

0515353

20CT 41087

3688

ARREST / NOTICE TO APPEAR

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

Agency ORI Number 0500400	Agency Name Delray Beach Police Department	Agency Report Number (N.T.A.'s only) 4, 0 20-004083
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	If Weapon Seized Enter Type: None/not Applicable	Multiple Clearance Indicator: 1
Location of Arrest (Including Name of Business) N SWINTON AVE/NE 12TH ST DELRAY BEACH, F		Location of Offense (Business Name, Address) 1199 N SWINTON AVE/NE 12TH ST, DELRAY BEACH, FL
Date of Arrest 03/06/2020	Time of Arrest 23:28	Booking Date 03/06/2020
Booking Time 23:38	Jail Date 03/07/2020	Jail Time 01:16
Location of Vehicle 1199 N SWINTON AVE/NE 12T		

Name (Last, First, Middle) SANCOFF, ERICA FRANCES		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 03/13/1992	Build SMALL
Height 5'08	Weight 120	Eye Color GREEN	Hair Color BROWN
Complexion LIGHT		Marital Status S	Religion NON-DENOMI
Local Address (Street, Apt. Number) 1110 NW 4TH AVE, DELRAY BEACH, FL 33444		Phone (561) 613-2611	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1
Permanent Address (Street, Apt. Number) 1110 NW 4TH AVE, DELRAY BEACH, FL 33444		Phone (561) 613-2611	Address Source FL DL
Business Address (Name, Street)		Phone	Occupation Unemployed
D/L Number, State SS21206925930 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) RANCHO SANTA FE, CA US

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
Name (Last, First, Middle)				Residence Phone
Address (Street, Apt. Number)				Business Phone
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
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. 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. Opioid/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
---------------------------------------	---------------------------------	------------------------------------	----------------------------	--	----------	---------------------------------------	---	---	--	------------------------

Charge Description DRIVING WHILE UNDER INFLUENCE	Statute Violation Number 316.193(1)A	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
	N	
Counts	Domestic Violence	Warrant / Capias Number
1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Counts	Domestic Violence	Warrant / Capias Number
	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Counts	Domestic Violence	Warrant / Capias Number
	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

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 <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	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.	Court Date and Time 03/30/2020 08:30:00	
Signature of Defendant (or Juvenile and Parent/Custodian)	Date Signed	

HOLD for Other Agency	Signature of Arresting Officer WINDSOR, NICHOLAS	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Name of Arresting Officer (Print) WINDSOR, NICHOLAS	(PRINT)
Intake Deputy SPANG BIC1	Transporting Officer WINDSOR	Agency DELRA
ID. #	ID. # 1029	Agency DELRA
Pouch #	Witness here if subject signed with an "X"	

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS POLICE DEFENDANT

SCANNED
MAR 07 2020

FLORIDA JUVENILE COURT, DELRAY BEACH BRANCH
2020 MAR 7 7:52 AM

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 6TH DAY OF MARCH 20 20 AT 2239 AM PM
SUBJECT: SANCOFF, ERICA FRANCES CASE NUMBER: DBPD CASE #20-4083
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)

The following occurred in the City of Delray Beach, County of Palm Beach, FL.

On 03/06/20 at 2239hrs DBPD Dispatch received a report of a pickup stopped at a stop sign at the intersection of N. Swinton Ave. and NE 12th St. The unidentified complainant stated the driver of the pickup was slumped over the steering wheel. Ofc. Vickery DBPD #1114 and Ofc. Bolanos DBPD #1069 responded to the intersection and observed a white female sitting in the driver's seat of a silver 2017 Chevrolet Silverado (FL Temp Tag #CQS4450). The white female was slumped over the steering wheel, with the Chevrolet's engine running and the vehicle key in the ignition. Ofc. Bolanos removed the Chevrolet's key from the ignition due to safety concerns. The white female was the sole person inside the Chevrolet when officers arrived on scene. Delray Beach Fire/Rescue responded to the scene to perform an evaluation on the white female and DBFD stated the white female's vitals were normal and did not require any immediate medical treatment at a hospital. Ofc. Vickery and Ofc. Bolanos identified the white female by her FL DL as Erica Frances Sancoff. I responded to the scene to conduct a DUI investigation. While I was responding to the scene, Sancoff vomited twice inside the Chevrolet and on the roadside.

OBSERVATION OF DRIVER:

Upon approaching Sancoff, I immediately smelled an odor of an unknown alcoholic beverage coming from her person. Sancoff was sitting down on the sidewalk and had vomit in her hair and on her clothing. Sancoff had glassy eyes. Sancoff had slurred speech while speaking to me. There was vomit inside the driver's door panel of the Chevrolet.

DRIVER'S STATEMENTS:

I notified Sancoff I was on scene to conduct a DUI investigation and she stated she understood. Sancoff stated she was arrived at 3rd & 3rd (located at 301 NE 3rd Ave. Delray Beach, FL 33444) around 1830hrs. Sancoff stated while at 3rd & 3rd, she consumed 5 pint sized beers. Sancoff stated she left 3rd & 3rd around 2100hrs. Sancoff stated she was driving home when the police arrived on 12th St. I asked Sancoff where her residence was and she replied with a slurred response while citing the wrong numerical for her street. I asked Sancoff if she knew what time it was and she replied she lost her cell phone at 3rd & 3rd. There was a cell phone on the ground under Sancoff's legs and I asked her if that was her cell phone. Sancoff replied yes that was her phone because she found her cell phone at 3rd & 3rd.

ODORS:

Sancoff had a strong odor of an unknown alcoholic beverage coming from her person.

GENERAL OBSERVATIONS

SPEECH: Slurred.

ATTITUDE: Polite and Cooperative.

CLOTHING: White Tank Top, Ripped Blue Jeans with Black Flip Flops.

MEDICAL/OTHER: None Stated.

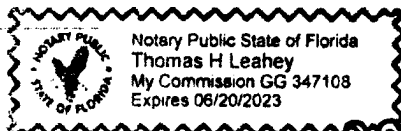
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of March 20 20 by Ofc Windsor #1029

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

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



SCANNED

MAR 07 2020

SUBJECT: SANCOFF, ERICA FRANCES CASE NUMBER DELRAY BEACH PD CASE #20-4803

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:

Sancoff swayed during the HGN/VGN roadside.

WALK & TURN:

Sancoff did not count her steps as instructed. Sancoff stepped 11 steps on the first series while not touching several steps heel to toe. Sancoff had to be instructed on the return series of steps to count out loud again. Sancoff did not touch heel to toe on several steps on the return series. Sancoff used her hands and arms for balance during this roadside task. Sancoff stepped off the line and had to regain her balance to resume this roadside task.

ONE LEG STAND:

Sancoff used her arms for balance and failed to keep them at her side as instructed during this roadside task. Sancoff did not count as instructed and counted 1, 2, 3... manner during this roadside task. Sancoff put her foot down on the ground to regain her balance during this roadside task.

FINGER TO NOSE:

Sancoff missed the tip on her nose several times during this roadside task. Sancoff had to be instructed 6 times to put her hand back down to her side after touching her nose during this roadside task. Sancoff did not lean her back as instructed

ROMBERG ALPHABET:

Sancoff missed several letters during this roadside task.

BREATH TEST RESULTS: 1) .129 2) .131 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

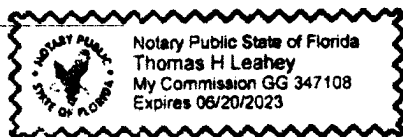
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of March, 2020 by Ofc Windsor #1029

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

Known LEO

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



SCANNED
MAR 07 2020



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

PBSO CASE # 20-046476 PBSO ZONE 4-22

AGENCY CASE # 20-4803 CRASH CASE # N/A

TIME OF STOP/CRASH 2239 DATE 03/06/20 DAY FRIDAY

SUBJECT'S NAME SANCOFF, ERICA FRANCES RACE W SEX F

HGT 5'08" WGT 125 DOB 03/13/92

LOCATION N SWINTON AVE/NE 12TH ST DELRAY BEACH, FL

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

DIVISION: TRAFFIC

NOTIFIED BY COMMO YES

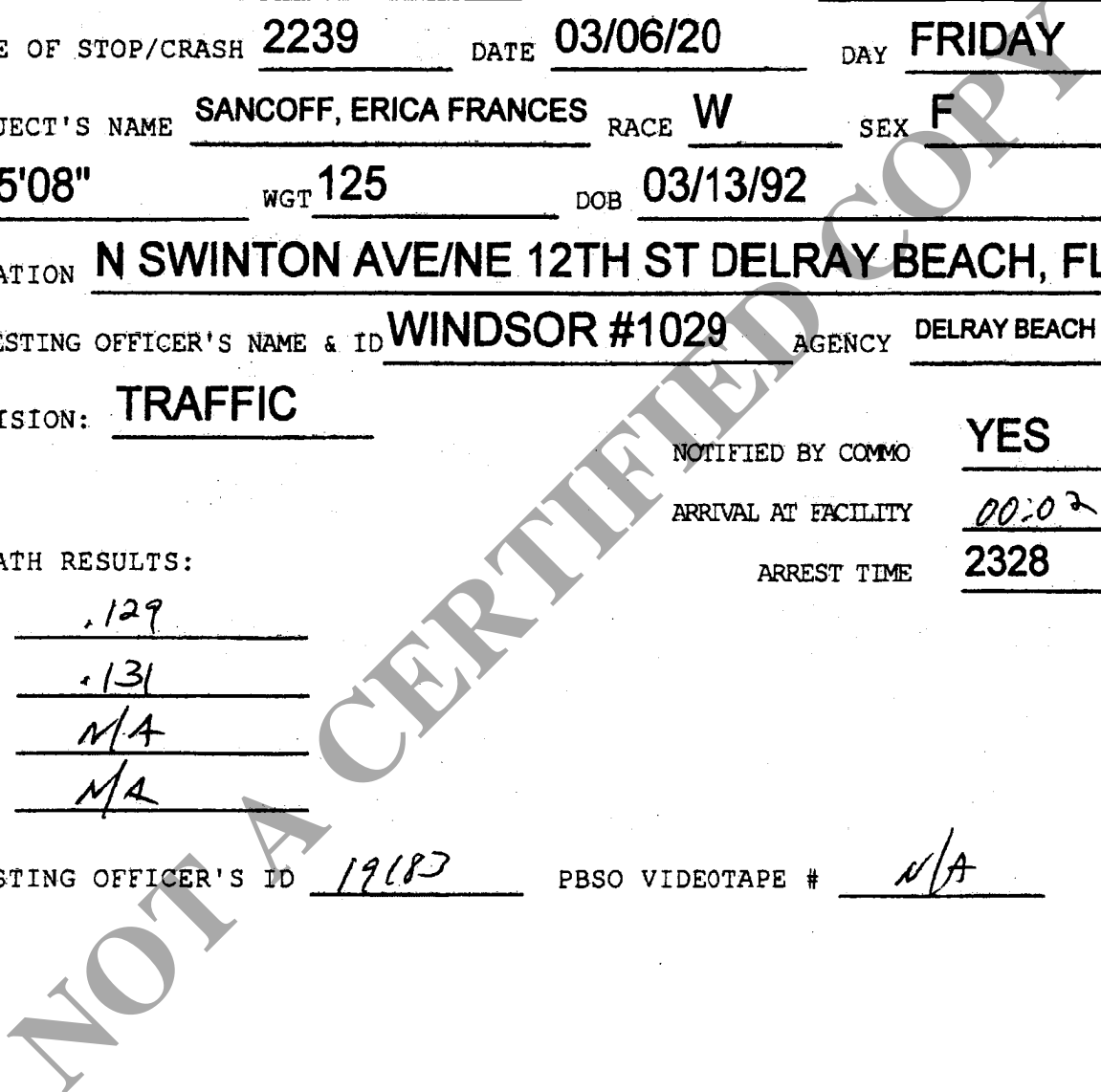
ARRIVAL AT FACILITY 00:02

ARREST TIME 2328

BREATH RESULTS:

- 1) .129
- 2) .131
- 3) N/A
- 4) N/A

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



SCANNED
MAR 07 2020

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: 80-006477 Software: 8100.27
Date of Test: 03/07/2020

Date of Last Agency Inspection: 02/14/2020
Observation Period Began: 00:02
Subject's Name: ERICA F SANCOFF

DOB: 03/13/1992 Sex: F

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	00:26
	Air Blank	0.000	00:26
	Control Test	0.080	00:27
	Air Blank	0.000	00:27
	Subject Sample #1	0.129	00:28
	Air Blank	0.000	00:28
	Air Blank	0.000	00:30
	Subject Sample #2	0.131	00:31
	Air Blank	0.000	00:31
	Control Test	0.080	00:32
	Air Blank	0.000	00:32
	Diagnostics Check	OK	00:32

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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 THOMAS H LEAHEY, 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: T Leahy Signature Date: 03/07/2020

Sworn to (or affirmed) before me this 07th day of March, 2020

[Signature] Signature of Notary Public-State of Florida Off N Windsor #1029 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.

WITNESS LIST

CASE NUMBER: DELRAY BEACH PD CASE #20-4803

ARRESTING OFFICER: OFFICER WINDSOR #1029 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

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

CAN TESTIFY TO: DUI PC AND ARREST

NAME: OFFICER VICKERY #1114 DELRAY BEACH POLICE DEPARTMENT

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

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

CAN TESTIFY TO: INITIAL DRIVER CONTACT

NAME: OFFICER STEED #944 DELRAY BEACH POLICE DEPARTMENT

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

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

CAN TESTIFY TO: VEHICLE TOW

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
MAR 07 2020

TESTING FACILITY TASK REPORT

AGENCY: DBPD
SUBJECT: Samantha Fina F CASE NUMBER: 20-046476
DATE: 03/07/2020 VIDEO TAPE NUMBER: n/a
BEGINNING TIME: 00:23 ENDING TIME: 00:39
BREATH TESTS RESULTS: 1) .129 TIME 00:28 A.M./P.M. 2) .131 TIME 00:31 A.M./P.M.
3) n/a TIME — A.M./P.M. 4) n/a TIME — A.M./P.M.
BREATH OPERATOR: T Lealey #11153
MAINTENANCE TECHNICIAN: J K... #10467

TESTING OFFICER'S OBSERVATIONS

SPEECH: normal, clear
ATTITUDE: friendly, cooperative
CLOTHING: blue jeans w/ no belt, black shoes
MEDICAL CONDITIONS: none
MEDICATIONS: none

OTHER: no signs of alcohol consumption
no unknown alcoholic beverage in breath
A/D advised 304... (GTA)

COMMENTS: subject consented to breath test
subject consented to 304...
subject consented to perform breath test
A/D read rights & stated she understood rights
subject read breath test results & advised she understood breath test results
A/D advised (GTA)
A answered questions

SCANNED

MAR 07 2020

SUBJECT: Case # 1004 CASE NUMBER: 1004

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) Read in camera **SCANNED**

SUBJECT: Jan. H. Evers F CASE NUMBER: 210 2-11-03

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? 11th St

DIRECTION OF TRAVEL? West WHERE DID YOU START? 11th St

WHAT TIME DID YOU START? 1:30 PM WHAT TIME IS IT NOW? 1:50 PM

WHAT IS TODAY'S DATE? 2/11/03 WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Franklin County / West Point, Va

WHEN DID YOU LAST EAT? 1:00 WHAT DID YOU EAT? 7-11

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? working at 7-11

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

HOW MUCH? 4 WHERE? 7-11 WITH WHOM? alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 1:00 PM AND YOUR LAST DRINK? 1:00 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? at 7-11

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? no ARE YOU UNDER THE INFLUENCE? no

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? no HOW MUCH? no

WHAT? no WHERE? no WHEN? no

WHAT LINE OF WORK ARE YOU IN? 7-11 WHEN DID YOU LAST WORK? 11:00

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

ARE YOU SICK OR INJURED? no WHAT'S WRONG? no

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? no

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? no WHO? no WHY? no

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? no WHAT? no WHEN? no

- DO YOU HAVE: EPILEPSY? no
- GLASS EYE? no
- FALSE TEETH? no
- EAR INFECTION? no
- INNER EAR TROUBLE? no
- DIABETES? no

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? no

DO YOU TAKE INSULIN? no IF SO, WHEN WAS YOUR LAST INJECTION? no

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

INTERVIEWER: James H. ... **SCANNED**
MAR 07 2003



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: 2020007581	Date: 3/7/2020
	Specialist Name/ID: B Evans / 23649

SCANNED
MAR 07 2020