

052 1041 21 CT003102 AXMB

3448

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 <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-21-039429</b>	
Charge Type: Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business) <b>OKEECHOBEE BLVD/D ROAD</b>		Location of Offense (Business Name, Address) <b>OKEECHOBEE BLVD/ D ROAD, LOXAHATCHEE GROVES/FL/33470</b>					
Date of Arrest <b>02/25/2021</b>	Time of Arrest <b>2343</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>All-Time Towing, 1145 Old Dixie Hwy., Lake Park, FL 33483, (561) 942-5544</b>	
Name (Last, First, Middle) <b>Dominguez, Hector, Arturo</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race <b>W - White I - American Indian B - Black O - Oriental/Asian</b>	Sex <b>M</b>	Date of Birth <b>1/5/1978</b>	Height <b>5'04</b>	Weight <b>162</b>	Eye Color <b>BRO</b>	Hair Color <b>BLACK</b>	Complexion <b>MED</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>PRAYING HANDS ON CHEST / ANGEL ON LEFT ARM /</b>				Marital Status <b>Divorced</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol/Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>17671 35 Pl N, Loxahatchee, FL 33470</b>		(City)	(State)	(Zip)	Phone <b>(754) 281 7896</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>DRIVER LICENSE</b>	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation <b>AUTO DETAILING</b>	
D/L Number, State <b>D552321780050, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>NEW YORK CITY, NY</b>	Citizenship <b>U.S.</b>
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	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"/>		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	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 Legal Custodian Other:		Name (Last)	(First)	(Middle)	Residence Phone		
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone		
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated			
Released To: (Name)		Relationship		Date	Time		
The above address provided by 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. <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. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description <b>DRIVING UNDER THE INFLUENCE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>316.193(1)(a)</b>		Violation of ORD #	
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>21-039429</b>	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) <b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b>							
Court Date and Time Month <b>MARCH</b> Day <b>25</b> Year <b>2021</b> Time <b>0830</b> AM <input checked="" type="checkbox"/> 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 <b>02/25/2021</b>			
HOLD for other Agency Name:		Signature of Arresting Officer <i>Inv W. Amadon</i>		Name Verification (Printed by Arrestee) <b>FEB 26 4 21:52</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>INV. W. AMADON</b>		I.D. # <b>9440</b>		PAGE	
Intake Deputy <i>D. M. [Signature]</i>		I.D. #		Pouch #		Witness here if subject signed with an "X"	
Transporting Officer <b>INV. W. AMADON</b>		I.D. # <b>9440</b>		Agency <b>PBSO</b>		1 OF 1	

SCANNED  
FEB 26 2021  
PALM BEACH COUNTY, FL  
GUN CLUB





Date: 02/25/2021 Time: 2307 Defendant: DOMINGUEZ, HECTOR A Case #: 21-039429

FIELD SOBRIETY TASKS ADMINISTERED

H.G.N.

Table with 2 columns: Left, Right. Rows for eye tracking observations.

- Lack of smooth pursuit
Distinct and Sustained Nystagmus at maximum deviation
Onset prior to 45 degrees
Vertical Nystagmus observed

Lack of Convergence: [ ] Yes [ ] No [ ] Refused to do exercise

WALK AND TURN

- 1. Steps from line during instructions. [ ] 2. Starts too soon. [ ] 3. Stops while walking. [ ]
4. Does not touch heel to toe. MULT down additional back additional
5. Incorrect number of steps. & 6. Raises arms for balance. [ ]
7. Improper turn. [ ] Describe: TURNED TO THE RIGHT CONTRARY TO INSTRUCTION
8. Steps off line/loses balance. [ ] Step #: MULTIPLE
9. Cannot do exercise. [ ] Explain:
10. Type of line used: YELLOW TAPE 11. Type of footwear: SNEAKERS Removed original footwear?: NO
12. Refused to do exercise. [ ]

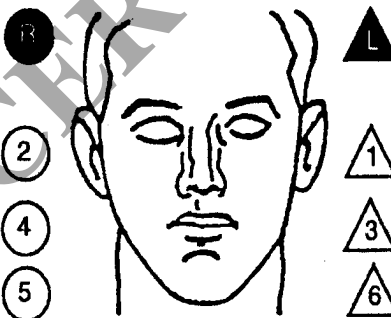
ONE LEG STAND

- 1. Sways while balancing. [ ] 2. Uses arms for balance. [ ] 3. Hopping. [ ]
4. Puts foot down. [ ] 5. Cannot do exercise. [ ] Explain:
# of seconds: 3 TIMES PRIOR TO 30 SECONDS PASSING 6. Refused to do exercise. [ ]

ALTERNATIVE TASKS

Finger to Nose

- 1. Keeps eyes open. [ ]
2. Does not return arms to side. [ ]
3. Fails to touch nose. [ ]
4. Uses wrong hand. [ ]
5. Unable to do exercise. [ ]
6. L [ ] R [ ] L [ ] R [ ] R [ ] L [ ]
7. Refused to do exercise. [ ]



Rhomberg/Balance/Alphabet

- 1. Opens eyes. [ ]
2. Sway while balancing. [ ]
3. Raises arms to balance. [ ]
4. Estimates 30 seconds at: [ ]
5. Misses alphabet recitation. [ ]
6. Cannot do exercise. [ ]
7. Refused to do exercise. [ ]

NOTARY PUBLIC - SEE PAGE 3 -

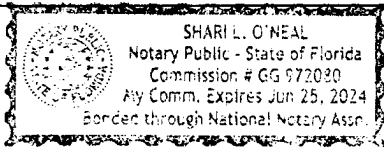
Sworn and subscribed before me, this 26 day of FEBRUARY, 2021

- [ ] Notary Public [ ] Law Enforcement Officer
[ ] Personally known [ ] Produced identification

Signature of Notary

Name and signature of Notary

Signature: INV W Amadon #9440
Print Name & Officer ID#: INV. W. AMADON #9440



Date: 02/25/2021 Time: 2307 Defendant: DOMINGUEZ, HECTOR A Case #: 21-039429

ADDITIONAL PROBABLE CAUSE ALTERNATIVE TASKS

The defendant had a distinct sway when he stood still. The defendant had difficulty maintaining balance. The defendant stepped from the instructional stance contrary to instruction. The defendant took the incorrect number of steps and concluded the first pass with his right foot forward. The defendant turned improperly contrary to instruction. The defendant also asked "can I turn around?" at conclusion of his first pass. I told him to complete the task as instructed. The defendant had a strong odor of an unknown alcoholic beverage coming from his breath that would intensify as he spoke. I was able to detect the odor standing several feet from the subject, outside, with a mask on. The defendant kept his eyes open contrary to instructions and had to be reminded to keep his eyes closed. The defendant used his arms for balance for the one leg stand and his foot was only raised approximately one to two inches off the ground. The defendant stated he understood the instructions for the one leg stand prior to starting the task. When he put his foot down he asked me if she should continue. I told the defendant to complete the task as instructed. The defendant did not immediately return his hand to his sides during the finger to nose task. He searched, missed tip to tip, and touched the outside of his nose and under his nose contrary to instruction. During the Romberg Alphabet the defendant had to be reminded to keep his eyes closed. The defendant correctly recited the Alphabet.

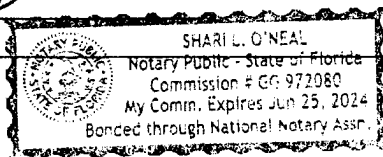
NOT A CERTIFIED

Sworn and subscribed before me, this 26 day of FEBRUARY, 20 21

- Notary Public Law Enforcement Officer
Personally known Produced identification

S. O'Neal (signature)

Name and signature of Notary



INV. W. Amadon #9440

Signature

INV. W. AMADON #9440

Print Name & Officer ID#:

SUBJECT: \_\_\_\_\_

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) \_\_\_\_\_

SUBJECT: Unsubscribed Accidents A CASE NUMBER: 21021429

## 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: \_\_\_\_\_

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

# WITNESS LIST

CASE NUMBER: 21-039429

ARRESTING OFFICER: INV. W. AMADON

ADDRESS: 3228 Gun Club Road, West Palm Beach, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: DUI Investigation

NAME: D/S C. AGUERO #31315

ADDRESS: 3228 Gun Club Road, West Palm Beach, FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: Stopping Deputy

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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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:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M.  P.M.  2)  TIME  A.M.  P.M.

3)  TIME  A.M.  P.M.  4)  TIME  A.M.  P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

## TESTING OFFICER'S OBSERVATIONS

**REFUSED**

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

EYES: GLASSY AND BLOODSHOT

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:24 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND REFUSED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

**REFUSED**

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

I, INV. W. AMADON, a duly certified Law Enforcement Officer or Correctional Officer, am a member of Palm Beach County Sheriffs Office, and I do swear or affirm that on or about the TWENTY-FIFTH day of February, 2021, at 23:43

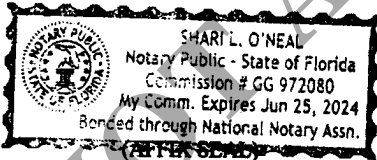
DRIVER HECTOR ARTURO DOMINGUEZ  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST  
DL # D552321780050, state of FL, was placed under lawful arrest for the offense of DUI by INV. W. AMADON and issued Citation # AEA7C9E  
(Name of Arresting Officer)

That on or about the TWENTY-SIXTH day of February, 2021, at 00:48 in Palm Beach County,

I requested that the driver submit to a  breath and/or  urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving 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 any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Inv. W. Amadon #9440  
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 this 26 day of February, 20 21 by [Signature] who is personally known to me or who has produced \_\_\_\_\_ as identification. Notary Public [Signature]

The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
Signature of Attesting Officer  
Title \_\_\_\_\_  
Date \_\_\_\_\_

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.



**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: 2021004825	Date: 02/25/2021
	Specialist Name/ID: T Howard/7185