

21CT17996 NB
ARREST / NOTICE TO APPEAR

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------------------|--------------------------------|--|------------------------------------|--|------------------------------|---|----------------------|----------|--|---------------------|--|--|---|--|---|--|--|--|---------------------------------------|--|---|--|--|--|--|--|------------------------|
| AD M I N I S T R A T I O N | OBTS Number | Agency ORI Number 0502300 | | Agency Name North Palm Beach Police Department | | Agency Report Number (N.T.A.'s only) 7 0 21-000594 | | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1 | | JUVENILE | | | | | | | | | | | | | | | | | | | |
| D E F E N D A N T | Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | | If Weapon Seized | | Enter Type UNARMED | | Multiple Clearance Indicator | | | | | | | | | | | | | | | | | | | | | | |
| | Location of Arrest (Including Name of Business) 1200 US HIGHWAY 1, NPB, FL 33408, 1200 US HIGHWAY 1, | | | | | Location of Offense (Business Name, Address) 1200 US HIGHWAY 1, NORTH PALM BEACH, FL 33408 | | | | | | | | | | | | | | | | | | | | | | | |
| | Date of Arrest 10/24/2021 | | Time of Arrest 03:45 | | Booking Date 10/24/2021 | | Booking Time 03:55 | | Jail Date | | Jail Time | Location of Vehicle | | | | | | | | | | | | | | | | | |
| | Name (Last, First, Middle) OLIVEIRA, GABRIEL GOMES | | | | | | | | | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | | | | | | | | | | |
| C O D E F | Race W - White B - Black O - Oriental/Asian W | | Sex M F M | | Date of Birth 03/27/1994 | | Height 6'02 | | Weight 200 | | Eye Color HAZEL | | Hair Color BLACK | | Complexion LIGHT | | Build Large | | | | | | | | | | | | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | | | | | | | Marital Status S | | 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"/> | | | | | | | | | | | | | | |
| | Local Address (Street, Apt. Number) 35 10TH STREET, ATLANTIC BEACH, FL 32233 | | | | | | | | | | (City) | | (State) | | (Zip) | | Phone | | Residence Type: 1. City 3. Florida 2. County 4. Out of State 1 2 | | | | | | | | | | |
| | Permanent Address (Street, Apt. Number) 35 10TH STREET, ATLANTIC BEACH, FL 32233 | | | | | | | | | | (City) | | (State) | | (Zip) | | Phone | | Address Source FL/DL | | | | | | | | | | |
| J U V E N I L E | Business Address (Name, Street) KEY SOURCE MEDICAL, | | | | | | | | | | (City) | | (State) | | (Zip) | | Phone | | Occupation Pharma Rep | | | | | | | | | | |
| | DL Number, State 0416287941070 / FL | | | | Soc. Sec. Number | | | | DNS Number | | | | Place of Birth (City, State) FRAMINGHAM, MA, | | | | Citizenship 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 | | | | | | | | | | | | |
| C H A R G E | <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) | | | | | | | | | | Residence Phone | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Legal Custodian | | | | | | | | | | Business Phone | | | | | | | | | | | | | | | | | | |
| | Address (Street, Apt. Number) (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Notified by: (Name) | | | | | | | | | | Date | | Time | | JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated | | | | | | | | | | | | | | |
| N O T I C E T O A P P E A R | 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 | | | | Grade | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____ | | | | | | | | | | 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. Struggle D. Deliver E. Use | | K. Disperse/ 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. Synthetic | | U. Unknown Z. Other |
| C H A R G E | Charge Description DUI - NORMAL FACULTIES IMPAIRED | | | | | | | | | | Statute Violation Number 316.193(1)(A) | | | | Violation of ORD # | | | | | | | | | | | | | | |
| | 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 | | | | | | | | | | Statute Violation Number | | | | Violation of ORD # | | | | | | | | | | | | | | |
| | Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Warrant / Capias Number | | Bond | | | | | | | | | | | | | | |
| I N T A K E | Charge Description | | | | | | | | | | Statute Violation Number | | | | Violation of ORD # | | | | | | | | | | | | | | |
| | 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"/> Deformities <input type="checkbox"/> Injuries Explain: | | | | | | | | | | | | | | | | | | |
| | Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input 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 | | | | | | | | | | | | |
| N O T I C E T O A P P E A R | 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) North County PALM BEACH GARD | | | | Court Date and Time 11/18/2021 10:00:00 | | | | | | | | | | | | | | |
| | 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. | | | | | | | | | | No Photo Available | | | | | | | | | | | | | | | | | | |
| | Signature of Defendant (or Juvenile and Parent/Custodian) | | | | | | | | | | Date Signed | | | | | | | | | | | | | | | | | | |
| A D M I N I S T R A T I O N | HOLD for Other Agency | | | | | | | | | | Signature of Arresting Officer Perez, C. | | | | Name Verification (Printed by Arrestee) (PRINT) | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other | | | | | | | | | | Name of Arresting Officer (Print) Perez, C. | | | | ID # 9887 | | | | | | | | | | | | | | |
| | Intake Date 10/24/21 | | | | | | | | | | Pouch # | | | | Transporting Officer C. PEREZ | | | | ID # 9887 | | | | | | | | | | |
| | Agency NPBPD | | | | | | | | | | Witness here if subject signed with an "X" | | | | | | | | | | | | | | | | | | |

BOOKED BY: [] STATE ATTORNEY [] AGENCY [] CENTRAL RECORDS [] JAIL [] CRIME ANALYSIS []

J# 0526815


2021 OCT 25 4:06 PM
JOSEPH PEREZ
CLERK
Palm Beach County, FL
PAGE 1
888

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

| | | | | | | | | | |
|--|---|--|---|--|---|--|--|-----------------|------------------------------------|
| A D M I N I S T R A T O R | OBTS Number | | Agency ORI Number FL 0502300 | | Agency Name NORTH PALM BEACH POLICE | | Agency Report Number 7 0 21-000594 | | |
| | Charge Type: Check as many as apply. | | <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | | Special Notes: | | | | |
| D E F E N D A N T | Name (Last, First, Middle) OLIVEIRA, GABRIEL R | | | | | | Race W | Sex M | Date of Birth 10/06/1995 |
| | Charge Description 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED | | | | | | Charge Description | | |
| C H A R G E S | Charge Description | | | | | | Charge Description | | |
| | Victim's Name (Last, First, Middle) | | | | | | Race | Sex | Date of Birth |
| V I C T I M | Local Address (Street, Apt. Number) (City) (State) (Zip) | | | | | | Phone | | Address Source |
| | Business Address (Name, Street) (City) (State) (Zip) | | | | | | Phone | | Occupation |
| P R O B A B L E C A U S E | 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 checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. | | | | | | | | |
| | On the <u>24</u> day of <u>October</u> , <u>2021</u> at <u>03:00</u> (Specifically include facts constituting cause for arrest.) | | | | | | | | |
| S T A T E M E N T | On 10/24/2021 at approximately 3:00am, I observed a 2017 brown Mazda 4-door, FL tag ILIY37, traveling northbound at a high rate of speed in the 800 block of US Highway 1, North Palm Beach, Florida 33408. I visually estimated the speed of the vehicle to be in excess of 60 mph in a marked 35 mph zone. I activated my vehicle-mounted radar speed measurement device and received an actual speed reading of 62 mph. As I was following the vehicle northbound on US Highway 1, I observed the vehicle failing to maintain a lane. The vehicle was traveling in the middle lane and drifted several feet into the left lane on three occasions. I then activated my emergency lights on my marked patrol vehicle to conduct a traffic stop on the vehicle in the 1200 block of US Highway 1. The vehicle slowed down but continued to drive for approximately 1/2 mile, passing several available driveways and parking lots in which it could have pulled into, before pulling into a parking lot at US Highway 1 and PGA Boulevard. | | | | | | | | |
| | I made contact with the driver and advised him of the reason for the traffic stop. I requested his driver's license, registration, and proof of insurance. The driver handed me his driver's license and then looked for the registration and insurance for approximately one minute, before advising that he could not locate it. The driver was identified by his Florida driver's license as W/M Gabriel G Oliveira (03/27/94). While speaking with Oliveira, I immediately detected an odor of an unknown alcoholic beverage on his breath as he spoke. I noticed that Oliveira's eyes were red and glassy and his speech was slightly slurred. I asked Oliveira where he was coming from and where he was going and he stated that he was coming from Jupiter and going to Singer Island. It should be noted that Jupiter is approximately 10 miles north of the location of the traffic stop and Oliveira was coming from the south. I asked Oliveira if he had consumed any alcohol and he stated, "not that much." | | | | | | | | |
| A D M I N I S T R A T O R | Based on Oliveira's driving pattern, obvious signs of impairment, and admission to consuming alcohol, I requested Police Officer Perez respond to the scene to conduct a | | | | | | | | |
| | SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div> Perez, Christopher NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>10/24/2021</u> DATE </div> <div>  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER COUNCIL ANDREW (9794) NAME OF OFFICER (PLEASE PRINT) <u>10/24/2021</u> DATE </div> </div> | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div>STATE ATTORNEY</div> <div>CENTRAL RECORDS</div> <div>JAIL</div> <div>CRIME ANALYSIS</div> <div>P.I.O.</div> </div> | | | | | | | | | |

PAGE
1 OF 2

**PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT**

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

1 JUVENILE

| | | | | |
|---|---|--|-----------------|------------------------------------|
| OBTS Number | | | | |
| Agency ORI Number FL 0502300 | Agency Name NORTH PALM BEACH POLICE | Agency Report Number 7 0 21-000594 | | |
| Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other | | Special Notes: | | |
| Name (Last, First, Middle) OLIVEIRA, GABRIEL R | | Race W | Sex M | Date of Birth 10/06/1995 |

driving under the influence investigation. I briefed Police Officer Perez on my observations and the subsequent investigation was turned over to him. I issued Oliveira a citation for speed (62 mph in a 35 mph zone) - Citation ADZ3TLE.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME

PEREZ, CHRISTOPHER

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

10/24/2021
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

COUNCIL, ANDREW (9794)

NAME OF OFFICER (PLEASE PRINT)

10/24/2021
DATE

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2 of 2



STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

| OETS Number | | PROBABLE CAUSE AFFIDAVIT | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | JUVENILE | |
|---|--|---|--|------------------------|--|---|---|-----------------|------------------------------------|--|
| A D M I N I S T R A T I V E | Agency ORI Number FL FL0502300 | Agency Name NORTH PALM BEACH POLICE | Agency Report Number 7 0 21-000594 | | | | | | | |
| | Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other | | | | | | Special Notes: | | | |
| | Name (Last, First, Middle) OLIVEIRA, GABRIEL GOMES | | | | | | Race W | Sex M | Date of Birth 03/27/1994 | |
| | Charge Description 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED | | | | | | 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 | |
| <p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ (that he/she saw the arrested person commit the below acts).</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>24</u> day of <u>October</u>, <u>2021</u> at <u>03:44</u> (Specifically include facts constituting cause for arrest.)</p> <p>On Sunday October 24, 2021 at approximately 3:00AM I responded as back up to Police Sergeant Council's traffic stop. The traffic stop was located in the 1200- block of US Highway 1, North Palm Beach, FL 33408. See Police Sergeant Council's supplement.</p> <p>During my investigation, I made contact with Gabriel Gomes Oliveira W/M (white Male) 03/27/1994. Immediately, I detected a strong odor of an unknown alcoholic beverage emanating off of his person and from inside the vehicle. Also, when I asked Oliveira to step out of the vehicle I began speaking with him and detected an odor of an unknown alcoholic beverage emanating from his breath. Lastly, Oliviera's eyes appeared to be watery and glossy during our conversation.</p> <p>Oliveira stated to me, he was headed to West Palm Beach, FL from West Palm Beach, FL. He also stated he was headed "south" to Jupiter, FL, however Police Sergeant Council stopped Oliveira traveling north on US Highway 1. In addition, Oliveira believed he was still in West Palm Beach, FL when in fact he was in North Palm Beach, FL.</p> <p>I then explained to Oliveira that I am now going to be conducting a Driving Under the Influence investigation. Oliveira understood and agreed to perform all Standardized Field Sobriety Tasks (SFST's) asked of him. He denied being under the direction of a medical doctor and to any traumatic injuries that could not allow him to perform SFST's.</p> <p>It should be noted, Oliveira was instructed and demonstrated on all tasks which he acknowledged and understood all instructions.</p> <p>During my investigation, on the Horizontal Gaze Nystagmus (HGN) task I observed Oliveira have: equal pupil size, unequal tracking, a lack of smooth pursuit on both left and right eyes, vertical nystagmus on both left and right eyes, distinct nystagmus at max deviation on both left and right eyes and onset of nystagmus prior to 45 degrees on both</p> | | | | | | | | | | |
| | SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>10/24/2021</u> DATE | | | | | | SIGNATURE OF PROBING/INVESTIGATING OFFICER  PEREZ, CHRISTOPHER (9887) NAME OF OFFICER (PLEASE PRINT) <u>10/24/2021</u> DATE | | | |
| | | | | | | PAGE 1 OF 3 | | | | |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

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| OBTS Number | | PROBABLE CAUSE AFFIDAVIT SUPPLEMENT | | 1. Arrest 2. N.T.A. | 3. Request for Warrant 4. Request for Capias | 1 | JUVENILE |
| Agency ORI Number FL FL0502300 | | Agency Name NORTH PALM BEACH POLICE | | Agency Report Number 7 0 21-000594 | | | |
| Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony | | <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | | Special Notes: | | | |
| Name (Last, First, Middle) OLIVEIRA, GABRIEL GOMES | | | | Race W | Sex M | Date of Birth 03/27/1994 | |

left and right eyes. In addition, Oliveira swayed approximately 4 inches throughout instructions and performance of the task. His eyes continued to appear watery and glossy when conducting the HGN task. Lastly, Oliveira had to be instructed 4 times to stand with his feet together and arms at his side. While Oliveira was following the stimulus, he began looking straight at me and would not follow the stimulus smoothly. This occurred during max deviation and onset prior to 45 degrees approximately 3 times.



During the walk and turn task I observed Oliveira: sway during instructions and performance of the task approximately 4-6 inches side to side. He also had to be instructed/ demonstrated 3 times to stand with his feet together and arms at his side. Oliveira started before being told to do so twice and missed heel-to-toe on all steps during his first line. On his second line, Oliveira missed heel-to-toe on all steps and failed to count out loud all steps in both the first line and second. It should be noted, the steps Oliveira had taken on both sets of lines; appeared to be approximately 9 to 12 inches apart.

During the one leg stand task I observed Oliveira: sway approximately 3 inches side to side during instructions and performance of this task. Oliveira also used both arms as balance, by extending them to his side approximately 8 inches from his waist. Oliveira lost his balance 3 times, forcing him to put his foot down all 3 times. Lastly, Oliveira began the task without being told to begin 2 times and failed to count out loud throughout the entire task.

During the finger to nose task I observed Oliveira: sway approximately 3-5 inches side to side during instructions and performance of the task. In addition, Oliveira had to be instructed/ demonstrated 3 times on how to stand with his feet together and index fingers pointed down and at his side. On the first two instructed fingers (left then right), Oliveira touched the tip of his index finger to the middle of his nose. On the last finger instructed (left), Oliveira held his finger to his nose for approximately 4 seconds. It should be noted, Oliveira never tilted his head backwards.

During the Romberg Alphabet task I observed Oliveira: sway approximately 4-6 inches side to side during instructions and throughout the task. Oliveira recited the English alphabet as follows: A,B,C,D,E,F,J,H,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,Y, (approximately a 20 second pause), L,M,N,O,P,Q,R,X. It should be noted, Oliveira stated he understood the English alphabet, however was trying to "convert it to Portuguese".

Due to the obvious signs of impairment, odor and inability to conduct the SFST's properly, Oliveira was subsequently placed under arrest for violation of F.S.S. 316.193(1) - Driving under the Influence. Oliveira was placed in handcuffs that were checked for proper fit and double locked. He was placed in the back of my marked patrol vehicle and secured properly. He was transported to the PBSO Breath Alcohol Testing Center (BAT) where he was observed for 20 minutes and did not consume or regurgitate

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| SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 10/24/2021 DATE |  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER PEREZ, CHRISTOPHER (9887) NAME OF OFFICER (PLEASE PRINT) 10/24/2021 DATE |
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|---|---|---|---|------------------------------------|
| OBT Number Agency ORI Number FL FL0502300 | Agency Name NORTH PALM BEACH POLICE | Agency Report Number 7 0 21-000594 | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <div style="border: 1px solid black; padding: 2px; text-align: center; width: 20px; margin: 0 auto;">1</div> | JUVENILE |
| Charge Type: Check as many as apply. | | Special Notes: | | |
| <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony | | <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | | |
| Name (Last, First, Middle) OLIVEIRA, GABRIEL GOMES | | Race W | Sex M | Date of Birth 03/27/1994 |
| <p>anything.</p> <p>It should be noted, Oliveira refused to provide a sample of his breath and after reading implied consent he again refused.</p> <p>Oliveira's vehicle was inventoried by Police K9 Officer Bussek prior to being towed by Kauff's Towing.</p> <p>Oliveira was issued citations for Driving Under the Influence per F.S.S 316.193 Cit#: ADZ3TME and Police Sergeant Council cited him for unlawful speed per F.S.S 316.187(1) CIT#: ADZ3TLE.</p> <p>Gabriel Gomes Oliveira did drive or was in actual physical control of a vehicle, while under the influence of alcoholic beverages or chemical substances as set forth in Florida Statute 877.111, or a controlled substance as set forth in Chapter 893 or any combination thereof, and was affected to the extent that his or her normal faculties were impaired; or while having a blood alcohol level of .08 or more grams of alcohol per 100 milliliters of blood or breath alcohol level of .08 or more grams of alcohol per 210 liters of breath, contrary to Florida Statute 316.193(1).</p> <p>At the time of the arrest Oliveira was wearing a blue button down, khaki shorts, and white shoes.</p> <p>No further information.</p> | | | | |
| NOT A CERTIFIED COPY | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>10/24/2021</u></p> <p>DATE</p> </div> <div style="width: 45%;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>PEREZ, CHRISTOPHER (9887)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><u>10/24/2021</u></p> <p>DATE</p> </div> </div> | | | | |
| | | | | PAGE 3 OF 3 |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

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:

During the HGN(Horizontal Gaze Nystagmus), Oliveira swayed approximately 4 inches side to side throughout instructions and performance of the task. His eyes appeared watery and glossy when conducting the HGN task. In addition, Oliveira had to be instructed 4 times to stand with his feet together and arms at his side. While Oliveira was following the stimulus, he began looking straight at me and would not follow the stimulus smoothly. This occurred during max deviation and onset prior to 45 degrees approximately 3 times.

WALK & TURN:

During the walk and turn task I observed Oliveira: sway during instructions and performance of the task approximately 4-6 inches side to side. He also had to be instructed/ demonstrated 3 times to stand with his feet together and arms at his side. Oliveira started before being told to do so twice and missed heel-to-toe on all steps during his first line. On his second line, Oliveira missed heel-to-toe on all steps and failed to count out loud all steps in both the first line and second. It should be noted, the steps Oliveira had taken on both sets of lines; appeared to be approximately 9 to 12 inches apart.

ONE LEG STAND:

During the one leg stand task I observed Oliveira: sway approximately 3 inches side to side during instructions and performance of this task. Oliveira also used both arms as balance, by extending them to his side approximately 8 inches from his waist. Oliveira lost his balance 3 times, forcing him to put his foot down all 3 times. Lastly, Oliveira began the task without being told to begin 2 times and failed to count out loud throughout the entire task.

FINGER TO NOSE:

During the finger to nose task I observed Oliveira: sway approximately 3-5 inches side to side during instructions and performance of the task. In addition, Oliveira had to be instructed/ demonstrated 3 times on how to stand with his feet together and index fingers pointed down and at his side. On the first two instructed fingers (left then right), Oliveira touched the tip of his index finger to the middle of his nose. On the last finger instructed (left), Oliveira held his finger to his nose for approximately 4 seconds. It should be noted, Oliveira never tilted his head backwards.

ROMBERG ALPHABET:

During the Romberg Alphabet task I observed Oliveira: sway approximately 4-6 inches side to side during instructions and throughout the task. Oliveira recited the English alphabet as follows: A,B,C,D,E,F,J,H,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,Y, (approximately a 20 second pause), L,M,N,O,P,Q,R,X. It should be noted, Oliveira stated he understood the English alphabet, however was trying to "convert it to Portuguese".

BREATH TEST RESULTS:

1) Refused 2) Refused 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

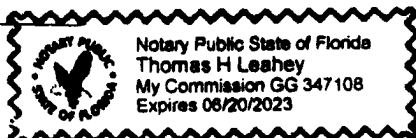
C.Perez

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of October, 20 21 by _____

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

Notary Public, Clerk of Court, Officer (F.S.S 117 10)



U.S. PROBABLE CAUSE AFFIDAVIT

ON THE **20TH** DAY OF **OCTOBER** 20 **21**, AT **0300** AM PM

SUBJECT: **Gabriel Gomes Oliveira** CASE NUMBER: **21-000594**

AGENCY: **North Palm Beach** ARRESTING OFFICER: **C.Perez**

PERSONAL CONTACT

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

See Police Sergeant Council's supplement.

OBSERVATION OF DRIVER:

Upon observation of Oliveira, I immediately detected a strong odor of an unknown alcoholic beverage emanating off of his person and from inside the vehicle. In addition, as Oliveira was speaking to me I was able to detect the odor of an unknown alcoholic beverage emanating from his breath. Lastly, Oliviera's eyes appeared to be watery and glossy while speaking to me.

DRIVER'S STATEMENTS:

Oliveira stated he was headed to West Palm Beach, FL from West Palm Beach, FL. He also stated he was headed "south" to Jupiter, FL, however was stopped traveling north on US Highway 1. In addition, Oliveira believed he was still in West Palm Beach, FL.

ODORS:

When I made contact with Oliviera I detected a strong odor of an unknown alcoholic beverage emanating off of his person, breath and inside the vehicle.

GENERAL OBSERVATIONS

SPEECH: slurred speech

ATTITUDE: cooperative

CLOTHING: blue shirt, Khaki shorts, White shorts

MEDICAL/OTHER: N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

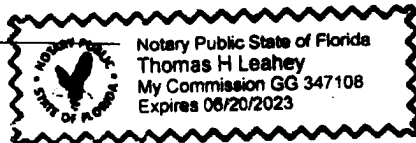
C.Perez

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of October 20 21 by _____

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

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



SUBJECT: Case # 16065 CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

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? _____

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: CIC. C. FENZ # 17

SUBJECT: CHIVERS, LARRY GENE CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ 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 CA (copy)

North Palr

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: 21-000594

Defendant: Gabriel Gomes Oliveira

Officer: C.Perez ID, # 9887

District: Patrol

Date Submitted: 10/24/2021

Sent By: _____

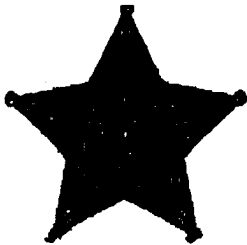
Supervisor Approval: _____

Received By Court Liaison: _____

Date/Time Received: _____

FILING PACKAGE LOGGED BY LIAISON
ON DATE AND TIME LISTED ABOVE

RETURN THIS ORIGINAL RECEIPT TO OFFICER



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

PBSO CASE # 21-120473

AGENCY CASE# 21-000594

AGENCY ZONE 3-14

CRASH CASE # _____

TIME OF STOP/CRASH 0300 DATE 10/24/2021 DAY SUNDAY

SUBJECT'S NAME Gabriel Gomes Oliveira RACE W SEX M

HGT 6'02 WGT 200 DOB 03/27/1994

LOCATION 1200-BLK US HIGHWAY 1, NPB, FL 33408

ARRESTING OFFICER'S NAME & ID C.Perez AGENCY North Palm Beach

DIVISION: Patrol

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0428

BREATH RESULTS:

ARREST TIME 0333

1. REFUSED
2. _____
3. _____
4. _____

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

TESTING FACILITY TASK REPORT

AGENCY: NPB

SUBJECT: OLIVEIRA, GABRIEL GOMES

CASE NUMBER: 21-120473

DATE: Oct 24, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0452

ENDING TIME: 0505

BREATH TESTS RESULTS:

1) R

TIME 0454

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: UPSET, COOPERATIVE

CLOTHING: BLACK SHORT SLEEVE BUTTON UP SHIRT, TAN SHORTS, WHITE SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, GLASSSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0428 HOURS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED HE UNDERSTOOD I.C

SUBJECT AGAIN STATED HE WOULD NOT TAKE BREATH TEST

REFUSAL TIME 0454 HOURS

A/O READ RIGHTS

SUBJECT ACKNOWLEDGED HE UNDERSTOOD HIS RIGHTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED SOME Q AND A

REFUSED

WITNESS LIST

CASE NUMBER: **21-000594**

ARRESTING OFFICER: **C.Perez**

ADDRESS: **560 US Highway 1, North Palm Beach FL 33408**

PHONE NUMBERS (HOME): **561-574-2410** (WORK) **561-848-2525**

CAN TESTIFY TO: **FACTS OF THE CASE**

NAME: **A. COUNCIL**

ADDRESS: **560 US HIGHWAY 1, NORTH PALM BEACH, FL**

PHONE NUMBERS (HOME) (WORK) **561-848-2525**

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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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:

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

I, C. Perez, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)

am a member of North Palm Beach, and I do swear
(Name of enforcement agency)

or affirm that on or about the 24th day of OCTOBER, 20 21, at 4:54 P.M. ☒ M.
(Circle One)

NAME Gabriel Gomes Oliveira
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

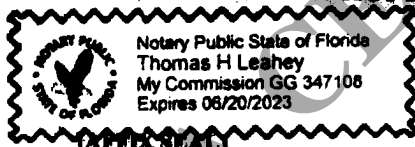
DL# 0416287941070, state of Florida, was placed under lawful arrest for
the offense of DUI by C. Perez and
issued Citation # _____
(Name of Arresting Officer)

That on or about the 24th day of October, 20 21, at 4:54 P.M. ☒ M.
in Palm Beach County, (Circle One)
[PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said

person to submit to a ☒ breath, ☒ urine, or ☒ blood test to determine the content of alcohol in his or her blood or breath or the presence of chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits a misdemeanor, if said person refuses to submit to a lawful test as requested above, and his or her driving privilege has been previously suspended for a prior refusal to submit to a lawful test of his or her breath, urine, or blood. If driver holds a CDL or is operating a CMV, I did inform the driver that this refusal will result in the disqualification of the driver's Commercial Driver's License/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 such test.
Said person did at that time and place refuse to submit to such test or tests.

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:

Signature of Attesting Officer

The foregoing instrument was sworn and subscribed before

me this 24th day of October, 2021,

by C. Perez,

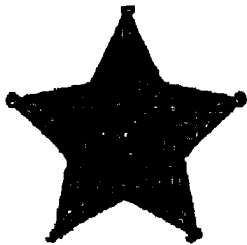
who is personally known to me or who has produced

known as identification

Notary Public T. Leashey

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.

HSMV 78054 (REV. 12/13)



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

PBSO CASE # 21-120473 AGENCY CASE# 21-000594
AGENCY ZONE 3-14 CRASH CASE # _____
TIME OF STOP/CRASH 0300 DATE 10/24/2021 DAY SUNDAY
SUBJECT'S NAME Gabriel Gomes Oliveira RACE W SEX M
HGT 6'02 WGT 200 DOB 03/27/1994
LOCATION 1200-BLK US HIGHWAY 1, NPB, FL 33408
ARRESTING OFFICER'S NAME & ID C.Perez AGENCY North Palm Beach
DIVISION: Patrol NOTIFIED BY COMMO Yes
ARRIVAL AT FACILITY 0428
BREATH RESULTS: ARREST TIME 0333
1. REFUSED
2. _____
3. _____
4. _____
TESTING OFFICER'S ID Bell 8656 PBSO VIDEOTAPE # N/A



**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) |
|---|-------------------------------------|---|--|----------------|
| I/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: 2021026712

Date: 10/25/21

Specialist Name/ID: A. Pinkney/7796