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50-2022-CT-004067-ANB 3287

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| OBTS Number                                                                                                                                                                                                                                                                                                                      |  | <b>ARREST / NOTICE TO APPEAR</b><br>Juvenile Referral Report                                                                                                                                                                                                                                                                        |  | 1. Arrest<br>2. N.T.A.             |  | 3. Request for Warrant<br>4. Request for Copies                                           |  | 1                          |  | Juvenile                                                                                                       |  | N                                                                                             |  |                                                                                                                                              |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| Agency ORI Number<br><b>FLO 5 0 2 6 0 0</b>                                                                                                                                                                                                                                                                                      |  | Agency Name<br><b>PALM BEACH GARDENS POLICE DEPARTMENT</b>                                                                                                                                                                                                                                                                          |  |                                    |  | Agency Report Number<br><b>78 - 22001319</b>                                              |  |                            |  |                                                                                                                |  |                                                                                               |  |                                                                                                                                              |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| Charge Type:<br>Check as many as apply:<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other    |  | Weapon Seized / Type<br>1. Yes<br>2. No                                                                                                                                                                                                                                                                                             |  | Multiple Clearance Indicator       |  |                                                                                           |  |                            |  |                                                                                                                |  |                                                                                               |  |                                                                                                                                              |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| Location of Arrest (Including Name of Business)<br><b>11300-BLOCK US HWY 1, PBG, FL 33410</b>                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                     |  |                                    |  | Location of Offense (Business Name, Address)<br><b>3100-BLOCK PGA BLVD, PBG, FL 33410</b> |  |                            |  |                                                                                                                |  |                                                                                               |  |                                                                                                                                              |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| Date of Arrest<br><b>03/12/2022</b>                                                                                                                                                                                                                                                                                              |  | Time of Arrest<br><b>23:01</b>                                                                                                                                                                                                                                                                                                      |  | Booking Date                       |  | Booking Time                                                                              |  | Jail Date                  |  | Jail Time                                                                                                      |  | Location of Vehicle<br><b>KAUFF'S TOWING AND RECOVERY<br/>4701 EAST AVENUE, WPB, FL 33407</b> |  |                                                                                                                                              |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| Name (Last, First, Middle)<br><b>JANTZ, ABRAHAM, WALTON</b>                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                     |  |                                    |  |                                                                                           |  |                            |  |                                                                                                                |  | Alias (Name, DOB, Soc. Sec. #, Etc.)                                                          |  |                                                                                                                                              |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| Race<br>W - White I - American Indian<br>B - Black O - Oriental/Asian<br><b>W</b>                                                                                                                                                                                                                                                |  | Sex<br><b>M</b>                                                                                                                                                                                                                                                                                                                     |  | Date of Birth<br><b>10/28/1988</b> |  | Height<br><b>6'00</b>                                                                     |  | Weight<br><b>180</b>       |  | Eye Color<br><b>BLU</b>                                                                                        |  | Hair Color<br><b>BRO</b>                                                                      |  | Complexion<br><b>LGT</b>                                                                                                                     |  | Build<br><b>LARGE</b>                     |  |                                                    |  |                                                 |  |                        |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                     |  |                                    |  |                                                                                           |  |                            |  | Marital Status<br><b>SINGLE</b>                                                                                |  | Religion<br><b>NOT STATED</b>                                                                 |  | Indication of:<br>Alcohol Influence<br>Drug Influence<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| Local Address (Street, Apt. Number)<br><b>6216 GARDEN AV,</b>                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                     |  |                                    |  | (City)<br><b>WEST PALM BEACH, FL 33405</b>                                                |  | (State)<br><b>FL</b>       |  | (Zip)<br><b>33405</b>                                                                                          |  | Phone<br><b>(561) 629-3271</b>                                                                |  | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State<br><b>2</b>                                                         |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| Permanent Address (Street, Apt. Number)<br><b>6216 GARDEN AV,</b>                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                     |  |                                    |  | (City)<br><b>WEST PALM BEACH, FL 33405</b>                                                |  | (State)<br><b>FL</b>       |  | (Zip)<br><b>33405</b>                                                                                          |  | Phone                                                                                         |  | Address Source<br><b>VERBAL</b>                                                                                                              |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| Business Address (Name, Street)                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                     |  |                                    |  | (City)                                                                                    |  | (State)                    |  | (Zip)                                                                                                          |  | Phone                                                                                         |  | Occupation                                                                                                                                   |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| D/L Number, State<br><b>J532019883880 FL</b>                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                     |  | Soc. Sec. Number                   |  |                                                                                           |  | INS Number                 |  |                                                                                                                |  | Place of Birth (City, State)<br><b>WEST PALM BEACH, FL</b>                                    |  |                                                                                                                                              |  | Citizenship<br><b>US</b>                  |  |                                                    |  |                                                 |  |                        |  |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                     |  |                                    |  | Race                                                                                      |  | Sex                        |  | Date of Birth                                                                                                  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large                  |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile                        |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                     |  |                                    |  | Race                                                                                      |  | Sex                        |  | Date of Birth                                                                                                  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large                  |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile                        |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other:                                                                                                                                                                                                                   |  | Name (Last) (First) (Middle)                                                                                                                                                                                                                                                                                                        |  |                                    |  |                                                                                           |  |                            |  |                                                                                                                |  | Residence Phone                                                                               |  |                                                                                                                                              |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                    |  | (City) (State) (Zip)                                                                                                                                                                                                                                                                                                                |  |                                    |  |                                                                                           |  |                            |  |                                                                                                                |  | Business Phone                                                                                |  |                                                                                                                                              |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| Notified by: (Name)                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                     |  |                                    |  | Date                                                                                      |  | Time                       |  | Juvenile Disposition<br>1. Handled/processed within Dept. and Released.<br>2. TOT HRS / DYS<br>3. Incarcerated |  |                                                                                               |  |                                                                                                                                              |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| Released To: (Name)                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                     |  |                                    |  | Relationship                                                                              |  |                            |  |                                                                                                                |  | Date                                                                                          |  | Time                                                                                                                                         |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) |  |                                                                                                                                                                                                                                                                                                                                     |  |                                    |  |                                                                                           |  |                            |  | School Attended                                                                                                |  |                                                                                               |  | Grade                                                                                                                                        |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                      |  | Description of Property                                                                                                                                                                                                                                                                                                             |  |                                    |  |                                                                                           |  |                            |  |                                                                                                                |  | Value of Property                                                                             |  |                                                                                                                                              |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| CODE                                                                                                                                                                                                                                                                                                                             |  | Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                                               |  | S. Sell<br>B. Buy<br>T. Traffic    |  | R. Smuggle<br>D. Deliver<br>E. Use                                                        |  | K. Dispense/<br>Distribute |  | M. Manufacture/<br>Produce/<br>Cultivate                                                                       |  | Z. Other                                                                                      |  | Drug Type<br>N. N/A<br>A. Amphetamine                                                                                                        |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv. |  | P. Paraphernalia/<br>Equipment<br>S. Synthetics |  | U. Unknown<br>Z. Other |  |
| CHARGE                                                                                                                                                                                                                                                                                                                           |  | Charge Description<br><b>DRIVING UNDER THE INFLUENCE</b>                                                                                                                                                                                                                                                                            |  |                                    |  |                                                                                           |  | Counts<br><b>1</b>         |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N                                     |  | Statute Violation Number<br><b>316.193(1)(A)</b>                                              |  |                                                                                                                                              |  | Violation of ORD #                        |  |                                                    |  |                                                 |  |                        |  |
| CHARGE                                                                                                                                                                                                                                                                                                                           |  | Drug Activity                                                                                                                                                                                                                                                                                                                       |  | Drug Type                          |  | Amount / Unit                                                                             |  | Offense #                  |  | Warrant / Capias Number                                                                                        |  |                                                                                               |  | Bond                                                                                                                                         |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| CHARGE                                                                                                                                                                                                                                                                                                                           |  | Charge Description                                                                                                                                                                                                                                                                                                                  |  |                                    |  |                                                                                           |  | Counts                     |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N                                     |  | Statute Violation Number                                                                      |  |                                                                                                                                              |  | Violation of ORD #                        |  |                                                    |  |                                                 |  |                        |  |
| CHARGE                                                                                                                                                                                                                                                                                                                           |  | Drug Activity                                                                                                                                                                                                                                                                                                                       |  | Drug Type                          |  | Amount / Unit                                                                             |  | Offense #                  |  | Warrant / Capias Number                                                                                        |  |                                                                                               |  | Bond                                                                                                                                         |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| CHARGE                                                                                                                                                                                                                                                                                                                           |  | Charge Description                                                                                                                                                                                                                                                                                                                  |  |                                    |  |                                                                                           |  | Counts                     |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N                                     |  | Statute Violation Number                                                                      |  |                                                                                                                                              |  | Violation of ORD #                        |  |                                                    |  |                                                 |  |                        |  |
| CHARGE                                                                                                                                                                                                                                                                                                                           |  | Drug Activity                                                                                                                                                                                                                                                                                                                       |  | Drug Type                          |  | Amount / Unit                                                                             |  | Offense #                  |  | Warrant / Capias Number                                                                                        |  |                                                                                               |  | Bond                                                                                                                                         |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| CHARGE                                                                                                                                                                                                                                                                                                                           |  | Charge Description                                                                                                                                                                                                                                                                                                                  |  |                                    |  |                                                                                           |  | Counts                     |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N                                     |  | Statute Violation Number                                                                      |  |                                                                                                                                              |  | Violation of ORD #                        |  |                                                    |  |                                                 |  |                        |  |
| CHARGE                                                                                                                                                                                                                                                                                                                           |  | Drug Activity                                                                                                                                                                                                                                                                                                                       |  | Drug Type                          |  | Amount / Unit                                                                             |  | Offense #                  |  | Warrant / Capias Number                                                                                        |  |                                                                                               |  | Bond                                                                                                                                         |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| NOTICE TO APPEAR                                                                                                                                                                                                                                                                                                                 |  | Location (Court Room Number, Address)<br><b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>                                                                                                                                                                                      |  |                                    |  |                                                                                           |  |                            |  |                                                                                                                |  |                                                                                               |  |                                                                                                                                              |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| NOTICE TO APPEAR                                                                                                                                                                                                                                                                                                                 |  | Court Date and Time<br>Month <b>APRIL</b> Day <b>16</b> Year <b>2022</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> PM                                                                                                                                                                                                |  |                                    |  |                                                                                           |  |                            |  |                                                                                                                |  |                                                                                               |  |                                                                                                                                              |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| NOTICE TO APPEAR                                                                                                                                                                                                                                                                                                                 |  | 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<br><b>03/12/2022</b> |  |                                    |  |                                                                                           |  |                            |  |                                                                                                                |  |                                                                                               |  |                                                                                                                                              |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| NOTICE TO APPEAR                                                                                                                                                                                                                                                                                                                 |  | Signature of Defendant (or Juvenile and Parent /Custodian)<br><b>[Signature]</b> Date Signed                                                                                                                                                                                                                                        |  |                                    |  |                                                                                           |  |                            |  |                                                                                                                |  |                                                                                               |  |                                                                                                                                              |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| ADMIN                                                                                                                                                                                                                                                                                                                            |  | HOLD for other Agency<br>Name                                                                                                                                                                                                                                                                                                       |  |                                    |  | Signature of Arresting Officer<br><b>[Signature]</b> I.D. #<br><b>514</b>                 |  |                            |  | Name Verification (Printed by Arrestee)<br><b>[Signature]</b>                                                  |  |                                                                                               |  |                                                                                                                                              |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| ADMIN                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal<br><input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other:                                                                                                                                                                              |  |                                    |  | Name of Arresting Officer (Print)<br><b>OFC. A. FLINK</b>                                 |  |                            |  | I.D. #<br><b>514</b>                                                                                           |  |                                                                                               |  | (PRINT)                                                                                                                                      |  |                                           |  |                                                    |  |                                                 |  |                        |  |
| ADMIN                                                                                                                                                                                                                                                                                                                            |  | Inmate Deputy<br><b>[Signature]</b> I.D. #<br><b>103-12</b>                                                                                                                                                                                                                                                                         |  |                                    |  | Pouch #                                                                                   |  |                            |  | Transporting Officer<br><b>OFC. A. FLINK</b>                                                                   |  |                                                                                               |  | ID #<br><b>514</b>                                                                                                                           |  |                                           |  | Agency<br><b>PBGPD</b>                             |  |                                                 |  |                        |  |
| ADMIN                                                                                                                                                                                                                                                                                                                            |  | Witness here if subject signed with an "X"<br><b>1</b> OF <b>1</b>                                                                                                                                                                                                                                                                  |  |                                    |  |                                                                                           |  |                            |  |                                                                                                                |  |                                                                                               |  |                                                                                                                                              |  |                                           |  |                                                    |  |                                                 |  |                        |  |

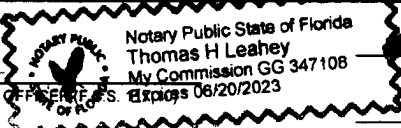
DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

| OBT Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                             | PROBABLE CAUSE AFFIDAVIT                    |  | 1. Arrest<br>2. N.T.A. |                                                                                                                                                        | 3. Request for Warrant<br>4. Request for Capias |                   | 1 | JUVENILE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------|---|----------|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Agency ORI Number                                                                                                                                                                                                                                           | Agency Name                                 |  |                        | Agency Report Number                                                                                                                                   |                                                 |                   |   |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>FL FL0502600</b>                                                                                                                                                                                                                                         | <b>Palm Beach Gardens Police Department</b> |  |                        | <b>7   8   22-001319</b>                                                                                                                               |                                                 |                   |   |          |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Charge Type:<br>Check as many as apply.                                                                                                                                                                                                                     |                                             |  |                        | Special Notes:                                                                                                                                         |                                                 |                   |   |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other |                                             |  |                        |                                                                                                                                                        |                                                 |                   |   |          |
| D<br>E<br>F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name (Last, First, Middle)                                                                                                                                                                                                                                  |                                             |  |                        | Race                                                                                                                                                   | Sex                                             | Date of Birth     |   |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>JANTZ, ABRAHAM WALTON</b>                                                                                                                                                                                                                                |                                             |  |                        | <b>W</b>                                                                                                                                               | <b>M</b>                                        | <b>10/28/1988</b> |   |          |
| C<br>H<br>A<br>R<br>G<br>E<br>S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Charge Description                                                                                                                                                                                                                                          |                                             |  |                        | Charge Description                                                                                                                                     |                                                 |                   |   |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED</b>                                                                                                                                                                                                        |                                             |  |                        |                                                                                                                                                        |                                                 |                   |   |          |
| V<br>I<br>C<br>T<br>I<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Victim's Name (Last, First, Middle)                                                                                                                                                                                                                         |                                             |  |                        | Race                                                                                                                                                   | Sex                                             | Date of Birth     |   |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>State Of Florida</b>                                                                                                                                                                                                                                     |                                             |  |                        |                                                                                                                                                        |                                                 |                   |   |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Local Address (Street, Apt. Number) (City) (State) (Zip)                                                                                                                                                                                                    |                                             |  |                        | Phone                                                                                                                                                  |                                                 | Address Source    |   |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Business Address (Name, Street) (City) (State) (Zip)                                                                                                                                                                                                        |                                             |  |                        | Phone                                                                                                                                                  |                                                 | Occupation        |   |          |
| <p>The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody ...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.      <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>12</u> day of <u>March</u>, <u>2022</u> at <u>22:46</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 03/12/22 at approximately 2246 hours this Officer arrived in the area of 11300-block of US Highway 1, PBG, FL, to assist Ofc Lovett 523 on a traffic stop. Body worn camera and in car video were used.</p> <p>Ofc Lovett said he first observed the vehicle, a Chevrolet pick-up (KYSL32/FL) in the area of 3100-block of PGA Blvd, PBG, FL, driving east bound with an inoperable passenger side headlight. Ofc Lovett further stated the vehicle traveling 53 MPH in a posted 40 MPH zone and drifting in the lane. Lastly, Ofc Lovett said he observed the vehicle make a right-hand turn from the far left-hand turn lane of PGA Blvd to go south bound on US Hwy 1. Ofc Lovett stopped the vehicle at the location. This Officer made contact with the driver, identified via Florida Driver License photo, Abraham Jantz (OF) while he was still in the driver seat of the vehicle.</p> <p>Jantz had flushed red face, glassy watery eyes, the strong obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance and appeared confused and having difficulty gathering his thoughts and statements. Jantz said he was coming from Palm Beach Island. When asked where he lived, Jantz began having even greater difficulty gathering his thoughts. Jantz then mentioned working in Stuart and living in Cloud Lake. When asked how much he had to drink Jantz paused and replied "umm... none".</p> <p>Based on this Officers observations, Jantz was asked to exit the vehicle to participate in Standardized Field Sobriety Exercises, to which he complied. Jantz then asked "what are my options?". This Officer advised Jantz of his Taylor Warnings and asked if he was willing to do the exercises to which he replied "no". Jantz was immediately placed under arrest at 2301 hours.</p> <p>While on the way to the PBSO BAT, Jantz mood began to decline. Jantz became</p> |                                                                                                                                                                                                                                                             |                                             |  |                        |                                                                                                                                                        |                                                 |                   |   |          |
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SWORN AND SUBSCRIBED BEFORE ME                                                                                                                                                                                                                              |                                             |  |                        | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER                                                                                                         |                                                 |                   |   |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                          |                                             |  |                        | <br><b>FLINK, ANDREW S (514)</b><br>NAME OF OFFICER (PLEASE PRINT) |                                                 |                   |   |          |
| _____<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                             |                                             |  | _____<br>DATE          |                                                                                                                                                        |                                                 |                   |   |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                             |                                             |  | PAGE<br><b>1 OF 2</b>  |                                                                                                                                                        |                                                 |                   |   |          |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                  |                        |                                                 |                                    |          |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------|------------------------|-------------------------------------------------|------------------------------------|----------|
| OBTS Number                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PROBABLE CAUSE AFFIDAVIT<br>SUPPLEMENT                     |                                                  | 1. Arrest<br>2. N.T.A. | 3. Request for Warrant<br>4. Request for Capias | <b>1</b>                           | JUVENILE |
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E | Agency ORI Number<br><b>FL FL0502600</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Agency Name<br><b>Palm Beach Gardens Police Department</b> | Agency Report Number<br><b>7   8   22-001319</b> |                        |                                                 |                                    |          |
|                                                                    | Charge Type:<br>Check as many as apply. <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> 1. Felony</div> <div><input type="checkbox"/> 3. Misdemeanor</div> <div><input type="checkbox"/> 5. Ordinance</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> 2. Traffic Felony</div> <div><input checked="" type="checkbox"/> 4. Traffic Misdemeanor</div> <div><input type="checkbox"/> 6. Other</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                  | Special Notes:         |                                                 |                                    |          |
| D<br>E<br>F<br>E<br>N<br>D<br>E<br>N<br>T                          | Name (Last, First, Middle)<br><b>JANTZ, ABRAHAM WALTON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            |                                                  | Race<br><b>W</b>       | Sex<br><b>M</b>                                 | Date of Birth<br><b>10/28/1988</b> |          |
|                                                                    | <p>argumentative and accusatory toward this Officer. While at the PBSO BAT, Jantz displayed rapid mood swings where he would be respectful and conversive with this Officer then begin to argue and shut down. Jantz claimed repeatedly to have not consumed alcohol on this night, despite the odor coming off his breath becoming more evident and strong. This Officer requested Jantz provide a breath sample for the purpose of determining its alcohol content, to which he refused. This Officer read Florida Implied Consent to Jantz to which he acknowledged and again refused at 0003 hours.</p> <p>A DAVID check of Jantz revealed a prior DUI conviction in Alachua County, FL dated 05/29/2012.</p> <p>Based on the results of the investigation and the totality of the circumstances presented, this Officer has probable cause to prove Abraham Jantz operated a motor vehicle, in the state of Florida, while under the influence, in violation of FSS 316.193(1) (A) .</p> |                                                            |                                                  |                        |                                                 |                                    |          |
| NOT A CERTIFIED COPY                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                  |                        |                                                 |                                    |          |
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E | SWORN AND SUBSCRIBED BEFORE ME<br><div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 45%;"> <br/>           NOTARY PUBLIC / CLERK OF COURT / OFFICER<br/> <b>03/13/2022</b><br/>           DATE         </div> <div style="width: 10%; text-align: center;"> </div> <div style="width: 40%;"> <br/>           SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br/> <b>FLINK, ANDREW S (514)</b><br/>           NAME OF OFFICER (PLEASE PRINT)<br/> <b>03/13/2022</b><br/>           DATE         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |                                                  |                        |                                                 |                                    |          |
|                                                                    | PAGE<br><b>2 OF 2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                                                  |                        |                                                 |                                    |          |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.



**PALM BEACH GARDENS POLICE DEPARTMENT  
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 22-045636 PBSO Zone: 3-13

Agency Case #: 22001319 Crash Case #: \_\_\_\_\_

**Incident Information:**

Time of Stop/Crash: 2245 Date of Incident: 03/12/2022 Day: SATURDAY

Location of Incident: 3100-BLOCK PGA BLVD, PBG, FL 33410

**Arrest Information:**

Time of Arrest: 23:01 Date of Arrest: 03/12/2022 Day: SATURDAY

Location of Arrest: 11300-BLOCK US HWY 1, PBG, FL 33410

Subject's Name: (L) JANTZ, (F) ABRAHAM, (M) WALTON

DOB: 10/28/1988 Race: W Sex: M Height: 6'00 Weight: 180 Hair BRO Eye BLU

Address: 6216 GARDEN AV, WEST PALM BEACH, FL 33405 Phone: (561) 629-3271

Arresting Officer's Name: OFC. A.FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC - DUI

**Breath Results**

- 1) \_\_\_\_\_ at \_\_\_\_\_ hrs.  
2) **REFUSED** \_\_\_\_\_ hrs.  
3) \_\_\_\_\_ at \_\_\_\_\_ hrs.  
4) \_\_\_\_\_ at \_\_\_\_\_ hrs.

**---BAT Use---**

BAT Notified: YES  
Arrival Time at BAT: 2339  
Subject Arrest Time: 23:01

Breath Test Operator: POUND, PARIS 24639  
PBSO

# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: JANTZ, ABRAHAM W

CASE NUMBER: 22-045636

DATE: Mar 12, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:01

ENDING TIME: 00:04

BREATH TESTS RESULTS: 1) R TIME 00:03 A.M. ☒ P.M. ☐ 2) N/A TIME N/A A.M. ☐ P.M. ☒

3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, UPSET

CLOTHING: GRAY PANTS, GRAY JACKET / PINK SHIRT, BROWN DRESS SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY AND BLOODSHOT

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:39 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND REFUSED TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: INVOKED HIS RIGHTS TO COUNSEL

**REFUSED**

**REFUSED**

**STATE OF FLORIDA**  
**DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES**  
**AFFIDAVIT OF REFUSAL TO SUBMIT TO**  
**BREATH AND/OR URINE TEST**

I, **OFC. A.FLINK**, a duly certified Law Enforcement Officer or Correctional Officer,  
 (Name of Officer reading Implied Consent Warning)

am a member of **PALM BEACH GARDENS POLICE DEPARTMENT**, and I do swear  
 (Name of law enforcement agency)

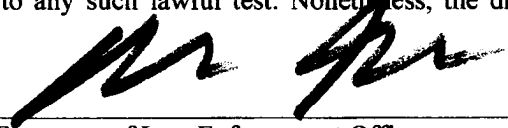
or affirm that on or about the **12TH** day of **MARCH**, 20 **22**, at **23:01** ☒ P.M. ☐ A.M.

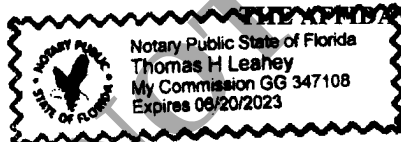
DRIVER **ABRAHAM** **WALTON** **JANTZ**,  
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **J532019883880**, state of **FL**, was placed under lawful arrest for  
 the offense of **DRIVING UNDER THE INFLUENCE** by **OFC. A.FLINK** and  
 issued Citation # **AECRIHE**  
 (Name of Arresting Officer)

That on or about the **13TH** day of **MARCH**, 20 **22**, at **0003** ☐ P.M. ☒ A.M.  
 in **PALM BEACH** County,

I requested that the driver submit to a **X breath and/or urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

  
 Signature of Law Enforcement Officer or  
 Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
 me this **13TH** day of **MARCH**, 20 **22**,  
 by **OFC. A.FLINK**,

who is personally known to me or who has produced  
**Kham** as identification

Notary Public **T. Leahey**

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date **03/13/2022**

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SUBJECT: JANTZ, ABRAHAM W 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) \_\_\_\_\_

## CONSTITUTIONAL WARNINGS

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) \_\_\_\_\_

SUBJECT: INVT 2 08-01-11 W CASE NUMBER: \_\_\_\_\_

## 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?          | _____ |

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: C. G. [Signature]



**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),<br>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),<br>(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),<br>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"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
| Other                                                       | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |
|                                                             | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |

**REVIEW COMPLETED BY**

Booking Number: 2022006608

Date: 3/13/2022

Specialist Name/ID: M. Tooks #8557