

21CT 13559 NB

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 FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT				Agency Report Number 78 - 21003507							
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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 12220 Alternate A1A Palm Beach Gardens, FL 33410						Location of Offense (Business Name, Address) 12220 Alternate A1A, Palm Beach Gardens, FL 33410							
Date of Arrest 08/14/2021		Time of Arrest 04:09		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle Kauffs Towing 4701 East Ave. WPB, FL	
Name (Last, First, Middle) Hunting III, David, Dyer										Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 08/29/1979		Height 5'10"		Weight 190		Eye Color Blue		Hair Color Blonde	
Complexion Light		Build Medium		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None		Marital Status <input checked="" type="checkbox"/> OTHER		Religion <input type="checkbox"/> OTHER		Indication of: Alcohol Influence Drug Influence		Y N Unk.	
Local Address (Street, Apt. Number) 4507 Mediterranean Cir. Palm Beach Gardens FL 33418						Phone (818) 422-7211		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1					
Permanent Address (Street, Apt. Number) 4507 Mediterranean Cir. Palm Beach Gardens FL 33418						Phone		Address Source Verbal					
Business Address (Name, Street) Artist						Phone		Occupation Artist					
D/L Number, State H535164793090 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Grand Rapids, MI		Citizenship					
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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last)		(First)		(Middle)		Residence Phone					
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone					
Notified by: (Name)				Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated			
Released To: (Name)				Relationship				Date		Time			
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.								School Attended		Grade			
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)								Value of Property					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description 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/ 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. Synthetics		U. Unknown Z. Other							
Charge Description DUI Breath Above .15				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193 (4)				Violation of ORD #	
Drug Activity N/A		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond	
Location (Court Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700													
Court Date and Time Month September Day 15 Year 2021 Time 10:00 AM <input checked="" type="checkbox"/>		AUG 14 AM 7:28 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)												Date Signed 08/14/2021	
HOLD for other Agency Name:				Signature of Arresting Officer				Name Verification (Printed by Arresting Officer)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				(PRINT)					
Inmate Deputy				Name of Arresting Officer (Print) James Lovett				ID # 523					
Pouch #				Transporting Officer James Lovett				ID # 523					
				Agency PBGPD				Witness here if subject signed with an "X"					
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)												1 OF 1	

J# 0525270

P# 931

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 14 day of August 2021 at 03:47 ☒ AM ☐ PM

Subject: Hunting III, David, Dyer Case Number: 21003507

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: James Lovett 523

PERSONAL CONTACT

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

I observed white Subaru SUV bearing FL tag LWSN59 make a wide right turn out of Promenade Plaza onto northbound Alternate A1A. The vehicle also failed to stop at the red light at the exit of the plaza. The vehicle then continued north in the left lane and failed to maintain its lane of travel. The vehicle crossed the solid yellow fog line on the left side of the roadway twice and crossed the dashed white line to the right 3 times. I activated my emergency lights to initiate a traffic stop at the intersection of Alternate A1A and Kyoto Gardens Dr. and the vehicle did not come to a stop until 12220 Alternate A1A (approximately 3249 feet).

OBSERVATION OF DRIVER:

I made contact with the driver and sole occupant of the vehicle David Hunting, identified by his FL driver's license. Hunting's eyes were blood shot and glassy and his speech was slurred.

DRIVER STATEMENTS:

Hunting stated he was coming from a local bar, Swampgrass Willy's, and had 3 beers while he was there.

ODORS: The odor of an unknown alcoholic beverage emitting from Hunting's breath at a conversational distance

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: compliant

CLOTHING: casual

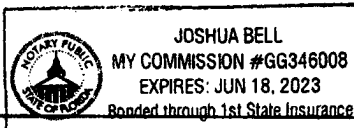
MEDICAL/OTHER: At first stated he had no medial conditions and during the Walk and Turn test stated he had hip problems and a splint of his right ankle

STATE OF FLORIDA
COUNTY OF PALM BEACH


SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 14 day of August 20 21 by James Lovett 523 who is ☒ personally known to me or ☐ produced


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



STAMP

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: Hunting III, David, Dyer

Case Number: 21003507

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE

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

RIGHT EYE

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

Other Observations:

I also observed vertical gaze nystagmus.

Walk and Turn ☒

Hunting stated he understood all instructions while standing in the instruction position. He was unable to maintain his balance and started too soon. Hunting then stated this would be difficult since he was wereing a splint on his right ankle and had hip pain. It is noted that prior to sdministering SFST's, Hunting stated he had no issues that would prevent him from walking a straight line. The task was not performed due to Hunting stating the splint would cause him issues.

One Leg Stand ☒

Hunting stated he understood all instructions. During the task, Hunting did not look down at his raised foot and started to count, stopped, and the questioned if he should continue. While performing the task Hunting placed his foot down twice and used his arms for balance.

Rhomberg Alphabet ☒

Hunting stated he understood all instructions. He recited the alphabet as follows: "ABCDEFGH...wait no...H...yeah...IJKLMNOPQRSTUVWXYZ... I can't remember the rest of it...hold on a second...I haven't done this in a while...it's like XYZ or something"

Finger to Nose ☒

Hunting stated he understood all instructions. 1st Left: Pad of index finger to bridge of his nose. 1st Right: Searched for the tip of his nose then placed the pad of his index finger on the bridge of his nose. 2nd Left: Pad of index finger to bridge of his nose. 2nd Right: Pad of index finger to side of his nose then the bridge of his nose. 3rd Right: Initially lifted left hand, pad of right index finger to bridge of his nose. 3rd Left: Pad of index finger to the bridge of his nose.

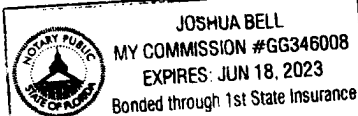
BREATH RESULTS: 1) .192 @ 05:15 2) .197 @ 05:18 3) _____ @ _____ 4) _____ @ _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 14 day of August 20 21 by James Lovett 523 who is ☒ personally known to me or ☐ produced.

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



STAMP

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: HUNTING III, DAVID DYER

CASE NUMBER: 21-095909

DATE: Aug 14, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0505

ENDING TIME: 0537

BREATH TESTS RESULTS: 1) .192 TIME 0515 A.M. ☒ P.M. ☐ 2) .197 TIME 0518 A.M. ☒ P.M. ☐
3) N/A TIME XX A.M. ☐ P.M. ☐ 4) N/A TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE

CLOTHING: BLACK LONG SLEEVE BUTTON UP SHIRT, GREY PANTS, BLACK BOOTS

MEDICAL CONDITIONS: ANXIETY

MEDICATIONS: UNKNOWN ANXIETY

OTHER:

EYES: BLOODSHOT, GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0440 HOURS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C 2 TIMES

SUBJECT STATED HE UNDERSTOOD I.C

SUBJECT STATED HE WOULD TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS AND ASKED FOR A COPY

TECH READ BREATH TEST RESULTS AND EXPLAINED

SUBJECT STATED HE DID NOT UNDERSTAND WHAT THE NUMBERS MEAN

A/O CONDUCTED Q AND A

SUBJECT ANSWERED Q AND A

INTRUMENT PRINTER WAS OUT OF PAPER / BREATH TEST AFFIDAVIT WAS PRINTED AFTER VIDEO ENDED

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006477 Software: 8100.27
Date of Test: 08/14/2021

Date of Last Agency Inspection: 08/13/2021

Observation Period Began: 04:40

Subject's Name: DAVID D HUNTING III

DOB: 08/29/1979 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	05:13
	Air Blank	0.000	05:14
	Control Test	0.079	05:14
	Air Blank	0.000	05:14
	Subject Sample #1	0.192	05:15
	Air Blank	0.000	05:16
	Air Blank	0.000	05:18
	Subject Sample #2	0.197	05:18
	Air Blank	0.000	05:19
	Control Test	0.079	05:19
	Air Blank	0.000	05:20
	Diagnostics Check	OK	05:20

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

Breath Test Operator: _____

Signature

Date: 08/14/21

Sworn to (or affirmed) before me this 14 day of August, 2021

Signature of Notary Public-State of Florida

Off. J. Lovett #523

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.

DUI WITNESS LIST

21003507

Arresting Officer: James Lovett 523 Email: JLovett@PBGFL.com
Agency Address: 10500 N. Military Trl Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: Facts of Case

Backup Officers: Ofc. Sam Warren ID #463
Agency Address: 10500 N. Military Trl. Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: Investigation

Crash Investigator: _____ Email: _____
Agency Address: _____ Phone: _____

Breathalyzer Technician: Josh Bell ID: 8656 Agency: PBSO

DRE: _____ ID# _____ Agency Case #: _____
Agency Address: _____ Phone: _____ Email: _____

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ ☐ Wheel Witness

**PALM BEACH GARDENS POLICE DEPARTMENT
SAO FILING PACKET INFORMATION FORM**

DUI

- ☒ **ARREST**- all parts of packets are to be **uploaded** into STAC- BWC's must be transferred to SAO evidence.com platform
- ☐ **WARRANT REQUEST**- all parts of packets are to be delivered to the SAO- BWC's must be transferred to the SAO evidence.com platform

AGENCY # 21003507 ARREST DATE: 08/14/2021

DEFENDANT: Hunting III, David, Dyer DOB: 08/29/1979

CO-DEFENDANT: _____ DOB: _____

ARRESTING OFFICER: James Lovett 523 CELL PHONE: (561) 799-4445

EMAIL ADDRESS: JLovett@PBGFL.com

ATTACH THIS TO YOUR FILING PACKET (REQUIRED)

NOTE: YOU MUST PROVIDE A COPY OF EACH ITEM OF EVIDENCE AS PART OF YOUR PACKET. ALL EVIDENCE MUST BE UPLOADED EITHER ONTO STAC OR SAO EVIDENCE.COM PLATFORM. CHECK ITEMS APPLICABLE TO YOUR CASE TO CERTIFY THEY HAVE BEEN INCLUDED IN YOUR SUBMISSION:

<input checked="" type="checkbox"/>	ROUGH ARREST	<input type="checkbox"/>	FCIC/NCIC CRIMINAL HISTORY(ONLY NEEDED IF WARRANT REQUEST CASES)
<input checked="" type="checkbox"/>	SIGNED PC AFFIDAVIT	<input type="checkbox"/>	STOLEN VEHICLE AFFIDAVIT AND ORIGINAL THEFT REPORT
<input type="checkbox"/>	SWORN VICTIM STATEMENT (MARKED AND LABELED)	<input type="checkbox"/>	PAWN TRANSACTION FORM AND PAWN SHOP AFFIDAVIT
<input type="checkbox"/>	SWORN WITNESS STATEMENTS (MARKED AND LABELED)	<input type="checkbox"/>	911 & CAD REPORTS
<input type="checkbox"/>	ALL PHOTO LINEUPS	<input type="checkbox"/>	COPY OF MIRANDA CARD
<input type="checkbox"/>	ALL SUPPLEMENTAL AND INCIDENT REPORTS	<input type="checkbox"/>	PROPERTY RECEIPTS
<input type="checkbox"/>	ALL VIDEO SURVEILLANCE IN ONE OF ACCEPTED FORMATS	<input type="checkbox"/>	ALL SEARCH WARRANTS AND AFFIDAVITS
<input type="checkbox"/>	CSI REPORT, DNA REPORT, LAB RESULTS, AFIS REPORT	<input type="checkbox"/>	IN-CAR VIDEO
<input type="checkbox"/>	PHOTOS	<input type="checkbox"/>	AUDIO OR VIDEO RECORDED STATEMENTS
<input type="checkbox"/>	DEFENDANT STATEMENT (MARKED AND LABELED)	<input checked="" type="checkbox"/>	BWC'S- PROPERLY MARKED AND TITLED
<input type="checkbox"/>	TRACKING CITATIONS (GTMV/TRAFFIC CRIMES)	<input type="checkbox"/>	ANY OTHER EVIDENCE

ARRESTING OFFICER SIGNATURE *James Lovett* DATE 08/14/2021

As the supervisor of Officer James Lovett, I certify that I have reviewed the attached filing packet and found it to be complete and accurate.

SUPERVISOR SIGNATURE: _____ DATE _____

SUPERVISOR EMAIL: _____ SUPERVISOR CELL PHONE: (561) 799-4445

SUBJECT: Hunt, III, David Dyer 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 lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

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

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____

SUBJECT: Hunter, III, David Dyer CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	_____
GLASS EYE?	_____
FALSE TEETH?	_____
EAR INFECTION?	_____
INNER EAR TROUBLE?	_____
DIABETES?	_____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: OFC. J. L. ... ++ #523



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021020184

Date: 8/15/2021

Specialist Name/ID: A. Pinkney/7796