

0502024

22CT 3239ANB

2022

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N					
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT				Agency Report Number 78 - 22001056											
Charge Type: Check as many as apply.		1. Felony ☐		3. Misdemeanor ☐		5. Ordinance ☐		7. Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator							
2. Traffic Felony ☐		4. Traffic Misdemeanor ☒		6. Other ☐													
Location of Arrest (Including Name of Business) ALT AIA/DONALD ROSS RD, JUPITER, FL 33418						Location of Offense (Business Name, Address) ALT AIA/HOOD RD, PBG, FL 33418											
Date of Arrest 02/26/2022		Time of Arrest 23:26		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407					
Name (Last, First, Middle) BOUDREAU, ADAM, JAMES												Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W		Date of Birth 07/26/1985		Height 6'2		Weight 240		Eye Color BLU		Hair Color BRO					
		M				6'2		240		BLU		BRO					
												LGT					
												LARGE					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status SINGLE		Religion NOT STATED		Indication of: Alcohol Influence Drug Influence Y ☐ N ☒ Unk. ☐	
Local Address (Street, Apt. Number) 2622 WEST WAY,						(City) RIVIERA BEACH,		(State) FL		(Zip) 33404		Phone (484) 343-2667					
Permanent Address (Street, Apt. Number) 2622 WEST WAY,						(City) RIVIERA BEACH,		(State) FL		(Zip) 33404		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2					
Business Address (Name, Street) 2622 WEST WAY,						(City) RIVIERA BEACH,		(State) FL		(Zip) 33404		Address Source VERBAL					
D/L Number, State B360010852660 FL						Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) WYNNWOOD, PA		Citizenship PA					
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile					
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile					
Parent Legal Custodian Other: Name (Last) (First) (Middle)						Residence Phone											
Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone											
Notified by: (Name) Date Time						Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated											
Released To: (Name) Relationship Date Time																	
The above address provided by ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)						School Attended Grade											
Property Crime? ☐ Yes ☐ No Description of Property						Value of Property											
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine					
												B. Barbiturate C. Cocaine E. Heroin					
												H. Hallucinogen M. Marijuana O. Opium/deriv.					
												P. Paraphernalia/ Equipment S. Synthetics					
												U. Unknown Z. Other					
Charge Description DRIVING UNDER THE INFLUENCE						Counts 1		Domestic Violence ☐ Y ☒ N		Statute Violation Number 316.193(1)(A)		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond		OR					
Charge Description						Counts		Domestic Violence ☐ Y ☒ N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond							
Charge Description						Counts		Domestic Violence ☐ Y ☒ N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond							
Charge Description						Counts		Domestic Violence ☐ Y ☒ N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond							
Charge Description						Counts		Domestic Violence ☐ Y ☒ N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond							
Location (Court, Room, Higher Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700																	
Court Date and Time Month MARCH Day 30 Year 2022 Time 10:00 AM ☒ PM ☐																	
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																	
Signature of Defendant (or Juvenile and Parent / Custodian) [Signature]												Date Signed 02/26/2022					
HOLD for other Agency Name:						Signature of Arresting Officer [Signature]				Name Verification (Printed by Arrestee) SCANNED							
☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:						Name of Arresting Officer (Print) OFC. A. FLINK				I.D. # 514							
Inmate Deputy Thomas 7936						Transporting Officer OFC. A. FLINK				Agency PBGPD							
ID # 7936						ID # 514				Agency PBGPD							
Witness here if subject signed with an "X"																	
1 OF 1																	

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

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

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL FL0502600	Agency Name Palm Beach Gardens Police Department	Agency Report Number 7 8 22-001056						
	Charge Type: Check as many as apply. ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other		Special Notes:						
D E F	Name (Last, First, Middle) BOUDREAU, ADAM JAMES					Race W	Sex M	Date of Birth 07/26/1985	
C H A R G E S	Charge Description 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED					Charge Description			
	Charge Description					Charge Description			
V I C T I M	Victim's Name (Last, First, Middle) State Of Florida					Race	Sex	Date of Birth	
	Local Address (Street, Apt. Number) (City) (State) (Zip)					Phone		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)					Phone		Occupation	
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody . . . ☒ committed the below acts in my presence. ☐ confessed to _____ admitting to the below facts. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the <u>26</u> day of <u>February</u>, <u>2022</u> at <u>23:05</u> (Specifically include facts constituting cause for arrest.)									
On 02/26/2022 at approximately 2305 hours, this Officer arrived in the area of Alt A1A and Donald Ross Rd, PBG, FL, to assist Ofc Komara 511 on a traffic stop. Body worn camera and in car video were used. Ofc Komara said he observed the vehicle, a Volkswagen sedan (NCYV23/FL) traveling 65 MPH in a posted 45 MPH zone in the area of Alt A1A and Hood Rd, PBG, FL. Ofc Komara stopped the vehicle at the location. This Officer made contact with the driver, indentified via Florida Driver License photo, Adam Boudreau (OF) while he was still in actual control of the vehicle. Boudreau had a flushed red face, slow slurred speech, was shaking both of his legs, had what appeared to be constricted pupils, and also had what appeared to be "track marks" on both of his hands between his thumb and index finger. Boudreau had the strong odor of body odor coming from his person and his appearance was disheveled. Boudreau said he was coming from West Palm and was on his way to Jupiter to pick someone up for Uber. Boudreau denied consuming alcohol and/or controlled substance(s) on this night. Based on this Officers observations, Boudreau was asked to exit the vehicle to participate in Standardized Field Sobriety Exercises, to which he complied. Boudreau said he did not have any medical conditions which would affect the exercises performed. The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used, was a Streamlight Stylus. This Officer did not notice involuntary jerking in either eyes. Boudreau did have a lack of convergence in both eyes. The second exercise conducted, was the Walk and Turn. During the instructions, Boudreau had difficulty remaining in the starting position. Boudreau stepped out of the starting position and had to be told to get back into the position. Boudreau also started prior to being told to do so. During the first set of steps, Boudreau lost									
SWORN AND SUBSCRIBED BEFORE ME _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 17.10) 02/27/2022 DATE SHARI L. O'NEAL Notary Public - State of Florida Commission # GG 972080 My Comm. Expires Jun 25, 2024 Bonded through National Notary Assn. _____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FLINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT) 02/27/2022 DATE									
PAGE 1 OF 2									

COURT

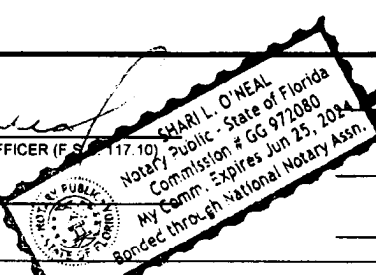
STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBT Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number FL FL0502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number 7 8 22-001056			
Charge Type: Check as many as apply: ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other		Special Notes:					
Name (Last, First, Middle) BOUDREAU, ADAM JAMES				Race W	Sex M	Date of Birth 07/26/1985	
his balance during the first step and stepped off the line with his trailing foot. Boudreau then paused to regain balance and continued the exercise with his arms raised more than six inches from his sides. During the turnaround, Boudreau asked for additional instructions. During the return set of steps, Boudreau again lost his balance during the first step and stepped back. During the next six steps, each step with his left foot, Boudreau stepped off the line with his left foot, a total of three times. The third exercise conducted, was the One-Leg Stand. During the exercise, Boudreau raised his left foot. Boudreau swayed and placed his foot down three times which ended the exercise. The fourth exercise conducted, was the Finger to Nose. During the exercise the following observations were made: Boudreau did not tilt his head nor close his eyes when told to begin. During each command except for the first Right command, Boudreau did not use the tip of his finger to touch his nose. Boudreau had eyelid flutters in both eyes during the exercise. The final exercise conducted, was the Rhomberg Alphabet. During the exercise, this Officer observed eyelid flutters in both eyes. Based on the results of the investigation, this Officer placed Boudreau under arrest at 2326 hours. At PBSO BAT, this Officer requested Boudreau to provide a breath sample for the purpose of determining its alcohol content, to which he agreed to do so. At 0049 hours and 0052 hours, he blew .000. This Officer then asked Boudreau to provide a urine sample for the purpose of detecting the presence of chemical or controlled substance, to which he refused. This Officer read Florida Implied Consent to Boudreau, twice, to which he requested a lawyer. Once told this would not be possible at this time, Boudreau acknowledged Implied Consent and again refused urine at 0056 hours. Based on the results of the investigation, this Officer has probable cause to prove Adam Boudreau operated a motor vehicle, in the state of Florida, while under the influence of controlled substance(s), to the extent his normal faculties were impaired, in violation of FSS 316.193(1) (A).							
SWORN AND SUBSCRIBED BEFORE ME   SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FLINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT) 02/27/2022 DATE 02/27/2022 DATE							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.



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



PBSO Case #: 22-040787 PBSO Zone: 3-13

Agency Case #: 22001056 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 2259 Date of Incident: 02/26/2022 Day: SATURDAY

Location of Incident: ALT A1A/HOOD RD, PBG, FL 33418

Arrest Information:

Time of Arrest: 23:26 Date of Arrest: 02/26/2022 Day: SATURDAY

Location of Arrest: ALT A1A/DONALD ROSS RD, JUPITER, FL 33418

Subject's Name: (L) BOUDREAU, (F) ADAM, (M) JAMES

DOB: 07/26/1985 Race: W Sex: M Height: 6'2 Weight: 240 Hair BRO Eye BLU

Address: 2622 WEST WAY, RIVIERA BEACH, FL 33404 Phone: (484) 343-2667

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

Agency: PBGPD Division: TRAFFIC - DUI

Breath Results

- 1) .000 at 0049 hrs.
- 2) .000 at 0052 hrs.
- 3) - at - hrs.
- 4) - at - hrs.

Urine/

REFUSED

---BAT Use---

BAT Notified: YES

Arrival Time at BAT: 0020 HRS

Subject Arrest Time: 23:26

Breath Test Operator: ONEAL, SHERI 6212
PBSO

TESTING FACILITY TASK REPORT

AGENCY: PBG OFC. FLINK #514

SUBJECT: BOUDREAU, ADAM J.

CASE NUMBER: 22-0406787

DATE: 02-27-22

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:45 HRS

ENDING TIME: 00:56 HRS

BREATH TESTS RESULTS: 1) .000 TIME 00:49 A.M. ☒ P.M. ☐ 2) .000 TIME 00:52 A.M. ☒ P.M. ☐
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: CALM, COOPERATIVE, HESISTANT

CLOTHING: JACKET- NAVY BLUE & WHITE STRIPED SHIRT-GOLD & BLACK SHORTS-GRAY

MEDICAL CONDITIONS: BLOOD PRESSURE, ANXIETY

MEDICATIONS: SEVERAL MEDS.

OTHER:

EYES: RED, VERY GLASSY

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O FLINK #514
A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE BREATH REQUEST.
D COMPLETED THE TEST CORRECTLY.
EXPALINED THE BREATH TEST RESULTS TO THE D.
A/O REQUESTED URINE ON CAMERA.
D REFUSED THE URINE REQUEST ON CAMERA.
A/O READ THE IMPLIED CONSENT ON CAMERA 2X'S.
D UNDERSTOOD THE I/C AS READ.
D REFUSED THE URINE REQUEST @00:56 HRS
NO Q&A PER A/O.

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006029 Software: 8100.27
Date of Test: 02/27/2022

Date of Last Agency Inspection: 02/04/2022

Observation Period Began: 00:20

Subject's Name: ADAM JAMES BOUDREAU

DOB: 07/26/1985 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	00:47
Air Blank	0.000	00:48
Control Test	0.081	00:48
Air Blank	0.000	00:49
Subject Sample #1	0.000	00:49
Air Blank	0.000	00:50
Air Blank	0.000	00:52
Subject Sample #2	0.000	00:52
Air Blank	0.000	00:52
Control Test	0.081	00:53
Air Blank	0.000	00:53
Diagnostics Check	OK	00:53

Cylinder Lot: 19021080A2
Exp: 09/05/2023

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (X) is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I SHARI L O'NEAL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 02-27-22
Signature

Sworn to (or affirmed) before me this 27 day of February, 2022

[Signature] Signature of Notary Public-State of Florida Off. Flink #514 Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

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 **27TH** day of **FEBRUARY**, 20 **22**, at **23:26** ☒ P.M. ☐ A.M.

DRIVER **ADAM** **JAMES** **BOUDREAU**,
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **B360010852660**, state of **FL**, was placed under lawful arrest for

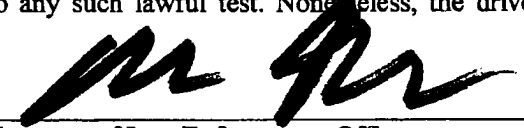
the offense of **DRIVING UNDER THE INFLUENCE** by **OFC. A.FLINK** and
 (Name of Arresting Officer)

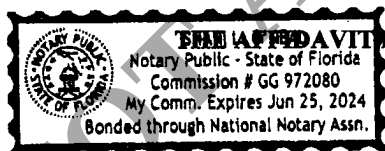
issued Citation # **AECRCSE**

That on or about the **27TH** day of **FEBRUARY**, 20 **22**, at **0056** ☒ P.M. ☐ A.M.

in **PALM BEACH** County,

I requested that the driver submit to a **breath and/or X 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)

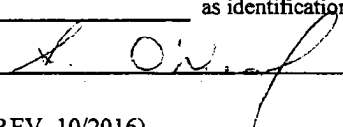
The foregoing instrument was sworn and subscribed before

me this **27TH** day of **FEBRUARY**, 20 **22**,

by **OFC. A.FLINK**,

who is personally known to me or who has produced

as identification

Notary Public 

HSMV-BAR1001 (REV. 10/2016)

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 **02/27/2022**

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: _____ 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: _____ 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: _____



**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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
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	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022005373	Date: 2/27/2022
	Specialist Name/ID: M. Took #8557