

21CT7982 NB

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number <b>FLO 5 0 2 6 0 0</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>				Agency Report Number <b>78 - 21002071</b>															
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <b>2</b> 1. Yes 2. No		Multiple Clearance Indicator													
Location of Arrest (Including Name of Business) <b>PGA BLVD/ALT A1A, PBG, FL</b>						Location of Offense (Business Name, Address) <b>PGA BLVD/FAIRCHILD GARDENS AV, PBG, FL</b>															
Date of Arrest <b>05/14/2021</b>		Time of Arrest <b>01:53</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle <b>KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407</b>									
Name (Last, First, Middle) <b>GRANT, JAMES, PERRY</b>												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race <b>W - White I - American Indian B - Black O - Oriental/Asian</b>		Sex <b>W</b>		Date of Birth <b>12/08/1957</b>		Height <b>5'9</b>		Weight <b>160</b>		Eye Color <b>HAZ</b>		Hair Color <b>WHI</b>		Complexion <b>LGT</b>		Build <b>SMALL</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status <b>SINGLE</b>		Religion		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Int. <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Int. <input type="checkbox"/>					
Local Address (Street, Apt. Number) <b>339 SALINAS DR, PALM BEACH GARDENS, FL 33410</b>						(City) <b>(FL)</b>		(State) <b>(FL)</b>		(Zip) <b>(33410)</b>		Phone <b>(561) 267-6518</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>							
Permanent Address (Street, Apt. Number) <b>339 SALINAS DR, PALM BEACH GARDENS, FL 33410</b>						(City) <b>(FL)</b>		(State) <b>(FL)</b>		(Zip) <b>(33410)</b>		Phone		Address Source <b>VERBAL</b>							
Business Address (Name, Street) <b></b>						(City) <b>(FL)</b>		(State) <b>(FL)</b>		(Zip) <b>(33410)</b>		Phone		Occupation							
D/L Number, State <b>G653455574480 FL</b>		Soc. Sec. Number <b></b>		INS Number <b></b>		Place of Birth (City, State) <b>MIAMI, FL</b>		Citizenship <b>US</b>													
Co-Defendant Name (Last, First, Middle) <b></b>						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) <b></b>						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) <b></b>		(First) <b></b>		(Middle) <b></b>		Residence Phone <b></b>													
Address (Street, Apt. Number) <b></b>						(City) <b></b>		(State) <b></b>		(Zip) <b></b>		Business Phone <b></b>									
Notified by: (Name) <b></b>						Date <b></b>		Name <b></b>		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated											
Released To: (Name) <b></b>						Relationship <b></b>						Date <b></b>		Time <b></b>							
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)										School Attended <b></b>		Grade <b></b>									
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property <b></b>						Value of Property <b></b>													
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 checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(1)(A)</b>				Violation of ORD # <b></b>							
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b></b>		Offense # <b></b>		Warrant / Capias Number <b></b>				Bond <b></b>									
Charge Description <b></b>						Counts <b></b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b></b>				Violation of ORD # <b></b>							
Drug Activity <b></b>		Drug Type <b></b>		Amount / Unit <b></b>		Offense # <b></b>		Warrant / Capias Number <b></b>				Bond <b></b>									
Charge Description <b></b>						Counts <b></b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b></b>				Violation of ORD # <b></b>							
Drug Activity <b></b>		Drug Type <b></b>		Amount / Unit <b></b>		Offense # <b></b>		Warrant / Capias Number <b></b>				Bond <b></b>									
Charge Description <b></b>						Counts <b></b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b></b>				Violation of ORD # <b></b>							
Drug Activity <b></b>		Drug Type <b></b>		Amount / Unit <b></b>		Offense # <b></b>		Warrant / Capias Number <b></b>				Bond <b></b>									
Location (Court, Court Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>												Court Date and Time Month <b>JUNE</b> Day <b>16</b> Year <b>2021</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>									
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) <b></b>												Date Signed <b>05/14/2021</b>									
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:						Signature of Arresting Officer <b></b>		Name of Arresting Officer (Print) <b>OFC. ANDREW FLINK</b>		I.D. # <b>514</b>		Name Verification (Printed by Arresting Officer) <b>SCANNED MAY 15 2021</b>									
Intake Deputy <b></b>						I.D. # <b></b>		Pouch # <b></b>		Transporting Officer <b>OFC. A. FLINK</b>		ID # <b>514</b>		Agency <b>PBGRD</b>		Witness here if subject signed with an "X" <b></b>					
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)												PAGE <b>1</b>		OF <b>1</b>							

052 3302

29/5

# D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 14TH day of MAY 2021 at 0131 ☒ AM ☐ PM

Subject: GRANT, JAMES, PERRY Case Number: 21002071

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: OFC. ANDREW FLINK 514

## PERSONAL CONTACT

**DRIVING PATTERN:** (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

Ofc Hennessy 409 said he observed the vehicle, a Toyota sedan (Z13DFH/FL) disobey a stop bar at the intersection of PGA Blvd and Fairchild Gardens Av, PBG, FL. Ofc Hennessy stopped the vehicle on the PGA flyover, PBG, FL. This Officer arrived on scene and made contact with the driver and sole occupant of the vehicle, identified via Florida Driver License photo, James Grant, while he was still in actual physical control of the vehicle.

## OBSERVATION OF DRIVER:

Grant had bloodshot watery eyes, flushed red face, slurred speech and appeared disoriented. Grant also seemed to have difficulty maintaining the same thought when speaking with other Officers on his location and where he was coming from. Certain locations would clash with other locations he mentioned.

## DRIVER STATEMENTS:

Grant said he was coming from the beach and on his way to his house. Grant denied consuming alcohol and/or controlled substances on this night.

ODORS: None

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Compliant, relaxed

CLOTHING: white shirt, white pants, white shoes

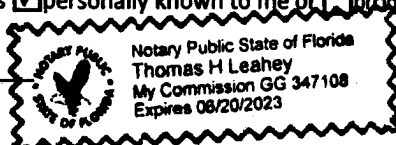
MEDICAL/OTHER: None stated

STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 14th day of May 2021 by  
OFC. ANDREW FLINK 514 who is ☒ personally known to me or ☐ produced

  
Notary Public, Clerk of Court, Officer (FSS 117.10)



SCANNED  
MAY 15 2021

STAMP

# D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: GRANT, JAMES, PERRY

Case Number: 21002071

## ROADSIDE TASKS

### HORIZONTAL GAZE NYSTAGMUS:

#### LEFT EYE

- ☐ Lack of Smooth Pursuit  
☐ Distinct & Sust. Nystag. at Max. Deviation  
☐ Onset of Nystagmus Prior to 45 Degrees

#### RIGHT EYE

- ☐ Lack of Smooth Pursuit  
☐ Distinct & Sust. Nystag. at Max. Deviation  
☐ Onset of Nystagmus Prior to 45 Degrees

### Other Observations:

Exercise was unable to be completed due to Grant not following instructions. Grant would follow the stimulus with his head. When Grant would keep his head still, he would stare at this Officer's face despite being told not to do so.

### Walk and Turn

Grant walked to the end of the line facing away from this Officer then was told to face this Officer to which he replied, "where are you at". Grant then placed his right foot on the line after being told to place his left foot on the line. Grant was then told again to place his left foot on the line to which he continued to have difficulty doing. Grant then started prior to being told to do so. During the first set of steps, Grant raised his arms more than six inches from his side. Grant missed heel-to-toe on multiple steps and took 14 steps rather than nine. Grant conducted an improper turnaround by coming off the line and circling around. Grant then continued back to the starting point approximately one foot to the side of the original line. Grant walked casually and did not follow any instructions provided by this Officer.

### One Leg Stand

During the exercise, Grant raised his left foot. Grant was swaying and kept his arms raised more than six inches from his side. Grant also did not raise his foot the full six inches and had to be told again to do so.

### Rhomberg Balance

During the exercise, Grant swayed orbitally. Grant counted aloud after being told several times not to do so. Grant also opened his eyes during the exercise. Grant estimated the passage of 30 seconds in approximately 37 seconds.

### Finger to Nose

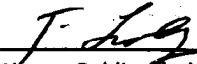
During the first command of left, Grant missed his nose completely and almost touched his left eye. During all subsequent commands, Grant did not touch his nose, nor anywhere on his head. Grant raised his right hand, then counted as this Officer called commands. Grant moved his right arm for four commands, in an up and down motion nowhere near his head. On the final command of left, Grant raised his left hand and pointed up.

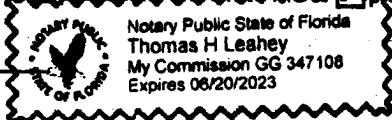
BREATH RESULTS: 1) REF @ 0258 2) - @ - 3) - @ - 4) - @ -

STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
SIGNATURE OF ATTESTING OFFICER

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of May 20 21 by  
OPC. ANDREW FLINK 514 who is ☒ personally known to me or ☐ produced

  
Notary Public, Clerk of Court, Officer (FSS 117.10)



STAMP

SCANNED  
MAY 15 2021

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

I, **OFC. ANDREW FLINK**, a duly certified Law Enforcement Officer or Correctional Officer,  
 (Name of Officer reading Implied Consent Warning)

am a member of **PALM BEACH GARDENS POLICE DEPARTMENT**, and I do swear  
 (Name of law enforcement agency)

or affirm that on or about the **14th** day of **May**, 20 **21**, at **01:53** ☐ P.M. ☒ A.M.

DRIVER **JAMES PERRY GRANT**  
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **G653455574480**, state of **FL**, was placed under lawful arrest for  
 the offense of **DRIVING UNDER THE INFLUENCE** by **OFC. ANDREW FLINK** and  
 issued Citation # **A56HIQE**  
 (Name of Arresting Officer)

That on or about the **14th** day of **May**, 20 **21**, at **0258** ☐ P.M. ☒ A.M.  
 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 one (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.

*[Signature]*  
 Signature of Law Enforcement Officer or  
 Correctional Officer

**THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)**



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this **14th** day of **May**, 20 **21**,

by **OFC. ANDREW FLINK**,

who is personally known to me or who has produced

*[Signature]* as identification

Notary Public *[Signature]*

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date **05/14/2021**

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.

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MAY 15 2021



**PALM BEACH GARDENS POLICE DEPARTMENT  
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 21-065355 PBSO Zone: 3-13

Agency Case #: 21002071 Crash Case #: \_\_\_\_\_

**Incident Information:**

Time of Stop/Crash: 0131 Date of Incident: 05/14/2021 Day: FRIDAY

Location of Incident: PGA BLVD/FAIRCHILD GARDENS AV, PBG, FL

**Arrest Information:**

Time of Arrest: 01:53 Date of Arrest: 05/14/2021 Day: FRIDAY

Location of Arrest: PGA BLVD/ALT A1A, PBG, FL

Subject's Name: (L) GRANT, (F) JAMES, (M) PERRY

DOB: 12/08/1957 Race: W Sex: M Height: 5'9 Weight: 160 Hair WHI Eye HAZ

Address: 339 SALINAS DR, PALM BEACH GARDENS, FL 33410 Phone: (561) 267-6518

Arresting Officer's Name: OFC. ANDREW FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC - DUI

**Breath Results**

1) **REFUSED** 01:58 hrs.  
2) - at - hrs.  
3) - at - hrs.  
4) - at - hrs.

**---BAT Use---**

BAT Notified: YES  
Arrival Time at BAT: 0220  
Subject Arrest Time: 01:53

Breath Test Operator: LEAHEY 19183  
PBSO

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# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Grant, James P

CASE NUMBER: 21-065355

DATE: May 14, 2021

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0243

ENDING TIME: 0303

BREATH TESTS RESULTS: 1) R TIME 0258 A.M. ☒ P.M. ☐ 2) n/a TIME 0 A.M. ☐ P.M. ☐

3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, deliberate

ATTITUDE: talkative, repetitive/uncooperative

CLOTHING: off white pants, white s/s shirt, gray shoes

MEDICAL CONDITIONS: none

MEDICATIONS: none

## OTHER:

eyes are glassy & bloodshot

REFUSED

## COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0220 hrs

subject refused to perform breath test

A/O read I/C 4X & explained in detail & subject understood I/C

subject refused to perform breath test

A/O read rights & subject understood rights

A/O conducted Q&A

subject answered questions

REFUSED

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SUBJECT: Grant, James P 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) \_\_\_\_\_

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SUBJECT: Grant, James P

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? Yes

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? 101

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? 5/15/21 WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? San Diego

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? / Yes 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? Yes

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

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

WHAT LINE OF WORK ARE YOU IN? Police WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? Yes 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? Yes WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes 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? Yes

DO YOU TAKE INSULIN? Yes IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: Officer [Signature]

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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MAY 15 2021





**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: 2021011699

Date: 5/14/21

Specialist Name/ID: A. Pinkney/7796