

20CT695SASB

J# 0235222

ARREST / NOTICE TO APPEAR

P# 3510

ADMI NIST RATI ON	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 20-007593		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE
DEF END ANT	Change 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		Eater Type None/not Applicable		Multiple Clearance Indicator 1		
	Location of Arrest (Including Name of Business) W ATLANTIC AVE/I-95 DELRAY BEACH, FL						Location of Offense (Business Name, Address) 1199 W ATLANTIC AVE/NW 12TH AVE, DELRAY BEACH, FL				
C O D E F	Date of Arrest 05/29/2020	Time of Arrest 23:46	Booking Date 05/29/2020	Booking Time 23:56	Jail Date 05/30/2020	Jail Time 00:00	Location of Vehicle 1199 W ATLANTIC AVE/NW				
	Name (Last, First, Middle) SETTICASI, ERIC						Alias (Name, DOB, Soc. Sec. #, Etc.)				
J U V E N I L E	Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 08/05/1980	Height 5'11	Weight 210	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build THIN		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status		Religion CHRISTIAN		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
C H A R G E	Local Address (Street, Apt. Number) 12371 SAND WEDGE DR, BOYNTON BEACH, FL 33437				(City)		(State)		(Zip)		Phone (561) 329-1035
	Permanent Address (Street, Apt. Number) 12371 SAND WEDGE DR, BOYNTON BEACH, FL 33437				(City)		(State)		(Zip)		Phone (561) 329-1035
C H A R G E	Business Address (Name, Street)				(City)		(State)		(Zip)		Phone
	DL Number, State S322200802850 / FL		Sec. Sec. Number		DNS Number		Place of Birth (City, State) FT LAUDERDALE, FL		Citizenship US		
C H A R G E	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		
C H A R G E	Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)										
	Address (Street, Apt. Number) (City) (State) (Zip)										
C H A R G E	Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated				
	Released To: (Name)				Relationship	Date	Time				
C H A R G E	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.										
	Yes, by: <input type="checkbox"/> No: <input type="checkbox"/>				Property Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		
C H A R G E	Drug Activity N. N/A P. Possessor	S. Sell B. Buy T. Traffic	R. Seize/Deliver E. Use	K. Dispense/Distribute	M. Manufacture/Produce/Obtain	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	F. Pharmaceutical/Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description DRIVING WHILE UNDER INFLUENCE						State Violation Number 316.193(1A)		Violation of ORD #		
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond		
	Charge Description						State Violation Number		Violation of ORD #		
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond		
	Charge Description						State Violation Number		Violation of ORD #		
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond		
	Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Dehydration <input type="checkbox"/> Injured Explain:				
C H A R G E	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By		Released By		Released To		
	Transported By				Date Transported	Time Transported	Other				
C H A R G E	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 06/29/2020 08:30:00		No Photo Available		
	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.										
C H A R G E	Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed					
	HOLD for Other Agency		Signature of Arresting Officer <i>[Signature]</i>			Name of Arresting Officer (Print) WINDSOR, NICHOLAS		LD. # 1029		Next Verification (Printed by Arrestee)	
C H A R G E	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) WINDSOR		LD. # 1029		Agency DELRA		
	Intake Deputy <i>[Signature]</i>		ID. # 5101		Patch #		Witness here if subject signed with an "X".		PAGE 1 OF 1		

SCANNED
MAY 30 2020

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29TH DAY OF MAY 2020 AT 2320 AM PM
SUBJECT: SETTICASI, ERIC CASE NUMBER: DELRAY BEACH PD #20-7593
AGENCY: DELRAY BEACH PD ARRESTING OFFICER: WINDSOR #1029

PERSONAL CONTACT

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

On 05/29/20 at 2320hrs I was stopped in the westbound travel lane at the intersection of W. Atlantic Ave. and NW 12th Ave. Westbound traffic had a steady red traffic signal which traffic had been stopped at for an estimated 45 seconds to 1 minute. I observed a white Chevrolet Cruze (FL Tag #Z62FAA) travel west in the left turn lane of W. Atlantic Ave. The Chevrolet entered the intersection without stopping for the steady red traffic signal and then switch lanes to continue west. The left turn lane is clearly marked with a white left turn arrow and has a solid white lane marking separating the left turn lane from the westbound travel lane. The Chevrolet continued west through the intersection and I followed. I observed the Chevrolet travel to the intersection of W. Atlantic Ave. and I-95 northbound entrance ramp. I observed the Chevrolet make an improper right turn onto the entrance ramp (failed to use the designated westbound traffic ramp). The portion of the entrance ramp used by the Chevrolet is designated for eastbound traffic turning left from W. Atlantic Ave. I conducted a traffic stop on the entrance ramp by activating my emergency lights and siren. The Chevrolet slowed and pulled over partially off the roadway in the west side grass. I met the white male driver and identified him by his FL DL as Eric Setticasí. Setticasí was sitting in the driver seat of the Chevrolet with the engine running and the vehicle keys in the ignition. The traffic violations were captured on my patrol vehicle's in car video system.

OBSERVATION OF DRIVER:

When I approached the Chevrolet, Setticasí was smoking a cigarette. I asked Setticasí to put the cigarette out and he throw it out of the window. After he threw the cigarette out of the vehicle, I smelled a strong odor of an unknown alcoholic beverage coming from Setticasí. Setticasí was slow to retrieve his FL DL from his wallet upon my request. Setticasí's speech was slurred while speaking. There was a white male passenger in the Chevrolet and I asked Setticasí to exit the Chevrolet. When Setticasí exited the Chevrolet, he used the vehicle door for balance. I asked Setticasí to walk to the front of my patrol vehicle so I could speak with him. Setticasí was unsteady on his feet while walking and swayed while standing still. After Setticasí walked away from the Chevrolet, I could still smell the odor of an unknown alcoholic beverage coming from his person.

DRIVER'S STATEMENTS:

Setticasí stated he consumed two alcoholic beverages (Titos Vodka) one hour prior to driving. Setticasí stated he consumed the two drinks at his friend's family business. Setticasí stated he took prescribed Xanax in the afternoon but did not feel the effects of the medication while driving. Setticasí stated he just left Racks Fish House & Oyster Bar located at 5 SE 2nd Ave. Delray Beach, FL. Setticasí stated he was on his way home when I pulled him over. Setticasí stated he did not realize he was in a left turn lane and did not see the red traffic signal at the intersection of W. Atlantic Ave. and NW 12th Ave. Setticasí stated he knew he missed the designated entrance ramp lane to I-95 and he made the improper turn to enter I-95.

ODORS:

Setticasí had a strong odor of an unknown alcoholic beverage coming from his person.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Polite and Cooperative

CLOTHING: T-Shirt, Shorts and Running Shoes

MEDICAL/OTHER: Anxiety and High Blood Pressure

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 30th day of May 2020 by

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

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



SCANNED
MAY 30 2020

SUBJECT: SETTICASI, ERIC

CASE NUMBER DELRAY BEACH PD #20-7593

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

SETTICASI REFUSED TO CONDUCT ANY ROADSIDE TASKS.

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS:

1) Refused	2)	3)	4)
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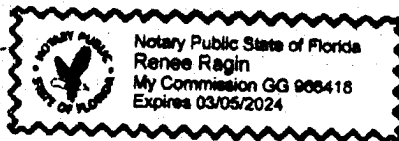
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was acknowledged and subscribed before me this 30TH day of MAY, 2020 by _____

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

Notary Public, Clerk of Court, Officer (FS S 117.10)



SCANNED
MAY 30 2020

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

I, NICHOLAS WINDSOR, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of DELRAY BEACH POLICE DEPARTMENT, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 30TH day of MAY, 20 20, at 0120 P.M. A.M.

DRIVER ERIC SETTICASI
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S322-200-80-285-0, state of FLORIDA, was placed under lawful arrest for


the offense of DUI by WINDSOR and
(Name of Arresting Officer)

issued Citation # A1UR5JE

That on or about the 30TH day of MAY, 20 20, at 0034 P.M. A.M.

in PALM BEACH County,

I requested that the driver submit to a 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 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:

The foregoing instrument was sworn and subscribed before
me this 30 day of May, 20 20,
by Officer Windsor #1029,

Signature of Attesting Officer
Title _____
Date _____

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

Notary Public

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SCANNED
MAY 30 2020

WITNESS LIST

CASE NUMBER: DELRAY BEACH PD #20-7593

ARRESTING OFFICER: OFC. WINDSOR #1029

ADDRESS: 300 W. ATLANTIC AVE. DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: TRAFFIC STOP AND DUI PC

NAME: JASON ROBERT NEWBECK

ADDRESS: 712 N BROUGHTON CIR BOYNTON BEACH, FL 33436

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: PASSENGER IN SUSPECT VEHICLE

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

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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: _____

SCANNED

MAY 30 2020



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

PBSO CASE # 20-073195 PBSO ZONE 4-11

AGENCY CASE # 20-7593 CRASH CASE # N/A

TIME OF STOP/CRASH 2320 DATE 05/29/20 DAY FRIDAY

SUBJECT'S NAME SETTICASI, ERIC RACE W SEX M

HGT 5'11" WGT 210 DOB 08/05/80

LOCATION W ATLANTIC AVE/NW 12TH AVE

ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD

DIVISION: TRAFFIC

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0008

ARREST TIME 2343

BREATH RESULTS:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

REFUSED

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

SCANNED
MAY 30 2020

TESTING FACILITY TASK REPORT

AGENCY: DBPD
SUBJECT: SETTICASI, ERIC
CASE NUMBER: 20-073195
DATE: May 30, 2020
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0031
ENDING TIME: 0035

BREATH TESTS RESULTS: 1) R TIME 0034 A.M. P.M. 2) N/A TIME XX 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 TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED
ATTITUDE: COOPERATIVE, TALKATIVE, INQUISITIVE
CLOTHING: PINK TEE SHIRT, BLACK SHORTS, BLACK SHOES
MEDICAL CONDITIONS: HIGH BLOOD PRESSURE, ANXIETY
MEDICATIONS: UNKNOWN BLOOD PRESSURE AND ANXIETY MEDS

OTHER:

EYES: GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0008 HOURS
SUBJECT STATED HE WOULD NOT TAKE BREATH TEST
A/O READ I.C AND EXPLAINED
SUBJECT STATED HE UNDERSTOOD I.C AND AGAIN STATED HE WOULD NOT TAKE BREATH TEST
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS
SUBJECT ASKED FOR A LAWYER BEFORE QUESTIONING

REFUSED

SCANNED
MAY 30 2020

SUBJECT: Setticasi, Eric

CASE NUMBER: 20-1593

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 OFFICER HANSEN of the DEPT. OF CORRECTIONS

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.

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SUSPECT'S SIGNATURE: (X) _____

Read on camera

SUBJECT: Setticasi, Eric

CASE NUMBER: 20-1593

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? _____

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MAY 30 2020

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: Cfc. Windsor #1029



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

REVIEW COMPLETED BY

Booking Number: 2020013826	Date: 05/30/2020
	Specialist Name/ID: T Howard/7185

SCANNED
MAY 30 2020