood test results.

A/O read rights and explained rights.

Subject stated he understood rights.

No Q&A conducted.

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006238 Software: 8100.27  
Date of Test: 09/18/2020

Date of Last Agency Inspection: 08/14/2020  
Observation Period Began: 01:09  
Subject's Name: AARON R WATSON

DOB: 11/04/1989 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	01:36
	Air Blank	0.000	01:36
	Control Test	0.080	01:37
	Air Blank	0.000	01:37
	Subject Sample #1	0.120	01:38
	Air Blank	0.000	01:39
	Air Blank	0.000	01:41
	Subject Sample #2	0.121	01:41
	Air Blank	0.000	01:42
	Control Test	0.079	01:42
	Air Blank	0.000	01:43
	Diagnostics Check	OK	01:43

Cylinder Lot: 14020080A1  
Exp: 07/05/2022

State of Florida, County of Palm Beach

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 RENEE M RACIN, 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: 09/18/20  
Signature

Sworn to (or affirmed) before me this 18 day of Sept., 2020

Signature of Notary Public-State of Florida: \_\_\_\_\_ Printed Name of Notary Public-State of Florida: Ofc. N. Windsor # 1029

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MDF**

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.

SUBJECT: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST

I am \_\_\_\_\_ of the \_\_\_\_\_

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) \_\_\_\_\_

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SEP 18 2020

### CONSTITUTIONAL WARNINGS

MDF

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

# WITNESS LIST

CASE NUMBER: DELRAY BEACH PD #20-12364

ARRESTING OFFICER: OFC. WINDSOR #1029 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: TRAFFIC STOP AND DUI PC

NAME: OFC. PENAGOS #1190 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W. ATLANTIC AVE. DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: VEHICLE TOW

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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SEP 18 2020

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NOT A CERTIFIED COPY



SUBJECT: Tson, Aaron Reinholt CASE NUMBER: DDPD 10-12364

### QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:

EPILEPSY?	_____
GLASS EYE?	_____
FALSE TEETH?	_____
EAR INFECTION?	_____
INNER EAR TROUBLE?	_____
DIABETES?	_____

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DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: POC WINDSOR WSPD #11029  
WHITE - STATE ATTY.    YELLOW - DHSMV    PINK - CENTRAL RECORDS    GOLD - JAIL



# PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

## Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

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SEP 18 2020  
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REVIEW COMPLETED BY

Booking Number: 2020022075	Date: 202002207009/18/2020
	Specialist Name/ID: T Howard/7185