

0424756

20CT494 MB 3218

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias 1 Juvenile N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-023626	
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business)		STATE ROAD 7/ CLINT MOORE RD DELRAY/ FL/ 33498		Location of Offense (Business Name, Address)		STATE ROAD 7/ CLINT MOORE RD DELRAY/ FL/ 33498	
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle ZUCCALA TOWING	
Name (Last, First, Middle) MCKEARNAN CAREY SHAUN		Date of Birth 3/30/1971		Height	Weight	Eye Color	Hair Color
Race W - White 1 - American Indian B - Black O - Oriental/Asian		Sex	F	5'	130	BRN	BLONDE
Complexion		MED		Build		MED	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of Alcohol/Drug Influence	
		Single		NONE		Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number)		(City) (State) (Zip)		Phone		Residence Type:	
2433 NE 7TH PL		Fort Lauderdale, FL 33304		(954) 258-0738		1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number)		(City) (State) (Zip)		Phone		Address Source	
						DEFENDENT	
Business Address (Name, Street)		(City) (State) (Zip)		Phone		Occupation	
						SERVER	
D/L Number, State		M265117716100		Soc. Sec. Number		INS Number	
Place of Birth (City, State)		FT. LAUDERDALE, FL		Citizenship			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Parent Legal Custodian Other:		Address (Street, Apt. Number)		(City) (State) (Zip)		Residence Phone Business Phone	
Notified by: (Name)		Date		Time		Juvenile Disposition	
						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 355-2528) informed of any change of address.		School Attended		Grade			
[] Yes, by: (Name) [] No. (Reason)							
Property Crime? [] Yes [] No		Description of Property		Value of Property			
Drug Activity		S. Sell		R. Smuggle		K. Dispense/Distribute	
N. N/A		B. Buy		D. Deliver		M. Manufacture/ Produce/ Cultivate	
P. Possess		T. Traffic		E. Use		Z. Other	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
DUI		1		<input type="checkbox"/> Y <input type="checkbox"/> N		316.193(1)	
Drug Activity		Drug Type		Amount / Unit		Offense #	
N		N		N/A		20-023626	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
REFUSAL TO SUBMIT TO TESTING		1		<input type="checkbox"/> Y <input type="checkbox"/> N		316.1939	
Drug Activity		Drug Type		Amount / Unit		Offense #	
N		N		N/A		20-023626	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Holding (Court, Room Number, Address)		3228 GUN CLUB RD WEST PALM BEACH FL 33406		Court Date and Time		Month 1 Day 30 Year 2020 Time 0830 AM X 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)		Date Signed		01/08/2020	
HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) INV. G. LYNCH 8568 I.D. # 8568		(PRINT)			
Intake Deputy [Signature] I.D. # Pouch #		Transporting Officer INV. G. LYNCH 8568 ID # 8568 Agency PBSO		Witness here if subject signed with an -X-		PAGE 1 OF 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8 DAY OF JAN 20 20 AT 02:15 AM PM
SUBJECT: MCKEARNAN CAREY SHAUN CASE NUMBER: 20-023626
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. G. LYNCH 8568

PERSONAL CONTACT

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

On 1/8/2020 I responded to State Road 7/ Clint Moore Rd, in Palm Beach County in reference to a disabled vehicle with a possibly impaired driver. Upon arrival I met with D/S Anderson id 32400, who initially located the vehicle. D/S Anderson advised me that while on routine patrol he located a green Mini Cooper, bearing FL tag DPFV05, parked in the northbound left lane of State Road 7, north of Clint Moore Rd. The vehicle was not running and in park. D/S Anderson made contact with the driver, Carey Mckearnan, the sole occupant of the car. Carey was seated in the driver seat and the keys were in the ignition. Carey stated that she was coming from and going to East Ft. Lauderdale. Carey stated she was lost and did not know where she was. D/S Anderson observed an odor of an unknown alcoholic beverage coming from the vehicle and Carey stated she had 1 drink. While attempting to locate her license Carey's movements were uncoordinated and she struggled to find it in her purse.

OBSERVATION OF DRIVER:

I then met with Carey, who was seated in the driver seat of the car. Carey stated that she was traveling from Cypress Creek going to Ft. Lauderdale. Based on where she was at and the direction she was traveling it appeared that Carey was disoriented about where she was and where she was headed. Carey advised that she had taken Robitussin with Codine for a bronchial infection. Carey stated that she had no other medical issues. Carey stated that she had 1 long island ice tea approximately 2 hours prior. I observed Carey's eyes to be bloodshot and glassy. There was a strong odor of an unknown alcoholic beverage coming from inside the car. I had Carey exit her car and stand in front of my patrol car. While exiting Carey used the door for balance. I had Carey place her phone down at which time she turned to place it back into her car, during which she lost her balance and stumbled into her car. While speaking with Carey outside of her car I observed an odor of an unknown alcoholic beverage coming from her breath, which got stronger when she spoke, and her speech was slurred. Based on my observations and Carey's admission to drinking I asked her to perform standard field sobriety tasks.

DRIVER'S STATEMENTS:

Carey stated she had 1 long island iced tea approximately 2 hours prior.

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm/ Cooperative

CLOTHING: Black dress/ red high heels

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

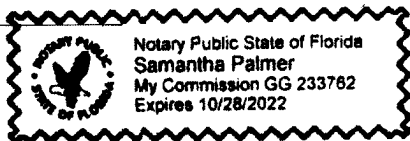
INV. G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of JAN 20 20 by INV. G. LYNCH 8568

(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)



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:

Carey was asked to stand with her feet together and place her hands by her sides. Carey was asked to focus on the stimulus and follow it with her eyes. Carey was told not to move her head to assist in following the stimulus. Carey showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation and onset of Nystagmus prior to 45 degrees in both eyes. I did not observe vertical nystagmus in either of Carey's eyes. Carey exhibited a sway throughout the task.

WALK & TURN:

I utilized yellow duct tape to make a straight level line, free of debris, that Carey advised she could see. I explained and demonstrated the task to Carey. During the instructions Carey failed to maintain the instructional stance, stepping out of the position, multiple times. Carey then claimed to have hip and back injuries. I asked why she didn't tell me it when I asked earlier and she stated she did not remember me asking her. I then asked if she normally walks with a limp and she advised that she did not know. A short time later Carey stated that she does walk with a limp and I advised her that she hasn't had a limp at any time throughout our interaction. I continued with the task and after completing the instructions Carey advised she understood and had no questions. During the task Carey stepped off the line and missed heel-to-toe steps multiple times. Carey used her arms for balance and paused to regain her balance several times. Carey took the incorrect number of steps, taking only 8 steps down and 10 steps back. Carey did not turn as instructed.

ONE LEG STAND:

I explained and demonstrated the task to Carey. After completing the instructions Carey stated she did not understand and asked me to repeat the instruction. I re-explained and demonstrated the task to Carey. After completing the instructions a second time Carey advised she understood and had no questions. During the task Carey exhibited a sway and used her arms for balance. Carey put her foot down multiple times prior to 30 seconds elapsing. Carey had to be reminded to keep her arms down at her sides, look down at her foot, and count aloud.

FINGER TO NOSE:

I explained and demonstrated the task to Carey. After completing the instructions Carey advised she understood and had no questions. During the task Carey missed touching the tip of her nose several times, almost poking herself in the eye on the first left, and used the pad of her finger to touch her nose several times. Carey failed to return her hand to her side after touching her nose. Carey failed to keep her head tilted back as instructed and exhibited a sway, throughout the task. On the third right command Carey began to use her left first.

ROMBERG ALPHABET:

Prior to beginning Carey confirmed she knew the entire alphabet, in order, without issue. I explained and demonstrated the task to Carey. After completing the instructions Carey advised she was not sure how I wanted her to recite the alphabet. I again explained and demonstrated to her. After re-explaining Carey advised she understood and had no questions. During the task Carey exhibited a sway. Carey failed to recite the alphabet correctly stating "L, M, L, O"

BREATH TEST RESULTS: 1) REFUSED 2) REFUSED 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of JAN 2020 by INV. G. LYNCH 8568

(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)



OBT# Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Captive	1	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 600000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 2023626			
Charge Type: Check as many as apply		Special Notes					
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other							
Defendant Name (Last, First, Middle) MCKEARNAN, CAREY				Race W	Sex F	Date of Birth 03/30/1971	
Charge		Charge					
Charge		Charge					
Victim Name (Last, First, Middle)				Race	Sex	Date of Birth	
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation	
The undersigned 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...							
<input type="checkbox"/> committed the below acts in my presence.		<input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.					
<input type="checkbox"/> confessed to admitting to the below facts.		<input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.					
On the _____ day of _____ 20 _____ at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM							

On 01/08/2020 at approximately 0215 hours, while on routine patrol I observed a vehicle parked in the far left lane of State Road 7 facing north bound. I pulled in behind the vehicle and then made contact with the driver W/F Carey Mckearman wearing a black dress and red shoes, I asked the female where she was coming from and she stated that she was coming from East Fort Lauderdale, I asked where she was going and she stated East Fort Lauderdale, I asked if she knew where she currently and she stated no. While speaking to her I could detect the odor of an unknown alcohol beverage emanating from the vehicle. I asked if she had any alcohol to drink and she stated that she had one drink while at a work function. I then asked Carey if she could provide me her Florida Driver's License and she she began searching for it observed her struggling to find it in her purse as she searched for. once she was able to find her License I notified dispatch that I would need an available DUI unit to come and conduct field sobriety task with Carey. Investigator G .Lynch 8568 responded to the scene where the driver was turned over to him for further investigation.

The foregoing instrument was sworn to and affirmed before me this <u>8</u> day of <u>January</u> 20 <u>20</u> , by:	
<u>Inv. Lynch 8568</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>Shane Anderson 32400</u> Name of Arresting/Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer
Page <u>1</u> of <u>1</u>	

TESTING FACILITY TASK REPORT

AGENCY: PBSO/LYNCH

SUBJECT: MCKEARNAN, CAREY

CASE NUMBER: 20-023626

DATE: Jan 8, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0412

ENDING TIME: 0415

BREATH TESTS RESULTS: 1) R TIME 0414 A.M. P.M. 2) XX TIME XX A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: LOW, SLOW

ATTITUDE: CALM, QUIET, COOPERATIVE, POLITE

CLOTHING: BLACK DRESS, NO SHOES

MEDICAL CONDITIONS: INFECTION

MEDICATIONS: ANTIBIOTIC

OTHER:

EYES: GLASSY AND BLOODSHOT,

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0350
SUBJECT REFUSED TO TAKE BREATH TEST
A/O READ I/C
SUBJECT STATED SHE UNDERSTOOD I/C
AND AGAIN REFUSED TO TAKE BREATH TEST @ 0414
A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS
A/O CONDUCTED Q&A
SUBJECT REFUSED TO ANSWER QUESTIONS

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST**

I, INV. G. LYNCH 8568, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PALM BEACH COUNTY SHERIFFS OFFICE, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 8 day of JAN, 20 20, at 0300 P.M. A.M.

DRIVER CAREY SHAUN MCKEARNAN
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M265-117-71-610-0, state of FL, was placed under lawful arrest for

the offense of DUI by INV. G. LYNCH 8568 and
(Name of Arresting Officer)

issued Citation # A2GD3RP

That on or about the 8 day of JAN, 20 20, at 04:14 P.M. A.M.

in PALM BEACH County,

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

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

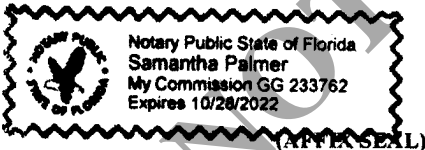
The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

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.



The foregoing instrument was sworn and subscribed before

me this 8 day of JAN, 20 20,

by INV. G. LYNCH 8568,

who is personally known to me or who has produced
KNOWN as identification

Notary Public _____

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 INV. LYNCH of the FD-10

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) _____

Read on Camera

SUBJECT: Molecular Copy

CASE NUMBER: 20 03-1026

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: INV LUNCH 11 2006

WITNESS LIST

CASE NUMBER: 20-023626

ARRESTING OFFICER: INV. G. LYNCH 8568

ADDRESS: HQ

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S ANDERSON 32400

ADDRESS: DIST 4

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000

CAN TESTIFY TO: INITIAL CONTACT

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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: _____

NOT A CERTIFIED COPY



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"/>	782.04 (FS)	Other: Witness	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2020000760	Date: 01/08/2020
	Specialist Name/ID: M. Tooks #8557