

J-0517436

20 OCT 8456 NB  
P-959

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number  
Agency ORI Number **FL 0503100** Agency Name **TEQUESTA POLICE DEPARTMENT** Agency Report Number **92 TPD20OFF000207**

Charge Type:  1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  5. Ordinance  6. Other  
If Weapon Seized \_\_\_\_\_ Enter Type \_\_\_\_\_ Multiple Clearance Indicator \_\_\_\_\_

Location of Arrest (Including Name of Business) **Tequesta Dr. & N US Hwy 1** Location of Offense (Including Name of Business) **Tequesta Dr. & N US Hwy 1**

Date of Arrest **07/11/2020** Time of Arrest **2118** Booking Date \_\_\_\_\_ Booking Time \_\_\_\_\_ Jail Date \_\_\_\_\_ Jail Time \_\_\_\_\_ Location of Vehicle \_\_\_\_\_

Name (Last, First, Middle) **Kyle 2nd David Ackerman** Alias (Name, DOB, Soc. Sec. #, Etc.) \_\_\_\_\_

Race **W** Sex **M** Date of Birth **03/23/1969** Height **5-11** Weight **185** Eye Color **Blue** Hair Color **Brown** Complexion **Fair** Build **Medium**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) \_\_\_\_\_ Marital Status **Married** Religion \_\_\_\_\_

Local Address (Street, Apt. Number) **229 Golf Club Cir.** City **Tequesta** State **FL** Zip **33464** Phone **561-284-3234** Residence Type:  1. City  2. County  3. Florida  4. Out of State  5. Juvenile

Permanent Address (Street, Apt. Number) **229 Golf Club Cir.** City **Tequesta** State **FL** Zip **33464** Phone **561-284-3234** Address Source **FL DL**

Business Address (Street, Apt. Number) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

DL Number, State **K400-161-69-103-0** Social Security Number \_\_\_\_\_ INS Number \_\_\_\_\_ Place of Birth **Bermuda** Citizenship **United States**

Co-Defendant Name (Last, First, Middle) \_\_\_\_\_ Race **W** Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  1. Arrested  2. At Large  3. Felony  4. Misdemeanor  5. Juvenile

Co-Defendant Name (Last, First, Middle) \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  1. Arrested  2. At Large  3. Felony  4. Misdemeanor  5. Juvenile

Parent Legal Guardian Other \_\_\_\_\_ Name (Last, First, Middle) \_\_\_\_\_ Phone \_\_\_\_\_

Address (Street, Apt. No.) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_

Notified By (Name) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Juvenile Disposition:  1. Handled/Processed within Dept. and Released  2. TOT HRSDAYS  3. Incarcerated

Released To (Name) \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

The above address was provided by  defendant and/or  defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 904-335-2528) informed of any address change  
 Yes, by (Name) \_\_\_\_\_  No (Reason) \_\_\_\_\_ School Attended \_\_\_\_\_ Grade \_\_\_\_\_

Property Crime?  Yes  No Description of Property \_\_\_\_\_ Value of Property \_\_\_\_\_

Drug Activity:  S. Sell  R. Smuggle  K. Distribute  M. Manufacture/Produce  Z. Other  Drug Type:  N. N/A  B. Barbiturate  H. Hallucinogen  P. Paraphernalia/Equipment  U. Unknown  2. Other  C. Cocaine  E. Heroin

Charge Description **DUI - DRIVING UNDER THE INFLUENCE/NORMAL FACULTIES IMPAIRED** Counts **1** Domestic Violence  Y  N Statute Violation Number **316.193(1)(A)** Violation or ORD. # \_\_\_\_\_

Drug Activity \_\_\_\_\_ Drug Type \_\_\_\_\_ Amount/Unit \_\_\_\_\_ Offense # \_\_\_\_\_ Warrant/Capias Number \_\_\_\_\_ Bond **OR**

Charge Description \_\_\_\_\_ Counts \_\_\_\_\_ Domestic Violence  Y  N Statute Violation Number \_\_\_\_\_ Violation or ORD. # \_\_\_\_\_

Drug Activity \_\_\_\_\_ Drug Type \_\_\_\_\_ Amount/Unit \_\_\_\_\_ Offense # \_\_\_\_\_ Warrant/Capias Number \_\_\_\_\_ Bond \_\_\_\_\_

Charge Description \_\_\_\_\_ Counts \_\_\_\_\_ Domestic Violence  Y  N Statute Violation Number \_\_\_\_\_ Violation or ORD. # \_\_\_\_\_

Drug Activity \_\_\_\_\_ Drug Type \_\_\_\_\_ Amount/Unit \_\_\_\_\_ Offense # \_\_\_\_\_ Warrant/Capias Number \_\_\_\_\_ Bond \_\_\_\_\_

Charge Description \_\_\_\_\_ Counts \_\_\_\_\_ Domestic Violence  Y  N Statute Violation Number \_\_\_\_\_ Violation or ORD. # \_\_\_\_\_

Drug Activity \_\_\_\_\_ Drug Type \_\_\_\_\_ Amount/Unit \_\_\_\_\_ Offense # \_\_\_\_\_ Warrant/Capias Number \_\_\_\_\_ Bond \_\_\_\_\_

Location (Court, Address, Room Number) **North County Courthouse - 3188 PGA Blvd, Palm Beach Gardens, FL 33410**

Court Date and Time Month **August** Day **10th** Year **2020** Time **8:30** AM  PM

I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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) \_\_\_\_\_ Date Signed \_\_\_\_\_

HOLD for Other Agency Name \_\_\_\_\_ Signature of Arresting Officer \_\_\_\_\_ Name of Arresting Officer (PRINT) **JUL 12 2020**

Dangerous  Resisted Arrest  Suicidal  Other \_\_\_\_\_ Name of Arresting Officer **Ofc. Thomas Jarrell** ID # **1210** Agency **TPD**

Intake Deputy **[Signature]** ID # \_\_\_\_\_ Pouch # \_\_\_\_\_ Transporting Officer **Ofc. T. Jarrell** ID # **1210** Agency **TPD** Witness here if subject signed with an "X" \_\_\_\_\_ Page **1 of 2**

JUL 12 AM 1:54

**PROBABLE CAUSE AFFIDAVIT**

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

OBTS Number \_\_\_\_\_

Agency ORI Number **FL 0503100** Agency Name **TEQUESTA POLICE DEPARTMENT** Agency Report Number **92 TPD20OFF000207**

Charge Type: Check as many as apply  
 1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  5. Ordinance  6. Other \_\_\_\_\_

Special Notes \_\_\_\_\_

Defendant Name (Last, First, Middle) **Kyle 2nd David Ackerman** Race **W** Sex **M** Date of Birth **03/23/1989**

Charge **DUI - DRIVING UNDER THE INFLUENCE/NORMAL FACULTIES IMPAIRED**

Victim Name (Last, First, Middle) \_\_\_\_\_

Local Address (Street, Apt. Number) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Address Source **FL DL**

Business Address (Street, Apt. Number) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

The undersign 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.  
 The person taken into custody...  
 committed the below acts in my presence.  
 confessed to admitting to the below facts.  
 was observed by \_\_\_\_\_ who told that he/she saw the arrested person commit the below acts.  
 was found to have committed the below acts, resulting from (described) investigation.

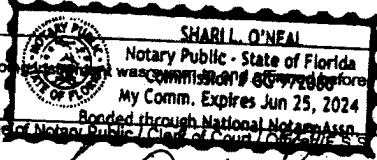
On the **11th** day of **July** 20 **20** at **9:18**  AM  PM

See DUI Probable Cause.

NOT A CERTIFIED COPY

SCANNED  
JUL 12 2020

The foregoing was commissioned before me this **11th** day of **July** 20 **20** by: **Ofc. Thomas Jarrell** 1210

 **SHARI L. O'NEAL**  
 Notary Public - State of Florida  
 My Comm. Expires Jun 25, 2024  
 Bonded through National Notary Assn (F.S.S. 117.00)

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) \_\_\_\_\_

Name of Arresting/Investigating Officer **Ofc. Thomas Jarrell** 1210  
 Signature of Arresting/Investigating Officer \_\_\_\_\_

Page **1** of **2**

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

I, Ofc. T. Jarrell #1210, a duly certified Law Enforcement Officer or Correctional Officer, (Name of Officer reading Implied Consent Warning)

am a member of Tequesta Police Department, and I do swear (Name of law enforcement agency)

or affirm that on or about the 11th day of July, 2020, at 8:52 P.M. A.M.

DRIVER Akerman Kyle 2nd David (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

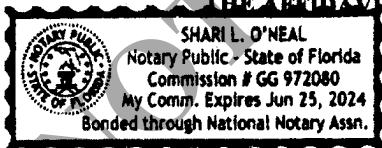
DL# K400-161-69-103-0, state of Florida, was placed under lawful arrest for the offense of Driving Under the Influence by Ofc. T. Jarrell #1210 and issued Citation # A5U4X6E (Name of Arresting Officer)

That on or about the 11 day of July, 2020, at P.M. A.M. in PALM BEACH County,

I requested that the driver submit to a X 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] 12/6 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

The foregoing instrument was sworn and subscribed before

Title

me this 11th day of July, 2020,

Date

by Ofc. T. Jarrell #1210

who is personally known to me or who has produced as identification

Notary Public [Signature]

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 JUL 17 2020

# TESTING FACILITY TASK REPORT

AGENCY: TPD

SUBJECT: KYLE II, DAVID ACKERMAN

CASE NUMBER: 20-086739

DATE: Jul 11, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:25

ENDING TIME: 22:28

BREATH TESTS RESULTS: 1) R TIME 22:27 A.M.  P.M.  2) N/A TIME N/A 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 TECHNICIAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM

CLOTHING: TAN SHORTS, BLUE T-SHIRTS, BLACK FLIP-FLOPS

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE

MEDICATIONS: METOPROLOL, CANDESARTAN

OTHER:

**REFUSED**

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 22:00 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND WOULD REFUSE TEST AGAIN

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

**REFUSED**

SCANNED  
JUL 12 2020

David H.

CASE NUMBER TFD 2077/1-20-7

# QUESTIONS AND ANSWERS

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THESE THINGS IN MIND. YOU MAY ANSWER SOME OF THEM IN THE MANNER YOU FEEL MOST COMFORTABLE.

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU AT THE TIME OF THE ACCIDENT?

*Kyle H. David H.*

CASE NUMBER *TRD 20000000000000000000*

# IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

**NOTE: READ ONLY THE SECTION APPLICABLE TO THE TYPE OF VEHICLE YOU ARE DRIVING.**

I am now requesting that you submit the BIACAP of your DRIVER'S LICENSE for the purpose of conducting a breath test.

I am now requesting that you submit the BIACAP of your DRIVER'S LICENSE for the purpose of conducting the presence of alcohol test.

I am now requesting that you submit the BIACAP of your DRIVER'S LICENSE for the purpose of detecting the presence of alcohol or drugs.

**NOTE: READ ONLY THE SECTION APPLICABLE TO THE TYPE OF VEHICLE YOU ARE DRIVING.**

I, Kyle H. David H. of the State of Texas, do hereby certify that I am a duly licensed peace officer in the State of Texas and I am authorized to administer the breath test to you. I am now requesting that you submit the BIACAP of your DRIVER'S LICENSE for the purpose of conducting a breath test.

*Kyle H. David H.*

## CONSTITUTIONAL WARNING

**PLEASE DO NOT MAKE ANY STATEMENTS TO ANY POLICE OFFICER UNTIL YOU HAVE CONSULTED WITH AN ATTORNEY.**

1. You have the right to remain silent. If you answer any questions, your answers may be used against you in court.
2. Anything you say can be used against you in court.
3. You have the right to stop answering questions at any time. You do not have to answer any questions until you talk to a lawyer for advice before we ask you any questions and to answer those questions. You will still need to answer questions if you have already answered questions to any police officer.
4. If you cannot afford a lawyer, one will be appointed for you before any questioning if you cannot afford a lawyer.
5. You have the right to stop answering questions at any time. You do not have to answer any questions until you talk to a lawyer for advice before we ask you any questions and to answer those questions. You will still need to answer questions if you have already answered questions to any police officer.

DRIVER'S SIGNATURE: *Kyle H. David H.*

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11th DAY OF July 2020, AT 8:52 AM  PM  
SUBJECT: David Akerman Kyle 2nd CASE NUMBER: TPD20OFF000207  
AGENCY: Tequesta Police Department ARRESTING OFFICER: Ofc. T. Jarrell #1210

## PERSONAL CONTACT

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

I observed a black 2016 GMC Sierra, bearing FL tag #Y48KXE, stopped in the NW portion of the intersection of Tequesta Dr. and N US Hwy. 1. The vehicle had been in a traffic crash and sustained disabling damage on the rear passenger side. See crash report for further information.

### OBSERVATION OF DRIVER:

I observed the Driver, later identified as David Kyle 2nd (W/M, DOB 03/23/1969) by FL Driver's License, sitting in the driver's seat with the vehicle running and the keys in the ignition. Upon approaching the open window, I immediately detected the odor of an unknown alcoholic beverage. The odor grew stronger as Kyle spoke. Kyle's eyes were bloodshot and glassy, and his speech was slurred. Kyle appeared to have urinated on himself, having a large wet spot in the crotch area. Kyle refused treatment from Tequesta Fire Rescue and did not report any injuries. I asked Kyle for his DL, registration, and proof of insurance. Kyle was unable to find the registration, and proof of insurance. After 2-3 minutes he was able to find the DL. I asked Kyle to turn off and exit the vehicle to which he complied. I asked Kyle to the sidewalk on the north west side of the intersection. Kyle had an orbital sway and walked in a zig-zag pattern.

### DRIVER'S STATEMENTS:

Kyle was unable to describe his direction of travel or destination. When questioned further he became uncooperative and refused to answer any questions.

### ODORS:

Unknown alcoholic beverage, cigarettes.

## GENERAL OBSERVATIONS

SPEECH: Slurred, mumbled

ATTITUDE: Uncooperative, reserved

CLOTHING: Tan shorts, blue t-shirt, black flip flops

MEDICAL/OTHER: High blood pressure

STATE OF FLORIDA  
COUNTY OF PALM BEACH

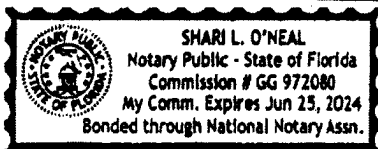
Ofc. T. Jarrell #1210

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of July 2020 by Ofc. T. Jarrell #1210

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

S. O'Neal  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED  
JUL 12 2020

SUBJECT: David A. Kyle 2nd

CASE NUMBER TPD20OFF000207

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

**Refused**

**WALK & TURN:**

**Refused**

**ONE LEG STAND:**

**Refused**

**FINGER TO NOSE:**

**Refused**

**ROMBERG ALPHABET:**

**Refused**

**BREATH TEST RESULTS:**

1) Refused	2)	3)	4)
------------	----	----	----

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**Ofc. T. Jarrell #1210**

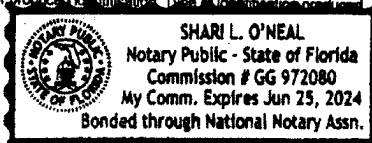
(Signature of Arresting/Investigative Officer)

*[Signature]* 120

The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of July, 2020 by Ofc. T. Jarrell #1210

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

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



SCANNED  
JUL 12 2020

# WITNESS LIST

ARRESTING OFFICER: Ofc. T. Jarrell #1210

CASE NUMBER: TPD20OFF000207

ADDRESS: 357 Tequesta Dr., Tequesta, FL 33469

PHONE NUMBERS (HOME): \_\_\_\_\_

(WORK) 561-768-0500

CAN TESTIFY TO: DUI investigation, Arrest & Transport, BAT Observations

NAME: Sgt. K. Blanc # 1187

ADDRESS: 357 Tequesta Dr., Tequesta, FL 33469

PHONE NUMBERS (HOME): \_\_\_\_\_

(WORK) 561-768-0500

CAN TESTIFY TO: Back-up

NAME: Cpl. T. Baldwin #1214

ADDRESS 357 Tequesta Dr., Tequesta, FL 33469

PHONE NUMBERS (HOME): \_\_\_\_\_

(WORK) 561-768-0500

CAN TESTIFY TO: Crash investigation

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



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

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2020016729	<b>Date:</b> 7/12/2020
	<b>Specialist Name/ID:</b> Gammage/5660