

0518887

20CT12235

1089

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500700</b>		Agency Name <b>Riviera Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>8   4   20-07252</b>		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capas <b>1</b>		JUVENILE							
D E F E N D A N T	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		Location of Arrest (Including Name of Business) <b>800 N CONGRESS AVE, RIVIERA BEACH</b>		Location of Offense (Business Name, Address) <b>800 N CONGRESS AVE, RIVIERA BEACH, FL 33404</b>		If Weapon Seized		Enter Type <b>Not Applicable/none</b>		Multiple Clearance Indicator <b>1</b>							
	Date of Arrest <b>09/30/2020</b>		Time of Arrest <b>18:57</b>		Booking Date <b>09/30/2020</b>		Booking Time <b>22:10</b>		Jail Date		Location of Vehicle							
D E F E N D A N T	Name (Last, First, Middle) <b>PATEL, BHAVIKKUMAR GOVINDBHAI</b>																	
	Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____																	
	Race W - White A - Black O - Oriental/Asian <b>W</b>		Sex <b>M</b>		Date of Birth <b>05/18/1984</b>		Height <b>5'03</b>		Weight <b>145</b>		Eye Color <b>BROWN</b>		Hair Color <b>BLACK</b>		Complexion <b>MEDIUM</b>		Build <b>Small</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																	
D E F E N D A N T	Local Address (Street, Apt. Number) <b>3041 CASA RIO CT, RIVIERA BEACH, FL 33418</b>				City <b>FL 33418</b>				State <b>FL</b>				Zip <b>33418</b>					
	Permanent Address (Street, Apt. Number) <b>3041 CASA RIO CT, RIVIERA BEACH, FL 33418</b>				City <b>FL 33418</b>				State <b>FL</b>				Zip <b>33418</b>					
	Business Address (Name, Street) <b>7-ELEVEN, 2100 45TH ST</b>				City <b>FL 33418</b>				State <b>FL</b>				Zip <b>33418</b>					
	DL Number, State <b>P340067841780 / FL</b>		Soc. Sec. Number		IIS Number		Place of Birth (City, State) <b>India</b>		Citizenship <b>US</b>		Occupation <b>Owner</b>							
C O D E F	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									
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone													
	<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		City		State		Zip		Business Phone							
J U V E N I L E	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											
C O D E F	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.		School Attended		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											
C H A R G E	Drug Activity S Sell N N/A P Possess		S Sell B Buy T Traffic		R Seize D Deliver E Use		K Disperse/ Distribute		M Manufacture/ Produce/ Wholesale		Z Other							
	Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>20-07252</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capas Number							
C H A R G E	Charge Description <b>DUI - DAMAGE TO PERSON/PROPERTY (MIS)</b>		Statute Violation Number <b>316.193(3)(C)(1)</b>		Violation of ORD #													
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #													
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
I N T A K E	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"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY Received By		Released By		Released To							
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) <b>North County PALM BEACH GARD</b>		Court Date and Time <b>10/28/2020 08:30:00</b>						No Photo Available							
	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																
A D M I N	HOLD for Other Agency		Signature of Arresting Officer <b>QBIK</b>		Name Verification (Printed by Arrestee)													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Surticial		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>TURNER, M.P.</b>		ID # <b>6815</b>		Agency <b>RBPD</b>		PAGE <b>1 OF 1</b>							
Intake Deputy <b>Duane 691</b>		ID #		Pouch #		Name of Arresting Officer (Print) <b>TURNER, M.P.</b>		ID # <b>6815</b>		Agency <b>RBPD</b>								
Witness here if subject signed with an _____																		

09/30/2020

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30 DAY OF September 2020 AT 1746  AM  PM

SUBJECT: Patel, Bhavikkumar

CASE NUMBER: 20-07255

AGENCY: Riviera Beach Police Department

ARRESTING OFFICER: M. Turner #6815

## PERSONAL CONTACT

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

Defendant failed to stop at a solid red light causing his vehicle to collide with another stopped vehicle. Officer Turner observed Defendant in actual and physical control of the vehicle upon arrival at crash scene.

### OBSERVATION OF DRIVER:

Upon contact with the Defendant, Officer Turner observed the Defendant to have glossy, bloodshot eyes and to be slurred of speech while answering questions. When asked for his driver's license, registration and insurance, the Defendant initially could not find his driver's license, however, he later located it in his wallet. While handing me his driver's license, the Defendant dropped his license inside of the vehicle. When asked to hold his phone for me to photograph his digital insurance card, the Defendant could not hold his phone still. The Defendant could not find his registration initially, even though it was in an envelope labeled "Registration & Insurance" in his hands. When asked to exit the vehicle, the Defendant was slow to exit and stumbled as he walked. The Defendant swayed and lost his balance multiple times causing him to struggle to stand straight, even though roadway was level.

### DRIVER'S STATEMENTS:

While on scene, the Defendant advised he does not have any medical issues or injuries. Post-Miranda the Defendant advised he was operating a motor vehicle at the time of crash. The Defendant advised he was on Blue Heron and an unknown cross-street, however, the crash occurred at Dr. Martin Luther King Jr. Blvd and Congress Avenue. The Defendant advised he drank one sixteen ounce Corona beer approximately thirty minutes prior to the crash. The Defendant again advised he does not have any medical issues, nor does he have any injuries. The Defendant also advised he has not taken any drugs nor smoked marijuana today, nor is he on any prescription medication.

### ODORS:

Officer Turner detected the odor of an unknown alcoholic beverage emanating from the Defendant's breath.

## GENERAL OBSERVATIONS

SPEECH: Slurred, stuttering

ATTITUDE: Dazed, carefree

CLOTHING: Soiled pants by urinating in them

MEDICAL/OTHER: None. Defendant advised he has no medical issues, nor any injuries.

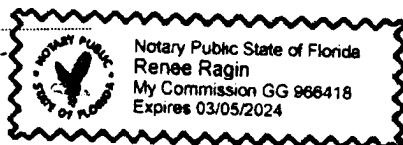
STATE OF FLORIDA  
COUNTY OF PALM BEACH

M. Turner #6815  
(Signature of Arresting Investigative Officer)

The foregoing statement was read to or affirmed and subscribed before me this 30 day of September 2020 by M. Turner

(Print name of Arresting Investigative Officer, who personally knew the affiant, produce a declaration Type of identification produced Known

Notary Public, State of Florida (F.S. 3 557.10)



SCANNED  
OCT 01 2020

SUBJECT: Patel, Bhavikkumar

CASE NUMBER 20-07255

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Defendant moved head even after being instructed not to.

WALK & TURN:

- Defendant understood and acknowledged every task and demonstration
- Could not keep balance while listening to instructions
- Stopped walking to steady self
- Missed heel to toe
- Stepped off line
- Used arms for balance
- Improper Turn
- Incorrect number of steps
- Failed to count steps

ONE LEG STAND:

Defendant understood and acknowledged every task and demonstration  
Unable to complete task

FINGER TO NOSE:

Defendant understood and acknowledged every task and demonstration  
Moved head towards finger even after instructed not to  
Used wrong hand  
Swayed while standing


ROMBERG ALPHABET:

Defendant understood and acknowledged every task and demonstration  
Swayed while standing  
Incorrectly recited alphabet  
Failed to follow clear and concise instructions

BREATH TEST RESULTS: 

1) .286	2) .221	3) .290	4)
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STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
(Signature of Creating/Investigative Officer)

The foregoing statement was sworn to, affirmed and subscribed before me this 30 day of September 2020 by M. Turner

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

Notary Public, Clerk of Court, Circuit (FS 5 (17) 10)



OCT 6 1 2020

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) \_\_\_\_\_

SCANNED  
OCT 01 2020

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Blue Heron & Don Know Intersect

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

WHAT TIME DID YOU START? 3:00 am 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? Working

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

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

WHEN DID YOU HAVE YOUR FIRST DRINK? 3 mins AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Only 1 16 oz Corona

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? No WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? No WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? \_\_\_\_\_

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

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:

EPILEPSY?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>No</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>No</u>
DIABETES?	<u>No</u>

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: [Signature] 6815 - M. Turner

# WITNESS LIST

CASE NUMBER: 20-07255

ARRESTING OFFICER: M. Turner #6815

ADDRESS: 800 W Blue Heron Boulevard, Riviera Beach, FL

PHONE NUMBERS (HOME): 561-845-4123

(WORK) 561-287-3145

CAN TESTIFY TO: Defendant in actual and physical control of the vehicle upon arrival at crash scene.

NAME: Lillie Whitehurst

ADDRESS: 2041 Bon Isle Circle, Riviera Beach, FL

PHONE NUMBERS (HOME): 561-598-0446

(WORK)

CAN TESTIFY TO: Wheel witness, driver of Vehicle 2 in crash

NAME:

ADDRESS

PHONE NUMBERS (HOME)

(WORK)

CAN TESTIFY TO:

NAME

ADDRESS

PHONE NUMBERS (HOME)

(WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME)

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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:

SEARCHED  
OCT 01 2020

# TESTING FACILITY TASK REPORT

AGENCY: RIVIERA BEACH P.D.  
SUBJECT: PATEL, BHAVIKKUMAR GOVINDBHAI  
CASE NUMBER: 20112158  
DATE: 09/30/2020  
VIDEO DVD NUMBER: N/A  
BEGINNING TIME: 1940  
ENDING TIME: 2008

BREATH TESTS RESULTS: 1) .286 TIME 1950 A.M.  P.M.  2) 221VNM TIME 1955 A.M.  P.M.   
3) 290 TIME 1959 A.M.  P.M.  4) . TIME TIME A.M.  P.M.

BREATH OPERATOR: S. Owen #3184  
MAINTENANCE TECHNICIAN: J. Karlecke #6467

### TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT  
ATTITUDE: QUIET, CO-OPERATIVE  
CLOTHING: FLIP FLOPS, JEANS, MAROON SHIRT  
MEDICAL CONDITIONS: NONE  
MEDICATIONS: NONE

### OTHER:

DEFENDANT IN ACCIDENT, URINATED ON SELF IN HOLDING CELL WHILE A/O WENT TO CAR TO GET COMPUTER. DROOPY BLOODSHOT EYES.

### COMMENTS:

A/O AND DEFENDANT ARRIVED AT 1915 HRS.  
A/O OBSERVED 20 MINUTES.  
A/O REQUESTED BREATH TEST, DEFENDANT AGREED, MADE SEVERAL TRIES BUT MANAGED ADEQUATE FIRST BREATH. 2ND TRY VNM A/O READ I/C DEFT UNDERSTOOD AND GAVE ADEQUATE 3RD SAMPLE. DIDN'T BELIEVE THE INSTRUMENT, SAID HE ONLY HAD 1 DRINK. A/O READ C/W DEFT UNDERSTOOD RIGHTS AND ANSWERED SOME Q & A AGAIN SAID HE ONLY HAD ONE 16 OZ CORONA.

SCANNED  
OCT 01 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: 80-006477 Software: 8100.27  
Date of Test: 09/30/2020

Date of Last Agency Inspection: 09/18/2020  
Observation Period Began: 19:15  
Subject's Name: BHAVIKKUMAR G PATEL

DOB: 05/18/1984 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	19:45
Air Blank	0.000	19:46
Control Test	0.080	19:46
Air Blank	0.000	19:47
Subject Sample #1	0.286	19:50
Air Blank	0.000	19:51
Air Blank	0.000	19:52
Subject Sample #2	VNM*	19:55
Air Blank	0.000	19:56
Air Blank	0.000	19:58
Subject Sample #3	0.290	19:59
Air Blank	0.000	20:00
Control Test	0.076	20:00
Air Blank	0.000	20:01
Diagnostics Check	OK	20:01

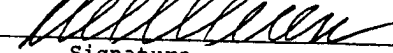
\*Volume Not Met (0.221 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

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

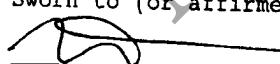
State of Florida, County of Palm Beach

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

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

Breath Test Operator:  Date: 09/30/2020  
Signature

Sworn to (or affirmed) before me this 30th day of September 2020

 Signature of Notary Public-State of Florida  
ofc M. Turner 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.

SCANNED  
OCT 01 2020



**PALM BEACH COUNTY**  
**SHERIFF'S OFFICE**  
 Florida State Statute Exemption Sheet

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

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	539.001(B)1, 539.003	Other: PAWM BROKER INFORMATION	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020023153	Date: 10/1/2020
	Specialist Name/ID: M. Tooks #8557

302/11/20  
 OCT 01 2020