

20CT6176AMIS

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number

Agency ORI Number
FLO 500000

Agency Name
PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only)
06- 20-066537

Charge Type:
Check as many as apply:
 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other

Weapon Seized / Type
1. Yes 2. No
2 NONE
Multiple Clearance Indicator 02

Location of Arrest (Including Name of Business)
SR80 & BINKS FOREST DR LOXAHATCHEE, FL 33470

Location of Offense (Business Name, Address)
SR80 & BINKS FOREST DR

Date of Arrest 05/07/2020 Time of Arrest 23:33 Booking Date Booking Time Jail Date Jail Time Location of Vehicle SHEEHANS TOWING

Name (Last, First, Middle) Fulks, Hailee, Layken Alias (Name, DOB, Soc. Sec. #, Etc.)

Race W - White I - American Indian B - Black O - Oriental/Asian W Sex F Date of Birth 11/21/1994 Height 5'0" Weight 104 Eye Color GREEN Hair Color BRW Complexion FAIR Build SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) LEFT THIGH: "LITTLE MERMAID" Marital Status Single Religion NONE Indication of: Alcohol Influence Y N Unk. Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone (561) 891-9895 Residence Type: 1. City 2. County 3. Florida 4. Out of State 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source FLORIDA DRIVER LICENSE

Business Address (Name, Street) (City) (State) (Zip) Phone Occupation SECRETARY

DL Number, State F420332949210, FL Soc. Sec Number INS Number Place of Birth (City, State) HOLLYWOOD, FL Citizenship US

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Legal Custodian Other: l. OR 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 defendant and / or defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. Yes, by: (Name) No. (Reason) School Attended Grade

Property Crime? Yes No Description of Property Value of Property

Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia U. Unknown N. N/A D. Deliver E. Use Distribute Produce/ Cultivate N. N/A C. Cocaine A. Amphetamine O. Opium/Deriv. M. Marijuana S. Synthetics

Charge Description DRIVING UNDER THE INFLUENCE Counts 1 Domestic Violence Y N Statute Violation Number 316.193(1)(c) Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond
N N .128 & .127 B.A.C. 20-066537

Charge Description RECKLESS DRIVING Counts 1 Domestic Violence Y N Statute Violation Number 316.192(1)(A) Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond
N N NONE 20-066537

Charge Description Counts Domestic Violence Y N Statute Violation Number Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Charge Description Counts Domestic Violence Y N Statute Violation Number Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Location (Court Room Number, Address) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406

Court Date and Time Month JULY Day 2nd Year 2020 Time 08:30 AM X PM

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I 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 05/07/2020

HOLD for other Agency Name: Signature of Arresting Officer INV. J. Schaefer #8777 Name Verification (Printed by Arrestee) (PRINT) Hailee Fulks

Dangerous Resisted Arrest Suicidal Other: Name of Arresting Officer (Print) INV. J. SCHAEFER I.D. # 8777 (PRINT) Hailee Fulks

Initial Deputy I.D. # Pouch # Transporting Officer ID # Agency PBSO Witness here if subject signed with an "X" 1 OF 1

0516334

2426

PROBABLE CAUSE AFFIDAVIT

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Copies

1

Juvenile

Agency ORI Number: FLO 5,0,0,0,0,0 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 20-066537

Charge Type: 1 Felony 2 Traffic Felony 3 Misdemeanor 4 Traffic Misdemeanor 5 Ordinance 6 Other Special Notes: SUP PC

Name (Last, First, Middle): FULK, HAILEE LAYKEN Race: W Sex: F Date of Birth: 11/21/1994

Charge Description: DUI

Victim's Name (Last, First, Middle): STATE OF FLORIDA

Local Address (Street, Apt Number) (City) (State) (Zip) Phone Address Source Business Address (Name, Street) (City) (State) (Zip) Phone Occupation

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law... On the 7 day of MAY 20 20 at 2300 P.M.

While on unmarked patrol in the area of 665 Royal Palm Beach Blvd, in the Village of Royal Palm Beach, FL, 33411 I observed a gray Kia sedan bearing Texas tag LFC9078 driving at a high rate of speed and changing lanes without using a turn signal or exercising due care while inside a construction zone where workers were present. I initiated the traffic stop using my red and blue emergency lights where the vehicle came to a complete stop at State Rd 80 and Binks Forest Drive. I made contact with a white female later identified as Hailee Fulk 11/21/1994. After speaking with Fulk I noticed her eyes to be bloodshot and glassy, also Fulk's speech was slurred. I then asked Fulk if she'd had anything to drink tonight to which she stated that she'd had one drink. Based on my observations along with Fulk stating that she'd been drinking, I had DUI investigator Schaefer #8777 respond to the scene where he resumed the DUI investigation.

This is for supplemental purposes only.

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 MAY 20 20 by D/S BRITT #32414

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known Notary Public, Clerk of Court, Officer (F.S. 117.10)

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7th DAY OF MAY, 2020, AT 22:46 AM PM

SUBJECT: Fulks, Hailee, Layken CASE NUMBER: 20-066537

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER

PERSONAL CONTACT

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

On 05/07/2020 at approximately 23:01hrs, I was called to the scene of a traffic stop at the intersection of SR80 & Binks Forest Drive, which is located in Loxahatchee, Palm Beach County, Florida. I arrived at the scene at approximately 23:13hrs. D/S R. Britt #32414 relayed to me, and completed a written signed sworn supplemental Probable Cause Affidavit, that he had stopped the defendant's vehicle, a 2019 Kia Forte bearing TX tag LFC9078, because the defendant drove recklessly, excessively speeding and improperly passing vehicle in an active construction zone. D/S Britt noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation. D/S Britt identified the defendant, to me, as the driver and sole occupant of the vehicle, at the time of the stop.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by her Florida driver license as "HAILEE LAYKEN FULKS", I immediately detected an obvious odor of an unknown alcoholic beverage emanating from her person and face area. Fulks had glassy, glazed, and blood shot eyes. Fulks' speech was quick tongued and slurred. Fulks' movements were slow and deliberate. Fulks had an unsteady gait while walking to my patrol vehicle. Fulks was wearing a black t-shirt, blue jean shorts, and sandals. All the clothing appeared neat.

DRIVER'S STATEMENTS:

Pre-Miranda: Fulks stated she "only" had a White Claw.

Fulks consented to breath and made post Miranda admissions that she was driving after having a Bud Light & White Claw.

ODORS:

An obvious odor of an unknown alcoholic beverage was emanating from her person and face.

GENERAL OBSERVATIONS

SPEECH: Fulks' speech was quick tongued and slurred.

ATTITUDE: talkative, polite, cooperative, emotional

CLOTHING: black t-shirt, blue jean shorts, and sandals

MEDICAL/OTHER: SEE BAT REPORT

STATE OF FLORIDA
COUNTY OF PALM BEACH

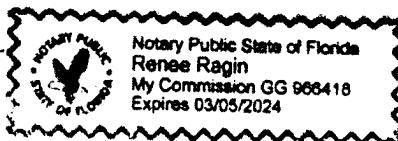
INV. J. SCHAEFER *Inv. J. Schaefer #877*

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 7th day of MAY, 2020 by INV. J. SCHAEFER

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

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



SUBJECT Fulks, Hailee, CASE NUMBER 20-066537

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:

Fulks would sway roughly in a side to side front to back pattern throughout the task. Fulks did not touch the tip of the pen as directed to positively identify the point to be tracked on her 1st attempt. Fulks was reminded numerous times to track the pen with her eyes only. Fulks failed to keep her head still while tracking the stimulus. Fulks had VGN.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Fulks who stated the she understood. During the task, I observed Fulks to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Fulks could not maintain her balance while listening to instructions and stepped out of the instructional stance during the demonstration to catch her balance. Fulks started the task before being instructed to do so. Fulks missed heel-to-toe steps. Fulks performed an improper turn by turning other than which was demonstrated. Additionally, Fulks performed the incorrect number of steps.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Fulks who stated that she understood. During the task, I observed Fulks to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Fulks continued to sway while balancing on one leg. Fulks failed to count properly by thousands as instructed. Fulks put her foot down to regain balance numerous times before the 30 seconds had elapsed.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Fulks who stated that she understood. During the task, I observed Fulks to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Fulks' index finger did not touch the tip of the nose on 5 of 6 attempts. The sequence used for this task was L, R, L, R, R, and L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhombert Alphabet" task to Fulks who stated that she understood. During the task, I observed Fulks to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Fulks correctly recited the alphabet.

BREATH TEST RESULTS: .128 .127

STATE OF FLORIDA
COUNTY OF PALM BEACH

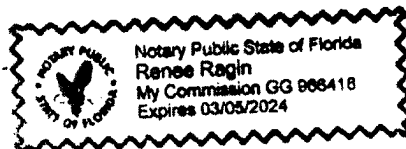
INV. J. SCHAEFER *Inv. J. Schaefer #8777*

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of MAY 2020 by INV. J. SCHAEFER

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

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



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: 80-006240 Software: 8100.27
Date of Test: 05/08/2020

Date of Last Agency Inspection: 04/17/2020

Observation Period Began: 00:04

Subject's Name: HAILEE L FULKS

DOB: 11/21/1994 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	00:27
	Air Blank	0.000	00:28
	Control Test	0.080	00:28
	Air Blank	0.000	00:29
	Subject Sample #1	0.128	00:29
	Air Blank	0.000	00:30
	Air Blank	0.000	00:32
	Subject Sample #2	0.127	00:32
	Air Blank	0.000	00:33
	Control Test	0.081	00:33
	Air Blank	0.000	00:34
	Diagnostics Check	OK	00:34

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 JOSHUA J BELL, 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: 5/8/20

Sworn to (or affirmed) before me this 8 day of May, 2020

Inv. Schaefer #8777

INV. Schaefer #8777

Signature of Notary Public-State of Florida

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: 20-066537

ARRESTING OFFICER: INV. J. SCHAEFER

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO

NAME: D/S R. BRITT #32414 (DISTRICT)

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) (561) 688-3000

CAN TESTIFY TO: SEE SUPPLEMENTAL PROBABLE CAUSE AFFIDAVIT

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

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: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: FULKS, HAILEE

CASE NUMBER: 20-066537

DATE: May 8, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0026

ENDING TIME: 0042

BREATH TESTS RESULTS: 1) .128 TIME 0029 A.M. P.M. 2) .127 TIME 0032 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: TALKATIVE, COOPERATIVE, INQUISITIVE

CLOTHING: BLACK TEE SHIRT, BLUE JEAN SHORTS, BLACK SANDALS

MEDICAL CONDITIONS: ASTHMA

MEDICATIONS: NONE

OTHER:

EYES: GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

SUBJECT STATED SHE DRANK ONE AND A HALF BUDLIGHTS AND ONE WHITE CLAW (Q AND A)

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0004 HOURS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

TECH READ BREATH TEST RESULTS AND EXPLAINED

SUBJECT STATED SHE ONLY HAD 1 DRINK

A/O READ RIGHTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED QUESTIONS

SUBJECT: FULKS, Hailee

CASE NUMBER: 20-066537

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 on camera

SUBJECT: FUKS, Hailee

CASE NUMBER: 20-066537

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? SOUTHERN BLVD

DIRECTION OF TRAVEL? N WHERE DID YOU START? RACE TRAK

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

WHAT IS TODAY'S DATE? 5/7/08 WHAT DAY OF THE WEEK IS IT? FRI

WHAT COUNTY AND CITY ARE YOU IN NOW? WPB, IDK

WHEN DID YOU LAST EAT? 3:30 pm WHAT DID YOU EAT? 10 GAMES

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? POOL / RACE TRAK

HOW MUCH DO YOU WEIGH? 104 HAVE YOU BEEN DRINKING? YES WHAT? BUD LIGHT / LIGHT CIDER

HOW MUCH? 1 1/2 WHERE? FRIENDS HOUSE WITH WHOM? FRIEND

WHEN DID YOU HAVE YOUR FIRST DRINK? 9 SOMETHING AND YOUR LAST DRINK? IDK

HOW DID YOU CONSUME YOUR LAST TWO DRINKS?

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? YES

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? SECRETARY WHEN DID YOU LAST WORK? 2 months ago

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? NO

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? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

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

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

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

INTERVIEWER: INV. Schaefer # 8777



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

REVIEW COMPLETED BY

Booking Number: 2020012132	Date: 5/8/2020
	Specialist Name/ID: B Evans / 23649