

50-2022-CF-001287-AMB

J 0529461

P 174

| | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|
| OBTS Number | | ARREST / NOTICE TO APPEAR Juvenile Referral Report | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | | N | |
| Agency ORI Number FLO 5 0 2 6 0 0 | | Agency Name PALM BEACH GARDENS POLICE DEPARTMENT | | | | Agency Report Number 78 - 22000771 | | | | | |
| Charge Type: Check as many as apply: | | <input checked="" 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 | | Weapon Seized / Type 2 1. Yes 2. No | | Multiple Clearance Indicator | |
| Location of Arrest (Including Name of Business) Military Trail/PGA Blvd, PALM BEACH GARDENS, FL, 33410 | | | | | | Location of Offense (Business Name, Address) Northlake Blvd/Dania Drive, PALM BEACH GARDENS, FL, 33410 | | | | | |
| Date of Arrest 02/13/2022 | | Time of Arrest 22:09 | | Booking Date | | Booking Time | | Jail Date | | Jail Time | |
| Location of Vehicle KAUFF'S TOWING AND RECOVERY | | | | | | 4701 EAST AVENUE, WPB, FL 33407 | | | | | |
| Name (Last, First, Middle) Chernick, Craig, Scott | | | | | | | | | | | |
| Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | | | | | |
| Race W - White I - American Indian B - Black O - Oriental/Asian | | Sex W M | | Date of Birth 10/31/1964 | | Height 5'11 | | Weight 200 | | Eye Color Brown | |
| | | | | | | | | | | Hair Color Gray | |
| | | | | | | | | | | Complexion normal | |
| | | | | | | | | | | Build medium | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none | | | | | | Marital Status Married | | Religion Jewish | | Indication of: Alcohol Influence <input checked="" type="checkbox"/> Drug Influence <input type="checkbox"/> | |
| Local Address (Street, Apt. Number) 141 Esperanza Way, PBG 33418 | | | | | | (City) | | (State) | | (Zip) | |
| Permanent Address (Street, Apt. Number) 141 Esperanza Way, PBG 33418 | | | | | | (City) | | (State) | | (Zip) | |
| Business Address (Name, Street) The Koffler Group, Providence, RI | | | | | | (City) | | (State) | | (Zip) | |
| D/L Number, State C652117643910 FL | | | | | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) Providence, RI | |
| Citizenship US | | | | | | | | | | | |
| 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: | | | | | | Name (Last) | | (First) | | (Middle) | |
| Address (Street, Apt. Number) 1 02 3100 | | | | | | (City) | | (State) | | (Zip) | |
| 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 checked="" 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 355-2526) 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 | | | |
| CODE | | Drug Activity N. N/A P. Possess | | S. Sell B. Buy T. Traffic | | R. Smuggle D. Deliver E. Use | | K. Dispense/ Distribute | | M. Manufacture/ Produce/ Cultivate | |
| | | Drug Type N. N/A A. Amphetamine | | B. Barbiturate C. Cocaine E. Heroin | | H. Hallucinogen M. Marijuana O. Opium/Derv. | | P. Paraphernalia/ Equipment S. Synthetics | | U. Unknown Z. Other | |
| CHARGE | | Charge Description DUI - | | 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 N/A | | Offense # | | Warrant / Capias Number | |
| | | Bond | | | | | | | | O R | |
| CHARGE | | Charge Description Possession of Cocaine | | Counts 1 | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number 893.13(6)(a) | | Violation of ORD # | |
| | | Drug Activity P | | Drug Type C | | Amount / Unit 1 baggie | | Offense # | | Warrant / Capias Number | |
| | | Bond | | | | | | | | | |
| CHARGE | | Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | Violation of ORD # | |
| | | Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Warrant / Capias Number | |
| | | Bond | | | | | | | | | |
| CHARGE | | Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | Violation of ORD # | |
| | | Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Warrant / Capias Number | |
| | | Bond | | | | | | | | | |
| Location (Court Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700 | | | | | | | | | | | |
| Court Date and Time Month 02 Day 13 Year 2022 Time 10:00 AM <input checked="" type="checkbox"/> 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) [Signature] | | | | | | | | | | | |
| Date Signed 02/13/2022 | | | | | | | | | | | |
| ADMIN | | HOLD for other Agency Name: | | Signature of Arresting Officer [Signature] | | Name Verification (Printed by Arrestee) [Signature] | | | | | |
| | | <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: | | Name of Arresting Officer (Print) Melinda Hanton | | I.D. # 305 | | (PRINT) | |
| | | Intake Deputy [Signature] | | I.D. # | | Pouch # | | Transporting Officer Melinda Hanton | | ID # 305 | |
| | | | | | | | | Agency PBGPD | | Witness here if subject signed with an "X" | |
| | | | | | | | | | | PAGE 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 13 day of February 2022 at 2204 ☐ AM ☒ PM

Subject: Chernick, Craig, Scott Case Number: 22000771

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: Melinda Hanton 305

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

On 2/13/22 at 10:04 p.m. I was running stationary radar on Northlake Blvd at Dania Drive when I observed a black SUV heading westbound at a high rate of speed. The SUV accelerated and I visually estimated the vehicle to be traveling at 75 miles per hour in a posted 45 mile per hour zone. I activated my Stalker radar front antennae and heard a dopplar tone consistent with my visual estimation and recieved a visual reading of 75 then 76 miles per hour. I turned around to catch up to the black SUV, and the vehicle made a right turn to head north on Military Trail from the right straight through lane. The SUV accelerated to over 100 miles per hour on Military Trail, weaving around traffic and running the solid red light at Lilac. I was calling the reckless driver out and other officers located the vehicle and conducted a traffic stop on the vehicle just south of PGA Blvd. I pulled up to as the stop was being made.

OBSERVATION OF DRIVER:

I advised the driver, Craig Scott Chernick, why he was stopped and he stated he was in a hurry to get home to his wife. Chernick stated he had one glass of wine before driving. Chernick stated he takes Adderal and heart medication but has no physical injuries or problems with his eyes, back, feet, hips, legs, or other parts. I smelled the odor of an unknown alcoholic beverage coming from his breath as he spoke, his speech was slurred, his eyes were red and watery, when he exited he was unsteady on his feet, swaying and stumbling.

DRIVER STATEMENTS:

stated he had one drink, post Miranda at BAT he stated he had two vodka drinks, stated that he did remember the cocaine was in his wallet and he used cocaine last week.
**In Chernick's wallet I located a small plastic baggie with white powder that was tested at the BAT and came back positive for cocaine.

ODORS: unknown alcoholic beverage coming from his breath

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: talkative, cooperative

CLOTHING: plaid shorts, blue sweater, blue/white sneakers

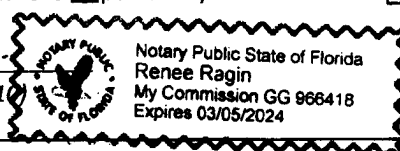
MEDICAL/OTHER: adderal, heart problems.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Melinda Hanton
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 13th day of February 20 22 by Melinda Hanton 305 who is ☒ personally known to me or ☐ produced

Renee Ragin
Notary Public, Clerk of Court, Officer (FSS 117.1)



STAMP

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: Chernick, Craig, Scott

Case Number: 22000771

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

RIGHT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

Other Observations:

was swaying during task, had approximate angle of 35 degrees, did not have VGN

Walk and Turn

demonstrated and explained, he said he understood. took first step and counted it as step 2, unable to hold starting stance, did not walk heel to toe, stumbled and stepped off the line. took 8 steps and stopped, and after a few seconds I asked him if he remembered the instructions, he then walked backwards 8 steps, missed heel to toe, used arms for balance.

One Leg Stand

demonstrated and explained, started before instructed a couple of times. Used arms for balance, put leg down, barely had foot off the ground, stumbled at his count of 24 then said he couldn't do anymore. missed numbers when counting and was not counting as instructed the entire time.

Rhomberg

demonstrated and explained, was starting before instructed several times, did recite alphabet correctly, was saying it quickly, grouping letters, singing it, and stopping throughout.

Finger to Nose

demonstrated and explained, was starting multiple times before instructed, was swaying, used correct finger each time, used the pad of his finger, was touching the side and top of his nose, touched his cheek once, was keeping finger on nose.

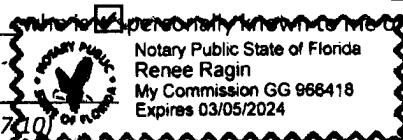
BREATH RESULTS: 1) 120 @ 2309 2) 123 @ 2312 3) _____ @ _____ 4) _____ @ _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 13th day of February 2022 by
Melinda Hanton 305 _____ produced _____

Notary Public, Clerk of Court, Officer (FSS 117.10)



STAMP

SUBJECT: _____ CASE NUMBER: 22 101

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) _____

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? _____

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: _____

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: 02/13/2022

Date of Last Agency Inspection: 01/14/2022

Observation Period Began: 22:44

Subject's Name: CRAIG S CHERNICK

DOB: 10/31/1964 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 | 23:07 |
| Air Blank | 0.000 | 23:07 |
| Control Test | 0.079 | 23:08 |
| Air Blank | 0.000 | 23:08 |
| Subject Sample #1 | 0.120 | 23:09 |
| Air Blank | 0.000 | 23:09 |
| Air Blank | 0.000 | 23:11 |
| Subject Sample #2 | 0.123 | 23:12 |
| Air Blank | 0.000 | 23:12 |
| Control Test | 0.079 | 23:13 |
| Air Blank | 0.000 | 23:13 |
| Diagnostics Check | OK | 23:13 |

Cylinder Lot: 19021080A2
Exp: 09/05/2023

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

Breath Test Operator: _____

Signature

Date: 02/13/22

Sworn to (or affirmed) before me this 13th day of FEBRUARY, 2022

Signature of Notary Public-State of Florida

OFF. M. HANTON
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.

**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: 02/13/2022

Date of Last Agency Inspection: 01/14/2022

Observation Period Began: 22:44

Subject's Name: CRAIG S CHERNICK

DOB: 10/31/1964 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 | 23:07 |
| | Air Blank | 0.000 | 23:07 |
| | Control Test | 0.079 | 23:08 |
| | Air Blank | 0.000 | 23:08 |
| | Subject Sample #1 | 0.120 | 23:09 |
| | Air Blank | 0.000 | 23:09 |
| | Air Blank | 0.000 | 23:11 |
| | Subject Sample #2 | 0.123 | 23:12 |
| | Air Blank | 0.000 | 23:12 |
| | Control Test | 0.079 | 23:13 |
| | Air Blank | 0.000 | 23:13 |
| | Diagnostics Check | OK | 23:13 |

Cylinder Lot: 19021080A2
Exp: 09/05/2023

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, PARIS D POUND, 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: 02/13/22
Signature

Sworn to (or affirmed) before me this 13th day of FEBRUARY, 2022

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: CHERNICK, CRAIG S

CASE NUMBER: 22-035863

DATE: Feb 13, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:05

ENDING TIME: 23:24

BREATH TESTS RESULTS: 1) .120 TIME 23:09 A.M. ☐ P.M. ☒ 2) .123 TIME 23:12 A.M. ☐ P.M. ☒
3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, LOUD

CLOTHING: PLAID SHORTS, BLUE SWEATER, BLUE / WHITE SNEAKERS

MEDICAL CONDITIONS: HEART

MEDICATIONS: ALLOT

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 22:44 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS



**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"/> | | | |
| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| Other | <input type="checkbox"/> | | Other: | |
| | <input type="checkbox"/> | | Other: | |

REVIEW COMPLETED BY

Booking Number: 2022004153

Date: 2/14/2022

Specialist Name/ID: S.Evans/23872