

0510343

ARREST / NOTICE TO APPEAR

- 1. Arrest (No Warrant)
- 2. Arrest (Warrant)
- 3. Request for Warrant
- 4. Request for Capias
- 5. Juvenile Referral
- 6. N.T.A.

1450

Agency ORI Number <b>0500200</b>	Agency Name <b>Boca Raton Police Department</b>	Agency Report Number (N.T.A.'s only) <b>3, 2   2020-009929</b>
Charge Type: Check as many <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
Location of Arrest (Including Name of Business) <b>950 PONCE DE LEON RD</b>		Location of Offense (Business Name, Address) <b>950 PONCE DE LEON RD, BOCA RATON, FL 33432</b>
Date of Arrest <b>09/02/2020</b>	Time of Arrest <b>23:50</b>	Booking Date <b>09/03/2020</b>
Booking Time <b>01:10</b>	Jail Date <b>09/03/2020</b>	Jail Time <b>01:10</b>
Name (Last, First, Middle) <b>DVORAK, DAREN KRISTOPHER</b>		Alias: <b>WESTWAY TOWING</b>
Race W - White I - American Indian R - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/13/1980</b>
Height <b>6'05</b>	Weight <b>215</b>	Eye Color <b>GREEN</b>
Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>Large</b>
Marital Status <b>M</b>		Religion <b>METHODIST</b>
Local Address (Street, Apt. Number) <b>1937 NE 4TH ST 5, DEERFIELD BEACH, FL 33441</b>		Phone <b>(954) 461-6416</b>
Permanent Address (Street, Apt. Number) <b>1937 NE 4TH ST 5, DEERFIELD BEACH, FL 33441</b>		Phone <b>(954) 461-6416</b>
Business Address (Name, Street) <b>WHALES RIBS, 2133 NE 2ND ST DEERFIELD BEACH</b>		Occupation <b>Bartender</b>
DL Number, State <b>D162171803330 / FL</b>	INS Number	Place of Birth (City, State) <b>BALTIMORE, MD,</b>
Citizenship <b>US</b>	<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	
<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		<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
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)		Relationship Phone
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Date
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.		Grade
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No		Value of Property
Drug Activity N. N/A F. Possess	S. Sell B. Buy T. Traffic	R. Seizure D. Deliver E. Use
K. Dispense/ 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. Opiate/Deriv.
P. Paraphernalia/ Equipment	S. Synthetic	U. Unknown Z. Other
Charge Description <b>DRIVE UNDER INFLUENCE ALC</b>	Statute Violation Number <b>316.193(1A)</b>	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence
Warrant / Capias Number	Bond <b>OR</b>	
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence
Warrant / Capias Number	Bond	
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence
Warrant / Capias Number	Bond	
Health / Apparent Physical Condition of Defendant <b>GOOD</b>		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 type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail PROPERTY - Received By <b>J. CASAS 818</b>
Released By <b>J. CASAS 818</b>		Released To <b>TOT CJ</b>
Transported By <b>J. CASAS 818</b>		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>10/05/2020 08:30:00</b>
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.		No Photo Available
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed <b>9/3/20</b>
HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Released Arrest <input type="checkbox"/> Substantial <input type="checkbox"/> Other	Name of Arresting Officer (Print) <b>CASAS, J.</b>	(PRINT) <b>James Davis</b>
ID.# <b>818</b>	ID.# <b>818</b>	Agency <b>BRPD</b>
Transporting Officer <b>J. CASAS</b>	ID.# <b>818</b>	Agency <b>BRPD</b>
Witness here if subject signed with an "X"		PAGE <b>1 OF 1</b>

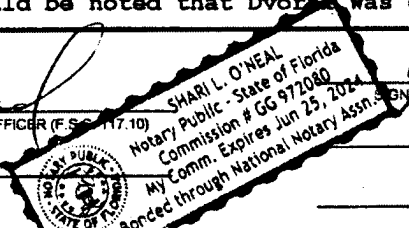
SCANNED  
SEP 03 2020

SEP 3 AM 4:39

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OSTS Number		Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2020-009929</b>		
Charge Type: Check as many as apply.						Special Notes:		
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other								
Name (Last, First, Middle) <b>DVORAK, DAREN KRISTOPHER</b>						Rate <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/13/1980</b>
Charge Description <b>316.193(1A) DUI</b>				Charge Description				
Charge Description				Charge Description				
Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>						Rate <b>U</b>	Sex <b>U</b>	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>				Phone <b>(561) -</b>		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> <p><input type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.      <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>2</u> day of <u>September</u>, <u>2020</u> at <u>23:50</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 9/3/2020, at approximately 2321 hours, I was conducting stationary traffic enforcement in the area of 1200 S Ocean Blvd; I was observing approaching northbound traffic. While conducting my enforcement, I observed a white 2015 Volkswagen Golf, bearing Quebec tag G71RLG, traveling at a high rate of speed. I estimated the speed of vehicle to be 65 MPH in a 35 MPH zone. My Falcon HR provided a reading of 61MPH and a high audible tone. I pulled into the roadway and caught up to the vehicle at approximately 1100 S Ocean Blvd. I initiated a traffic stop on the vehicle and the vehicle came to a final stop in in front of 950 Ponce De Leon Rd.</p> <p>I approached the vehicle from the driver's side and asked the driver for his driver's license, vehicle registration, and proof of insurance. I observed that the driver's eyes were glassy, his speech was slurred, and his movements were sluggish. I also noticed that the driver was switching back and forth between fluent English and a French-Canadian accent. He even responded "oui" to some of my questions.</p> <p>While speaking with the driver, he informed me that he did not feel well. According to the driver, he was not diabetic and was not having a diabetic episode. He claimed to have COVID-19 and complained of difficulty breathing. I requested that BRFR to respond to my location to provide medical treatment. When I informed the driver that BRFR was en-route, he stated he was just going to leave the car where it was and walk home.</p> <p>The driver continued searching for his documents while waiting for BRFR to arrive. After searching his pockets multiple times, the driver located his wallet and identified himself as Daren Dvorak by FL DL. Dvorak never provided the vehicle's registration or proof of insurance.</p> <p>I asked Dvorak where he was headed, and he informed me he was on his way home to Deerfield Beach. It should be noted that Dvorak was driving northbound, away from</p>								
SWORN AND SUBSCRIBED BEFORE ME  _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) <b>09/03/2020</b> DATE								
_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>CASAS JAVIER (818)</b> NAME OF OFFICER (PLEASE PRINT)						_____ <b>09/03/2020</b> DATE		
PAGE <b>1 OF 2</b>								

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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SEP 03 2020

Agency ORI Number: **FL 0500200** Agency Name: **BOCA RATON POLICE DEPARTMENT** Agency Report Number: **3 | 2 | 2020-009929**

Charge Type:  1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  5. Ordinance  6. Other

Name (Last, First, Middle): **DVORAK, DAREN KRISTOPHER** Race: **W** Sex: **M** Date of Birth: **09/13/1980**

Deerfield Beach. I then asked Dvorak where he was coming from and he gave me a blank stare. Dvorak never provided an answer and stated he would just walk home. I asked him why he would need to walk home, and he did not answer. I then asked Dvorak how much he had to drink this evening and he refused to answer. He again offered to park his car and walk home. Lastly, I requested that Dvorak turn off the ignition and exit the vehicle so that BRFR could evaluate him. Dvorak responded "No, I'm going to pull up" and refused to exit. He eventually complied after being ordered to step out. I observed that Dvorak was unsteady on his feet when stepping out of the vehicle. He also swayed while standing and speaking with BRFR and officers. It should also be noted that Dvorak's French-Canadian accent dissappeared as time passed.

Dvorak went back and forth several times on whether or not he wanted BRFR treatment. He continually stated that he wanted to go to the hospital but would not allow BRFR to provide treatment. Specifically, Dvorak did not allow for his vitals to be taken and stated that he would not allow for any blood to be drawn when asked for permission to perform a simple blood sugar test. Dvorak also confessed to BRFR that he recently tested negative for COVID-19 and was not infected by the virus. Dvorak ultimately chose to be transported to Boca Raton Regional Hospital by BRFR. Prior to transport, I requested that Dvorak submitted to Standardized Field Sobriety Exercises and he refused.

Based on the totality of the circumstances, and my observations of Dvorak, I found probable cause to believe that Dvorak was operating a motor vehicle while under the influence of drugs or alcohol. Dvorak was placed under arrest for DUI per F.S. 316.193(1a). He was transported to BRRH by BRFR where he told nurses he was "allergic to bullshit" and refused all medical treatment. Dvorak was later transported to the Palm Beach County Sheriff's Office DUI Testing Facility where Breath Operator S. O'Neal (#6212) completed the BAT room procedures. I requested that Dvorak submit to a lawful test of his breath for the purpose determining its alcohol content and he refused to provide a breath sample. I advised Dvorak of implied consent and he again refused to provide a breath sample. He was advised of his constitutional warnings, advised he understood, and chose to answer to not answer any of my questions.

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) **SHARI L. O'NEAL**  
 Commission - State of Florida  
 My Comm. Expires Jun 25, 2024  
 Bonded through National Notary Assn.

DATE: **09/03/2020**

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER: *[Signature]*  
**CASAS, JAVIER (818)**  
 NAME OF OFFICER (PLEASE PRINT)  
 DATE: **09/03/2020**

PAGE 2 OF 2



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

PBSO CASE # 20-103386 PBSO ZONE 7-21

AGENCY CASE # 32-2020-9929 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2321 DATE 9-2-20 DAY wednesday

SUBJECT'S NAME D Uorak, Daren K RACE W SEX M

HGT 605 WGT 215 DOB 9-13-80

LOCATION 950 Ponce De Leon Rd Boca Raton, FL

ARRESTING OFFICER'S NAME & ID J. CASAS 818 AGENCY BRPD

DIVISION: Field services

NOTIFIED BY COMMO

ARRIVAL AT FACILITY 0110hrs

**BREATH RESULTS:**

Arrest Time 2350 hrs

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

TESTING OFFICER'S ID 6212

**REFUSED**  
NOT A CERTIFIED

# TESTING FACILITY TASK REPORT

AGENCY: BRPD OFC. CASAS #818

SUBJECT: DVORAK, DAREN K.

CASE NUMBER: 20-103386

DATE: 09-03-2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0132 HRS

ENDING TIME: 0135 HRS

BREATH TESTS RESULTS: 1) TIME 0134 A.M.  P.M.  2) TIME A.M.  P.M.   
3) TIME A.M.  P.M.  4) TIME A.M.  P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: MUMBLED

ATTITUDE: CALM, COOPERATIVE

CLOTHING: SHIRT- RED & BLUE/ STRIPED SHORTS-GRAY

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: RED, GLASSY

## COMMENTS:

20 MIN. OBSERVATION DONE BY A/O CASAS #818  
A/O REQUESTED THE BREATH TEST.  
D REFUSED THE BREATH REQUEST.  
IMPLIED CONSENT READ ON CAMERA TO THE D, D UNDERSTOOD THE I/C AS READ.  
D STILL REFUSED THE BREATH REQUEST AFTER THE I/C WAS READ TO HIM.  
C/W READ ON CAMERA, D REFUSED Q&A

SCANNED  
SEP 03 2020

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

I, OFC. J. CASAS, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of BOCA RATON POLICE SERVICES DEPARTMENT, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 2ND day of SEPTEMBER, 20 20, at 2350  P.M.  A.M.

DRIVER DAREN KRISTOPHER DVORAK  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

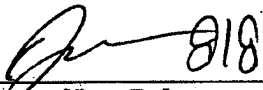
DL# D162171803330, state of FLORIDA, was placed under lawful arrest for

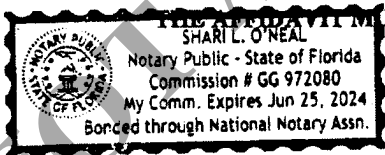
the offense of DUI by OFC. J. CASAS and  
(Name of Arresting Officer)

issued Citation # A6LQB2E

That on or about the 3RD day of SEPTEMBER, 20 20, at 0134  P.M.  A.M.  
in PALM BEACH County,

I requested that the driver submit to a  breath and/or  urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

  
\_\_\_\_\_  
Signature of Law Enforcement Officer or  
Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 03 day of September, 20 20,

by \_\_\_\_\_,

who is personally known to me or who has produced

as identification

Notary Public S. O'Neal

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
Signature of Attesting Officer

Title \_\_\_\_\_

Date \_\_\_\_\_

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SCANNED

SEP 03 2020

SUBJECT: Dvorak, Daren K CASE NUMBER: 32-2020-009929

## 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 ofc. J. CASAS of the BR PD

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) Read on Camera

## 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 SCANNED  
SEP 03 2020

SUBJECT: Dvarak, Daren K CASE NUMBER: 32-2020-009929

## 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: Ofc. J. CASAS 819

SCANNED  
SEP 03 2020



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

REVIEW COMPLETED BY

Booking Number: 2020020849	Date: 09/03/2020
	Specialist Name/ID: T Howard/7185

SCANNED  
 SEP 03 2020