

20CT10956 MB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest  
2. N.T.A.

3. Request for Warrant  
4. Request for Capias

1

Juvenile

N

OBTS Number		Agency ORI Number		Agency Name <b>Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>20-000977</b>	
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		Weapon Seized / Type 2 1. Yes 2. No	
Location of Arrest (Including Name of Business) <b>50 SOUTHERN BLVD, PALM BEACH, FL 33480</b>		Location of Offense (Business Name, Address) <b>50 SOUTHERN BLVD, PALM BEACH, FL 33480</b>					
Date of Arrest <b>07/22/2020</b>	Time of Arrest <b>9-6-2020</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Kaufts</b>	
Name (Last, First, Middle) <b>RUIZ, ESTHER</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>07/22/1960</b>	Height <b>5'06"</b>	Weight <b>128</b>	Eye Color <b>bro</b>	Hair Color <b>bro</b>	Complexion <b>LIGHT</b>
Build <b>SMALL</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>		Marital Status <b>WIDOW</b>	Religion <b>CHRISTIAN</b>	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>1031 N A ST</b>		(City) <b>LAKE WORTH</b>	(State) <b>FL</b>	(Zip) <b>33460</b>	Phone <b>(561) 310-0949</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation <b>BANK OF AMERICA</b>	
DL Number, State <b>R200-200-60-762-1</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>HAVANA, CUBANA</b>	Citizenship <b>USA</b>
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	
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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 355-2528) 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
Charge Description <b>DUI</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1) a</b>		Violation of ORD #	
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>20-000977</b>	Warrant / Capias Number		Bond <b>OR</b>	
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) <b>3228 Gun Club Rd. West Palm Beach</b>							
Court Date and Time Month <b>October</b> Day <b>15</b> Year <b>2020</b> Time <b>0830</b>							
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. <b>SEP 07 2020</b>							
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed			
Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Resisted Arrest <input type="checkbox"/> Other:		Signature of Arresting Officer <b>OFC PELAYO</b>		Name Verification (Printed by Arrestee) <b>SEP 07 2020</b>	
Name of Arresting Officer (Print) <b>OFC PELAYO</b>		I.D. # <b>9265</b>		(PRINT)		PAGE	
Transporting Officer <b>OFC PELAYO</b>		ID #		Agency <b>PBPD</b>		Witness here if subject signed with an -X- <b>1</b> OF <b>1</b>	

037718

3518

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 05 DAY OF SEPTEMBER 20 20 AT 2335 AM PM

SUBJECT: RUIZ, ESTHER CASE NUMBER: 20-000977

AGENCY: Palm Beach Police Department ARRESTING OFFICER: OFC PELAYO

PERSONAL CONTACT

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

Ofc Da Silva observed the car traveling southbound on the northbound lane in the 400 block of South Ocean Blvd. The Vehicle continue in the wrong lane until a truck came head on to it, causing her to swerve out of the way.

Ofc Da Silva then observed multiple failure to maintain ane violations from the 500 block until the 1100 block of South Ocean Blvd.

Vehicle also straddled the center lane and fog line several times and hit the breaks several times even though there was no vehicle in front.

OBSERVATION OF DRIVER:

I observed the driver Ruiz's eyes to be glassy. I smelled an alcohol substance emanating from her mouth.

DRIVER'S STATEMENTS:

Driver Ruiz stated she was traveling North, when she was traveling South.

ODORS:

I smelled alcohol emanating from her breath.

GENERAL OBSERVATIONS

SPEECH: slurred speech

ATTITUDE: Cooperative

CLOTHING: She was driving with no right shoe.

MEDICAL/OTHER: none

STATE OF FLORIDA COUNTY OF PALM BEACH

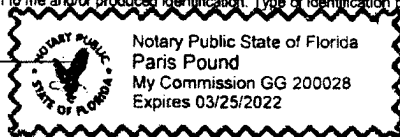
OFC PELAYO

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 06 day of SEPTEMBER 20 20 by OFC PELAYO

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

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



SCANNED SEP 07 2020

**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 checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

RUIZ DID NOT REMAIN HER HEAD STILL AT ALL AND FOLLOWED THE TIP OF THE PEN WITH HER HEAD AND EYES.

**WALK & TURN**

RUIZ WAS UNABLE TO REMAIN IN THE START POSITION. RUIZ STARTED TOO SOON. RUIZ ONLY TOOK FOUR STEPS AND NO HEEL-TO-TOE STEPS. RUIZ RAISED HER HANDS ABOVE SIX INCHES IN ORDER TO BALANCE. RUIZ STOPPED DURING THE EXERCISE TO REGAIN HER BALANCE.

**ONE LEG STAND:**

RUIZ PUT HER FOOT DOWN SEVERAL TIMES. RUIZ WAS SWAYING AND UNABLE TO BALANCE.

**FINGER TO NOSE:**

RUIZ DID NOT CLOSE HER EYES.

**ROMBERG ALPHABET:**

RUIZ RECITED THE ALPHABET" ABCDEFGHGHGHIJKLMNOPQRSTUVWXYZ"

BREATH TEST RESULTS: .145 .148

STATE OF FLORIDA  
COUNTY OF PALM BEACH

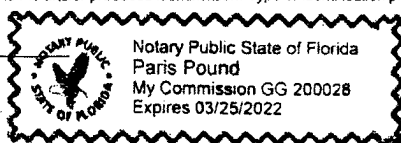
OFC PELAYO

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 06 day of SEPTEMBER 2020 by OFC PELAYO

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

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



SCANNED  
SEP 07 2020

FILING PACKAGE RECEIPT FORM

Check One:

- DHSMV - Bureau of Driver Improvement Hearing Office
- State Attorney's Office D.U.I. Intake
- Felony/Misdemeanor Filing Documentation

Case Number: 20-000977

Defendant: RUIZ, ESTHER

2 IIIFHU OFC PELAYO ID, # 9265

District: PATROL

Date Submitted: 09/06/2020

Sent By: OFC PELAYO

Supervisor Approval: \_\_\_\_\_

Received By Court Liaison: \_\_\_\_\_

Date/Time Received: \_\_\_\_\_

FILING PACKAGE LOGGED BY LIAISON  
ON DATE AND TIME LISTED ABOVE

RETURN THIS ORIGINAL RECEIPT TO OFFICER

SCANNED  
Ver. SEP 07 2020



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

PBSO CASE # \_\_\_\_\_ PBSO ZONE \_\_\_\_\_

AGENCY CASE # 20-000977 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2335 DATE 2356 DAY SATURDAY

SUBJECT'S NAME RUIZ, ESTHER RACE W SEX F

HGT 5'06" WGT 128 DOB 07/22/1960

LOCATION 50 SOUTHERN BLVD, PALM BEACH, FL 33480

ARRESTING OFFICER'S NAME & ID OFC PELAYO AGENCY Palm Beach Police Department

DIVISION: PATROL

NOTIFIED BY COMMO \_\_\_\_\_

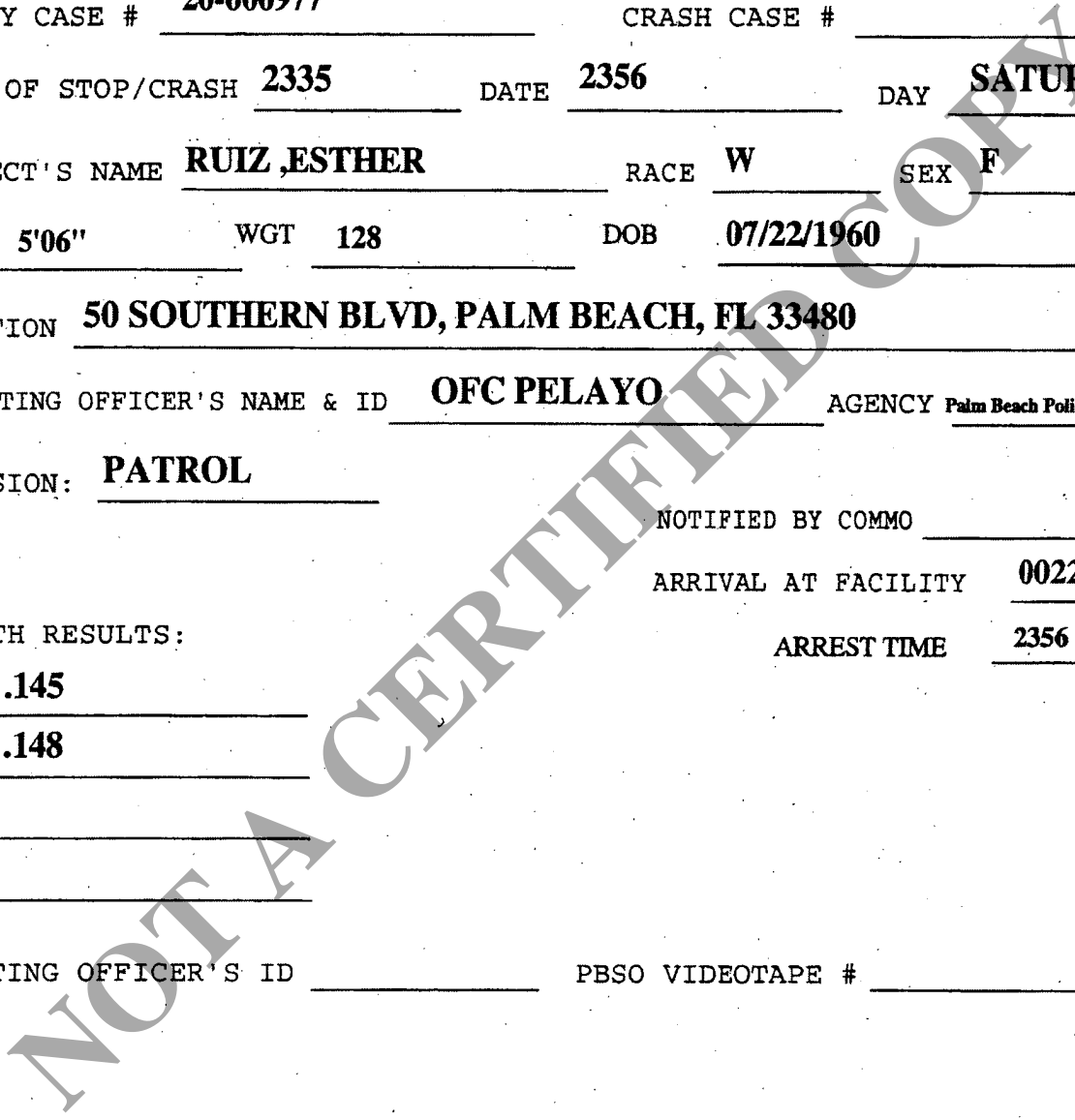
ARRIVAL AT FACILITY 0022

BREATH RESULTS:

ARREST TIME 2356

1. .145
2. .148
3. \_\_\_\_\_
4. \_\_\_\_\_

TESTING OFFICER'S ID \_\_\_\_\_ PBSO VIDEOTAPE # \_\_\_\_\_



SCANNED  
SEP 07 2020

# TESTING FACILITY TASK REPORT

AGENCY: PBDP

SUBJECT: RUIZ, ESTHER

DATE: Sep 6, 2020

BEGINNING TIME: 00:45

CASE NUMBER: 20-104372

VIDEO DVD NUMBER: N/A

ENDING TIME: 01:04

BREATH TESTS RESULTS: 1) .145 TIME 00:49 A.M.  P.M.  2) .148 TIME 00:52 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: CALM,

CLOTHING: BLACK/GREEN/GOLD SKIRT, WHITE TANK TOP, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

SUBJECT: STATED SHE HAD "2 GLASSES OF WINE" IN Q&A

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:22 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

SUBJECT: RUIZ, ESTHER CASE NUMBER: 20-977

**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) RESTO ON CAMERA

SUBJECT: Ruiz, Esther CASE NUMBER: 20-977

## 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? Federal Hwy

DIRECTION OF TRAVEL? N WHERE DID YOU START? West Palm Beach

WHAT TIME DID YOU START? 7:30pm WHAT TIME IS IT NOW? -

WHAT IS TODAY'S DATE? 9/5/2020 WHAT DAY OF THE WEEK IS IT? Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County

WHEN DID YOU LAST EAT? Lunch 1:30pm WHAT DID YOU EAT? Avocado

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Thinking about my husband's death

HOW MUCH DO YOU WEIGH? 126-127 HAVE YOU BEEN DRINKING? Yes WHAT? Wine

HOW MUCH? 2 WHERE? Bro's WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 6pm AND YOUR LAST DRINK? 7pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Sip

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? Banker WHEN DID YOU LAST WORK? Today

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? -

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?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>No</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>No</u>
DIABETES?	<u>No</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? Yes

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? Texas

INTERVIEWER: Ofc. Pelayo



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

PBSO CASE # 20-104372 PBSO ZONE 3-13

AGENCY CASE # 20-060977 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2335 DATE 9/5/2020 DAY Saturday

SUBJECT'S NAME Esther Ruiz RACE W SEX F

HGT 5'-06" WGT 128 lbs DOB 7/22/1960

LOCATION 50 Southern Blvd, Palm Beach, FL, 33480

ARRESTING OFFICER'S NAME & ID Ofc. Pelayo + #9265 AGENCY PBPD

DIVISION: Patrol

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 0022

BREATH RESULTS:

Arrest Time 23:56

- 1. .145
- 2. .148
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID 24639

NOT A CERTIFIED COPY

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: 80-006238 Software: 8100.27  
Date of Test: 09/06/2020

Date of Last Agency Inspection: 08/14/2020

Observation Period Began: 00:22

Subject's Name: ESTHER RUIZ

DOB: 07/22/1960 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	00:47
	Air Blank	0.000	00:48
	Control Test	0.079	00:48
	Air Blank	0.000	00:49
	Subject Sample #1	0.145	00:49
	Air Blank	0.000	00:50
	Air Blank	0.000	00:52
	Subject Sample #2	0.148	00:52
	Air Blank	0.000	00:53
	Control Test	0.078	00:53
	Air Blank	0.000	00:54
	Diagnostics Check	OK	00:54

Cylinder Lot: 14020080A1  
Exp: 07/05/2022

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: 09/06/20

Sworn to (or affirmed) before me this 6<sup>th</sup> day of September, 2020

Signature of Notary Public-State of Florida

OR. E. PELAYO  
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: 20-000977

ARRESTING OFFICER: OFC PELAYO

ADDRESS: 345 South County Rd. Palm Beach, Fl 33480

PHONE NUMBERS (HOME): (561)838-5454 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Arrest

NAME: OFC DA SILVA

ADDRESS: 345 South County Rd. Palm Beach, Fl 33480

PHONE NUMBERS (HOME) 561-838-5454 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Arrest / DRIVING PATTERN

NAME: \_\_\_\_\_

ADDRESS 345 South County Rd. Palm Beach, Fl 33480

PHONE NUMBERS (HOME) 561-838-5454 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Arrest

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY



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

REVIEW COMPLETED BY

Booking Number: 2020021097	Date: 9/6/2020
	Specialist Name/ID: Gammage/5660