

J# 0522001

50-2021-CT-004007-ASB

PH 2983

ARREST / NOTICE TO APPEAR

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

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>410 21-003330</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE
D E F E N D A N T	Charge Type: Check as many as apply	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 <input type="checkbox"/>		If Weapon Seized Enter Type <b>None/not Applicable</b>		Multiple Clearance Indicator <b>1</b>				
	Location of Arrest (Including Name of Business) <b>22 SE 1ST AVE DELRAY BEACH, FL 33444</b>				Location of Offense (Business Name, Address) <b>22 SE 1ST AVE, DELRAY BEACH, FL 33444</b>					
C O D E D E F	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>22 SE 1ST AVE DELRAY</b>			
	<b>03/13/2021</b>	<b>20:05</b>	<b>03/13/2021</b>	<b>20:15</b>	<b>03/13/2021</b>	<b>23:24</b>				
J U V E N I L E	Name (Last, First, Middle) <b>WELSH, COLLEEN SAVANNAH</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build	
	<b>W - White</b>	<b>F</b>	<b>11/05/1994</b>	<b>5'04</b>	<b>160</b>	<b>BLUE</b>	<b>BLOND OR</b>	<b>FAIR</b>	<b>MEDIUM</b>	
C H A R G E	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1406 RENAISSANCE WAY, BOYNTON BEACH, FL 33426</b>				Phone <b>(910) 818-2172</b>		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>1406 RENAISSANCE WAY, BOYNTON BEACH, FL 33426</b>				Phone <b>(910) 818-2172</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>			
I N T A K E	Business Address (Name, Street) (City) (State) (Zip)				Phone <b>(910) 818-2172</b>		Address Source <b>VERBAL</b>			
	D/L Number, State <b>W420117949050 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>ROCKVILLE, MD,</b>		Citizenship <b>US</b>	
C O D E D E F	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
J U V E N I L E	Name (Last, First, Middle)				Residence Phone					
	Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone					
C H A R G 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 H A R G E	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property <b>DRAIN PIPE</b>		Value of Property <b>\$1,000</b>	
C H A R G E	Drug Activity N. N/A P. Possess				S. Sell B. Buy T. Traffic		R. Snaggle D. Deliver E. Use		K. Disperse/Distribute	
	M. Manufacture/Produce/Cultivate				Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	
C H A R G E	H. Hallucinogen M. Marijuana O. Opium/Deriv				P. Paraphernalia/Equipment S. Synthetic		U. Unknown Z. Other			
	Charge Description <b>DUI-DAMAGE TO PERSON/PROPERTY</b>				Statute Violation Number <b>316.193(3)(C)(I)</b>		Violation of ORD #			
C H A R G E	Drug Activity Drug Type Amount / Unit Offense #				Counts Domestic Violence Warrant / Capias Number		Bond			
C H A R G E	Charge Description				Statute Violation Number		Violation of ORD #			
C H A R G E	Charge Description				Statute Violation Number		Violation of ORD #			
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					
	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"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By		Released By		Released To	
N O T I C E T O A P P E A R	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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b> Court Date and Time <b>04/06/2021 08:30:00</b>					
A D M I N I S T R A T I O N	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				No Photo Available					
	Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed					
A D M I N I S T R A T I O N	HOLD for Other Agency				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) <b>WINDSOR, NICHOLAS</b>		(PRINT) <b>WINDSOR, NICHOLAS</b>			
A D M I N I S T R A T I O N	Inmate Deputy ID.#		Pouch #		Transporting Officer ID.# Agency		Witness here if subject signed with an "X".			
	<b>0980</b>				<b>WINDSOR 1029 DBPD</b>					

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13th DAY OF March 20 21 AT 1905  AM  PM

SUBJECT: Welsh, Colleen Savannah CASE NUMBER: DBPD #21-003330

AGENCY: DELRAY BEACH PD ARRESTING OFFICER: Windsor #1029

## 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 03/13/21 at 1905hrs a motor vehicle crash was reported on the 3rd floor of a parking garage (22 SE 1st Ave.). CSO Stroud responded to this location to conduct a crash investigation (refer to Crash Report). I responded to this location to conduct a DUI investigation. I met with Devon Greene (witness) who provided a sworn statement which was recorded on my body worn camera. Greene stated he was on the 3rd floor of the parking garage and witnessed a white male (later identified as Bryan Alexander Evans) who was lying on the ground near a stairwell. Greene stated a white female (later identified as Colleen Savannah Welsh) was attempting to get Evans to stand up. Evans refused to get up and Welsh walked away toward a black 2019 Cadillac XTS (GA Tag #CLC5147). Welsh entered the Cadillac and sat down in the driver seat. Welsh started the Cadillac's engine and pulled out from its parking space. The Cadillac drove toward Evans and Welsh exited the Cadillac. Evans again refused to stand up and get into the Cadillac. Welsh entered the Cadillac and reversed attempting to make a 3-point turn to exit the parking garage. While reversing the Cadillac's rear end struck a concrete partition. This impact caused moderate damage to the Cadillac and broke a large metal drain pipe in half. Greene directly pointed out Welsh as the driver of the Cadillac. Greene stated Welsh was the only person inside the Cadillac and was sitting in the driver seat. The Cadillac's engine was running and Welsh had possession of the vehicle key fob. Greene stated after the crash occurred, Evan jumped up and ran toward the Cadillac yelling at Welsh. Greene stated he was concerned Evans was going to do physical harm to Welsh and called the police. There were two others witnesses on scene but they refused to provide a sworn statement.

### OBSERVATION OF DRIVER:

I smelled a strong odor of an unknown alcoholic beverage coming from Welsh. Welsh swayed while standing still. Welsh's eyes were red and had a glassy appearance. Welsh's pupils were dilated and slow to react to changes in light. Welsh speech was slurred while she was speaking. Welsh was visibly upset and cried at times due to the incident involving Evans. Welsh was cooperative and respectful toward law enforcement during this incident.

### DRIVER'S STATEMENTS:

Welsh stated she was downtown with Evans at a unidentified restaurant. Welsh stated she arrived at this restaurant around 1800hrs and left around 1915hrs. Welsh stated she consumed three alcoholic beverages while at the restaurant. Welsh stated both her and Evans entered the Cadillac and she drove down one level in the parking garage. Welsh stated she realized she shouldn't be driving and stopped the Cadillac. Welsh stated she attempted to turn around to drive the Cadillac back up one level. Welsh stated while turning around, she struck the concrete partition and stopped the Cadillac. Welsh stated she talked to the three witnesses and told them she was calling the police. Welsh denied having any medical conditions, taking any prescription medications or consuming any illegal drugs including marijuana.

### ODORS:

Welsh had a strong odor of an unknown alcoholic beverage coming from her person.

## GENERAL OBSERVATIONS

SPEECH: Slurred.

ATTITUDE: Polite, Cooperative, Respectful

CLOTHING: Tan Shirt, Blue Jeans and Black Shoes

MEDICAL/OTHER: None Stated

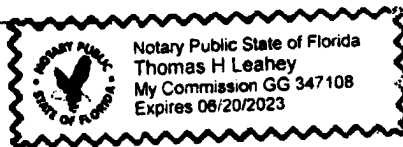
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of March 20 21 by Ofc. Windsor #1029

(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)



SUBJECT: Welsh, Colleen Savannah CASE NUMBER DBPD #21-003330

**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 observed VGN in Welsh's eyes during the HGN/VGN roadside.

**WALK & TURN:**

Welsh swayed while standing still. Welsh stumbled while in the instructional phase position. Welsh used her arms for balance. Welsh stepped off the line several times. Welsh did not count out loud for several steps.

**ONE LEG STAND:**

Welsh swayed while standing still. Welsh used her arms for balance. Welsh put her foot down several times during this roadside. Welsh repeated numbers while counting out loud.

**FINGER TO NOSE:**

Welsh swayed while standing still. Welsh did not touch the tip of her nose on several attempts.

**ROMBERG ALPHABET:**

Welsh swayed while standing still. Welsh reciting the wrong letters and recited the same letter several times during this roadside.

**BREATH TEST RESULTS:**

1) .184	2) .193	3)	4)
---------	---------	----	----

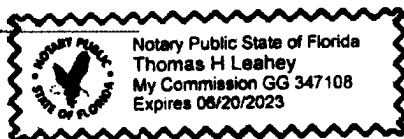
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of March, 2021 by Ofc. Windsor #1029

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

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



# WITNESS LIST

CASE NUMBER: DBPD #21-003330

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: CSO STROUD #1191 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: CRASH INVESTIGATION

NAME: DEVON RYAN GREENE

ADDRESS: 8275 CATRIA LANE LAKE WORTH, FL 33467

PHONE NUMBERS (HOME) 732-619-6193 (WORK) \_\_\_\_\_

CAN TESTIFY TO: WITNESS

NAME: NICHOLAS J ACCARDI

ADDRESS: 4 KACIE LYNN CT JACKSON, NJ 08527

PHONE NUMBERS (HOME) 732-966-2997 (WORK) \_\_\_\_\_

CAN TESTIFY TO: WITNESS

NAME: JENNIFER ELIZABETH QUINN

ADDRESS: 8275 CATRIA LANE LAKE WORTH, FL 33467

PHONE NUMBERS (HOME) 732-284-6497 (WORK) \_\_\_\_\_

CAN TESTIFY TO: WITNESS

NAME: BRYAN ALEXANDER EVANS

ADDRESS: 15324 NW 48TH PLACE ALACHUA, FL 32816

PHONE NUMBERS (HOME) 352-213-0680 (WORK) \_\_\_\_\_

CAN TESTIFY TO: INVOLVED OTHER ON SCENE

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) \_\_\_\_\_

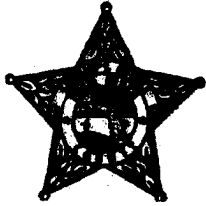
CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_



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

PBSO CASE # 21-044735 PBSO ZONE 4-11

AGENCY CASE # 21-003330 CRASH CASE # 21-003330

TIME OF STOP/CRASH 1905 DATE 03/13/21 DAY SATURDAY

SUBJECT'S NAME WELSH, COLLEEN SAVANNAH RACE W SEX F

HGT 5'04" WGT 160 DOB 11/05/94

LOCATION 22 SE 1ST AVE DELRAY BEACH, FL

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

DIVISION: CRD

NOTIFIED BY COMMO YES

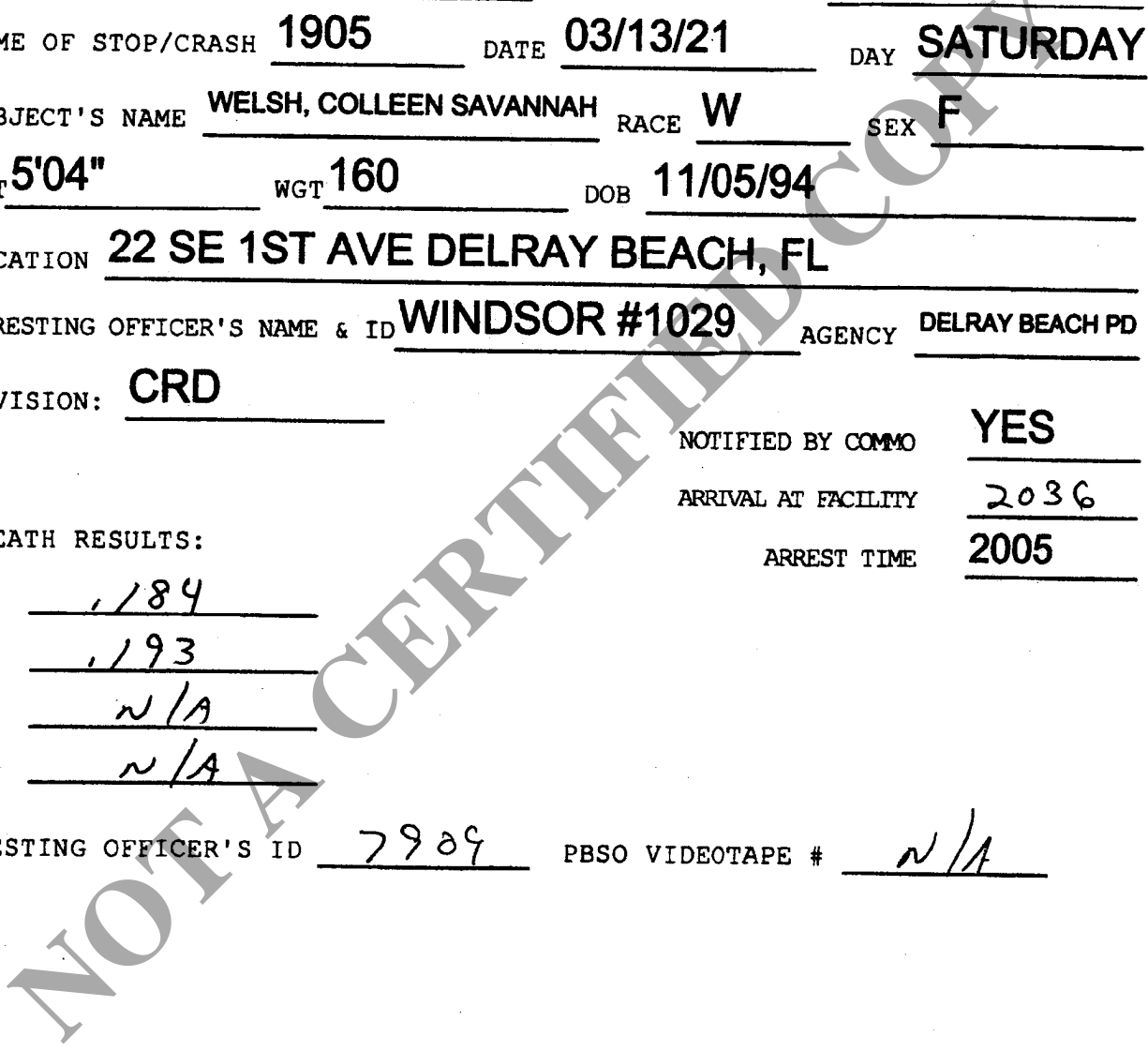
ARRIVAL AT FACILITY 2036

ARREST TIME 2005

**BREATH RESULTS:**

- 1) .184
- 2) .193
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 7909 PBSO VIDEOTAPE # N/A



# TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Welsh, Colleen S. CASE NUMBER: 21-044735

DATE: 03/13/2021 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2105 ENDING TIME: 2117

BREATH TESTS RESULTS: 1) .184 TIME 2110 A.M.  P.M.  2) .193 TIME 2113 A.M.  P.M.   
3) N/A TIME \_\_\_\_\_ A.M.  P.M.  4) N/A TIME \_\_\_\_\_ A.M.  P.M.

BREATH OPERATOR: G. Parent #7909

MAINTENANCE TECHNICIAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Rapid.

ATTITUDE: Calm, quiet, crying, polite, cooperative .

CLOTHING: Blue jeans, tan sweater, black loafers.

MEDICAL CONDITIONS: None.

MEDICATIONS: None.

## OTHER:

Eyes watery and bloodshot, odor of an unknown alcoholic beverage on breath.

## COMMENTS:

Arrived at Center A/O began the 20 minute observation at 2036 hrs..

Subject agreed to take the test.

A/O read rights.

Subject stated he understood rights.

Tech. read breath test results.

Subject stated she understood test results

A/O attempted Q&A.

Subject declined to answer any questions.

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: 80-006029 Software: 8100.27  
Date of Test: 03/13/2021

Date of Last Agency Inspection: 03/12/2021  
Observation Period Began: 20:36  
Subject's Name: COLLEEN S WELSH

DOB: 11/05/1994 Sex: F

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

Results:

Test	g/210L	Time
Diagnostics Check	OK	21:08
Air Blank	0.000	21:08
Control Test	0.079	21:09
Air Blank	0.000	21:09
Subject Sample #1	0.184	21:10
Air Blank	0.000	21:11
Air Blank	0.000	21:12
Subject Sample #2	0.193	21:13
Air Blank	0.000	21:14
Control Test	0.079	21:14
Air Blank	0.000	21:15
Diagnostics Check	OK	21:15

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 GARY J PARENT, 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: 03/13/21  
Signature

Sworn to (or affirmed) before me this 13 day of MARCH, 2021

Signature of Notary Public-State of Florida OF. N. WINDSOR  
Printed Name of Notary Public-State of Florida

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

SUBJECT: Walter C. ...

CASE NUMBER: \_\_\_\_\_

# QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER ANY 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? \_\_\_\_\_ WHEN 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 SMOKE? \_\_\_\_\_ 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 TIME OF DAY WAS THIS? \_\_\_\_\_ WHERE WERE YOU AT THE TIME? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR DEFICIENCIES? \_\_\_\_\_ 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? \_\_\_\_\_ WHEN? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:

- EPILEPSY? \_\_\_\_\_
- GLAUCOMA? \_\_\_\_\_
- HEADACHE? \_\_\_\_\_
- EAR PROBLEMS? \_\_\_\_\_
- TOOTHACHE? \_\_\_\_\_
- OTHER? \_\_\_\_\_

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

IF YOU ARE DRUGGED? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_

REMARKS: \_\_\_\_\_

1029





**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: 2021006248	Date: 3/14/21
	Specialist Name/ID: A. Pinkney/7796