

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-21-127750							
Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 4507 Lake Worth Rd., Greenacres, FL						Location of Offense (Business Name, Address) 4507 Lake Worth Rd., Greenacres, FL							
Date of Arrest 11/14/2021		Time of Arrest 0014		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle Priority Towing	
Name (Last, First, Middle) Ames, Eric, Vincent						Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W M		Date of Birth 5/22/1953		Height 6'03		Weight 280		Eye Color Br		Hair Color Gray	
Complexion Lgt		Build Lg		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none		Marital Status Divorced		Religion NONE		Indication of: Alcohol Influence Drug Influence		Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) 3451 10th Ave N, Palm Springs, FL 33461						Phone (561) 236 4920		Residence Type 1. City 2. County 3. Florida 4. Out of State		2			
Permanent Address (Street, Apt. Number)						Phone		Address Source DEFENDANT					
Business Address (Name, Street)						Phone		Occupation pool service					
D/L Number, State A520218531820, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Endicott, NY		Citizenship US					
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. Handled/processed within Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated					
Released To (Name)		Relationship		Date		Time							
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <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. 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)c		Violation of ORD #					
Drug Activity n		Drug Type n		Amount / Unit		Offense # 21-127750		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			
Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600													
Court Date and Time Month 12 Day 9 Year 21 Time 8:30 AM X 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 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 11/14/2021													
HOLD for other Agency Name		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) (PRINT)									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) A. Soloway		I.D. # 8586									
Intake Deputy D. M. Lopez		Transporting Officer A. Soloway		ID # 8586		Agency PBSO		Witness here if subject signed with arrestee		PAGE OF 1			

PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile
OBTS Number					
Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 21127750			
Charge Type Check as many as apply	<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input checked="" 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) AMES, ERIC	Alias	Race W	Sex M	Date of Birth 05/22/1953	
Charge Description D.U.I.	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 <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ <input checked="" type="checkbox"/> 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 <u>13TH</u> day of <u>NOVEMBER</u> 20 <u>21</u> at <u>23:28</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)					
SUPPLEMENTAL PROBABLE CAUSE AFFIDAVIT					
<p>On Saturday November 13, 2021 at approximately 2324hrs I responded to 4507 Lake Worth Road, Greenacres, FL 33463 in reference to a traffic crash (PBSO case #21127744) in the parking lot of the KFC.</p> <p>While investigating the traffic crash I observed the driver (of the at fault vehicle) W/M Eric Ames (05/22/53) had an odor of an unknown alcoholic beverage coming from his breath as he spoke. He also had watery and glass eyes. Based on my observations I contacted PBSO dispatch for a D.U.I. unit to respond to my scene.</p> <p>D.U.I. Investigator Cpl. Soloway #8586 arrived on scene to conduct the D.U.I. investigation.</p>					
STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting/Investigative Officer) <i>[Signature]</i> 24966					
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>14th</u> day of <u>NOVEMBER</u> 20 <u>21</u> by <u>D/S A. Sentmanat</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>known</u>					
Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <i>[Signature]</i>					

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF November 20 21, AT 2324 AM PM ✓

SUBJECT: Ames, Eric, Vincent CASE NUMBER: 21-127750

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. Soloway

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

I responded to assist DS Sentmanat#24968 with a crash involving a possible impaired driver. Upon my arrival he advised me:

On Saturday November 13, 2021 at approximately 2324hrs I responded to 4507 Lake Worth Road, Greenacres, FL 33463 in reference to a traffic crash (PBSO case #21127744) in the parking lot of the KFC.

While investigating the traffic crash I observed the driver (of the at fault vehicle) W/M Eric Ames (05/22/53) had an odor of an unknown alcoholic beverage coming from his breath as he spoke. He also had watery and glassy eyes.

Based on my observations I contacted PBSO dispatch for a D.U.I. unit to respond to my scene.

OBSERVATION OF DRIVER:

The defendant had an obvious odor of an unknown alcoholic beverage on their breath. This odor intensified when the defendant spoke. The defendant's eyes were red and glassy. He was swaying while standing. He had an unsteady gait as he walked to my vehicle. His pants zipper was down.

I spoke to witness, Thayanah Charles, who stated she observed the defendant's vehicle crash into the rear of victim's vehicle. She pointed out the defendant as the driver at the time of the crash.

DRIVER'S STATEMENTS:

The defendant stated he ate at Raindancer where he drank 2-3 Miller Lite Beers. He said he then went to the Plush Pony but did not drink anything there. He later stated he drank 3-4 Miller Lite Beers. He said the current time is 10-11ish, the actual time was 11:50. When I asked where he was going, he replied "going home, I hope". He denied having any medical problems or physical abnormalities.

ODORS:

The defendant had an obvious odor of an unknown alcoholic beverage on their breath. This odor intensified when the defendant spoke.

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: compliant

CLOTHING: short sleeve shirt, jeans, sneakers

MEDICAL/OTHER: stated none

STATE OF FLORIDA
COUNTY OF PALM BEACH

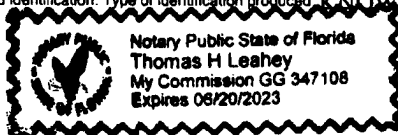
A. Soloway
Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of November 20 21 by A. Soloway

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

Thomas Leahey (#19183)

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



SCANNED
NOV 14 2021

SUBJECT: Ames, Eric, Vincent

CASE NUMBER 21-127750

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" 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:

WALK & TURN:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant was unable to maintain his balance during the instructions. He used his arms for balance. He stepped off the line. On step 4 he lost his balance and stopped the task and said "ok, I failed"

ONE LEG STAND:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. He put his phone down on the count of 1 and said "sorry, can't do it". I asked why he could not perform the task and he said "you know why".

FINGER TO NOSE:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. On attempts 1 and 2, he touched above the tip of his nose. On attempts 3, 4, 5, and 6, he touched with the pad of his finger. He was swaying during this task.

ROMBERG ALPHABET:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. He correctly recited the alphabet.

BREATH TEST RESULTS: 1) .136 2) .140 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Soloway

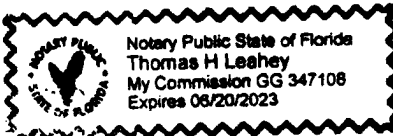
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of November, 20 21 by A. Soloway

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

Thomas Leahey (#19183)

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



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NOV 14 2021

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006239 Software: 8100.27
Date of Test: 11/14/2021

DOB: 05/22/1953 Sex: M

Results:	Test	g/210L	Time
	Diagnostics Check	OK	00:53
	Air Blank	0.000	00:54
	Control Test	0.080	00:54
	Air Blank	0.000	00:55
	Subject Sample #1	0.136	00:55
	Air Blank	0.000	00:56
	Air Blank	0.000	00:58
	Subject Sample #2	0.140	00:58
	Air Blank	0.000	00:59
	Control Test	0.080	00:59
	Air Blank	0.000	01:00
	Diagnostics Check	OK	01:00

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WITNESS LIST

CASE NUMBER: 21-127750

ARRESTING OFFICER: A. Soloway

ADDRESS: PBSO

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS Sentmanat #24968

ADDRESS: PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: crash investigation

NAME: Rainner, Warren, Daniel

ADDRESS 1401 Fairgreen Rd, West Palm Beach, FL 33417

PHONE NUMBERS (HOME) (239) 245 4482 (WORK) 0

CAN TESTIFY TO: victim/wheel witness

NAME: Charles, Thayanah, Luz

ADDRESS 5838 Lincoln Cir W, Lake Worth, FL 33463

PHONE NUMBERS (HOME) (561) 708 3260 (WORK) 0

CAN TESTIFY TO: wheel witness

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: _____

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: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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NOV 14 2021

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Ames, Eric V

CASE NUMBER: 21-127750

DATE: Nov 14, 2021

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0051

ENDING TIME: 0106

BREATH TESTS RESULTS: 1) .136 TIME 0055 A.M. ☒ P.M. ☐ 2) .140 TIME 0058 A.M. ☒ P.M. ☐
3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: cooperative

CLOTHING: black jeans, black s/s shirt, blue sneakers

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot

odor of unknown alcoholic beverage on breath

subject stated he drank 1 vodka/OJ @ home, 3-4 beers @ Raindancer & 1 beer @ Plush Pony-Q&A

COMMENTS:

arrived at center A/O conducted 20 minute observation period 0029 hrs

subject agreed to perform breath test

A/O read rights on scene & subject acknowledged rights read on scene

tech read breath test results & subject understood breath test results

A/O conducted Q&A

subject answered questions

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

PBSO CASE # 21-127750 PBSO ZONE 16-21
AGENCY CASE # _____ CRASH CASE # _____
TIME OF STOP/CRASH 2324 DATE 11/13/2021 DAY Saturday
SUBJECT'S NAME Ames, Eric, Vincent RACE W SEX M
HGT 6'03 WGT 280 DOB 5/22/1953
LOCATION 4507 Lake Worth Rd., Greenacres, FL
ARRESTING OFFICER'S NAME & ID A. Soloway (8586) AGENCY Palm Beach County Sheriff's Office
DIVISION: CID/DUI
NOTIFIED BY COMMO YES
ARRIVAL AT FACILITY 0029
ARREST TIME 0014

BREATH RESULTS:

1)	.136
2)	.140
3)	N/A
4)	N/A

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

SCANNED
NOV 14 2021

SUBJECT: Amos, Eric ✓

CASE NUMBER: 21 127750

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) _____

SCANNED
NOV 14 2021

SUBJECT:

21 10 7750

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? _____

WHAT STREET OR HIGHWAY WERE YOU ON? 1st St. N. W.

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

WHAT IS TODAY'S DATE? 11-7 WHAT DAY OF THE WEEK IS IT? Friday

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? no ARE YOU UNDER THE INFLUENCE? no

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? N HOW MUCH? 100

WHAT? _____ **WHERE?** _____ **WHEN?** _____

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

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

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

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

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? NO WHAT? NO WHEN? NO

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? SCANNED

INTERVIEWER: _____

SCANNED
NOV 14 2021



**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: 2021028600

Date: 11/13/2021

Specialist Name/ID: T Howard/7185

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