

JL# 0525074 21 CT 15394 1193

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

| | | | | | | | | | | | | |
|--|---|---|--|--|--|---|---|--|---|--|--|--------------------------------------|
| AD M I N I S T R A T I O N | OBTS Number | Agency ORI Number 0500400 | | Agency Name Delray Beach Police Department | | Agency Report Number (N.T.A.'s only) 4, 0 21-010880 | | Charge Type: Check as many as apply: <input 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 | | If Weapon Seized Enter Type: UNARMED | Multiple Clearance Indicator 1 | |
| D E F E N D A N T | Location of Arrest (Including Name of Business) SW 2ND AVE/SW 1ST ST | | | | | Location of Offense (Business Name, Address) 99 SW 2ND AVE/SW 1ST ST, DELRAY BEACH, FL 33444 | | | | | | |
| | Date of Arrest 09/12/2021 | Time of Arrest 02:35 | Booking Date 09/12/2021 | Booking Time 02:45 | Jail Date 09/12/2021 | Jail Time 05:35 | Location of Vehicle WESTWAY TOWING BOCA | | | | | |
| Name (Last, First, Middle) SNAVELY, DANIEL JESSE | | | | | | | | | | | | |
| Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____ | | | | | | | | | | | | |
| D E F E N D A N T | Race W - White B - Black | 1 - American Indian O - Oriental/Asian | Sex M | Date of Birth 05/08/1980 | Height 5'11 | Weight 180 | Eye Color BLUE | Hair Color BROWN | Complexion LIGHT | Build MED | | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | | | Marital Status S | Religion NOT INDICA | Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> | | | |
| Local Address (Street, Apt. Number) 1400 VILLAGE BLVD 607, WEST PALM BEACH, FL 33409 | | | (City) | (State) | (Zip) | Phone (910) 690-4780 | | | Residence Type: 1. City 3. Florida 2. County 5. Out of State 2 | | | |
| Permanent Address (Street, Apt. Number) 1400 VILLAGE BLVD 607, WEST PALM BEACH, FL 33409 | | | (City) | (State) | (Zip) | Phone (910) 690-4780 | | | Address Source | | | |
| Business Address (Name, Street) SNAVELY PRECISION BUILDERS, | | | (City) | (State) | (Zip) | Phone | | | Occupation Owner | | | |
| D/L Number, State 000042428573 / NC | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) MISSOULA, MT, | | Citizenship US | | | | |
| C O D E F | Co-Defendant Name (Last, First, Middle) | | | | | Race | Sex | Date of Birth | | <input type="checkbox"/> 1. Arrested | <input type="checkbox"/> 3. Felony | <input type="checkbox"/> 5. Juvenile |
| | Co-Defendant Name (Last, First, Middle) | | | | | Race | Sex | Date of Birth | | <input type="checkbox"/> 1. Arrested | <input type="checkbox"/> 3. Felony | <input type="checkbox"/> 5. Juvenile |
| J U V E N I L E | <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) | | | | | | | | | | Residence Phone | |
| | <input type="checkbox"/> Legal Custodian | | | | | | | | | | Business Phone | |
| Address (Street, Apt. Number) | | | (City) | (State) | (Zip) | | | | | | | |
| Notified by: (Name) | | | Date | Time | JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated | | | | | | | |
| Released To: (Name) | | | Date | Time | | | | | | | | |
| 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Description of Property | | Value of Property | | | |
| C O D E | Drug Activity S. Sell N. N/A P. Possess | | S. Sell B. Buy T. Traffic | | R. Smuggle 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 | | H. Hallucinogen M. Marijuana O. Opium/Deriv. | | P. Paraphernalia/ Equipment S. Synthetic | | U. Unknown Z. Other | | | |
| C H A R G E | Charge Description DRIVING WHILE UNDER INFLUENCE | | | | | | Statute Violation Number 316.193(1)PC | | Violation of ORD # BA | | | |
| | Drug Activity | Drug Type N | Amount / Unit / | Offense # 21-010880 | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number | | Bond | | | |
| C H A R G E | Charge Description | | | | | | Statute Violation Number | | Violation of ORD # | | | |
| | Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | Warrant / Capias Number | | Bond | | | |
| C H A R G E | Charge Description | | | | | | Statute Violation Number | | Violation of ORD # | | | |
| | Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | Warrant / Capias Number | | Bond | | | |
| 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 | | |
| Transported By | | | | | Date Transported | Time Transported | Other | | | | | |
| N O T I C E T O A P P E A R | <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) South County 200 W Atlantic Ave Delray Beach, FL 33444 | | Court Date and Time 10/12/2021 08:30:00 | | | | |
| | 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) Dan Snavely | | | | | Date Signed | | | | | | | |
| A D M I N | HOLD for Other Agency | | | | | Name Verification (Printed by Arresting Officer) | | Witness here if subject signed | | | | |
| | <input checked="" type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other | | Name of Arresting Officer (Print) HERNANDEZ, EDWIN | | I.D.# 1194 | | (PRINT) SEP 12 2021 6:25 | | | |
| Intake Deputy DUANGLERO | | I.D.# | Pouch # | Transporting Officer E HERNANDEZ | | I.D.# 1194 | Agency DBPD | PAGE 1 OF 1 | | | | |

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12th DAY OF September 2021 AT 01:56 A.M P.M.
IN THE CITY OF DELRAY BEACH, COUNTY OF PALM BEACH, STATE OF FLORIDA,
CASE #: 21-010880 SNAVELY: SNAVELY, DANIEL JESSE

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On 9/12/21, I was advised by Ofc. R. Flourvil that he observed a white male stumble up W Atlantic Ave before entering the driver's door of a blue Chevrolet Silverado bearing North Carolina tag FJY3320. Ofc. Flourvil maintained visual contact with the vehicle until I arrived at which time, I observed the vehicle. After a few moments the vehicle started and drove out of its parking spot traveling east on W Atlantic Ave. I followed the vehicle as it turned south onto SW 2nd Ave and watched as it attempted to turn into a secured area behind the South County Courthouse. As the vehicle tried to reverse and correct its course, I activated my emergency lights to initiate a traffic stop. The vehicle pulled forward into a parking space and stopped.

I approached the driver's side door and immediately noticed that the driver's eyes were glossy, and his eyelids were droopy. I advised the driver that he was stopped for attempting to enter a restricted area and he stated that he got turned around while trying to go to his home in West Palm Beach. The driver provided a North Carolina license that identified him as Daniel Snavely. Snavely's speech was slow, deliberate, and slurred. There was an obvious odor of an unknown alcoholic beverage coming from his breath. Snavely had difficulty saying his address, stumbling on the street name. I requested that Snavely exit the vehicle and he complied. Snavely swayed while standing outside of his vehicle.

Snavely stated that he ate dinner and drank two beers at home at approximately 7:30pm. He then met with a friend in West Palm Beach and had a glass of wine. Snavely then proceeded to Atlantic Ave in Delray Beach where he went to Bull Bar and had two additional beers. Snavely stated that all the beers were Miller Light bottles. I advised Snavely that I suspected he may be impaired, and he stated "Yes, I am impaired" and requested to park and sober up. I requested that Snavely perform the Standardized Field Sobriety Tasks to dispel my suspicion that he is impaired. Snavely responded stating that he did not need the tasks to tell me he was impaired. Snavely was read the Miranda warning from my department issued card and he stated that he understood his rights. Snavely then confirmed that he knew he was impaired before getting into the vehicle and driving. At that time Snavely agreed to perform the Standardized Field Sobriety Tasks and the following observations were made.

The foregoing instrument was sworn to before me this 12 day of September 2021

By: Ofc. Edwin Hernandez

Notary/Police Officer (F.S.S. 10)



[Signature] 1194
Signature of Arresting Officer

SCANNED
SEP 14 2021

HORIZONTAL GAZE NYSTAGMUS: (6 of 6 clues)

- Left eye does not follow smoothly
- Distinct & sustained nystagmus in left eye at maximum deviation
- Left eye prior to 45 degrees
- Vertical Nystagmus in left eye
- Right eye does not follow smoothly
- Distinct & sustained nystagmus in right eye at maximum deviation
- Right eye prior to 45 degrees
- Vertical Nystagmus in right eye

WALK AND TURN: (6 of 8 clues)

This task was explained and demonstrated to Snavelly, which he stated he understood. Snavelly was unable to maintain the stance during instructions. Snavelly stepped off-line on steps 3, 6 and 8 before the turn and 3 and 6 after the turn. Snavelly missed heel to toe on steps 3, 5, 6, and 8 before the turn and 3,4, 6, and 9 after the turn. Snavelly turned improperly. Snavelly took the incorrect number of steps (11) after the turn. Snavelly stopped before the turn to ask a question.

ONE LEG STAND: (2 of 4 clues)

This task was explained and demonstrated to Snavelly, which he stated he understood. Snavelly chose to raise his right foot. Snavelly swayed while balancing. Snavelly also placed his foot on the ground immediately while starting this task and again at 20 seconds.

FINGER TO NOSE: (3 of 4 clues)

This task was explained and demonstrated to Snavelly, which he stated he understood. Snavelly missed finger to the tip of the nose on the first, second, fourth, and fifth prompt. Snavelly opened his eyes after the first prompt. Snavelly started to use his left hand when prompted for the right hand.

ROMBERG/ALPHABET: (2 of 4 clues)

This task was explained and demonstrated to Snavelly, which he stated he understood. Snavelly swayed during this task. Snavelly hesitated at points during the alphabet and made the error of omitting the letter "w".

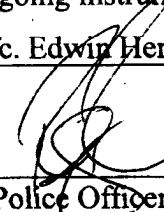
The Snavelly was handcuffed and taken into custody without incident. I then transported Snavelly to the breath testing facility at the Palm County Jail. Upon my arrival at 03:03am I completed the required 20-minute observation. I then requested Snavelly provide a sample of his breath for the purpose of determining the alcohol content. The Snavelly complied and provided the requested breath samples. The results are: 0.170 and 0.162.

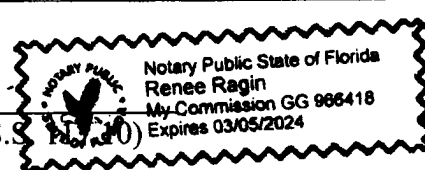
Based on the above-mentioned information, probable cause does exist to charge Daniel Jesse Snavelly with one count of DUI pursuant to FSS 316.193(1).

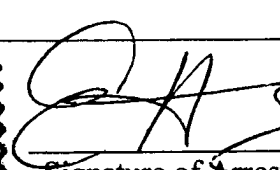
Upon completion of the booking process, Snavelly was turned over to Palm Beach County Jail.

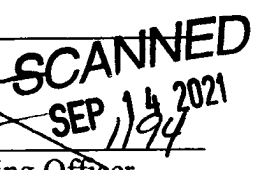
The foregoing instrument was sworn to before me this 12 day of September 2021

By: Ofc. Edwin Hernandez


 Notary Public Officer (F.S.S. 117.40)




 Signature of Arresting Officer



D.U.I. WITNESS LIST

CASE #: 21-010880

ARRESTING OFFICER: E. HERNANDEZ

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL

PHONE NUMBERS (HOME): 561-243-7800 (WORK): _____

CAN TESTIFY TO: DUI Investigation

NAME: Ofc. R. Flourvil

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL

PHONE NUMBERS (HOME): 561-243-7800 (WORK): _____

CAN TESTIFY TO: Actual physical control of vehicle; signs of impairment

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: _____

NOT A CERTIFIED COPY

SCANNED
SEP 14 2021

SUBJECT: Snavely, Daniel J. CASE NUMBER: 21-010880

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) Read on Camera

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TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Snavely, Daniel J. CASE NUMBER: 21-105762

DATE: Sep 12, 2021 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 03:37 ENDING TIME: 03:56

BREATH TESTS RESULTS: 1) .170 TIME 03:41 A.M. P.M. 2) .162 TIME 03:44 A.M. P.M.
3) N/A TIME ----- A.M. P.M. 4) N/A TIME ----- A.M. P.M.

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, cooperative

CLOTHING: Blue jeans, blue shirt, dark brown shoes

MEDICAL CONDITIONS: Bi polar

MEDICATIONS: Prozac, Depakote

OTHER:

Eyes are red
Odor of unknown alcoholic beverage on breath

COMMENTS:

Arrived at center A/O started 20 minute observation period at 03:03 hrs.

Subject agreed to perform breath test.

A/O read rights.
Subject stated he understood rights.

Tech read breath test results.
Subject stated he understood breath test results.

A/O conducted Q&A.
Subject answered Q&A.

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SEP 14 2021



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

PBSO CASE # 21-105762 PBSO ZONE 4-11

AGENCY CASE # 21-010880 CRASH CASE # _____

TIME OF CRASH/STOP 0156 DATE 9/12/21 DAY SUNDAY

SUBJECT'S NAME DANIEL JESSE SNAVELY RACE W SEX M

HGT 511 WGT 180 DOB 05/08/80

LOCATION SW 2ND AVE/SW 1ST ST, DELRAY BEACH, FL

ARRESTING OFFICER NAME & ID E. HERNANDEZ AGENCY DELRAY BEACH POLICE

1194

DIVISION PATROL

NOTIFIED BY COMM Y

ARRIVAL AT FACILITY 0303

TIME OF ARREST 0235

BREATH RESULTS:

- 1. .170
- 2. .162
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

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**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: 80-006478 Software: 8100.27
Date of Test: 09/12/2021

Date of Last Agency Inspection: 09/10/2021

Observation Period Began: 03:03

Subject's Name: DANIEL J SNAVELY

DOB: 05/08/1980 Sex: M

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

| Results: | Test | g/210L | Time |
|----------|-------------------|--------|-------|
| | Diagnostics Check | OK | 03:40 |
| | Air Blank | 0.000 | 03:40 |
| | Control Test | 0.000 | 03:40 |
| | Air Blank | 0.000 | 03:41 |
| | Subject Sample #1 | 0.170 | 03:41 |
| | Air Blank | 0.000 | 03:42 |
| | Air Blank | 0.000 | 03:44 |
| | Subject Sample #2 | 0.162 | 03:44 |
| | Air Blank | 0.000 | 03:45 |
| | Control Test | 0.000 | 03:45 |
| | Air Blank | 0.000 | 03:46 |
| | Diagnostics Check | OK | 03:46 |

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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 RENEE M RAGIN, 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: 09/12/21
Signature

Sworn to (or affirmed) before me this 12 day of Sept., 2021
[Signature] 1194 Ofc. E. Hernandez # 1194
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.

SUBJECT: Snarely, Daniel J CASE NUMBER: 21-010880

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? Yes

WHERE WERE YOU GOING? HOME

WHAT STREET OR HIGHWAY WERE YOU ON? ATLANTIC AVE SIDE STREET

DIRECTION OF TRAVEL? N WHERE DID YOU START? ATLANTIC AVE

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? 3:30 - 4:00 AM

WHAT IS TODAY'S DATE? 9/12/21 WHAT DAY OF THE WEEK IS IT? SUNDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? PALM BEACH COUNTY

WHEN DID YOU LAST EAT? 7:00 PM WHAT DID YOU EAT? 2 SLICES PIZZA

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? FEW DRINKS IN DELRAY

HOW MUCH DO YOU WEIGH? 180-185 HAVE YOU BEEN DRINKING? Yes WHAT? BEER

HOW MUCH? 4 WHERE? BULL BAR WITH WHOM? ALONE

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:30 PM AND YOUR LAST DRINK? 1:00 AM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? SIPPING

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? CONSTRUCTION / CARPENTER WHEN DID YOU LAST WORK? FRIDAY

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? _____

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

DO YOU LIMP? SOMETIMES DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? PROSAC / DEPAKOTE WHEN? 24 Hours Ago

DO YOU HAVE: EPILEPSY? No

GLASS EYE? _____

FALSE TEETH? _____

EAR INFECTION? _____

INNER EAR TROUBLE? _____

DIABETES? _____

SCANNED
SEP 14 2021

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? HI, MT

INTERVIEWER: _____



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: 2021022775 | Date: 09/13/2021 |
| | Specialist Name/ID: T Howard/7185 |

**SCANNED
SEP 14 2021**