

20CT 14789

0519707

3121

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

Juvenile

1

N

| | | | | | | | | | | | | | | | | |
|--|---|-------------------------------|--|------------------------------------|---|--|---|----------------------|--|---|--|---|--|--|----------------------------------|--|
| OBTIS Number | | | Agency ORI Number FLO 502600 Agency Name PALM BEACH GARDENS POLICE DEPARTMENT | | | | | | Agency Report Number (N.T.A.'s only) 78- 20005154 | | | | | | | |
| ADMINISTRATIVE | Charge Type: Check as many as apply. | | <input type="checkbox"/> 1. Felony | | <input type="checkbox"/> 3. Misdemeanor | | <input type="checkbox"/> 5. Ordinance | | <input type="checkbox"/> 7. Yes | | Multiple Clearance Indicator | | | | | |
| | | | <input checked="" type="checkbox"/> 2. Traffic Felony | | <input type="checkbox"/> 4. Traffic Misdemeanor | | <input type="checkbox"/> 6. Other | | <input type="checkbox"/> 8. No | | | | | | | |
| Location of Arrest (Including Name of Business) ALT A1A/ CATALINA LAKES BLVD, PBG, FL | | | Location of Offense (Business Name, Address) ALT A1A/S ENTRADA WAY, PBG, FL | | | | | | | | | | | | | |
| Date of Arrest 11/18/2020 | | Time of Arrest 02:50 hours | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle KAUF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405 | | | | | | | | | |
| Name (Last, First, Middle) BEVINS, BRIAN, | | | | | | | | | | | | | | | | |
| Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | | | | | | | | | | |
| DEFENDANT | Race W - White I - American Indian B - Black O - Oriental/Asian | | Sex W M | Date of Birth 09/25/1976 | Height 5'11 | Weight 200 | Eye Color HZN | Hair Color GRY | Complexion LIGHT | Build MED | | | | | | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A | | | | | | Marital Status SINGLE | Religion CATHOLIC | Indication of: Alcohol Influence Drug Influence | Y N <input type="checkbox"/> <input type="checkbox"/> | Unk. | | | | | |
| Local Address (Street, Apt. Number) 12 FRILHAM LANE | | (City) MANCHESTER | (State) NJ | (Zip) 08759 | Phone (732) 275-2356 | Residence Type: 1. City 3. Florida 2. County 4. Out of State 4 | | | | | | | | | | |
| Permanent Address (Street, Apt. Number) 12 FRILHAM LANE | | (City) MANCHESTER | (State) NJ | (Zip) 08759 | Phone () | Address Source VERBAL | | | | | | | | | | |
| Business Address (Name, Street) | | (City) | (State) | (Zip) | Phone () | Occupation | | | | | | | | | | |
| DV Number, State B29320967709765 | | Soc. Sec. Number NJ | INS Number | | | Place of Birth (City, State) POINT PLEASANT, NJ | | | Citizenship US | | | | | | | |
| CO-DEF | 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 | | | | | | |
| | | | | | | 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 | | | | | | |
| JUVENILE | Name (Last) Parent Legal Custodian Other: | | (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 <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) | | | | | | School Attended | | | | | Grade | | | | | |
| Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Description of Property | | | | Value of Property | | | | | | | | | | |
| CHARGE CODE | Drug Activity 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 | B. Barbiturate C. Cocaine A. Amphetamine | H. Hallucinogen M. Marijuana E. Heroin | P. Paraphernalia/ Equipment S. Synthetic | U. Unknown Z. Other | | | | |
| | | | | | | | | | | | | | | | | |
| CHARGE | Charge Description DRIVING UNDER THE INFLUENCE OVER .08 | | | | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number 316.193(1)(C) | | | Violation of ORD # | | | | | | |
| | Drug Activity N | Drug Type N | Amount / Unit | Offense # | | | | | | | | | | | | |
| CHARGE | Charge Description DUI ENHANCED OVER .15 | | | | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number 316.193(4) | | | Violation of ORD # | | | | | | |
| | Drug Activity N | Drug Type N | Amount / Unit | Offense # | | | | | | | | | | | | |
| CHARGE | Charge Description | | | | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number | | | Violation of ORD # | | | | | | |
| | Drug Activity N | Drug Type N | Amount / Unit | Offense # | | | | | | | | | | | | |
| CHARGE | Charge Description | | | | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number | | | Violation of ORD # | | | | | | |
| | Drug Activity N | Drug Type N | Amount / Unit | Offense # | | | | | | | | | | | | |
| NOTICE TO APPEAR | Location (Court / Juvenile Detention Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700 | | | | | | | | | | | | | | | |
| | Court Date and Time Month DECEMBER Day 23 Year 2020 Time 10:00 | | AM X | | PM | | Date Signed 11/18/2020 | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | |
| 11/18/2020 | | | | | | | | | | | | | | | | |
| Signature of Defendant (or Juvenile and Parent /Custodian) | | | | | | | | | | | | | | | | |
| HOLD for other Agency Name: <input checked="" type="checkbox"/> X | | | Signature of Arresting Officer | | | Name of Arresting Officer (Print) Off. ANDREW FLINK | | | I.D. # 514 | | | Date Signed NOV 18 AM 5:10 | | | | |
| Dangerous <input type="checkbox"/> Radiated Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other: <input type="checkbox"/> | | | | | | | | | | | | Name (Last, First, Middle Initial) NOV 18 2020 | | | | |
| Initials/Deputy Name <input type="checkbox"/> Pouch # | | | Transporting Officer ANDREW FLINK | | | 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) | |

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18TH DAY OF NOVEMBER 20 20 AT 0239 AM PM
SUBJECT: BEVINS, BRIAN, CASE NUMBER: 20005154
AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514
PERSONAL CONTACT

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

On 11/18/2020, at approximately 0236 hours, this Officer was conducting a traffic enforcement selective, in the area of ALT A1A and S Entrada Way, PBG, FL, when a vehicle was observed traveling at an increased rate of speed north bound in the outside through lane. Body worn camera and in car video were activated upon traffic stop. This Officer's initial visual estimate of the vehicle was approximately 60 MPH, in a posted 45 MPH zone. Using RADAR Stalker DSR2X (DB001317), forward antenna (KC086606), this Officer received a steady tone and reading of 60 MPH. The RADAR calibration was last checked on 06/17/2020 and was due on 12/17/2020. Prior to this tour of duty on this date, this Officer ensured the RADAR was in working order, to confirm the accuracy of the unit. At the end of this tour of duty, this Officer did the same. This Officer received RADAR/LIDAR certification on 05/31/2008, in Cannon AFB, NM. This Officer told Ofc Lovett S23 the speed of the vehicle, which was the only vehicle on the road in the immediate area, since Ofc Lovett was better positioned to enter traffic safely. Ofc Lovett conducted a traffic stop on the vehicle, a black Hyundai sedan (Y97JGL/FL), just South of the entrance to the Catalina Lakes Community, PBG, FL. This Officer and Ofc Lovett made contact with the driver and sole occupant of the vehicle, identified via New Jersey License photo, Brian Bevins, while he was still in actual physical control of the vehicle.

OBSERVATION OF DRIVER:

Bevins had a flushed red face, slow slurred speech, bloodshot watery eyes, and the obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. When asked for his documents, Bevins fumbled through a stack of cards before eventually locating his license. Bevins informed Officers his insurance was located on his phone. When Bevins attempted to locate the insurance, he was asked to put the passenger window down, to which he completely stopped what he was doing, exited the phone application to lower the window, then had to pause briefly before attempting to manipulate his phone again. These actions lead this Officer to believe Bevins was having difficulty with focusing and dividing his attention.

DRIVER'S STATEMENTS:

Bevins said he was coming from "up the block", then admitted to being at a bar. When asked if the bar was Swampgrass, he agreed. Bevins then admitted to consuming three pints of beer.

ODORS:

Unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Compliant, talkative

CLOTHING: Blue long sleeve shirt, red shirt, blue shorts, brown flip-flops

MEDICAL/OTHER: None stated

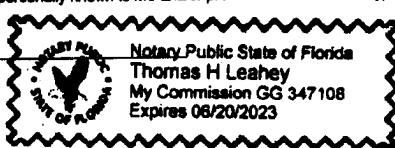
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of November 20 20 by Ofc. ANDREW FLINK

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

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



Personally Known
SCANNED

NOV 18 2020

SUBJECT: *Beverly, Dennis*

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 *Off Fine* of the *74051*

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.

SCANNED
NOV 18 2020

SUSPECT'S SIGNATURE: (X) *Did not*

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: *John Doe*

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: *John Doe* *Off. Fink* *514*

SCANNED

NOV 18 2020

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

PBSO CASE # 20-127986 PBSO. ZONE 3-13

AGENCY CASE # 20005154 CRASH CASE #

TIME OF STOP/CRASH 0239 DATE 11/18/2020 DAY WEDNESDAY

SUBJECT'S NAME BEVINS BRIAN RACE W SEX M
LAST FIRST MID
HGT 5'11 WGT 200 DOB 09/25/1976

LOCATION ALT A1A/S ENTRADA WAY, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0320

ARREST TIME 02:50

BREATH RESULTS:

- 1) .243
- 2) .248
- 3) - N/A
- 4) - N/A

BREATH TEST OPERATOR: 19183

SCANNED

NOV 18 2020

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:

Bevins had to be reminded of instructions multiple times. During the exercise, Bevins was swaying orbitally. Bevins had Vertical Gaze Nystagmus in both eyes.

WALK & TURN:

During the instructions, Bevins had difficulty getting into and maintaining the starting position. During the first set of steps, Bevins missed heel-to-toe and stepped off the line multiple times. Bevins took 11 steps rather than nine. Bevins then conducted an improper turnaround by coming off the line. During the return, Bevins again missed heel-to-toe and stepped off the line multiple times. Bevins also again took 11 steps rather than nine.

ONE LEG STAND:

During the exercise, Bevins raised his left foot. Bevins swayed throughout the exercise and leaned to both his left and right at different times. Bevins also placed his foot down multiple times and repeatedly lost his balance. Bevins was also not looking down at his raised foot.

ROMBERG ALPHABET:

Not conducted

FINGER TO NOSE:

Not conducted

BREATH TEST RESULTS: 1) .243 2) .248 3) - 4) -

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

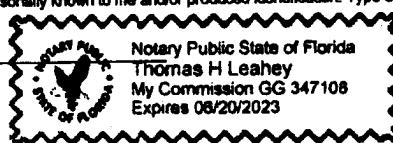
The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of November 2020 by Ofc. ANDREW FLINK

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

Personally Known

SCANNED

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



NOV 18 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: 11/18/2020

Date of Last Agency Inspection: 11/13/2020

Observation Period Began: 03:20

Subject's Name: BRIAN P BEVINS

DOB: 09/25/1976 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 | 03:44 |
| | Air Blank | 0.000 | 03:44 |
| | Control Test | 0.080 | 03:45 |
| | Air Blank | 0.000 | 03:45 |
| | Subject Sample #1 | 0.243 | 03:46 |
| | Air Blank | 0.000 | 03:46 |
| | Air Blank | 0.000 | 03:48 |
| | Subject Sample #2 | 0.248 | 03:49 |
| | Air Blank | 0.000 | 03:49 |
| | Control Test | 0.080 | 03:50 |
| | Air Blank | 0.000 | 03:50 |
| | Diagnostics Check | OK | 03:50 |

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 THOMAS H LEAHY, 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: T Leahy

Date: 11/18/2020

Signature

Sworn to (or affirmed) before me this 18th day of November, 2020

Off A Flnk #514

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.

TESTING FACILITY TASK REPORT

| |
|--|
| AGENCY: PBG |
| SUBJECT: Bevins, Brian P |
| CASE NUMBER: 20-127986 |
| DATE: Nov 18, 2020 |
| VIDEO DVD NUMBER: N/A |
| BEGINNING TIME: 0341 |
| ENDING TIME: 0351 |
| BREATH TESTS RESULTS: 1) 243 TIME 0346 A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> 2) 248 TIME 0349 A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> 3) n/a TIME 0 A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> 4) n/a TIME 0 A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> |
| BREATH OPERATOR: Thomas H Leahey #19183 |
| MAINTENANCE TECHNICIAN: Jason Karlecke #6467 |

TESTING OFFICER'S OBSERVATIONS

| |
|---|
| SPEECH: slurred, thick |
| ATTITUDE: talkative, fidgety, cooperative |
| CLOTHING: blue shorts, blue l/s sweater, red t-shirt, blue flip flops |
| 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 0320 hrs.

subject agreed to perform breath test - can I call a lawyer

tech read breath test results & subject understood breath test results

A/O did read rights & subject requested counsel

A/O did not conduct Q&A

subject invoked right to counsel.

SCANNED

NOV 18 2020



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"/> | | | |
| Other | <input type="checkbox"/> | 415.107(1) | Other: Elderly Abuse | |
| | <input type="checkbox"/> | 119.071(2)(j) | Other: MARY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S). | |

REVIEW COMPLETED BY

| | |
|----------------------------|-----------------------------------|
| Booking Number: 2020027129 | Date: 11/18/2020 |
| | Specialist Name/ID: M. Took #8557 |

SCANNED
NOV 18 2020