

0520210

50-2020-CT-016249-ANB

3992

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4 20-004194	
Charge Type Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type NONE		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) DONALD ROSS RD/TOURNAMENT DR			Location of Offense (Business Name, Address) DONALD ROSS RD/CENTRAL BLVD, PALM BEACH			
Date of Arrest 12/13/2020	Time of Arrest 18:45	Booking Date 12/13/2020	Booking Time 18:55	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) DUNHAM, DAVID SCOTT		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White B - Black	Sex M	Date of Birth 10/01/1957	Height 5'10	Weight 190	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Medium
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status M	Religion	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		
Local Address (Street, Apt. Number) 13103 COASTAL CIR, PALM BEACH GARDENS, FL 33410		(City)	(State)	(Zip)	Phone			
Permanent Address (Street, Apt. Number) 13103 COASTAL CIR, PALM BEACH GARDENS, FL 33410		(City)	(State)	(Zip)	Phone		Address Source VERBA/DL	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation	
D/L Number, State D550177573610 / FL	Sec. Sec. Number	INS Number	Place of Birth (City, State) FORT WORTH, TX,		Citizenship US			

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor	
				<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 5. Juvenile
				<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor	

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian	Name (Last, First, Middle)		Residence Phone	
Address (Street, Apt. Number)		(City)	(State)	(Zip)
Notified by (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated
Released To: (Name)		Relationship	Date	Time
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.			School Attended	Grade
Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE				Statute Violation Number 316.193(4)		Violation of ORD #	
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	
						Bond	

Charge Description				Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	
						Bond	

Charge Description				Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	
						Bond	

Health / Apparent Physical Condition of Defendant				Any knowledge of the following: Explain: <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"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By	
Transported By		Date Transported		Time Transported		Other	

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room) North County PALM BEACH GARD		No Photo Available
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Court Date and Time 01/20/2021 08:30:00		
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				
Signature of Defendant (or Juvenile and Parent/Custodian)			Date Signed	

HOLD for Other Agency		Signature of Arresting Officer 5987		Name Verification (Printed by Arrestee) DEC 13 PM 9:54	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) MCGILLICUDDY, STEVEN		(PRINT)	
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		ID # 1216		PAGE	
Transporting Officer Wilson 8241		ID # 388		Agency JUPITE	
Witness here if subject signed with an "X"				1 OF 1	

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 20-004194
Charge Type: Check as many as apply.		Special Notes:		
<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

Name (Last, First, Middle) DUNHAM, DAVID SCOTT	Alias	Race W	Sex M	Date of Birth 10/01/1957
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Charge Description 316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) State Of Florida	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
 confessed to _____ that he/she saw the arrested person commit the below acts.
 admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the **13** day of **December**, **2020** at **20:12** (Specifically include facts constituting cause for arrest.)

On 12/13/2020 at approximately 1833 hrs I responded to the area of Donald Ross Road and Tournament Drive, Palm Beach Gardens, Fl, in reference to backing up Jupiter PD Officer Lowe on a traffic stop. Upon my arrival, I made contact with Lowe (SEE SUPPLEMENTAL PC). Officer Lowe advised me that he had been dispatched to the area of Donald Ross Road and Central Boulevard to conduct an area check for a white Jeep Cherokee (VEHICLE-1), bearing FL tag JNA-H10, that was purported to be all over the roadway. Officer Lowe first observed the vehicle traveling east bound in this area, which is unincorporated Palm Beach County. Officer Lowe pulled in behind the vehicle and observed a highly concerning driving pattern, leaving him to be worried that the driver of VEHICLE-1 was possibly operating while either sick, tired or impaired. Officer Lowe advised that VEHICLE-1 swerved/articulated within its own lane significantly. In the area of Donald Ross Road and Alternate A1A, VEHICLE-1 negatively impacted traffic flow by partially leaving the travel lane to the south and then swerving to the north, cutting off another vehicle. Officer Lowe, acting in good faith for the interest of public safety, conducted a traffic stop on VEHICLE-1 and made contact with the driver, David Dunham (DEFENDANT). Officer Lowe observed numerous signs of possible impairment, including bloodshot eyes and slurred speech.

Shortly after I arrived on scene, I was notified by Jupiter PD Sergeant Alexandre that the Palm Beach County Sheriff's Office was requesting mutual aid investigative assistance to handle the violation/investigation into VEHICLE-1 and the defendant. This mutual aid request was made directly by PBSO Sergeant Johnson (ID #9193) to Sergeant Alexandre, who then authorized me to take over the investigation.

At this time I made contact at the driver window with Dunham. I immediately observed that he had bloodshot red watery eyes. He spoke with heavily slurred speech. He spoke with an odor of unknown alcoholic beverage emitting from his person, which intensified as he spoke. He advised me that he had just come from Jupiter Country Club where he had

SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT / OFFICER (BEVERLY SUE OWEN) MY COMMISSION # GG 188278 EXPIRES: May 30, 2022 Bonded Thru Notary Public Underwriters 12/13/2020	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MCGILICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT) 12/13/2020 DATE	PAGE 1 of 3
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OSTS Number A D M I N D E F P R O B A B L E C A U S E S T A T E M E N T	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE	
Agency ORI Number: FL 0501700		Agency Name: JUPITER POLICE DEPARTMENT		Agency Report Number: 5 4 20-004194	
Charge Type: Check as many as apply. <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				Special Notes:	
Name (Last, First, Middle): DUNHAM, DAVID SCOTT			Race: W	Sex: M	Date of Birth: 10/01/1957
<p>played golf. I had him step out of the car to continue my interview with him. He appeared to have lethargic movements. He made numerous remarks about how he was close to his home. I asked him how much he had to drink today and he stated that he had a couple beers while playing golf. He said his last drink was two hours prior. He denied taking any medication. I asked him to rate himself on an impairment scale from 1-10. He advised me that he is a 1. I asked for him to participate in field sobriety exercises and he consented to participate in them.</p> <p>HORIZONTAL GAZE NYSTAGMUS</p> <ul style="list-style-type: none"> -Equal pupil size and no resting nystagmus -Equal tracking in both eyes -Lack of smooth pursuit in both eyes -Distinct and sustained nystagmus at maximum deviation in both eyes -Onset of nystagmus prior to forty-five degrees in both eyes. I estimated initial degree of onset at thirty degrees. -No vertical nystagmus <p>Dunham had major difficulty following instructions during this exercise and I had to reset the stimulus multiple times. He at first would move his head and then we went through a sequence where he was looking past the stimulus and not at it. He had a noticeable orbital sway during the exercise</p> <p>WALK AND TURN</p> <ul style="list-style-type: none"> -Lost balance in starting position -Started too soon -Stepped off line (step 7) -Missed heel to toe (all) -Improper turn (none) -Used arms for balance -Incorrect number of steps (8 up and did not attempt the second 9) -8 of 8 clues observed <p>ONE LEG STAND</p> <ul style="list-style-type: none"> -Swayed -Used arms for balance -Put foot down -3 of 4 clues -Barely lifted foot off the ground <p>FINGER TO NOSE</p> <ul style="list-style-type: none"> 1L - Pad high on bridge. Did a second touch without being told to. 2R - Pad to bridge 3L - Pad to bridge 4R - Pad to bridge 					
SWORN AND SUBSCRIBED BEFORE ME					
NOTARY PUBLIC / CLERK  12/13/2020		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  MCGILlicuddy, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT) 12/13/2020 DATE			
		PAGE 2 OF 3			

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1. Arrest
2. N.T.A.
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1 JUVENILE

OBTS Number

Agency ORI Number
FL 0501700

Agency Name
JUPITER POLICE DEPARTMENT

Agency Report Number
5 | 4 | 20-004194

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

Special Notes:

Name (Last, First, Middle)
DUNHAM, DAVID SCOTT

Race: **W** Sex: **M** Date of Birth: **10/01/1957**

5R - Left then put down and asked "right or left", I clarified and he placed pad to bridge
6L - Pad to above tip

RHOMBERG ALPHABET

A B C D E F G H I G..... he then stopped, opened his eyes and started at me

At this time I had probable cause to believe that Dunham had been in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point that this normal faculties were impaired, contrary to F.S.S. 316.193. I placed him under arrest at 1845 hrs. I then transported him to the Palm Beach County Breath Alcohol Testing (BAT) Center, arriving at 1915 hrs. I placed him under a 20 minute observation period, during which I did not observe him consume nor regurgitate anything. We then went on video with BAT Technician Owen (ID #3184) and I requested that Dunham submit to a breath test. He said he would and then asked if he had to. I then read him implied consent from a prepared card and he consented to the breath test. He provided breath samples of .206 BrAC and .196 BrAC. I then read him Miranda rights from a prepared card. He advised he would answer questions. He advised that he was only a 1 on an impairment school from 1-10. I then ended questioning and placed him in a holding cell. I issued him a court date of 1/20/2021 at 0830 hrs at the North County Courthouse. I issued him a citation for failure to maintain a single lane, in addition to the DUI citation. VEHICLE-1 was towed from the scene by East Coast Towing. BWC.

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SWORN AND SUBSCRIBED BEFORE ME

[Signature]
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 113.12) OWEN
12/13/2020 MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

[Signature]
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
MCGILICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)
12/13/2020
DATE

PAGE
3 OF 3

TESTING FACILITY TASK REPORT

AGENCY: JUPITER P.D.
SUBJECT: DUNHAM, DAVID SCOTT
CASE NUMBER: 20136414
DATE: 12/13/2020
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 1936
ENDING TIME: 1950

BREATH TESTS RESULTS: 1) .206 TIME 1943 A.M. P.M.
2) .196 TIME 1947 A.M. P.M.
3) TIME A.M. P.M.
4) TIME A.M. P.M.

BREATH OPERATOR: S. Owen #3184
MAINTENANCE TECHNICAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

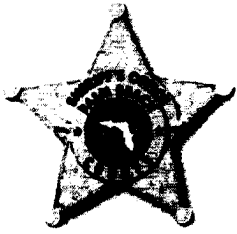
SPEECH:
ATTITUDE: QUIET, CO-OPERATIVE
CLOTHING: TENNIS SHOES, BLUE SHORTS, RED STRIPED POLO SHIRT
MEDICAL CONDITIONS: NONE
MEDICATIONS: NONE

OTHER:

BLOODSHOT EYES

COMMENTS:

A/O AND DEFENDANT ARRIVED AT 1915 HOURS. A/O OBSERVED 20 MINUTES.
-DEFENDANT WENT TO BATHROOM DURING OBSERVATION TIME OBSERVED BY A/O
-A/O REQUESTED BREATH TEST. DEFENDANT AGREED AFTER ASKING IF HE HAD TO. A/O READ I/C, DEFENDANT UNDERSTOOD AND AGREED TO TEST. NO PROBLEM WITH TEST. A/O READ C/W, DEFENDANT UNDERSTOOD RIGHTS. TECH EXPLAINED RESULTS. DEFENDANT REFUSED Q & A AFTER TWO QUESTIONS.



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

PBSO CASE # 20136414 PBSO ZONE 3-15

AGENCY CASE # 20-004194 CRASH CASE # _____

TIME OF STOP/CRASH 1753 DATE 12/13/2020 DAY SUNDAY

SUBJECT'S NAME DUNHAM DAVID S RACE W SEX M
LAST FIRST MID

HGT 5'10 WGT 190 DOB 10/1/1957

LOCATION DONALD ROSS RD/CENTRAL BLVD

ARRESTING OFFICER'S NAME & ID MCGILLICUDDY 388 AGENCY JUPITER PD

DIVISION: POLICE NOTIFIED BY COMMO Yes

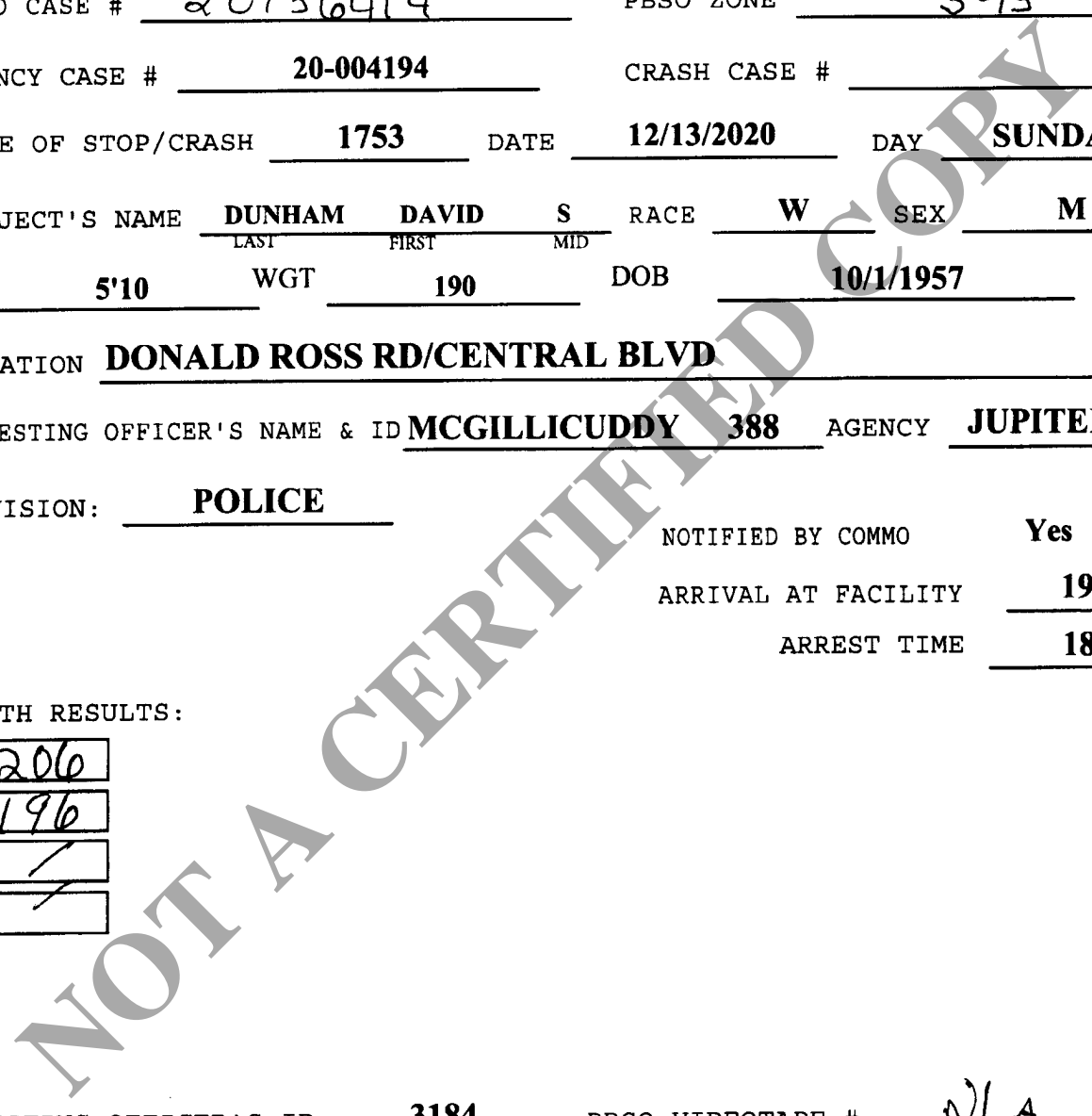
ARRIVAL AT FACILITY 1915

ARREST TIME 1845

BREATH RESULTS:

- 1) .206
- 2) .196
- 3) /
- 4) /

TESTING OFFICER'S ID 3184 PBSO VIDEOTAPE # N/A



SUBJECT: _____ 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: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: _____ 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) _____



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: 2020029166	Date: 12/14/2020
	Specialist Name/ID: AM/31562