

J# 0517159

20CT7914

3542

ARREST / NOTICE TO APPEAR

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

Agency ORI Number 0500400	Agency Name Delray Beach Police Department	Agency Report Number (N.T.A.'s only) 4, 0 20-008797
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type: None/not Applicable
Location of Arrest (Including Name of Business) 1 NE 5TH AVE DELRAY BEACH, FL 33483		Location of Offense (Business Name, Address) 1 NE 5TH AVE, DELRAY BEACH, FL 33483
Date of Arrest 06/26/2020	Time of Arrest 00:18	Booking Date 06/26/2020
Booking Time 00:28	Jail Date 06/26/2020	Jail Time 02:05
Location of Vehicle 1 NE 5TH AVE DELRAY		

Name (Last, First, Middle) BELANGER, BENJAMIN HARRY	Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)
Race W - White 1 - American Indian B - Black O - Oriental/Asian W M	Sex M
Date of Birth 05/19/1994	Height 5'08
Weight 175	Eye Color BLUE
Hair Color BROWN	Complexion FAIR
Build MEDIUM	Marital Status
Religion NON-DENOMI	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) 1331 S FEDERAL HWY, BOYNTON BEACH, FL 33435	Phone (413) 883-4669
Permanent Address (Street, Apt. Number) 1331 S FEDERAL HWY, BOYNTON BEACH, FL 33435	Phone (413) 883-4669
Business Address (Name, Street) Boat Yard Worke	Occupation FL DL
DL Number, State B452068941790 / FL	Soc. Sec. Number
INS Number	Place of Birth (City, State) AGAWAM, MA, United
Citizenship US	

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian	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 Department and Released 2. TOT JAC 3. Incarcerated			
Released To: (Name)	Relationship	Date	Time			
The above address was 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's Office (Phone 355-2526) informed of any change of address.						Grade
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No			Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	Value of Property	

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Struggle 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. Synthetic	U. Unknown Z. Other
---------------------------------------	---------------------------------	-------------------------------------	----------------------------	--	----------	---------------------------------------	---	--	--	------------------------

Charge Description DRIVING WHILE UNDER INFLUENCE	Statute Violation Number 316.193(1)(A)	Violation of ORD #
Drug Activity N	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Citias Number	Bond	
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Warrant / Citias Number	Bond	
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Warrant / Citias Number	Bond	

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

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444 Court Date and Time 07/27/2020 08:30:00
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.	
Signature of Defendant (or Juvenile and Parent/Custodian)	Date Signed

HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arresting Officer)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) WINDSOR, NICHOLAS	(PRINT) JUN 27 2020
Pouch #	Transporting Officer WINDSOR	I.D. # 1029
	I.D. # 1029	Agency DBPD
Witness here if subject signed with an "X".		

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25TH DAY OF JUNE 2020 AT 2349 AM PM
SUBJECT: BELANGER, BENJAMIN HARRY CASE NUMBER: DELRAY BEACH PD #20-8797
AGENCY: DELRAY BEACH PD ARRESTING OFFICER: _____

PERSONAL CONTACT

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

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

On 06/25/20 at 2349hrs Ofc. E. Hernandez #1194 DBPD observed a gray 2020 Acura TLX traveling northbound in the southbound travel lanes in the 1st block of NE 5th Ave. Ofc. Hernandez conducted a traffic stop by activating his emergency lights on his marked Delray Beach Police patrol vehicle. The Acura pulled over in a parking space. Ofc. Hernandez met with the white male driver and the white male passenger of the Acura. The driver was identified by his FL DL as Benjamin Harry Belanger. Belanger was sitting in the driver seat and the vehicle engine was running. I arrived on scene and observed the Acura parked in a parking space facing the wrong way. I met with Belanger who was still sitting in the driver seat of the Acura. During search incident to arrest, the vehicle key fob was found in Belanger's pants pocket.

OBSERVATION OF DRIVER:

When I spoke with Belanger, I immediately smelled an odor of an unknown alcoholic beverage coming from Belanger. Belanger's eyes were red with a glassy appearance. When Belanger exited the Acura to walk to a nearby sidewalk to perform roadsides, he was unsteady on his feet. While standing still, Belanger swayed side to side. After walking to the sidewalk, I still smelled an odor of an unknown alcoholic beverage coming from Belanger. While speaking Belanger's speech was slurred.

DRIVER'S STATEMENTS:

Belanger stated he was driving to his residence in Boynton Beach, FL when the traffic stop was conducted. Belanger stated he was at Tin Roof (8 E. Atlantic Ave. Delray Beach, FL 33444) and had consumed 2-3 alcoholic beverages. Belanger stated he consumed his first drink around 1930hrs and consumed his last drink one hour prior to the traffic stop. I asked Belanger what time he thought it was and he stated 2200hrs. The actual time was around 2355hrs. Belanger stated he consumed Tequila at Tin Roof. During the roadsides, Belanger stated his eyes wont be good and that he wasn't going to do good. Belanger denied having any medical conditions or taken any medications that would hinder his ability.

ODORS:

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

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Polite and Cooperative

CLOTHING: Long Sleeve Black Shirt, Gray Pants with Gray Shoes

MEDICAL/OTHER: None Stated.

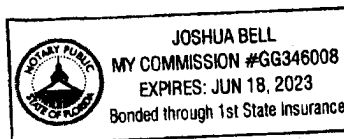
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of June 2020 by Windsor

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

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



SCANNED
JUN 27 2020

SUBJECT: BELANGER, BENJAMIN HARRY CASE NUMBER DELRAY BEACH PD #20-8797

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

I had to instruct Belanger to keep his still several times. Belanger also moved his eyes away from the blue pen light several times.

WALK & TURN:

Belanger was unable to keep his balance during the instructional phase. Belanger failed to count his steps as instructed. Belanager did not walk heel to toe as instructed. Belanger used his arms as balance as he did not keep them at his side as instructed. Belanger did not turn around as instructed.

ONE LEG STAND:

Belanger swayed during the instructional phase. Belanger did not count as instructed during this roadside (counted 1 Mississippi, 2 Mississippi...). Belanger put his foot down on the ground several times and was only able to stand on one foot for on or around 17 seconds.

FINGER TO NOSE:

Belanger swayed during the instructional phase. Belanger stated he had trouble with knowing what was his left or right but used each hand correctly during this roadside. Belanger missed the tip of nose several times during this roadside.

ROMBERG ALPHABET:

Belanger stated he did not know the English alphabet (Letter A to Z). I instructed Belanger to count up from the number 25 to 45. Belanger performed this roadside as instructed.

BREATH TEST RESULTS:

1) .238	2) .245	3)	4)
---------	---------	----	----

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

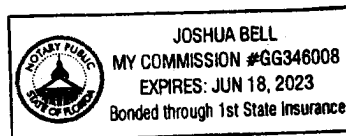
The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of June 2020 by windsor

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

known

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

Joshua Bell



SCANNED
JUN 27 2020

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: 06/26/2020

Date of Last Agency Inspection: 05/15/2020

Observation Period Began: 00:43

Subject's Name: BENJAMIN H BELANGER

DOB: 05/19/1994 Sex: M

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

Results:

Test	g/210L	Time
Diagnostics Check	OK	01:07
Air Blank	0.000	01:08
Control Test	0.081	01:08
Air Blank	0.000	01:08
Subject Sample #1	0.238	01:10
Air Blank	0.000	01:11
Air Blank	0.000	01:13
Subject Sample #2	0.245	01:13
Air Blank	0.000	01:14
Control Test	0.080	01:14
Air Blank	0.000	01:14
Diagnostics Check	OK	01:15

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Beach.

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

I THOMAS H LEAHEY, 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: 06/26/2020

Sworn to (or affirmed) before me this 26th day of June, 2020

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

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



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

PBSO CASE # 20-081772 PBSO ZONE 4-11

AGENCY CASE # 20-8797 CRASH CASE # N/A

TIME OF STOP/CRASH 2349 DATE 06/25/20 DAY THURSDAY

SUBJECT'S NAME BELANGER, BENJAMIN HARRY RACE W SEX M

HGT 5'08" WGT 175 DOB 05/19/94

LOCATION 1ST BLOCK NE 5TH AVE DELRAY BEACH, FL

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

DIVISION: TRAFFIC

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 00:43

ARREST TIME 0018

BREATH RESULTS:

- 1) .238
- 2) .245
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

SCANNED
JUN 27 2020

WITNESS LIST

CASE NUMBER: DELRAY BEACH PD #20-8797

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

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: DUI PC

NAME: OFC. E. HERNANDEZ #1194 DELRAY BEACH POLICE DEPARTMENT

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

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: TRAFFIC STOP

NAME: VINCENT S SCALA

ADDRESS 1499 S. FEDERAL HWY. BOYNTON BEACH, FL 33435

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: PASSENGER IN VEHICLE DURING TRAFIC STOP

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

JUN 27 2020

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Belanger, Benjamin H

CASE NUMBER: 20-081772

DATE: 06/26/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0103

ENDING TIME: 0117

BREATH TESTS RESULTS: 1) .238 TIME 0110 A.M. P.M. 2) .245 TIME 0113 A.M. P.M.
3) n/a TIME 0 A.M. P.M. 4) n/a TIME 0 A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: calm, cooperative

CLOTHING: gray pants, black l/s shirt, gray sneakers

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0043 hrs

subject agreed to perform breath test

Tech read breath test results & subject understood breath test results

A/O read rights & subject understood rights

A/O did not attempt Q&A

subject invoked right to counsel

SCANNED
JUN 27 2020

1000 10-191

SUBJECT: Belanger, Benjamin H CASE NUMBER: 20 081

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 Det N. White 71039 of the DEPD

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) Reed in [unclear]

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.

SCANNED
JUN 27 2020

SUSPECT'S SIGNATURE: (X) Reed in [unclear]

SUBJECT:

Balinger, Benjamin H

CASE NUMBER:

20151

50 191

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: UNASCOR #1079 DHD

SCANNED

JUN 27 2020



Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2020015628	Date: 06/26/2020
	Specialist Name/ID: T Howard/7185

SCANNED
JUN 27 2020