

0515077

20 CT3523 MB

3954

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

| | | | | | | | |
|---|--------------------------------|--|-----------------------|---|---------------------------|---|----------------------------|
| OBTs Number | | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number (N.T.A.'s only) 06- 20042147 | |
| Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | | Weapon Seized / Type 2. No N/A | | Multiple Clearance Indicator | | | |
| Location of Arrest (Including Name of Business) S. JOG RD / DILLMAN RD, WPB, FL 33415 | | | | Location of Offense (Business Name, Address) S. JOG RD / DILLMAN RD WPB FL 33415 | | | |
| Date of Arrest 02/25/2020 | Time of Arrest 01:42 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle SHEEHANS TOWING | |
| Name (Last, First, Middle) CHACON GUTIERREZ JAVIER EMILIO | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | |
| Race W - White I - American Indian B - Black O - Oriental/Asian W | Sex M | Date of Birth 08/04/1966 | Height 5'08 | Weight 165 | Eye Color BROWN | Hair Color BLONDE | Complexion LIGHT |
| Build MEDIUM | | | | Marital Status Single | | Religion NONE | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A | | | | Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. | | | |
| Local Address (Street, Apt. Number) 1501 NE 34TH ST | | (City) (State) (Zip) POMPANO BEACH, FL 33064 | | Phone (561) 846-1120 | | Residence Type: 1. City 2. County 3. Florida 4. Out of State 2 | |
| Permanent Address (Street, Apt. Number) | | (City) (State) (Zip) | | Phone | | Address Source VERBAL | |
| Business Address (Name, Street) | | (City) (State) (Zip) | | Phone | | Occupation INTERIOR DECORATOR | |
| D/L Number, State AD001726K, ID | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) COSTA RICA | |
| Citizenship COSTA RICA | | 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 | | Residence Phone | |
| Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other | | 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 <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 355-2528) 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/Derv. | | P. Paraphernalia/ Equipment S. Synthetics | | U. Unknown Z. Other | | | |
| Charge Description D.U.I. PROPERTY DAMAGE | | Counts 1 | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number 316.193(3)(C)(1) | |
| Drug Activity U | | Drug Type U | | Amount / Unit | | Offense # 20042147 | |
| Warrant / Capias Number | | Bond | | Statute Violation Number | | Violation of ORD # | |
| Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | |
| Warrant / Capias Number | | Bond | | Statute Violation Number | | Violation of ORD # | |
| Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | |
| Warrant / Capias Number | | Bond | | Statute Violation Number | | Violation of ORD # | |
| Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | |
| Warrant / Capias Number | | Bond | | Statute Violation Number | | Violation of ORD # | |
| Location (Court, Room Number, Address) PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX - 3228 GUN CLUB RD WEST PALM BEACH FL, 33406 | | | | | | | |
| Court Date and Time Month MARCH Day 19th Year 2020 Time 08:30 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. Refused Date Signed 02/25/2020 | | | | | | | |
| Signature of Defendant (or Juvenile and Parent /Custodian) | | | | Signature of Arresting Officer | | | |
| Name Verification (Printed by Arrestee) | | | | Name of Arresting Officer (Print) D/S Cisson J. 24091 | | | |
| I.D. # 24091 | | | | Agency PBSO | | | |
| Witness here if subject signed with an "X" | | | | PAGE 1 OF 1 | | | |

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25th DAY OF March 2020, AT 01:08 AM PM

SUBJECT: CHACON GUTIERREZ JAVIER EMILIO CASE NUMBER: 20042147

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Cisson J. 24091

PERSONAL CONTACT

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

I observed the silver Chevrolet Equinox bearing Florida tag CQP6644 traveling southbound on S. Jog Rd. at Summit Blvd. I observed that the driver side wheels and tires of the vehicle were extremely damaged. The tires on the vehicle were completely shredded, the wheels were riding on the asphalt (roadway). Myself and other deputies stopped the vehicle at S. Jog Rd. and Dillman Rd. I then made initial contact with the driver who was identified by Idaho driver license as Javier E. Chacon-Gutierrez. He was the sole occupant of the vehicle.

OBSERVATION OF DRIVER:

I observed that Chacon-Gutierrez was wearing blue jean pants and a white and blue striped shirt. While questioning Chacon-Gutierrez, I observed that he seemed to be confused by my questions such as why he was being stopped, and had difficulty performing tasks such as locating his drivers license. I observed Chacon-Gutierrez's eyes appeared red and glassy. I observed that he was slurring his words. Chacon-Gutierrez was asked to exit the vehicle to perform field sobriety tasks and he agreed. While exiting the vehicle, Chacon-Gutierrez appeared to be shaky on his feet. Chacon-Gutierrez had difficulty walking to the area in front of my patrol vehicle.

DRIVER'S STATEMENTS:

I asked if the driver had been drinking and he said he had two martinis. I asked if had taken any drugs, to which he said no. I asked the driver what medical problems and/or previous injuries they had. He said that he [REDACTED]. Chacon-Gutierrez wears glasses for reading purposes only and did not have contacts in. I asked what medications they take, he said that he takes [REDACTED] and could not remember the other medications names.

ODORS:

Obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: slurred, thick, slow, unclear

ATTITUDE: calm, compliant, upset, crying

CLOTHING: wearing blue jean pants, and white/blue striped long sleeve shirt.

MEDICAL/OTHER: none physical.

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Cisson J. 24091
(Signature of Arresting/Investigative Officer)

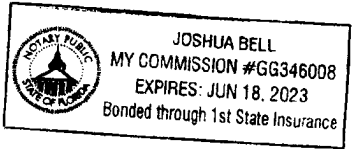
The foregoing instrument was sworn to or affirmed and subscribed before me this 25th day of February 2020 by D/S Cisson J. 24091

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

Notary Public, State of Florida (F.S.S. 117.10)

SCANNED

FEB 27 2020



SUBJECT: CHACON GUTIERREZ JAVIER

CASE NUMBER 20042147

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

HGN - Once positioned in the front of my vehicle, I commenced my investigation. I instructed Chacon-Gutierrez to keep his hands by his side, stand with his feet together, and follow a red light stimulus with his eyes not turning his head. I asked him if he understood my instructions. Chacon-Gutierrez verbally stated he understood my instructions. Chacon-Gutierrez however swayed while standing stationary. I observed both eyes to be red, bloodshot, and glossy. His left and right eye displayed equal pupil size, equal tracking, and a lack of smooth. I observed distinct and sustained nystagmus was present in both his left and right eye at maximum deviation during two separate four second evaluations. The onset of nystagmus was prior to a 45 degree angle in both his left and right eye during two separate four second evaluations. While conducting the task I had to remind him to keep hands by his side, not turn his head and follow the stimulus multiple times. Chacon-Gutierrez fell to his left side and then grabbed my arm to maintain his balance.

WALK & TURN:

I positioned Chacon-Gutierrez on a yellow tape line which was on a smooth and level surface, free of any debris and well lit by the headlights on my vehicle and (nearby street lighting). I instructed the driver to place his left foot on the line and his right foot in front of the left touching heel to toe. I instructed him that he was to keep his hands at his side and stay in this position until I instructed him to do otherwise. Chacon-Gutierrez was unable to complete this task, he fell to his left side and then caught himself from falling. I instructed him to stand normally while I finished the instructions. I instructed him to walk nine heel to toe steps counting out loud, while watching his feet. On the ninth step he was to keep his front foot on the line and use his back foot, in a series of small steps, to turn around before walking nine heel to toe steps the opposite direction counting out loud and watching his feet. I demonstrated the task while I was verbally instructing him in the proper way to complete the task. He stated that he understood the instructions. During the task, I observed that Chacon-Gutierrez did not touch heel to toe on steps one through 4 and then he stopped and could not complete the rest of the task.

ONE LEG STAND:

Chacon-Gutierrez was instructed to stand with his feet together and hands by his side. I verbally instructed him the proper way to complete the task and demonstrated it. He stated he understood the instructions. Chacon-Gutierrez then began to ramble about his personal problems and also began to cry. I asked him if he was going to complete the task asked of him. He said yes. I asked him again if he understood the instructions or would like for me to do them again. He said that he could do the task. He then lifted his right leg off the ground with the knee bent and asked if his was correct. Chacon-Gutierrez began to try to explain to me that he [redacted] and that this prohibits him from performing the tasks. At this time he was placed under arrest.

FINGER TO NOSE:

Unable to perform

ROMBERG ALPHABET:

Unable to perform

BREATH TEST RESULTS: 1) 0.190 2) 0.188 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

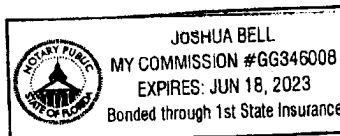
D/S Cisson J. 24091
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25th day of February 2020 by D/S Cisson J. 24091

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

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

SCANNED
FEB 27 2020



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: 80-006238 Software: 8100.27
Date of Test: 02/25/2020

Date of Last Agency Inspection: 02/14/2020

Observation Period Began: 02:12

Subject's Name: JAVIER E CHACON GUTIERREZ

DOB: 08/04/1966 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.

| Results: | Test | g/210L | Time |
|----------|-------------------|--------|-------|
| | Diagnostics Check | OK | 02:38 |
| | Air Blank | 0.000 | 02:39 |
| | Control Test | 0.080 | 02:39 |
| | Air Blank | 0.000 | 02:39 |
| | Subject Sample #1 | 0.190 | 02:40 |
| | Air Blank | 0.000 | 02:41 |
| | Air Blank | 0.000 | 02:42 |
| | Subject Sample #2 | 0.188 | 02:43 |
| | Air Blank | 0.000 | 02:43 |
| | Control Test | 0.080 | 02:44 |
| | Air Blank | 0.000 | 02:44 |
| | Diagnostics Check | OK | 02:44 |

Cylinder Lot: 00919080A3
Exp: 03/05/2021

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 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: 02-25-20
Signature

Sworn to (or affirmed) before me this 25 day of February, 2020

[Signature] Signature of Notary Public-State of Florida
DIS Cisson #24091 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.

FEB 27 2020



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

PBSO CASE # 20042147 PBSO ZONE 1-24

AGENCY CASE # 20042147 CRASH CASE # _____

TIME OF STOP/CRASH 01:08 DATE 02/25/2020 DAY _____

SUBJECT'S NAME CHACON GUTIERREZ JAVIER EMILIO RACE W SEX M
LAST FIRST MID

HGT 5'08 WGT 165 DOB 08/04/1966

LOCATION S. JOG RD / DILLMAN RD

ARRESTING OFFICER'S NAME & ID D/S CISSON 24091 AGENCY Palm Beach County Sheriff's Office

DIVISION: 1

NOTIFIED BY COMMO 01:58

ARRIVAL AT FACILITY 0212hrs

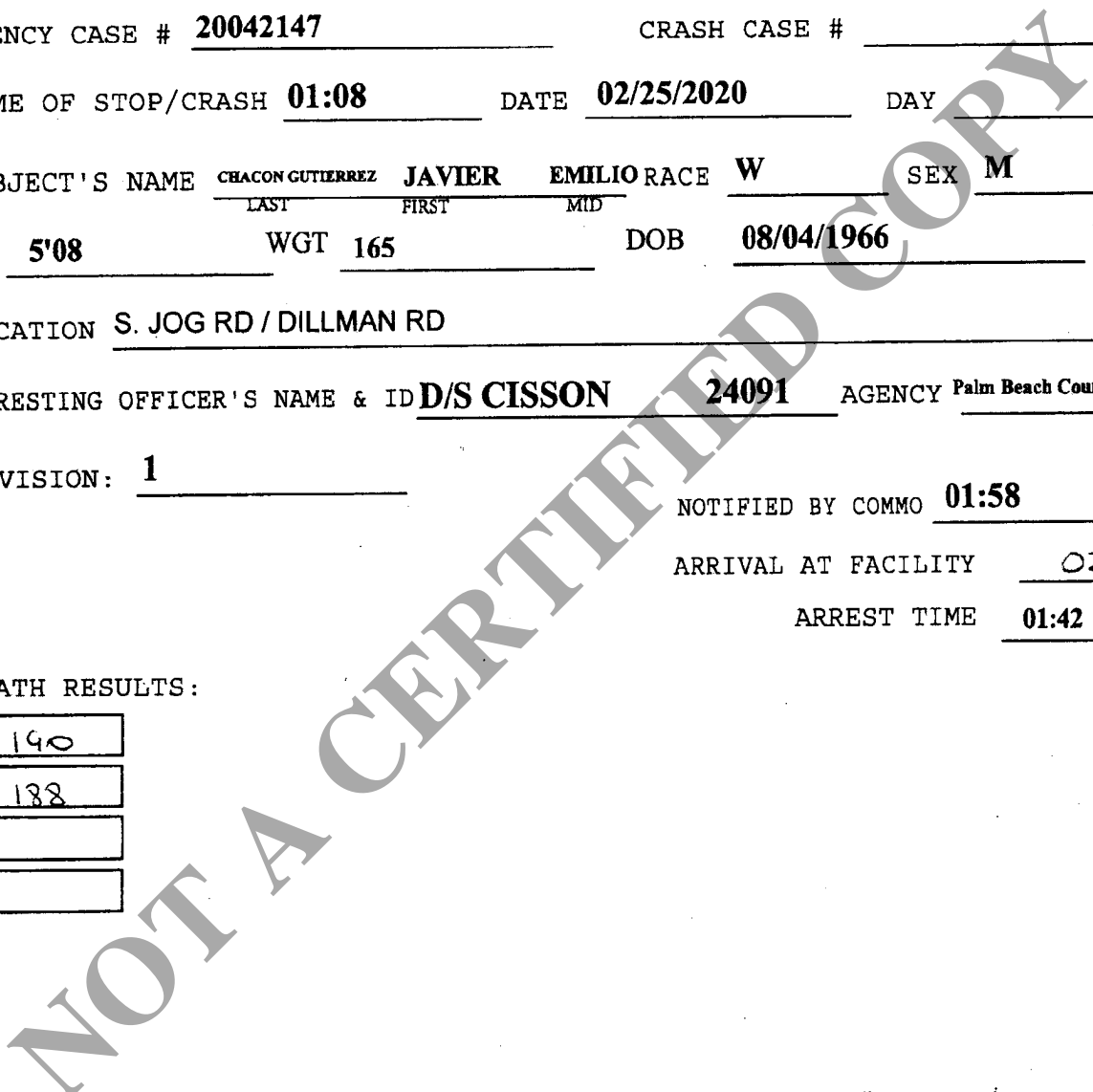
ARREST TIME 01:42

BREATH RESULTS:

- 1) .140
- 2) .138
- 3) _____
- 4) _____

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

SCANNED
FEB 27 2020



TESTING FACILITY TASK REPORT

AGENCY: 1150 DIS Cisson #24091

SUBJECT: Chacon Gutierrez, Javier E. CASE NUMBER: 20-012147

DATE: 02-25-20 VIDEO TAPE NUMBER: /

BEGINNING TIME: 023312 ENDING TIME: 0254hrs

BREATH TESTS RESULTS: 1) .140 TIME 0240 A.M./P.M. 2) .133 TIME 0243 A.M./P.M.

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

BREATH OPERATOR: J. O'Neil #6212

MAINTENANCE TECHNICIAN: J. Valera #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Accent, Mumbled, Slurred

ATTITUDE: Calm, Cooperative, Friendly

CLOTHING: Shirt - blue & white / striped pants - black Waxed

MEDICAL CONDITIONS: [REDACTED]

MEDICATIONS: [REDACTED]

OTHER: Eyes: Very Red, Glossy

Face - flushed

Odor of unknown alcoholic beverage.

COMMENTS: 20 min. observation done by AIO Cisson #24091

AIO requested the breath test.

D refused the request at first, asked for his attorney.

AIO read the implied consent on camera.

D decided to submit after the I/C was read to him.

D completed the test correctly.

C/W read on camera.

Q+A conducted

SCANNED

FEB 27 2020

WHITE - STATE APT.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: Chuson Guzman, Jr. CASE NUMBER: 20-042147

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 DIS CISO, #24091 of the PCSO

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) Bruce Guzman

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) Bruce Guzman

FEB 27 2020

SUBJECT: Chucan Gutierrez, Javier CASE NUMBER: 20-01417

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? TDK - don't know.

DIRECTION OF TRAVEL? NO WHERE DID YOU START? don't remember

WHAT TIME DID YOU START? 11:30 pm WHAT TIME IS IT NOW? 11:45

WHAT IS TODAY'S DATE? Feb 27/20 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? Butte / Butte

WHEN DID YOU LAST EAT? 2:00 pm WHAT DID YOU EAT? don't know

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? playing pool

HOW MUCH DO YOU WEIGH? 165 HAVE YOU BEEN DRINKING? yes WHAT? 2 Martinis

HOW MUCH? 2 WHERE? don't know WITH WHOM? friend

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:30 pm AND YOUR LAST DRINK? 9:30 pm.

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? drinking

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? little bit 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? interior design WHEN DID YOU LAST WORK? Monday

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? yes WHAT? Tamoxifen WHEN? 7:00 pm

| | | |
|--------------|--------------------|-----------|
| 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 SO, WHEN WAS YOUR LAST INJECTION? NO

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

INTERVIEWER: _____

WITNESS LIST

CASE NUMBER: 20042147

ARRESTING OFFICER: D/S Cisson J. 24091

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

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3600

CAN TESTIFY TO: FACTS OF CASE AND INVESTIGATING SUCH CASE

NAME: _____

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

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

CAN TESTIFY TO: FACTS OF CASE

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: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

FEB 27 2020

NOT A CERTIFIED COPY



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 checked="" type="checkbox"/> | 395.3025(7)(a), 456.057(7)(a) | Medical information. | 3,4,10,12 |
| | <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"/> | 119.071 (3)(A),(3)(B), (1-3C) | Other: Security at the Jail | |
| | <input type="checkbox"/> | 415.107 (1) | Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult. | |

REVIEW COMPLETED BY

| | |
|----------------------------|------------------------------------|
| Booking Number: 2020006326 | Date: 2/25/2020 |
| | Specialist Name/ID: M. Tooks #8557 |

SCANNED

FEB 27 2020