

0529566

22CF1431AMB


2010

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N							
Agency ORI Number		Agency Name Palm Beach Police Dept				Agency Report Number (N.T.A.'s only) 22-000276															
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2		Multiple Clearance Indicator UK											
Location of Arrest (Including Name of Business) 100 Block Barton Ave Palm Beach						Location of Offense (Business Name, Address) 300 Block Barton Ave Palm Beach															
Date of Arrest 2/18/22		Time of Arrest 0756		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle Kautts Towing									
Name (Last, First, Middle) Glennino Curt Walter JR						Alias (Name, DOB, Soc. Sec. #, Etc.)															
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W M		Date of Birth 7/2/97		Height 508		Weight 140		Eye Color Blue		Hair Color Blonde		Complexion Fair		Build Slender					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Single		Religion NONE		Indication of: Alcohol Influence Drug Influence		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U									
Local Address (Street, Apt. Number) 9317 Althea Ave						(City) St Louis		(State) MO		(Zip) 63123		Phone ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State 4							
Permanent Address (Street, Apt. Number) 9317 Althea Ave						(City) St Louis		(State) MO		(Zip) 63123		Phone ()		Address Source Missouri DL							
Business Address (Name, Street) ()						(City) ()		(State) ()		(Zip) ()		Phone ()		Occupation ()							
D/L Number, State V00321 7061						INS Number ()		Place of Birth (City, State) St Louis MO		Citizenship USA											
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
Parent Legal Custodian Other: 5166						Name (Last)		(First)		(Middle)		Residence Phone ()									
Address (Street, Apt. Number) 100						(City) St Louis		(State) MO		(Zip) 63123		Business Phone ()									
Notified by: (Name) 2/18/22						Date		Time		Juvenile Disposition 1. Handed/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									
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Products/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description Fleeing and Eluding		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.1935 (5)M (1)		Warrant / Capias Number		Bond											
Drug Activity N/A		Drug Type N/A		Amount / Unit		Offense # 22-000276															
Charge Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193 (1)(A)M		Warrant / Capias Number		Bond											
Drug Activity		Drug Type		Amount / Unit		Offense #															
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Warrant / Capias Number		Bond											
Drug Activity		Drug Type		Amount / Unit		Offense #															
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Warrant / Capias Number		Bond											
Drug Activity		Drug Type		Amount / Unit		Offense #															
Location (Court, Room Number, Address)																					
Court Date and Time Month March Day 17 Year 22 Time 0830 AM 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) X																Date Signed FEB 18 AM 5:58					
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal Intake Deputy				Signature of Arresting Officer THAIL Name of Arresting Officer (Print) Thomas P. Hail Transporting Officer Thomas P. Hail				Name Verification (Printed by Arresting Officer) 0059 (PRINT) 0059 Agency APPD				PAGE 1 OF 1									

March.

FEB 18 2022

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OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile N	
ADMIN	Agency ORI Number		Agency Name		Agency Report Number 21-000226				
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:				
CHARGES	Name (Last, First, Middle) Gianino Curt Walter JR		Alias		Race W	Sex M	Date of Birth 7/2/97		
	Charge Description Fleeing and Eluding 316.1935 (2)(b)(1)		Charge Description DUI 316.193 (1)(A)						
VICTIM	Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth		
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone		Address Source	
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone		Occupation	
<p>The undersigned certifies and 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.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>18</u> day of <u>February</u> 20<u>22</u> at <u>0256</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
<p>On Friday, February 22, 2022 at 0218 hours, Officer Castineiras made contact with two people sleeping in side a White BMW bearing FL tag: QQLKJP4, in the 100 Block of Barton Avenue. The male driver was later identified as Curt Walter JR Gianino (W, M, DOB 7/2/97) & Officer Castineiras and Officer C. Murphy gave verbal commands to the driver to wake up. The female passenger then reportedly woke up, Briley L Mastis (W/F DOB 7/8/98), and then reportedly woke up Gianino. Gianino Mastis reportedly told Gianino that police were on scene, during which time he started the vehicle and sped away. Gianino drove the vehicle west bound on the 200 Block of Barton Avenue, then proceeded to travel southbound on Coconut Row. Officer Castineiras ^{then} canvassed the area and Officer Castineiras then observed the vehicle in the 200 Block of Seabreeze Avenue and conducted a traffic stop. The driver was positively identified and placed under arrest for Fleeing and Eluding, pursuant to F.S. 316.1935(2), because he knowingly and intentionally fled from officers. (See Officer Castineiras Supplement Report)</p>									
<p>STATE OF FLORIDA COUNTY OF PALM BEACH J. Mc0059 (Signature of Arresting/Investigative Officer)</p>									
ADMINISTRATIVE	<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>18</u> day of <u>February</u> 20<u>22</u> by <u>Off. March</u> <u>known</u></p>								
	<p>(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification, type of identification produced)</p>								
	<p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>								
<p> JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance</p>					<p>PAGE <u>1</u> OF <u>1</u></p>				

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF February 2022, AT 0756 (AM) PM
SUBJECT: Curt Walker JR Gianino CASE NUMBER: 22-060276
AGENCY: Palm Beach Police Dept. ARRESTING OFFICER: Thomas March

PERSONAL CONTACT

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

See Supplement Report of officer Castineiras

OBSERVATION OF DRIVER: Upon arrival Gianino was placed in handcuffs and seated on the curb.

DRIVER'S STATEMENTS: I was scared, I thought someone was breaking into my car.

ODORS: Strong odor of an unknown alcoholic beverage emanating from his facial area.

GENERAL OBSERVATIONS

SPEECH: Slurred, Slow

ATTITUDE: Calm.

CLOTHING: White pants, Blue shirt

MEDICAL/OTHER:

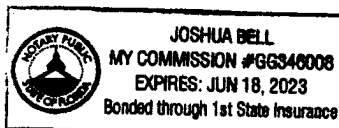
STATE OF FLORIDA
COUNTY OF PALM BEACH

Trail
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of February 2022 by ofc. March

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

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



SUBJECT: Curt Walter JR Gining CASE NUMBER 22-000726

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:

WALK & TURN ~~Started~~ Started before being instructed. Took 10 steps, didn't count out loud. He then paused after the 10th step and asked for instructions on what to do, he was instructed to turn around, then took an additional 5 steps.

ONE LEG STAND: Did not count out loud.

FINGER TO NOSE: Not Demonstrated

ROMBERG ALPHABET: Not Demonstrated

BREATH TEST RESULTS: Refused

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of February, 2022 by ofc. March

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

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





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

PBSO CASE # 22-037427 PBSO ZONE 1-11

AGENCY CASE # 22-000226 CRASH CASE # _____

TIME OF STOP/CRASH 0219 DATE 2/17/22 DAY Friday

SUBJECT'S NAME Curt Gignino RACE W SEX M

HGT 5'8 WGT 140 DOB 7/2/97

LOCATION 100 Block of Barton Avenue

ARRESTING OFFICER'S NAME & ID Thomas Marsh 0059 AGENCY PBPD

DIVISION: Patrol

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 0323

BREATH RESULTS:

Arrest Time 0256

1. **REFUSED**
2. _____
3. _____
4. _____

TESTING OFFICER'S ID 8656

TESTING FACILITY TASK REPORT

AGENCY: PBPD

SUBJECT: GIANINO JE., CURT WALTER

CASE NUMBER: 22-037427

DATE: Feb 18, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0352

ENDING TIME: 0355

BREATH TESTS RESULTS: 1) R TIME 0354 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. ☐

REFUSED

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: BLUE LONG SLEEVE BUTTON SHIRT, WHITE PANTS, WHITE SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY

COMMENTS:

A/O ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0323 HOURS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED HE UNDERSTOOD I.C

SUBJECT AGAIN STATED HE WOULD NOT TAKE BREATH TEST

REFUSAL TIME 0354 HOURS

A/O READ RIGHTS

SUBJECT STAED HE UNDERSTOOD HIS RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A

REFUSED

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

I, Thomas March, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Police Dept., and I do swear
(Name of law enforcement agency)

or affirm that on or about the 18 day of February, 20 22, at 0354 ⁰²⁵⁶ ☐ P.M. ☒ A.M.

DRIVER Curt Walter JR Gianino
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# V003217001, state of Missouri, was placed under lawful arrest for

the offense of DUI by Thomas March and
(Name of Arresting Officer)

issued Citation # 3452-XDV

That on or about the 18 day of February, 20 22, at 0354 ☐ 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]
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

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this 18 day of February, 20 22,
by OFC. T. March,

who is personally known to me or who has produced

known as identification
Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

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.

WITNESS LIST

CASE NUMBER: 22-000226

ARRESTING OFFICER: Thomas March

ADDRESS: 345 S. County Rd.

PHONE NUMBERS (HOME): 561-838-5454 (WORK) _____

CAN TESTIFY TO: Arrest

NAME: Officer Castanera

ADDRESS: 345 S. County Rd.

PHONE NUMBERS (HOME): 561-838-5454 (WORK) _____

CAN TESTIFY TO: Observations of driver behind wheel

NAME: Officer C. Murphy

ADDRESS: 345 S. County Rd.

PHONE NUMBERS (HOME): 561-838-5454 (WORK) _____

CAN TESTIFY TO: Observations of driver behind wheel.

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: _____

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: _____

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 law suit on your BREATH for the purpose of determining its actual content.

OR

I am not requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substance.

OK

I am now requesting that you submit a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ON 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)

Read on camera

WHITE - STATE ATTY

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: ROBERT J. (M) SMITH CASE NUMBER: 100-101147

QUESTIONS AND ANSWERS

1. I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SO OR DO NOT. IF YOU
2. 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 INTURED? 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:

OFC. J. MG.
WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD JAIL



**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)
I/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

Date: 02/18/2022

Specialist Name/ID: T Howard/7185

Booking Number: 2022004590