

J# 0516691 20CT008(2)ALXMS PH# 2820

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

Arrest
2. N.T.A.

3. Request for Warrant
4. Request for Capias

1

Juvenile

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-072531							
	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 <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No NONE		Multiple Clearance Indicator 01					
	Location of Arrest (Including Name of Business) Richard Rd and Old Dixie Highway					Location of Offense (Business Name, Address) Richard Rd and Old Dixie Highway								
	Date of Arrest 05/28/2020		Time of Arrest 0330		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle East Coast Towing	
DEFENDANT	Name (Last, First, Middle) Martin David P				Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M	Date of Birth 04/10/1987		Height 5'8	Weight 180	Eye Color Bru	Hair Color Bru	Complexion Light		Build Med		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Multiple Tattoos						Marital Status Single		Religion NONE		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U			
	Local Address (Street, Apt. Number) 9104 Ducauy Way				(City) (State) (Zip) Palm Beach Gardens FL 33403		Phone (774) 269-9646		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/> 5. Juvenile					
	Permanent Address (Street, Apt. Number)				(City) (State) (Zip)		Phone		Address Source VERBAL					
	Business Address (Name, Street)				(City) (State) (Zip)		Phone		Occupation					
	D/L Number, State S2725992 Mass			Soc. Sec. Number		INS Number		Place of Birth (City, State) Barnstable Mass		Citizenship Yes				
	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
	JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:										Residence Phone		
Address (Street, Apt. Number)										(City) (State) (Zip)		Business Phone		
Notified by: (Name)				Date		Time		Juvenile Disposition 1. Handed processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated						
Released To: (Name)				Relationship				Date		Time				
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)								School Attended		Grade				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property					Value of Property							
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamines		B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other		
Charge Description DRIVING UNDER THE INFLUENCE				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)(A)		Violation of ORD #				
Drug Activity N		Drug Type N	Amount / Unit REFUSED		Offense # 20-072531		Warrant / Capias Number		Bond					
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input 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 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 type="checkbox"/> N		Statute Violation Number		Violation of ORD #				
Drug Activity		Drug Type	Amount / Unit		Offense #		Warrant / Capias Number		Bond					
NOTICE TO APPEAR	Location (Court Room Number, Address) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406													
	Court Date and Time Month July Day 16 Year 2020 Time 08:30 AM <input checked="" type="checkbox"/> 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. Refused											
Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed 05/28/2020								
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer INV. M. SMITH				Name Verification (Printed by Arrestee) SMITH INV. M.					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) INV. M. SMITH		I.D. #		(PRINT)		PAGE					
	Intake Deputy ANN DIDI		I.D. #	Pouch #	Transporting Officer Smith		ID # 9621	Agency PBSO	Witness here if subject signed with an "X" 1 OF 1					

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

Agency ORI Number: **FLO 500000** Agency Name: **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number: **06-20072531**

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

Special Notes: **Supplemental PC**

Name (Last, First, Middle): **Martin, David,** Alias: _____ Race: **W** Sex: **M** Date of Birth: **4/10/1987**

Charge Description: **DUI** Charge Description: _____

Charge Description: _____ Charge Description: _____

Victim's Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____

Local Address (Street, Apt. Number): _____ (City): _____ (State): _____ (Zip): _____ Phone: _____ Address Source: _____

Business Address (Name, Street): _____ (City): _____ (State): _____ (Zip): _____ Phone: _____ Occupation: _____

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. The Person taken into custody

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **28** day of **May** 20**20** at **0245** A.M. P.M. (Specifically include facts constituting cause for arrest.)

This is a supplemental PC to case number 20072531

On 5/28/2020 at approximately 0245 hours I was traveling West bound on Northlake Blvd when I approached a red light at intersection of Northlake Blvd and Old Dixie Highway. While I was stopped I observed a dark colored vehicle pulling out of a side street on the North side of Northlake Blvd just a few yards away. The vehicle proceeded to travel south and ran over the center median divider that separates West and east bound travel lanes. The vehicle then proceeded to head south bound make a left turn onto Old Dixie Highway. I got behind the vehicle and performed a traffic stop while activating my light bar. The vehicle came to a complete stop on Old Dixie Highway and Richard Rd. As I approached the vehicle and made contact with the driver I asked him for his drivers license. The driver was Identified as W/M David Martin by his Massachusetts Drivers License. I immediately detected the odor of unknown alcoholic beverage emitting from his person and breath. Mr. Martin's eyes appeared glassy and bloodshot and his speech was slurred, as he wasn't making sense during my traffic investigation. With Martin showing signs of possible impairment, I contacted a DUI unit who responded to the area to conduct a DUI investigation. It should be noted when Mr. Martin was asked to step out of the vehicle and walk a short distance toward DUI units vehicle, he was stumbling the entire way.

NOT A

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **28** day of **May** 20**20** by **S. Geerman 29007**
Deputy Sheriff

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

Notary Public, Clerk of Court, Official P.S.S. 117.10

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108

PAGE _____ OF _____

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28 DAY OF May 2020 AT 0246 AM PM
SUBJECT: Martin David P CASE NUMBER: 20-072531

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. M. SMITH

PERSONAL CONTACT

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

On 05/28/2020 at approximately 02:51hrs, I was called to the scene of a traffic stop at the intersection of Richard Rd and Old Dixie Highway, which is located in unincorporated Palm Beach County, Florida. I arrived at the scene at approximately 0307hrs. D/S German # 29007 relayed to me, and completed a written signed sworn supplemental Probable Cause Affidavit stating the following, " On 5/28/2020 at approximately 0245 hours I was traveling West bound on Northlake Blvd when I approached a red light at intersection of Northlake Blvd and Old Dixie Highway. While I was stopped I observed a dark colored vehicle pulling out of a side street on the North side of Northlake Blvd just a few yards away. The vehicle proceeded to travel south and ran over the center median divider that separates West and east bound travel lanes. The vehicle then proceeded to head south bound make a left turn onto Old Dixie Highway. I got behind the vehicle and performed a traffic stop while activating my light bar. The vehicle came to a complete stop on Old Dixie Highway and Richard Rd. As I approached the vehicle and made contact with the driver I asked his for his drivers license. The driver was Identified as W/M David Martin by his Massachusetts Drivers License. I immediately detected the odor of unknown alcoholic beverage emitting from his person and breath. Mr. Martin's eyes appeared glassy and bloodshot and his speech was slurred, as he wasn't making sense during my traffic investigation". D/S German noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation. D/S Germano identified the defendant, to me, as the driver and sole occupant of the vehicle, at the time of the stop.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by their Massachusetts Driver License as David P Martin , I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area. This odor intensified as I spoke to Martin. Martin had glassy, glazed, and blood shot eyes. Martin's speech was slurred, slow, thick, and at times difficult to understand. Martin's movements were slow and deliberate. Martin was lethargic in his movements with poor coordination. Martin had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to him. Martin was wearing a blue t-shirt, green shorts, and white shoes. All the clothing appeared disheveled .

DRIVER'S STATEMENTS:

Pre Miranda Martin stated that he had drank miller lights earlier in the day while golfing. While en route to the jail Martin rambled and talked about an altercation he had while at the bar.

ODORS:

obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area

GENERAL OBSERVATIONS

SPEECH: slurred, slow, thick, and at times difficult to understand

ATTITUDE: Agitated, Argumentative, Cocky, Defiant, Hostile, loud

CLOTHING: blue t-shirt, green shorts, and white shoes

MEDICAL/OTHER: See BAT report

STATE OF FLORIDA
COUNTY OF PALM BEACH

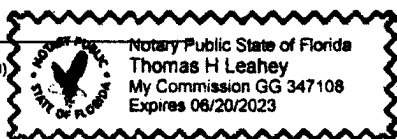
INV. M. SMITH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of May 2020 by INV. M. SMITH

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

T. Lehey
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Upon exiting the vehicle Martin stumbled and had an unsteady gait while walking to my vehicle

**WALK & TURN:
REFUSED**


**ONE LEG STAND:
REFUSED**

**FINGER TO NOSE:
REFUSED**

**ROMBERG ALPHABET:
REFUSED**

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

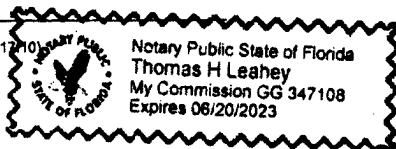
INV. M. SMITH 
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of May 2020 by INV. M. SMITH

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



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



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

I, INV. M. SMITH, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 28 day of May, 20 20, at 0330 P.M. A.M.

DRIVER David P Martin
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S27259992 Mass, state of FLORIDA, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE by INV. M. SMITH and
issued Citation # A2GCLEP
(Name of Arresting Officer)

That on or about the 28 day of May, 20 20, at 0438 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]
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 this 28 day of May, 20 20,

by INV. M. SMITH,

who is personally known to me or who has produced
PERSONALLY KNOWN LEO as identification

Notary Public [Signature]

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date / / 2019

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.



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

PBSO CASE # 20-072531 PBSO ZONE 3-13

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 0246 DATE 05/28/2020 DAY Thursday

SUBJECT'S NAME Martin David P RACE W SEX M
LAST FIRST MID

HGT 5'8 WGT 180 DOB 04/10/1987

LOCATION Richard Rd and Old Dixie Highway

ARRESTING OFFICER'S NAME & ID Inv. M. Smith 9621 AGENCY PBSO

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0415

ARREST TIME 0330

BREATH RESULTS:

1
 2 **REFUSED**
 3
 4

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

WITNESS LIST

CASE NUMBER: 20-072531

ARRESTING OFFICER: INV. M. SMITH

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): (WORK) (561) 688-3000

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO

NAME: D/S S. Germano 29007

ADDRESS: 3228 Gun Club Rd West Palm Beach FL

PHONE NUMBERS (HOME) (WORK) 561-688-3000

CAN TESTIFY TO: Supplemental PC, Stopping Deputy, Driving pattern

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:

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CAN TESTIFY TO:

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PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

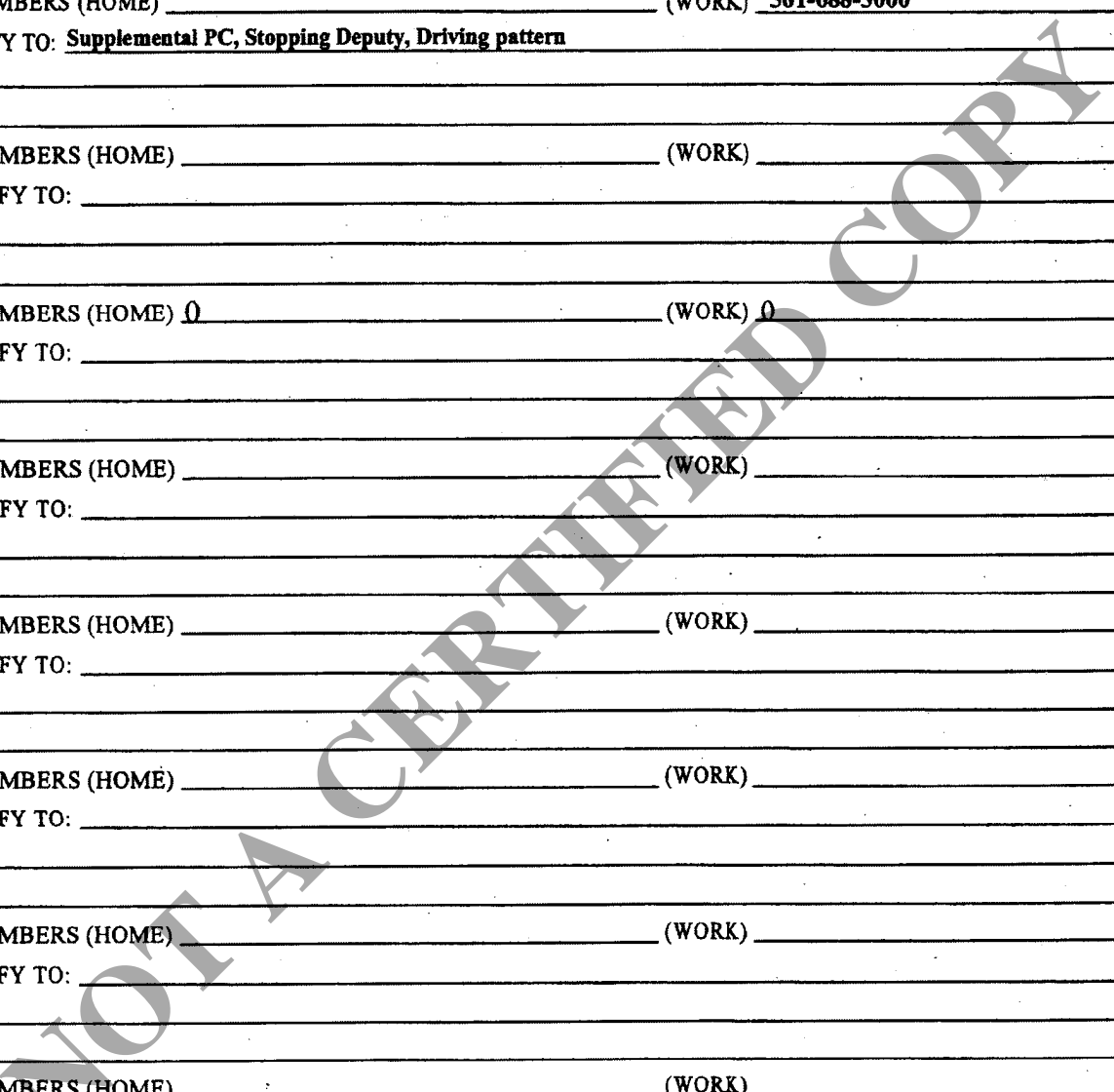
CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:



TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

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

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0415 hrs
subject refused to take breath test - never
A/O read I/C & subject understood I/C
subject refused to provide breath sample - absolutely fucking not
A/O read rights & subject understood rights
A/O attempted Q&A
subject invoked right to counsel - i plead the 5th

SUBJECT: Martin, David CASE NUMBER: 20 072531

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 Det M Smith # 9621 of the PBSO

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

SUBJECT: Martin, David

CASE NUMBER: 20-072531

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: _____



**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: 2020013680	Date: 05/28/2020
	Specialist Name/ID: T Howard/7185