

21CT1093 SB

ADMINISTRATION		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 <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-21-004270</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 type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator		
Location of Arrest (Including Name of Business) <b>Miner Rd and N Congress Ave, Boynton Beach, FL, 33426</b>		Location of Offense (Business Name, Address) <b>Miner Rd and N Congress Ave, Boynton Beach, FL, 33426</b>										
Date of Arrest <b>01/22/2021</b>		Time of Arrest <b>2240</b>		Booking Date		Booking Time		Jail Date		Location of Vehicle <b>Beck's Towing</b>		
Name (Last, First, Middle) <b>Felinczak, Gerald Thomas JR</b>		Alias (Name, DOB, Soc. Sec. #, Etc):										
W - White B - Black		I - American Indian O - Oriental / Asian		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>10/21/1974</b>	Height <b>601</b>	Weight <b>165</b>	Eye Color <b>Brown</b>	Hair Color <b>Brown</b>	Complexion <b>Fair</b>	Build <b>Medium</b>
Scars, Marks, Tattoo, Unique Physical Features (Location, Type, Description)		Marital Status <b>Single</b>		Religion <b>Unkn</b>		Indication of Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk		Indication of Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk		Residence Type 1. City 3. Florida 2. County 4. Out of State		<b>2</b>
Local Address (Street, Apt. Number) <b>11211 S Military Trl, Apt 1021, Boynton Beach, FL, 33436</b>		(City)		(State)		(Zip)		Phone <b>(751)581-8621</b>		Address Source <b>FL DL</b>		
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Occupation		
D/L Number, State <b>F452 298 74 381 0/ FL</b>		Soc. Sec. Number		INS Number		Place of Birth <b>Poland</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		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		Residence Phone		Business Phone		
Address (Street, Apt. Number)		(City)		(State)		(Zip)						
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 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 561-365-2526) 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. Barbituate C. Cocaine		E. Heroin		H. Hallucinogen M. Marijuana		P. Paraphernalia/ Equipment		U. Unknown Z. Other		
Charge Description <b>DUI</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>316.193.1.C</b>		Violation of ORD#				
Drug Activity		Drug Type		Amount/Unit		Offense # <b>21-004270</b>		Warrant/Capias Number		Bond		
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		Statute Violation Number <b>JAN 23 AM 3:38</b>		Violation of ORD#				
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond		
<input 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 instruction on reverse side.		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>		Court Date and Time Month <b>March</b> Day <b>01</b> Year <b>2021</b> Time <b>0830</b>		<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		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.				
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed										
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Reisted Arrest <input type="checkbox"/> Other		Signature of Arresting Officer <b>V Alexis</b>		Name Verification (Printed by Arrestee) <b>BUR CANNED</b>		I.D. # <b>1105</b>		Agency <b>BBPD</b>		
Intake Deputy I.D. #		Pouch #		Signature of Transporting Officer <b>V Alexis</b>		I.D. # <b>1105</b>		Agency <b>BBPD</b>		Witness here is subject with #		

J# 0520933

2021 JAN 24 AM 7:00  
 FILED  
 PALM BEACH COUNTY  
 CLERK OF COURT  
 JANE M. HARRIS  
 PH# 140...  
 2021 JAN 24 AM 7:00

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 22nd DAY OF January 2021 AT 2150  A.M  P.M.

CASE #: 21-004270

DEFENDANT: Felinczak, Gerald Thomas Jr

**PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:**

On January 22, 2021, at approximately 2150 hours, I was dispatched to the intersection of N Congress Ave (N CR 807) and Miner Road, in the city of Boynton Beach, Florida, 33436 in reference to a vehicular crash with no injuries.

Upon arrival, I observed two vehicles, all with moderate damages, parked along the south side of Miner Road, approximately 50 feet east of the intersection N Congress Ave. The First vehicle (V1) was a Silver Lexus IS bearing FL tag: IK36GV, with damages to the right front bumper. The Second vehicle (V2) was a White Nissan Pathfinder, bearing FL tag: Z89ISX, with moderate damages to the left fender and left rear tire. Crash investigation revealed that, the at fault vehicle, the Lexus Es, was traveling westbound in the left turning lane of Miner Road, approaching the intersection of N Congress Ave. The other vehicle, the Nissan, was travelling eastbound on Miner Road, approaching the intersection of North Congress Ave. The Driver of the Nissan, Janel Louis advised that, while his vehicle was traveling eastbound through the intersection, the at fault vehicle made a left turn to travel southbound on N Congress. As a result, the at fault vehicle struck vehicle two's left rear side; The at fault vehicle was being driven by W/M Gerald Thomas Felinczak Jr; there were no additional occupants on either vehicle (See Crash Form 89876118 for further).

While speaking to Gerald in reference to the crash, I detected a very strong odor of alcoholic beverages emitting from his breath; his eyes were also red and glassy. Gerald was unable to maintain his balance and had to use his vehicle from time to time for support. At one point, Gerald dropped his cellphone and almost fell forward attempting to pick it up. The driver for the second vehicle, also noticed Gerald's physical state.

Upon conclusion of the crash investigation, I informed Gerald of his Miranda Warnings and that I was conducting a DUI investigation; Gerald verbally acknowledge that he understood. Post Miranda, Gerald admitted to driving the at fault vehicle and being involved in the vehicle crash. Gerald stated that he had just left the "Copper Point Brewery" prior to the crash after meeting a friend; he stated that he only had two beers. Gerald later stated that he only had three beers. Gerald stated that, after his vehicle struck the other Nissan, he returned to provide his information. Based on the aforementioned I requested Gerald to submit to a series of Standardized Field Sobriety Task, which he agreed to. Prior to beginning I asked Gerald if he had any disability and/or injuries I should be aware of, which he stated no.

SCANNED  
JAN 24 2021

Pen Exercise: During the task, Gerald was unable to maintain a proper balance. Gerald moved his head from at times and could not follow the pen.

**HORIZONTAL GAZE NYSTAGMUS:**

- Left eye does not follow smoothly
- Left eye prior to 45 degrees
- Distinct jerking in left eye at maximum deviation
- Vertical Nystagmus in left eye

- Right eye does not follow smoothly
- Right eye prior to 45 degrees
- Distinct jerking in right eye at maximum deviation
- Vertical Nystagmus in right eye

**WALK AND TURN:**

This task was explained and demonstrated to Gerald, to which he stated that he understood. During the exercise, Gerald was argumentative and kept starting before I instructed him too. Gerald was unable to maintain his balance and used both arms for balance during the exercise. During the walking phase, Gerald step off the line, did Not maintained "heel to toe" on all the steps, and made an improper turn. He was unable to walk throughout the exercise.

**ONE LEG STAND:**

This Exercise was explained and demonstrated to Gerald to which he stated he understood. During the instruction stage, Gerald could not maintain his balance and kept swaying. During the exercise, Gerald used his arms for balance and put his leg down prior to the 30 second mark

**FINGER TO NOSE:**

This exercise was explained and demonstrated to Gerald to which he stated he understood. During the exercise, Gerald kept swaying back and was unable to maintain his balance

**ROMBERG/ALPHABET:**

This exercise was explained and demonstrated to Gerald to which he stated he understood. During the exercise, Gerald kept swaying back and was unable to maintain his balance. Gerald also recited the alphabet in a manner not instructed too; he was singing it.

Based on the above facts Gerald was placed into handcuffs (D/L and Spaced) for suspicion of DUI. Gerald was transported to the Palm Beach county Jail BAT facility, in my vehicle (4962). I arrived at the facility at 2322 hours, at which time I started my 20 minutes observation and completed it at 2342 hours. Upon completion, I requested Gerald to provide a sample of his breath to determine the alcohol content, which he agreed too.

Gerald provided a sample of .154 and .154. I then read Gerald his Miranda Warnings, which he stated that he understood. Q&As were completed. During the Q&As Gerald advised that he had visited the "Copper Point Brewery" and consumed 3 beers.

Based on the above facts I've established Probable Cause to arrest Gerald with 1M count of DUI pursuant with F.S.S. 316.193.1.C. Gerald transported to JFK for medical clearance and later TOT PBC.

SCANNED  
JAN 24 2021

Copy of the SFST and BAT video was later entered into the Boynton Beach Police Evidence Department. Incident was captured via BWC as well. Gerald's vehicle was removed from scene by Beck's Towing.

The following instrument was sworn to before me this 23 day of January 2021

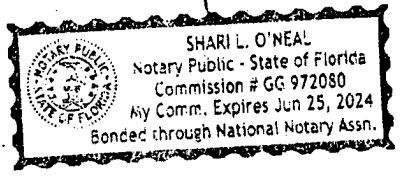
By: \_\_\_\_\_

*S. O'Neal*

Notary/Police Officer (F.S.S. 117.10)

*[Signature]*

Signature of Arresting Officer



NOT A CERTIFIED COPY

SUBJECT: Felicia Zak Gerald Thomas CASE NUMBER: 21-004270

## 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

SUBJECT: Felin Czark, Gerald Thomas CASE NUMBER: 21-004270

## 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? Delaware Avenue

DIRECTION OF TRAVEL? West WHERE DID YOU START? Home

WHAT TIME DID YOU START? 19:00 WHAT TIME IS IT NOW? 19:50

WHAT IS TODAY'S DATE? 22 WHAT DAY OF THE WEEK IS IT? Saturday 22/11

WHAT COUNTY AND CITY ARE YOU IN NOW? Polk County

WHEN DID YOU LAST EAT? Thursday WHAT DID YOU EAT? Food

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? work

HOW MUCH DO YOU WEIGH? 165 HAVE YOU BEEN DRINKING? Yes WHAT? 3 beers

HOW MUCH? 3 Beers WHERE? Car WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? around 7:00 AND YOUR LAST DRINK? around 11:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Sipped them

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? Business WHEN DID YOU LAST WORK? Friday

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?	<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? 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? Yes WHERE? PA, NY, VA

INTERVIEWER: \_\_\_\_\_

WHITE - STATE ATTY.    YELLOW - DHSMV    PINK - CENTRAL RECORDS    GOLD - JAIL

# TESTING FACILITY TASK REPORT

AGENCY: BBPD OFC. ALEXIS #1105

SUBJECT: FELINCZAK JR. GERALD T.

CASE NUMBER: 21-028206

DATE: 01-22-21/01-23-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2358 HRS

ENDING TIME: 0022 HRS

BREATH TESTS RESULTS: 1) .154 TIME 0005 A.M.  P.M.  2) .154 TIME 0008 A.M.  P.M.   
3) TIME A.M.  P.M.  4) TIME A.M.  P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, COOPERATIVE, FIDGETY

CLOTHING: SHIRT- MULTI. COLORED/PLAID PRINT PANTS- NAVY BLUE

MEDICAL CONDITIONS: NONE/ NO ALLERGIES

MEDICATIONS: NONE

## OTHER:

EYES: RED, GLASSY  
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

## COMMENTS:

20 MIN. OBSERVATION DONE BY A/O ALEXIS #1105  
A/O REQUESTED THE BREATH TEST.  
D SUBMITTED TO THE BREATH TEST.  
D COMPLETED THE TEST CORRECTLY.  
EXPLAINED THE BREATH RESULTS TO THE D.  
C/W READ ON CAMERA, Q&A CONDUCTED.  
D STATED HE HAD THREE BEERS.



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

PBSO CASE # 21-028026 PBSO ZONE 6-12

AGENCY CASE # 21-004270 CRASH CASE # 89876118

TIME OF STOP/CRASH 2150 DATE 1-22-21 DAY Friday

SUBJECT'S NAME Gerald Thomas Felinto RACE W SEX M

HGT 6'01" WGT 165 DOB 10/21/74

LOCATION Miner Road and N Congress Ave, Brynton Beach

ARRESTING OFFICER'S NAME & ID V. Alexis 1105 AGENCY Brynton Beach PD  
Valdmir

DIVISION: RP

NOTIFIED BY COMMO

ARRIVAL AT FACILITY 23:22

BREATH RESULTS:

Arrest Time 2240 hrs

- 1. .154
- 2. .154
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

TESTING OFFICER'S ID 6212

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: 80-006476 Software: 8100.27  
Date of Test: 01/23/2021

Date of Last Agency Inspection: 01/15/2021  
Observation Period Began: 23:22  
Subject's Name: GERALD T FELINCZAK Jr.

DOB: 10/21/1974 Sex: M

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.

Test	g/210L	Time
Diagnostics Check	OK	00:02
Air Blank	0.000	00:03
Control Test	0.078	00:03
Air Blank	0.000	00:04
Subject Sample #1	0.154	00:05
Air Blank	0.000	00:06
Air Blank	0.000	00:07
Subject Sample #2	0.154	00:08
Air Blank	0.000	00:09
Control Test	0.076	00:09
Air Blank	0.000	00:10
Diagnostics Check	OK	00:10

Cylinder Lot: 22620080A2  
Exp: 10/05/2022

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 SHARI L O'NEAL, 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: 01-23-21  
Signature

Sworn to (or affirmed) before me this 23 day of January, 2021

[Signature] Signature of Notary Public-State of Florida Ofc. Alexis #1105 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.

CASE #: 21-004270

DEFENDANT: Felinczak, Gerald Thomas Jr.

Arresting Officer: \_\_\_\_\_

Address: ~~100 E. Boynton Beach Boulevard Boynton Beach, FL 33435~~ 2045 High Ridge Rd

Phone Numbers: Home: \_\_\_\_\_ Work: (561) 742-6100

Name: Janel Louis

Address: 4098 Plumbeago Pl, Lake Worth, FL, 33462

Phone Numbers: Home: \_\_\_\_\_ Work: 561-704-7514

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: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

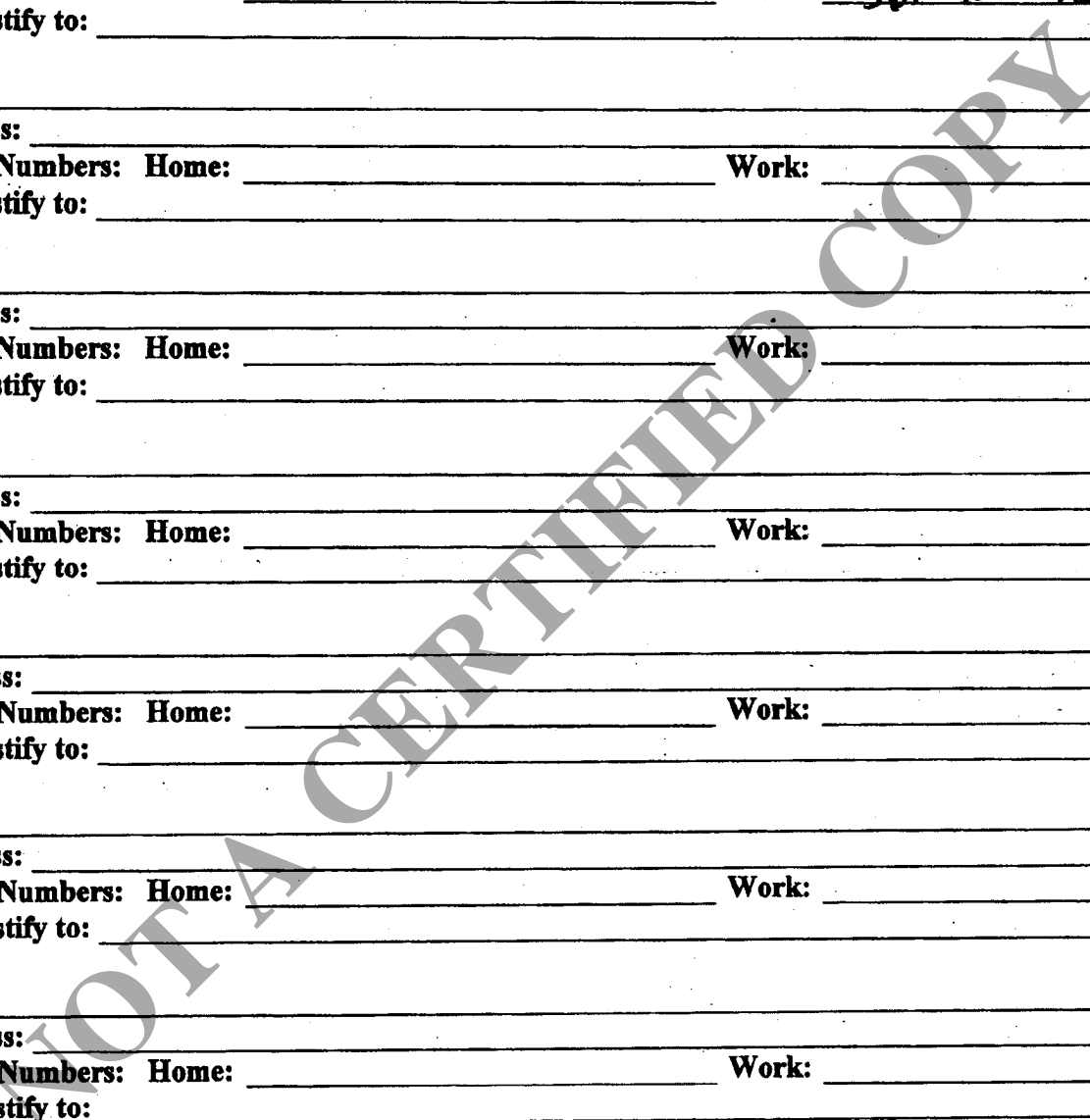
Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Can testify to: \_\_\_\_\_





**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 checked="" 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: 2021001876	Date: 1/24/21
	Specialist Name/ID: A. Pinkney/7796