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1	0520318	<i>F</i> ()(,	1 11	$_{\alpha}SX>$	>	669	
A	OBTS Number	ARREST / NO	TICE TO A	PPEAR	1, Arrest 3. Req	_ /	JUVENILE
D M I	Agency ORI Number Agency Name			Agracy	Report Number (N.T.A.'s only) 4 20-004255		
N I S	Chargo Type: 1. Felony 3. Min		<u></u>		If Weapon Seized		Multiple Clearance
T R	as analy. La 2. Transc Februy Las 4. 1782 Location of Arrest (Including Name of Business)	Tic Mindemensor		of Officers (Business Nas			Indicator
Ţ	LOXAHATCHEE RIVER ROAD/PENN Date of Arrest Booking	VOCK POINT RD g Date Booking Time		9 CENTER ST	I/LOXAHATCHE	ERIVER KD, JO Location of Vehicle	UPITER, FL
И	l l	/19/2020 17:3	4		lies (Name, DOB, Sec. Sec. #, I	Sec.)	
	HOFFMAN, ANDREA LEAH Race Sex Date of	f Birth Height	Alias:	Eve Color	Hair Color	Complexion	Build
	W - White I - American Indian B - Black O - Oriental/Asian	11/15/1959 5'05	140	BLUE	BLOND1	Indication of	
E	Scars, Marks, Tatous, Unique Physical Features (Location, Type, Description			M		Alcohol Influence Drug Influence Residence Type:	
E N D	Local Address (Street, Apr. Number) (City) 19878 N 198TH PL, JUPITER, FL 33		(Zip)		Phone	1. City 3. F1 2. County 4. O	iorida at of Style
A	Permanent Address (Street, Apt. Number) (City) 19878 N 198TH PL, JUPITER, FL 33	(State)	(Zip)		Phone	Address Source	
'	Business Address (Name, Street) (City)		(Zip)		Phone	Occupation	
	D/L Number, State H155012599150 / FL	INS Number		Place of Birth	(City, State) LM ARA CCANOLA	Crizenskip US	·
С	Co-Defination Name (Last, First, Middle)		Race	Scx Date of Bla		1. Arrested 3.1	•
0.0	Co-Defendant Name (Last, First, Middle)		Race	Sex Dete of Bia	th	I. Arrested 3.1	Followy
Ė	Parcest C Other:	Name (Last, First, Middle)				2. At Large 4.1	Misclemenner ence Phone
n 1	Legal Custodian Address (Street, Apt. Number)	C (City)	(State)	(Zip)		Busin	ess Phone
E			Date	Tie	JUVENILE DISI	OSITION	
L	Notified by: (Name)			7	1. Handled/1 Department		OT JAC
	Released To: (Name)	Relationship	Desc				
ı	The above address was provided by defen The child and/or parent was told to keep the Jun	dant and/or defendant's pa	rents.	School	Attended		Grade
	(Phone 355-2526) informed of any change of a	ddress.		y Crime? Descrip	tion of Property		Value of Property
C	Drug Activity S. Sell R. Sanaggie K. Disperson N. N/A B. Bay D. Deliver Distribut	/ M. Manufacture/ Z. Other	Drug N. N		turate H. Hallucinogou ine M. Marijuana		U. Unknown Z. Other
D E	P. Possess T. Traffic E. Use	Caltivate	A.A.	aphetamine B. Heroi	n. O. Opiom/Deriv. Statute Violation Non	S. Synthetic	olation of ORD #
C H A	Charge Description DUI - BAC/BRAC OVER .15 -OR- MIN			Warrant / Capias Number	316.193(4)	Bo	-d
G	Drug Activity Drug Type Associat / Unit Off		estic Violence Y 🗷 N	Warner/ Capus Million			olation of ORD #
CH	Charge Description				Statute Violation Nas		
Î G	Drug Activity Drug Type Amount / Unit Off		estic Violence	Warrant / Capias Number		Вс	and .
CH	Charge Description				Statute Violation Num	nber VI	olation of ORD #
A R G	Drug Activity Drug Type Amount / Unit /	7	estic Violence	Warrant / Capins Number	_	Вс	ad
E	Health / Apparent Physical Condition of Defendant			Any knowledge of the following	lowing: Mental D	Escape Risk D Medication	Deformities Daperie
I N T	Check which applies: Released O.R. Released to Pare	cont/Quardian T.O.T. County Juil	PROPERTY - Reco	Explain: sived By	Released By	Released T	0
A K E	Posted Bond South County M	iental Health	Date Transported	Time Transported	Other	DEC 19 PMI	6.94
-			Location (Con	art, Room)		DEO IG (MI)	0.21
OT.	 INSTRUCTION NO. 1 - Mandatory appear □ INSTRUCTION NO. 2 - You need not app 		North Court Date at		PALM BEACH	I GARD	\dashv
Ċ B	l v	with instructions on Page 2.		01/27/2021			No
T O	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATION IN WILLFULLY FAIL TO APPEAR BEFORE THE COURT A	NATED TO ANSWER THE OFFENSE C S REQUIRED BY THIS NOTICE TO AP	HARGED OR TO PEAR, THAT I	O PAY THE FINE SU MAY BE HELD IN C	OMTEMPT OF COURT A	IND A WARRANT	Photo Available
A P P	FOR MY ARREST SHALL BE ISSUED.					4.7	2020
B A R	Signature of Defendant (or Juve	mile and Parent/Custodian)			Date Signed	7	
	HOLD for Other Agency	Signature of Arresting Office	TER		Name Verification (Printed by	Arrestec)	5
Ď M I	Dangerstin Resisted Arrest	Name of Arresting Offices Offices MCGILLICUDDY, S	TEVEN	1216	(PRINT)	<u>මණි</u> ආරව	PAGE
N	Intake Deputy Other Pouch	Transporting Officer	I.D.	6 Agency	Witness here if subject signed	<u> </u>	1 07
L	DADANNITETAL	S. MCGILLICUDDY	580	8 JUPITE	A traces date it subject suggest		

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	FL 0501700	Agency Name	ER POLICE	DEPARTMEN	<i>T</i>	Agency Repo	20	-0042	59			
1	Charge Type: 1. Felony	3. M	isdemeanor	5. Ordinance			Spec	cial Notes:				
1	as apply. 2. Traffic Felony Name (Last, First, Middle)	4. Tr	raffic Misdemeanor	6. Other					ice Sex			
	HOFFMAN, ANDREA	LEAH			Chart Section				N F	11/	15/19	959
	Charge Description 316.193(4) DUI - BAC/BF	RAC OVER 1	5 -OR- MINO	R IN VEHICLE	Cherge Description	1						
R L	Charge Description				Charge Description	1						
8	Victim's Name (Last, First, Middle)							R	ice Sex	C Date of	Birth	
٧	State Of Florida											
֡֜֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֜֜֜֓֓֓֓֓֓֡֜֜֓֓֡֓֡֓֜֡֓֜	Local Address (Street, Apt. Number)	(Cit))	(State)	(Zip)	Phor	•			Address Sou	rce	
<u> </u>	Business Address (Name, Street)	(City	n	(State)	(Zip)	Phor	•			Occupation		
1									4	7_	7	
T	The undersigned certifies and swea	ers that he/she has	i just and resonable	grounds to believe, and	I does believe that t	the above named	Defenda	ant committ	ed the fol	lowing viole	ation of lan	W.
	The Person taken into custody	s in my presence	9 .	☐ was	observed by		uh le = f=f	ne saw the		d names :	Ammille 4	the helo
	confessed toadmitting to the below fa	acts.			found to have co							
	On the 19 day of	zus. December	202	0 at 16:52								
ł												
	On 12/19/2020 at	арргожіл	ately 16	52 hrs, Nor	thern Com	nmunicat	ions	rece	ived	a ca	II f: Y	rom
Į	witness Colin Ray	yner. Ra	yner adv	ised that h	e was fol	that th	a wn	hicle L	TUCO	An MK driv	n ing	
إ	(VEHICLE-1), bear	ring FL t	ag NQI-Wi	ıy. Kayner the middle	of the	road and	e ve at	one p	oint	, had	ran	off
R	the road into som	dangerously, stopping randomly in the middle of the road and at one point, had ran off the road into some bushes. I advised dispatch to notifty the caller to keep following										
В	the vehicle as 10	ong as it	was safe	e to do so.	At some	e point	the	calle	er ad	vised	tha	t
۸	VEHICLE-1 had sto	opped and	d the drive	ver stated	that she	was jus	t tr	ying	to g	et so	me p	izza
٦1	The witness advis											
니	The witness advis	sed that	he belie	ved the dri	ver to be	e impair	20. h b-		n Ta	vshs+	chee	Riv
E	T imitated a resu	oonse to	the area	and locate	d VEHICLE	E-1 nort	h bo	und c	n Lo I co	xahat	.chee .ed a	Riv
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			PROBABLE CAUSE AFFIL	AVIT 1. Am	est 3. Request for Warrant	JUVENILE
	OBT'S Number		SUPPLEMENT	2. N.	T.A. 4. Request for Caples	JUVENILE
앎	Agency ORI Number	Agency Name		Agency Report Numb		1
<u>"</u>	FL 0501700	JUPITER PO	OLICE DEPARTMENT	5 4 20	1-004259 recial Notes:	
N	Charge Type: 1. Felony Check as many	3. Misdemean	_	13	ppigi (1000).	
_	as apply. 2. Traffic Felony Name (Last, First, Middle)	4. Traffic Misc	demeanor 6. Other Allas		Race Sex Date of Bir	l l
E	HOFFMAN, ANDREA LI	EAH			W F 11/1	5/1959
7	Paged on my observa	tions I co	nducted a DUI investig	ation. I had	d Hoffman exit t	he
	biclo and she had	l a noticea	ble limp, favoring her	left leg.	SUG SCIAISEC ME R	
١	iougly had a ri	ght hip re	placement. I then con	ducted field	sobriety exerci	ses. Due
1	to Hoffman's bad le	g, I elect	ed to administer the s	eated batter	y, which I am ce	rtified
	in.					
					.1	1
	HORIZONTAL GAZE NYS		to the the same			
	-Equal tracking and					7
	-No resting nystage	nus in eith	er eye			
	-Lack of smooth pur	sult in Do	otn eyes Igmus at maximum deviat	ion in both	eves	
	-Distinct and susta	ineu nysta Prior to	forty-five degrees in	both eyes	. T	}
	-Vertical nystagmus	present i	n both eyes	_		
Р	- 6 of 6 clues, plu	s vertical	nystagmus			1
R O	-Had to reset stime	ılus severa	l times as she would	look beyond i	t and not focus	
В						Ì
A B	LACK OF CONVERGENCE					
L	-LOC present in bot	th eyes, to	vice			
E						
c	HAND COORDINATION	7 h				
Ā	Task 1 - Improper	roucn	i to be told to do so)	. improper co	ount	
S	Task 2 - Did not p	touch did	not put fist to chest			
E	Task 4 - Did not po		and part and			
s	- 6 clues (min					
T						
1	PALM PAI					
E	l .	time				
M E	-cttobbeg bas					
N	-Rolled pat) '			
T	-Did not speed up -4 clues (minimum	21				
	-4 CIGS /MINIMUM					
	FINGER TO NOSE	(V.				!
	1L - Pad to left n	ostril the	n to tip			
	2R - Pad to right		pping down nose			
	3L - Tip to left n					
	4R - Side to above					
l	5R - Used left, pa 6L - Side to tip	a to tip				
	OL - Side to cip					
	RHOMBERG ALPHABET	(B to X)				
	- BCDEFG	HIJKL	MNOP RSTUMV			
-	CHANGE AND CHESCHER STREET	C MC		<u> </u>	1 mg	The state of the s
ACMINISTR	SWORN AND SUBSCRIBES BEFOR	111	JOSHUA BELL MY COMMISSION #GENAGUI		IC LINATES PLATING DEELINED	
1	1/1/1		MY COMMISSION #GG34600 EXPIRES: JUN 18, 2023		_	
1	NOTARY PUBLIC / CLERK OF	COURT LOFFICER (Bonded through 1st State Insurance	MCGILLICUDDY,	STEVEN (1216) ER (PLEASE PRINT)	
1	12/1:	9/2020				PAGE
	·	DATE			/2020 ATE	2 of 3

JAIL

OE	rTS Number]	PROB	ABLE CAUS		DAVIT	1. Arrest 2. N.T.A.	3, Request 4, Reques			JUVENIL	.E
A	ency ORI Number	Agency Name	<u> </u>				-	eport Number					
ľ	FL 0501700	JUPIT	ER POLIC		ARTMENT	· 	5	4 20-0					
Ch	arge Type: 1. Felony eck as many apply. 2. Traffic Felony		Aisdemeanor Traffic Misdemean	= '= '	5. Ordinance 5. Other								
D Ne	me (Last, First, Middle)				Alles				Race	Sex F	Date of Birth	/1959	}
4	<u>HOFFMAN, ANDREA LE</u>	AH								<u> </u>		7	
PROBABLE CAUSE STATEMENT	sworn and subscribed Deformants Sworn and subscribed Deformants	elieve of ar al fac 4 hrs. Hoffma hrs. erve h a provi from a st state vised n E-1 wa	e that He alcohologulties of an to the I place her consided brea preparted she me on a court da	offmalic be were e Palic be de Ho cume n (56) a cath sed ca had o scale de I from	m Was in everage, impaired, impaired, or regure, amples of red glass from 1-1 ced her:	chemi, cont County der a gitate gitate f .175 t-Mira of wi 10 of in hol 21 at ne by	rary to y Breath 20 minute anything that Ho impairment 10830 hrow All Hool	Alcohole obsering. We offman admittathen two ant that it is at the ked Up.	led su 316.1 L Test then submit BrAC ed to o, who t she inishe e Nor	ting on per went to I lyin an I was ad he th Co	Center ariod ton v a breathen a paper chall a 2.	to the aced he r, during ideo ath read he ut enged	er
M					はにちゅうしい キロロッ				WESTA.	TIMO AT	c(FED		
2-2-	- Del			EXF	PIRES: JUN 18, 20)23 `	SIGNATURE OF		•				
1 - 2 - ST	NOTARY PUBLIC / CLERK OF	COURT / O	FFICE PLOT	EXF)23 `	MCGILLIC	UDDY, ST	EVEN	(12		-	
ADM - N - STRAT	12/19	2020 DATE	FFICER	EXF	PIRES: JUN 18, 20)23 `	MCGILLICI NAME (EVEN PLEASE PR	(12		- [•	PAGE 3 OF 3

TESTING FACILITY TASK REPORT

	AGENCY: JPD
SUBJECT: HOFFMAN, ANDREA LEAH	CASE NUMBER: 20-138467
DATE: Dec 19, 2020	VIDEO DVD NUMBER: N/A
BEGINNING TIME: 1830	ENDING TIME: 1842
BREATH TESTS RESULTS: 1) .175 TIME 1835 A.M. F	P.M. 2) .169 TIME 1838 A.M. P.M. P.M. P.M. P.M. P.M. □
3) N/A TIME XX A.M.	P.M 4) N/A TIME XX A.M P.M
BREATH OPERATOR: JOSHUA J BELL #8656	
MAINTENANCE TECHNICAN: J. KARLECKE #6467	
TESTING OFFICER'S OBSERVATIONS	
SPEECH:	
ATTITUDE: COOPERATIVE	
CLOTHING: PINK BLOUSE, BLACK LEGGINGS, PURPLE SHOES	
MEDICAL CONDITIONS: BAD HIP, BAD SHOULDER	
MEDICATIONS: UNKNOW PRESCRIPTION FOR PAIN AND OVER THE	COUNTER PAIN PILLS
OTHER: EYES: GLASSY	
COMMENTS: ARRIVED AT DUI TESTING FACILITY AND BEGAN THE	20 MINUTE OBSERVATION AT 1808 HOURS
SUBJECT STATED SHE WOULD TAKE BREATH TEST A/O READ RIGHTS SUBJECT STATED SHE UNDERSTOOD HER RIGHTS	21
TECH READ BREATH TEST RESULTS	

SUBJECT STATED SHE UNDERSTOOD BREATH TEST RESULTS

A/O ASKED SOME QUESTIONS SUBJECT ANSWERED QUESTIONS



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

PBSO CAS	е# <u></u>	0-13846	7		PBSO Z	ONE	3-1	4
AGENCY C	ASE # _	20-00-	4259	_	CRASH	CASE #		1
		ASH		re _	12/19/2	020	DAY	SATURDAY
SUBJECT		HOFFMAN	ANDREA	L_	RACE _	W	SEX	F
	5'5	WGT	first 140	MID	DOB	1	1/15/195	9
LOCATIO	N CENT	ER STREI	ET/LOXAI	HAT	CHEE R	IVER I	ROAD	
		R'S NAME &						JUPITER PD
DIVISIO	,	POLICE			NOTIE	VAL AT	COMMO FACILITY EST TIME	
1) . 1 7 5 2) . 1 6 9 3) M/A 4) M/A		EDIC ID	8656	ŗ	PBSO VID	eota pe	# N/A	

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: 80-006240 Software: 8100.27

Date of Test: 12/19/2020

Date of Last Agency Inspection: 12/11/2020

Observation Period Began: 18:08 Subject's Name: ANDREA L HOFFMAN

DOB: 11/15/1959 Sex: F

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	18:33
	Air Blank	0.000	18:33
	Control Test	0.081	18:34
	Air Blank	0.000	18:34
	Subject Sample #1	0.175	18:35
	Air Blank	0.000	18:36
	Air Blank	0.000	18:37
	Subject Sample #2	0.169	18:38
	Air Blank	0.000	18:39
	Control Test	0.080	18:39
	Air Blank	0.000	18:39
	Diagnostics Check	OK	18:40

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

State of Florida, County of Palon Beach,
Personally appeared before me the undersigned authority, who (is personally known to me or (produced as identification, and who after being placed under oath, states:
I JOSHUA J BELL , 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
Breath Test Operator: Date: 12/19/20
Sworn to (or affirmed) before me this 19 day of December, 2020
Signature of Notary Public-State of Florida OFC. S. McGilliculary 4388 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.

SUBJECT:	Heifman	Andrea	Leah

QUESTIONS AND ANSWERS

CASE NUMBER: _

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?
WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL
BSO #0129C REV. 9/93

-	
1	ولسن

SUBJECT:	Hoffman	Andrea	Leak	CASE NUMBER:	
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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					
con	tentOR-				
I ar	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 ar and	n now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content the presence of chemical or controlled substances.				
NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.					
I aı	m of the				
	ou fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a jod of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result 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 uested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you admissible into evidence in any criminal proceeding.				
SUBJECT'S SIGNATURE: (X)					
	CONSTITUTIONAL WARNINGS				
IA	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.				
SU	SPECT'S SIGNATURE: (X) READ ON CONNECCE				



Palm Beach County Sheriff's Office - Arrests Only

	х	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 (Cls).	
		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.	
Fiorida 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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		18 10 m 10 12 3 8 10 12 4 18 4 m		
Other			Other:	
ਰੈ			Other:	

REVIEW COMPLETED BY

Booking Number: 2020029753	Date: 12/20/2020	
	Specialist Name/ID: AM/31562	