


21CT-20220

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1		Juvenile N	
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number 78 - 21005545							
Charge Type: Check as many as apply		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		Weapon Seized / Type 2. 1. Yes 2. No		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 4000-BLK ALT A1A, JUPITER, FL		Location of Offense (Business Name, Address) 13500-BLK ALT A1A, PBG, FL									
Date of Arrest 12/07/2021		Time of Arrest 03:18		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) NUTT, EDWARD,		Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 10/02/1983		Height 6'4		Weight 194		Eye Color BLU	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status SINGLE		Religion		Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Build MED	
Local Address (Street, Apt. Number) 7345 SE CONCORD PL,		(City) HOBE SOUND,		(State) FL		(Zip) 33455		Phone (561) 822-7648		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) 7345 SE CONCORD PL,		(City) HOBE SOUND,		(State) FL		(Zip) 33455		Phone		Address Source VERBAL	
Business Address (Name, Street) 7345 SE CONCORD PL,		(City) HOBE SOUND,		(State) FL		(Zip) 33455		Phone		Occupation	
D/L Number, State N300220833620 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) TAIPEI, TAIWAN		Citizenship TW			
Co-Defendant Name (Last, First, Middle)		Race		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 Custodian Other:		Name (Last)		(First)		(Middle)		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 parent. 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							
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. 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 DRIVING UNDER THE INFLUENCE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1)(A)		Violation of ORD #			
Drug Activity N		Drug Type N		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	
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) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 Court Date and Time Month JANUARY Day 12 Year 2021 Time 10:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> 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) 12/07/2021 Date Signed											
HOLD for other Agency Name:		Signature of Arresting Officer FL 514		Name Verification (Printed by Arrestee) DEC 7 4 50 PM		(PRINT)		PAGE		1 OF 1	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) OFC. ANDREW FLINK		I.D. # 514		Agency PBGPD		Witness here if subject signed with me	
Intake Deputy D. [Signature]		I.D. #		Pouch #		Transporting Officer OFC. A. FLINK		ID # 514		Agency PBGPD	
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY) J# 0527870 DEC 07 2021 # 645											

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE
ADMINISTRATIVE	Agency ORI Number FL FL0502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number 7 8 21-005545		
	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		Special Notes:		
DEFENDANT	Name (Last, First, Middle) NUTT, EDWARD				Race W	Sex M	Date of Birth 10/02/1983
	Charge Description 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED				Charge Description		
VICTIM	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		
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody . . .</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>7</u> day of <u>December</u>, <u>2021</u> at <u>03:05</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 12/07/2021 at approximately 0305 hours, this Officer was on patrol in the area of the 13500 block of Alt A1A, PBG, FL, when a vehicle was observed traveling at an increased rate of speed north bound. Body worn camera and in car video were activated upon traffic stop.</p> <p>This Officer's initial visual estimation of the vehicle was approximately 70 MPH in a posted 50 MPH zone. Using RADAR Stalker DSR2X (DB001317), rear antenna (KR027120) this Officer received a steady tone and reading of 70 MPH. The RADAR calibration was last checked on 11/19/2021 and was due on 05/19/2022. Prior to this tour of duty on this date, this Officer ensured the RADAR was in working order, to confirm the accuracy of the unit. At the end of this tour of duty, this Officer did the same. This Officer received RADAR/LIDAR certification on 05/31/2008, in Cannon AFB, NM. This Officer initiated a traffic stop on the vehicle, a light colored Mercedes utility (297RGU/FL) in the 4000 block of Alt A1A, Jupiter, FL. This Officer made contact with the driver, identified via Florida Driver License photo, Edward Nutt (OF) while he was still in actual physical control of the vehicle.</p> <p>Nutt had bloodshot watery eyes, slurred speech, flushed face and the obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. Nutt had his registration in hand and thumbed through his wallet eventually locating his driver license. Nutt argued he was "only going 63". Nutt said he was coming from his girlfriend's house and admitted to consuming one glass of wine at approximately midnight. Nutt later spontaneously uttered he had two glasses of wine.</p> <p>Based on this Officer's observations, Nutt was asked to participate in Standardized Field Sobriety Exercises, to which he complied. Nutt said he did not have any medical conditions which would affect the exercises performed.</p>							
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <div style="display: flex; justify-content: space-between;"> <div> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (R/S)</p> <p><u>12/07/2021</u></p> <p>DATE</p> </div> <div style="text-align: center;">  <p>Notary Public State of Florida Paris Pound My Commission GG 200028 Expires 03/25/2022</p> </div> <div> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>FLINK, ANDREW S (514)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><u>12/07/2021</u></p> <p>DATE</p> </div> </div>							

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number FL FL0502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number 7 8 21-005545			
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		Special Notes:			
Name (Last, First, Middle) NUTT, EDWARD				Race W	Sex M	Date of Birth 10/02/1983	

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT
STATUTE
ADMINISTRATIVE

The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used, was a Toxoptix X3, with an illuminated red light. This Officer observed lack of smooth pursuit in both eyes. This Officer also observed sustained involuntary jerking in both eyes at maximum deviation.

The second exercise conducted, was the Walk and Turn. The line used was a stripe of yellow tape placed upon the pavement by this Officer. During the instructions, Nutt raised his arms from his side and stepped out of the starting position. Nutt started twice, prior to being told to do so and on the third time of starting early, this Officer allowed him to continue. During the first set of steps, Nutt took eight steps rather than nine. Nutt conducted improper turnaround by way of coming off the line. During the return set of steps, Nutt took eight steps rather than nine.

The third and final exercise conducted, was the One-Leg Stand. During the exercise, Nutt started with his right leg raised. Nutt swayed, raised his arms more than six inches and placed his foot down all in one quick motion. Nutt then switched feet and raised his left foot for the remainder of the exercise. Nutt again swayed and raised his arms more than six inches from his sides.

Based on this Officer's observations, Nutt was placed under arrest at 0318 hours. At PBSO BAT, this Officer requested Nutt to provide a breath sample for the purpose of determining its alcohol content, to which he complied. At 0412 hours and at 0415 hours, he blew .000. This Officer then requested Nutt to provide a urine sample for the purpose of detecting the presence of chemical and/or controlled substance(s) to which he complied and provided at 0424 hours.

Based on the results of the investigation, this Officer has probable cause to prove Edward Nutt operated a motor vehicle, in the state of Florida, while under the influence of alcohol, controlled substance and/or chemical substance, to the extent his normal faculties were impaired, in violation of FSS 316.193(1) (A).

SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.) 12/07/2021 DATE		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FLANK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT) 12/07/2021 DATE
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PAGE
2 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

 SCANNED
 DEC 07 2021



PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET



PBSO Case #: 21-135359 PBSO Zone: 3-13

Agency Case #: 21005545 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 0308 Date of Incident: 12/07/2021 Day: TUESDAY

Location of Incident: 13500-BLK ALT A1A, PBG, FL

Arrest Information:

Time of Arrest: 03:18 Date of Arrest: 12/07/2021 Day: TUESDAY

Location of Arrest: 4000-BLK ALT A1A, JUPITER, FL

Subject's Name: (L) NUTT, (F) EDWARD, (M) _____

DOB: 10/02/1983 Race: W Sex: M Height: 6'4 Weight: 194 Hair BRO Eye BLU

Address: 7345 SE CONCORD PL, HOBE SOUND, FL 33455 Phone: (561) 822-7648

Arresting Officer's Name: OFC. ANDREW FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC - DUI

Breath Results

- 1) .000 at 04:12 hrs.
- 2) .000 at 04:15 hrs.
- 3) URINE at 04:24 hrs.
- 4) N/A at N/A hrs.

---BAT Use---

BAT Notified: YES

Arrival Time at BAT: 0345

Subject Arrest Time: 03:18

Breath Test Operator: POUND, PARIS 24639

PBSO

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DEC 07 2021

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: NUTT, EDWARD

DATE: Dec 7, 2021

BEGINNING TIME: 04:08

CASE NUMBER: 21-135359

VIDEO DVD NUMBER: N/A

ENDING TIME: 04:23

BREATH TESTS RESULTS: 1) .000 TIME 04:12 A.M. ☒ P.M. ☐ 2) .000 TIME 04:15 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: TALKATIVE, CALM

CLOTHING: WHITE PANTS, TAN SHIRT, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 03:45 HRS.

SUBJECT: AGREED TO TAKE TEST

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: ASKED FOR A URINE SAMPLE AT 04:18 HRS

SUBJECT: STATED HE WOULD PROVIDE A URINE SAMPLE

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND WOULD PROVIDE A URINE SAMPLE AT 04:19 HRS

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

SUBJECT: PROVIDE A URINE SAMPLE AT 04:24 HRS
NO DRE CONDUCTED

SCANNED
DEC 07 2021

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: 80-006027 Software: 8100.27
Date of Test: 12/07/2021

Date of Last Agency Inspection: 11/05/2021
Observation Period Began: 03:45
Subject's Name: EDWARD NUTT

DOB: 10/02/1983 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	04:10
	Air Blank	0.000	04:11
	Control Test	0.079	04:11
	Air Blank	0.000	04:11
	Subject Sample #1	0.000	04:12
	Air Blank	0.000	04:12
	Air Blank	0.000	04:14
	Subject Sample #2	0.000	04:15
	Air Blank	0.000	04:15
	Control Test	0.079	04:16
	Air Blank	0.000	04:16
	Diagnostics Check	OK	04:16

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 PARIS D POUND, 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: 12/07/21

Sworn to (or affirmed) before me this 7th day of DECEMBER, 2021

OFL. A. FLINIK

Signature of Notary Public-State of Florida

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.

TOXICOLOGY ANALYSIS REQUEST

This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis
PRINT LEGIBLY OR TYPE

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Case #: 21005545

Officer: OFC. ANDREW FLINK ID#: 514 Email: aflink@pbgfl.com

Specimen Collected By: OFC. ANDREW FLINK Date: December 7, 2021 Time: 0424

Specimen Collected From: NUTT, EDWARD, Age: 38 Sex: M Hgt: 6'4 Wgt: 194

Specimen Type: ☐ Blood ☒ Urine ☐ Beverage ☐ Other-Describe _____

Type of Case: ☐ Traffic Crash ☐ Fatality ☒ DWI/DUI ☐ Other Date: 12/7/21 Time: 0318

Potential Felony? ☐ Yes ☒ No

Was any medication administered by medical personnel prior to sample being drawn: ☐ Yes ☒ No

If yes, name of Medication(s): N/A

Subject Arrested: ☒ Yes ☐ No

Breath Test Performed? ☒ Yes ☐ No Results: .000 .000 - -

Tests requested: ☐ Blood Alcohol ☐ Blood Drug Screen ☒ Urine Drug Screen

NOTE: Blood Alcohol analysis is performed on all DUI blood specimens. Requested Blood Drug Screen may not be performed based on the laboratory protocol. If you have any questions, please contact the Toxicology Unit at 561-688-4814 or toxicologyrequest@pbso.org.

DRE exam performed: ☐ Yes ☒ No DRE Officer: N/A Agency: _____

DRE Opinion: _____ DRE Email: _____

Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)

Nutt had bloodshot watery eyes, slurred speech, flushed face and the obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. Nutt had his registration in hand and thumbed through his wallet eventually locating his driver license.

Nutt exhibited four of six indicators in HGN
Four of eight indicators in Walk and Turn
Three of four indicators in One-Leg Stand

SCANNED
DEC 07 2021

SUBJECT: NUTT, EDWARD

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 CR 112 of the 71111

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) _____

RENU

ON

CAMERA

SCANNED
DEC 07 2021

SUBJECT: NOTT, EDWARD

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? Yes

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? A1A

DIRECTION OF TRAVEL? N WHERE DID YOU START? Hollywood

WHAT TIME DID YOU START? 12:00-01:30 WHAT TIME IS IT NOW? unknown

WHAT IS TODAY'S DATE? 6th Dec 2021 WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? PBC

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

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Having sex

HOW MUCH DO YOU WEIGH? 175 HAVE YOU BEEN DRINKING? Yes WHAT? Alc

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? Taxi Driver WHEN DID YOU LAST WORK? Sund

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? _____

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No 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? No

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

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? _____

INTERVIEWER: Officer Frank 514

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



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

REVIEW COMPLETED BY

Booking Number: 2021030735	Date: 12/7/2021
	Specialist Name/ID: A. Pinkney/7796

SCANNED
DEC 07 2021