

0519577

50-2020-CT-011571-AMB

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>06-20107522</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 2 1. Yes 2. No				
Location of Arrest (Including Name of Business) <b>Northlake Blvd / Flagler Blvd, Lake Park FL 33403</b>		Location of Offense (Business Name, Address) <b>Northlake Blvd / Flagler Blvd, Lake Park FL 33403</b>								
Date of Arrest <b>09/16/2020</b>	Time of Arrest <b>1052</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Steve's Towing</b>				
Name (Last, First, Middle) <b>GANGLER, JEFFREY, C</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race <b>W - White I - American Indian B - Black O - Oriental/Asian</b>	Sex <b>W M</b>	Date of Birth <b>01/30/1962</b>	Height <b>5-07</b>	Weight <b>190</b>	Eye Color <b>Blue</b>	Hair Color <b>Brown</b>	Complexion <b>Light</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>Single</b>	Religion <b>NONE</b>	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) <b>428 W Four Seasons Road, Palm Beach Gardens FL 33410</b>		(City)	(State)	(Zip)	Phone <b>(561) 594-4123</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>2</b>				
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>FL DL</b>				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation <b>Unemployed</b>				
DL Number, State <b>G524423620300, FL</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>Chicago Illinois</b>		Citizenship <b>US</b>					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name (Last)	(First)	(Middle)	Residence Phone						
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone					
Notified by: (Name)		Date	Time	Juvenile Disposition 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 checked="" 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/ Product 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(3C1)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>20107522</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>October</b> Day <b>14</b> Year <b>2020</b> Time <b>8:30</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) <i>Jeffrey C. Angler</i>								Date Signed <b>09/16/2020</b>		
HOLD for other Agency Name:		Signature of Arresting Officer <i>J. McCoy</i>			Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input checked="" type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>J. MCCOY</b>		I.D. # <b>33108</b>		(PRINT)		
I.D. # <b>15040</b>		Transposing Officer <b>D/S J. Bronson</b>		ID # <b>7869</b>		Agency <b>PBSO</b>		PAGE <b>1 OF 1</b>		
Witness here if subject signed with an "X" <b>1</b>										

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 16 DAY OF September 20 20, AT 0838  AM  PM  
SUBJECT: GANGLER, JEFFREY, C CASE NUMBER: 20107522

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

## PERSONAL CONTACT

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

On September 16th, 2020 at approximately 0838 hours, I was dispatched to the area of Northlake Boulevard & Flagler Blvd, Lake Park in regards to a two vehicle car crash (PBSO Crash case #20107504). W/M Jeffrey C. Gangler (01/30/1962) was exiting the parking lot of 800 Northlake Blvd (Step and Food) and was attempting to drive eastbound straight across Flagler Blvd. Before Gangler was able to enter the parking lot of 774 Northlake Blvd (Sunoco Gas Station), the front bumper of his 2014 black Mazda CX-5 bearing Florida Tag # 012NZV crashed into the front left bumper of the victims 2013 back Nissan Altima bearing Florida tag #JXEQ88. The impact left minor functional damage to victims vehicle and caused to victim to sustain pain in her left knee.

After the impact, the victim B/F Lawanna McCoy (08/23/65) stated that she observed Gangler who was the sole occupant of the vehicle driving at the time of impact. McCoy also stated she maintain a visual of Gangler the entire time until I arrived on scene shortly after. McCoy completed a written statement stating such.

## OBSERVATION OF DRIVER:

After the crash investigation was complete, I informed Gangler of such and made him aware that I was now conducting a D.U.I. investigation. I immediately read Gangler his constitutional rights off of a department issued card. As Gangler was standing, I observed him swaying from side to side approximately 2-3 inches. Gangler had blood shot red and glassy eyes and his speech was extremely slurred. As Gangler was talking to me, I was able to smell an unknown odor of an alcoholic beverage coming off of his breath as he spoke.

Gangler had a difficult time walking as he was stumbling over his own feet. At times, Gangler had to lean against his vehicle for support as he had a difficult time keeping his balance.

## DRIVER'S STATEMENTS:

Gangler told me he was drinking Rum and Coke the night before but hadn't had a drink since 2000 hours last night. Gangler stated he was coming from home when he went to 800 Northlake Blvd to buy cigarettes. After doing so, Gangler was attempting to go across the street to the Sunoco Gas Station to get gas before the crash had occurred.

It should be noted, Gangler refused to perform road sobriety exercise even after he was read his Taylor's Warnings.

## ODORS:

I was able to smell an unknown alcoholic beverage coming off of Gangler's breath as he spoke.

## GENERAL OBSERVATIONS

SPEECH: Slurred, Mushmouth, Thick

ATTITUDE: Cranky, Demanding, Fidgety, Moodswings, Moody

CLOTHING: Gray Shirt, Gray Shorts, Black Tennis Shoes

MEDICAL/OTHER: N/A

STATE OF FLORIDA  
COUNTY OF PALM BEACH

J. MCCOY

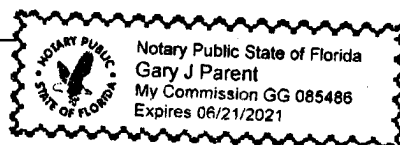
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of September 20 2020 by J. MCCOY

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

Gary Parent (#7909)

Notary Public, Clerk of Court, Officer (F.S.S. #17.10)



SUBJECT: GANGLER, JEFFREY, C

CASE NUMBER 20107522

**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:**

**WALK & TURN:**

**Refused**

**ONE LEG STAND:**

**Refused**

**FINGER TO NOSE:**

**Refused**

**ROMBERG ALPHABET:**

**Refused**

**BREATH TEST RESULTS:**

1) Refused	2)	3)	4)
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STATE OF FLORIDA  
COUNTY OF PALM BEACH

**J. MCCOY**

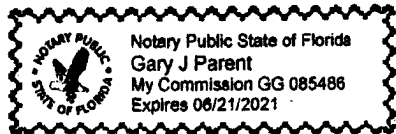
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of September 202020 by J. MCCOY

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

**Gary Parent (#7909)**

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



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**PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS    VICTIM    OTHER

CASE # 20107522	ZONE: 10-11	SUSPECT: Jeffrey C. Gangler	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 9/16/20 0830
EVENT TYPE: V. V. I	Crash	DEPUTY: D/S J. McCoy	ID#: 33108

**COMPLETE EVERYTHING BELOW – PRINT LEGIBLY**

LAST NAME: McCoy	FIRST NAME: Lawanna	MIDDLE INITIAL: G	RACE: B	SEX: F
DATE OF BIRTH: (MM/DD/YYYY) 08/23/1965	YOUR HEIGHT: 5'8"	YOUR WEIGHT: 165	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Brown
YOUR HOME ADDRESS: 501 Foresteria Drive	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Lake Park	STATE: FL	ZIP: 33403
YOUR WORK NAME & ADDRESS: Palm Beach State College	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY: Boca Raton	STATE: FL	ZIP: 33431
WORK PHONE: <input type="checkbox"/> CHECK IF NONE (561) 862-4442	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (561) 517-7331	HOME PHONE: <input checked="" type="checkbox"/> CHECK IF NONE ( )	EMAIL: Lmccoy8903@yahoo.com	<input type="checkbox"/> CHECK IF NONE

**WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY**

YOUR NAME: 1 Lawanna McCoy	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>I was traveling northbound on Flagler Blvd, and when I got to the entrance of Sunoco Gas Station, a car was midway in the street coming towards me on the driver's side. He was looking to the left but kept driving straight towards me. I blew my horn, but by then he hit the left fender (front) of my car. He was about to drive away so I took down his license plate and make of his car. He pulled into Sunoco and I called 9-1-1. The gentleman who was driving wore sunglasses, a green t-shirt, and had salt and pepper colored hair. Until the sheriff arrived, he came to my car saying he didn't see me.</p>	
PAGE 1 OF 1	

**READ AND SIGN**

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC   FSS: 117.10
YOUR SIGNATURE: <u>Lawanna McCoy</u>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 9/16/20   TIME: 0930
	SIGNATURE: _____ ID: 33108

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.    DO NOT WISH TO PROSECUTE (INITIAL \_\_\_\_\_)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY   CANARY - STATE ATTORNEY COPY   PINK - OFFICER'S COPY   GOLD - WITNESS / VICTIM COPY

# WITNESS LIST

CASE NUMBER: 20107522

ARRESTING OFFICER: J. MCCOY

ADDRESS: 3228 GUN CLUB ROAD, WEST PALM BEACH FL 33415

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

CAN TESTIFY TO: PROBABLE CAUSE AFFIDAVIT

NAME: MCCOY, LAWANNA

ADDRESS: 501 FORESTERIA DRIVE, LAKE PARK FL 33403

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

CAN TESTIFY TO: Putting Driver behind the wheel.

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 \_\_\_\_\_

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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:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

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

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

Eyes glassy and bloodshot.

# REFUSED

## COMMENTS:

Arrived at Center A/O began the 20 minute observation period at 1026 hrs.

Subject stated no he would not take test.

A/O read I/C.  
Subject stated he understood I/C

A/O read rights.  
Subject stated he understood rights.

A/O attempted Q/A.  
Subject refused to answer questions.

# REFUSED

STATE OF CALIFORNIA TEFFANY C

CASE NUMBER: 20

# INFORMED CONSENT FOR DNA IN A MOTOR VEHICLE

PLEASE READ THE PARAGRAPHS CAREFULLY TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you consent to a test of your SPIT for the purpose of determining whether you are the driver of the vehicle.

OR

I am now requesting that you consent to a test of your URINE for the purpose of determining whether you are the driver of the vehicle.

OR

I am now requesting that you consent to a test of your BLOOD for the purpose of determining whether you are the driver of the vehicle.

**YOUR CONSENT IS NOT VALID UNLESS YOU DO NOT COMPLY WITH ALL OF THE FOLLOWING:**

I am \_\_\_\_\_ of the \_\_\_\_\_

If you fail to submit to a test of your SPIT, URINE, or BLOOD for the purpose of determining whether you are the driver of the vehicle, you may be charged with a crime. If you refuse to submit to a test of your SPIT, URINE, or BLOOD for the purpose of determining whether you are the driver of the vehicle, you may be charged with a crime. If you refuse to submit to a test of your SPIT, URINE, or BLOOD for the purpose of determining whether you are the driver of the vehicle, you may be charged with a crime.

Signature: Rosa or Cruz

## CONSTITUTIONAL WARNINGS

1. YOU HAVE THE RIGHT TO REMAIN SILENT. ANY STATEMENTS YOU MAKE CAN BE USED AGAINST YOU IN COURT.

2. YOU HAVE THE RIGHT TO STOP ANSWERING ANY QUESTIONS AT ANY TIME.

3. ANY STATEMENTS YOU MAKE ARE VOLUNTARY AND NOT BEING MADE UNDER COERCION, UNLAWFUL INFLUENCE, OR THREATS.

4. YOU HAVE THE RIGHT TO STOP ANSWERING ANY QUESTIONS AT ANY TIME.

5. YOU HAVE THE RIGHT TO STOP ANSWERING ANY QUESTIONS AT ANY TIME.

6. YOU HAVE THE RIGHT TO STOP ANSWERING ANY QUESTIONS AT ANY TIME.

7. YOU HAVE THE RIGHT TO STOP ANSWERING ANY QUESTIONS AT ANY TIME.

8. YOU HAVE THE RIGHT TO STOP ANSWERING ANY QUESTIONS AT ANY TIME.

9. YOU HAVE THE RIGHT TO STOP ANSWERING ANY QUESTIONS AT ANY TIME.

10. YOU HAVE THE RIGHT TO STOP ANSWERING ANY QUESTIONS AT ANY TIME.

11. YOU HAVE THE RIGHT TO STOP ANSWERING ANY QUESTIONS AT ANY TIME.

12. YOU HAVE THE RIGHT TO STOP ANSWERING ANY QUESTIONS AT ANY TIME.

# QUESTIONS AND ANSWERS

PLEASE PRINT CLEARLY AND IN BLOCK LETTERS. WRITE THESE ANSWERS IN BLOCK LETTERS. YOU MAY WRITE IN THE SPACES PROVIDED OR ON SEPARATE SHEETS OF PAPER.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP? NO

WHERE DID YOU START? \_\_\_\_\_

HOW DID YOU GET THERE? \_\_\_\_\_

WHERE DID YOU START? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

HOW DID YOU LAST EAT? \_\_\_\_\_

WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST SEVERAL 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? \_\_\_\_\_

WHEN DID YOU LAST WORK? \_\_\_\_\_

HOW DID YOU FEEL AT THE TIME OF THE ACCIDENT? \_\_\_\_\_

WHAT? \_\_\_\_\_

DO YOU HAVE ANY OTHER INJURIES? \_\_\_\_\_

DO YOU HAVE A DUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WHERE DID YOU HAVE AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKE MARIJUANA TODAY? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_

DO YOU HAVE \_\_\_\_\_

EPILEPSY? \_\_\_\_\_

GLASS EYE? \_\_\_\_\_

FALSE TEETH? \_\_\_\_\_

EAR INFECTIONS? \_\_\_\_\_

HEARD FOR THE HEARD? \_\_\_\_\_

DIABETES? \_\_\_\_\_

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU HAVE ANY \_\_\_\_\_

IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A TUBERCULOSIS TEST? \_\_\_\_\_

WHERE? \_\_\_\_\_

DO YOU HAVE \_\_\_\_\_

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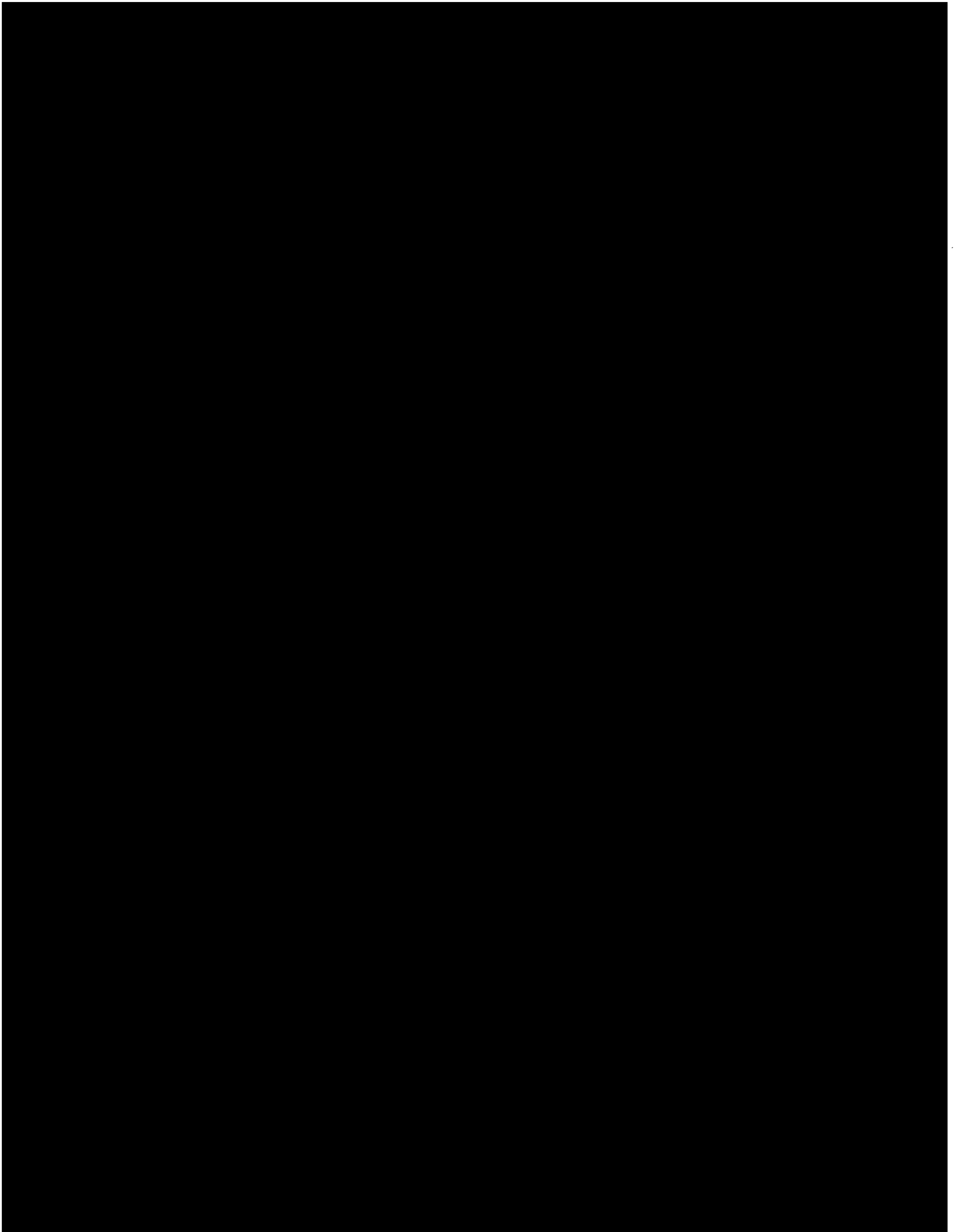
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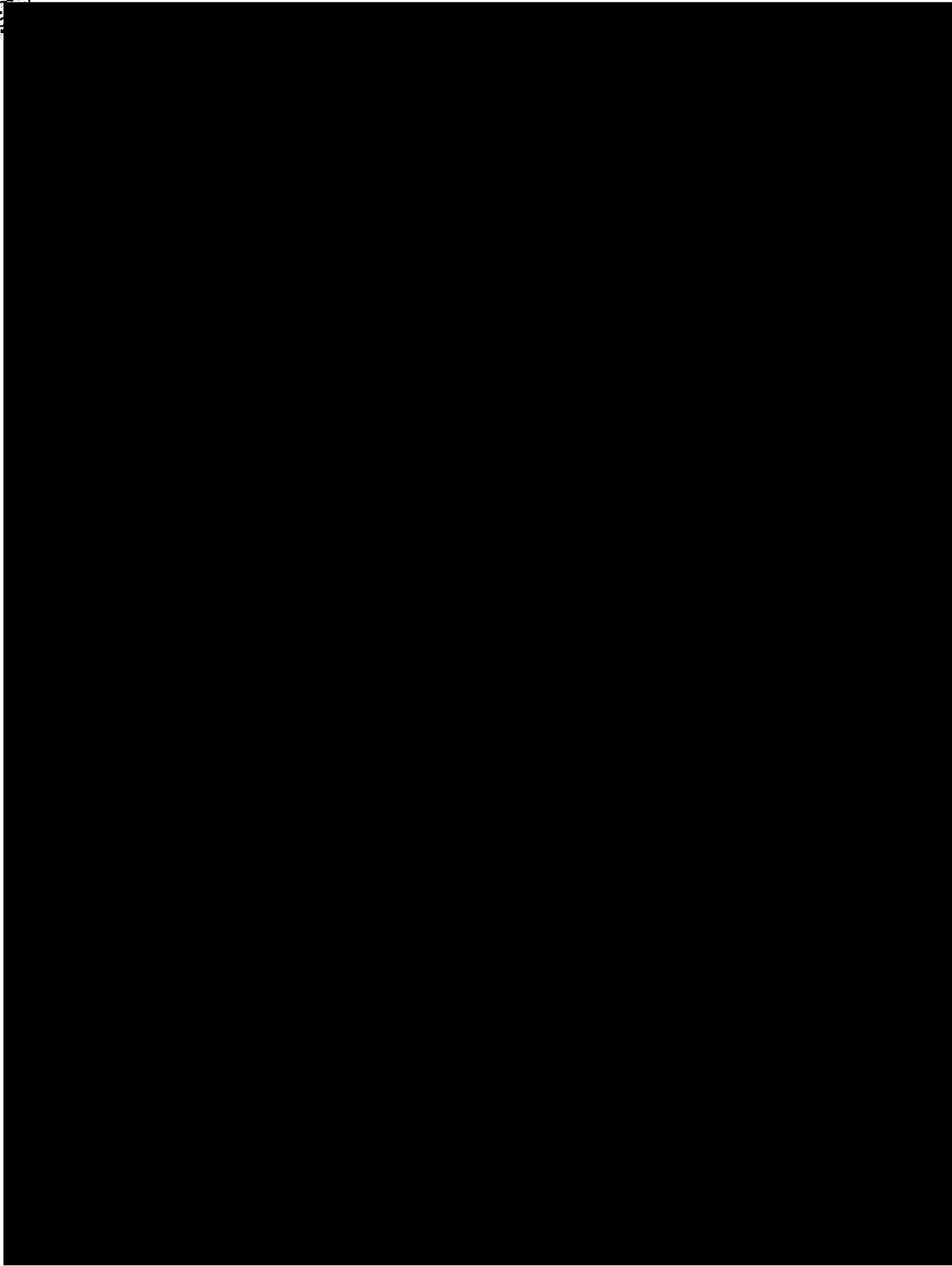
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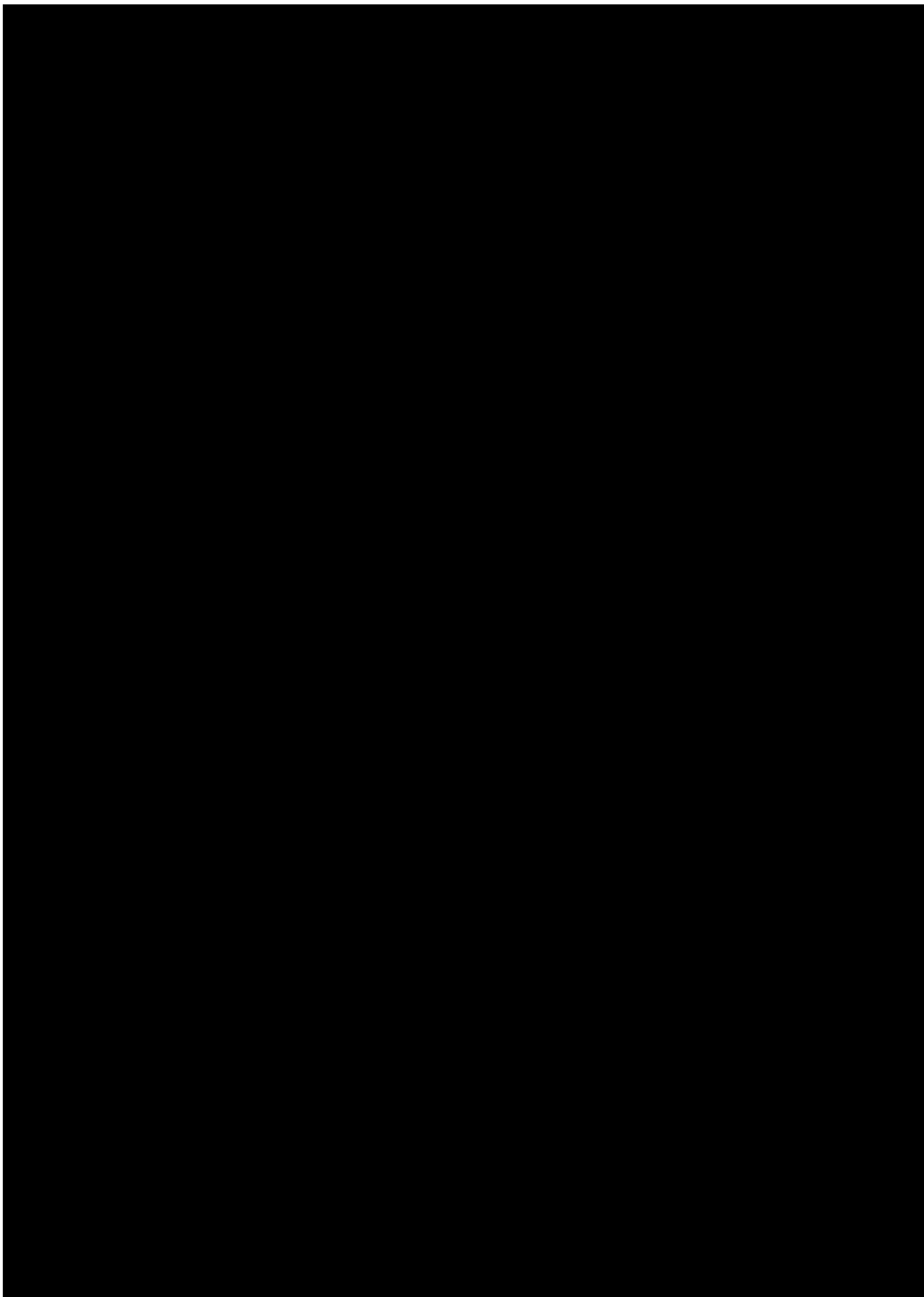
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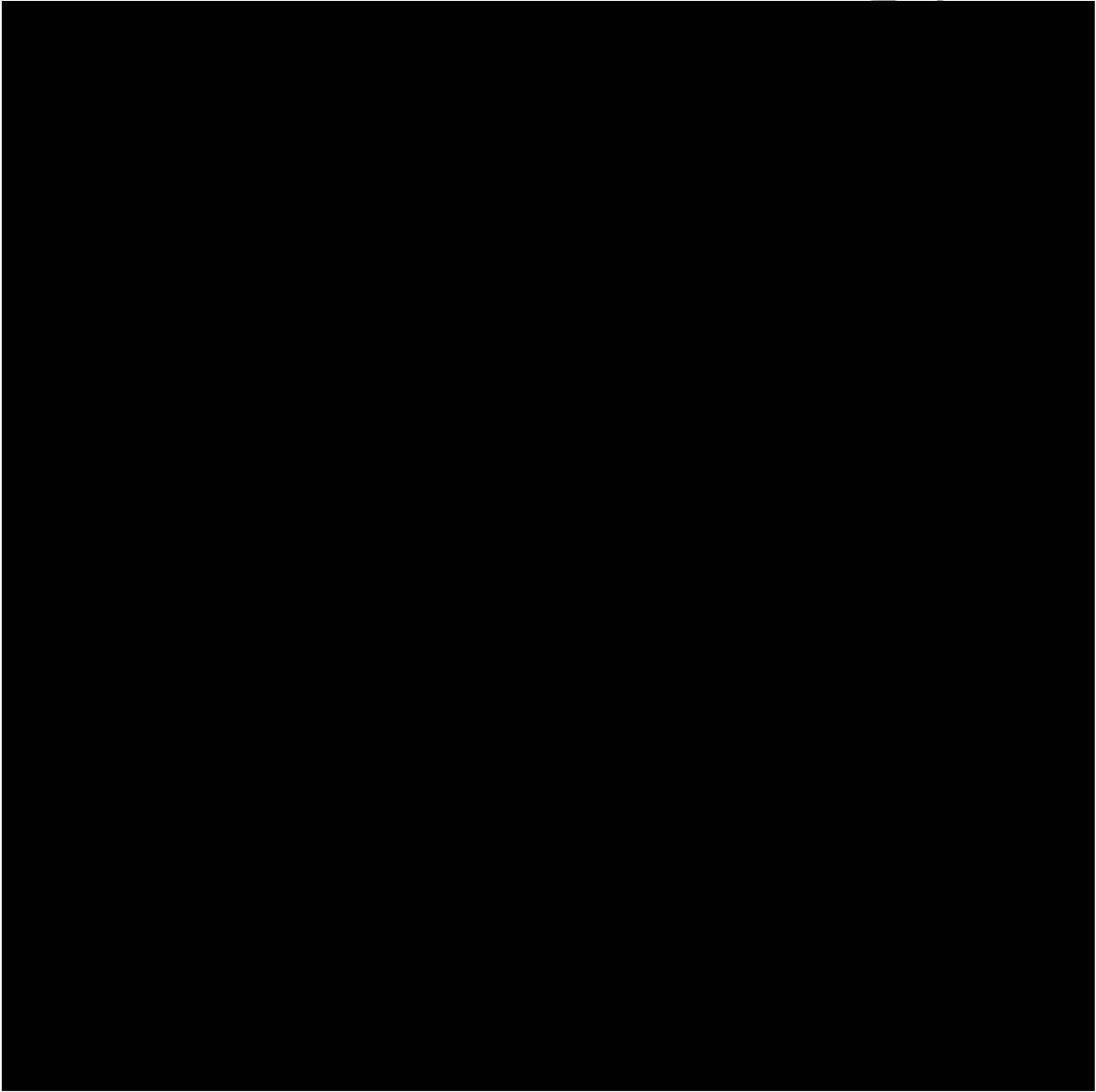
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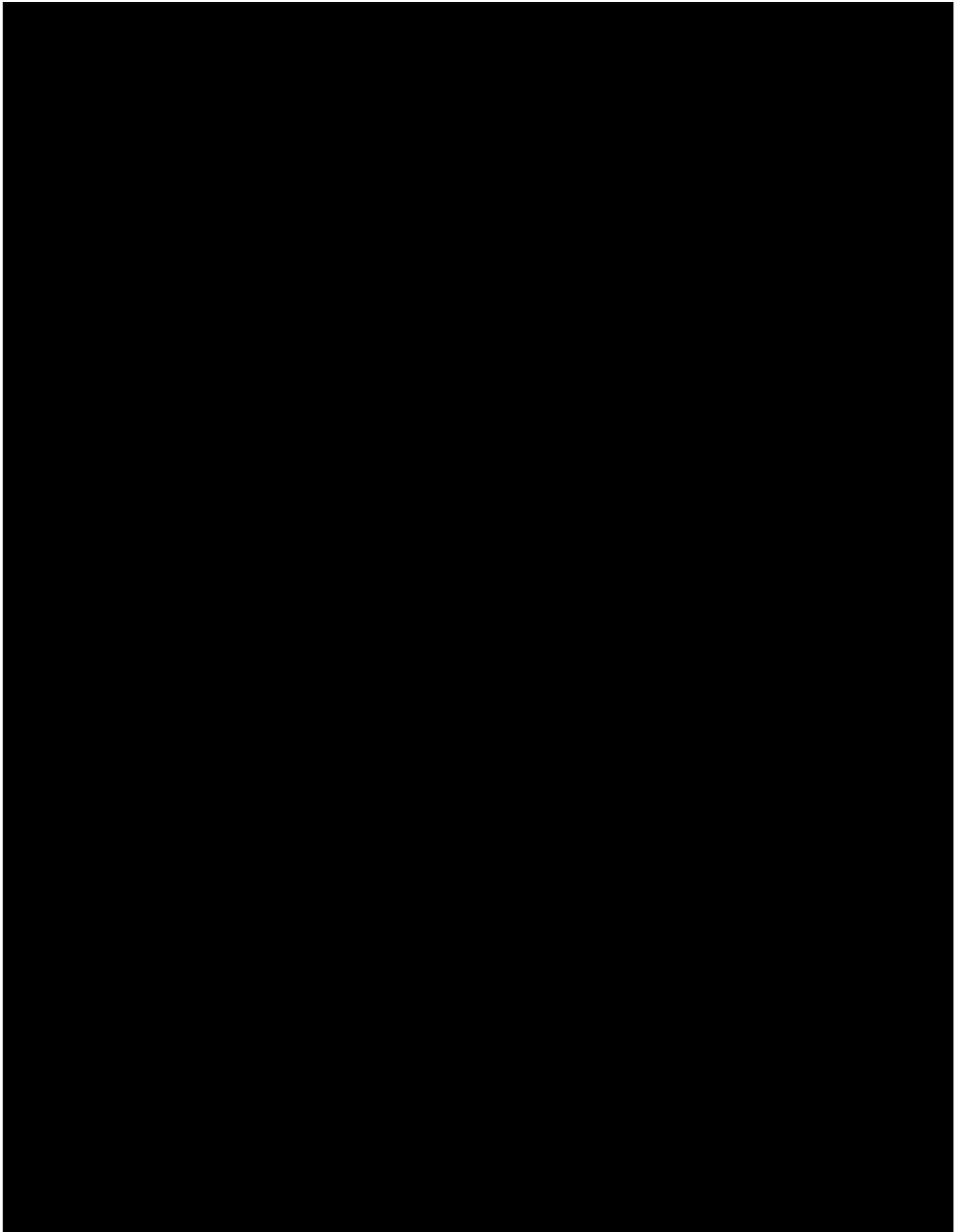


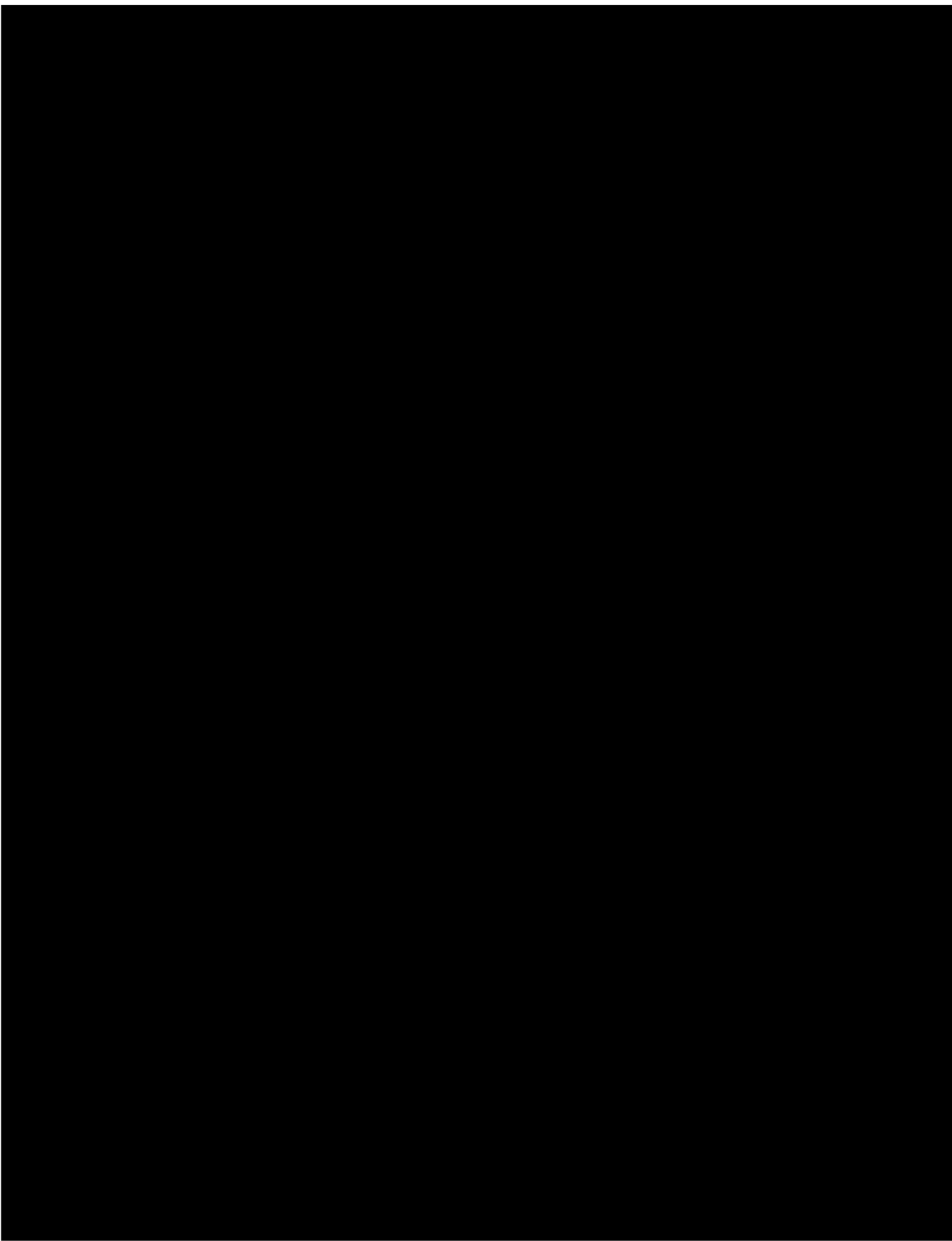


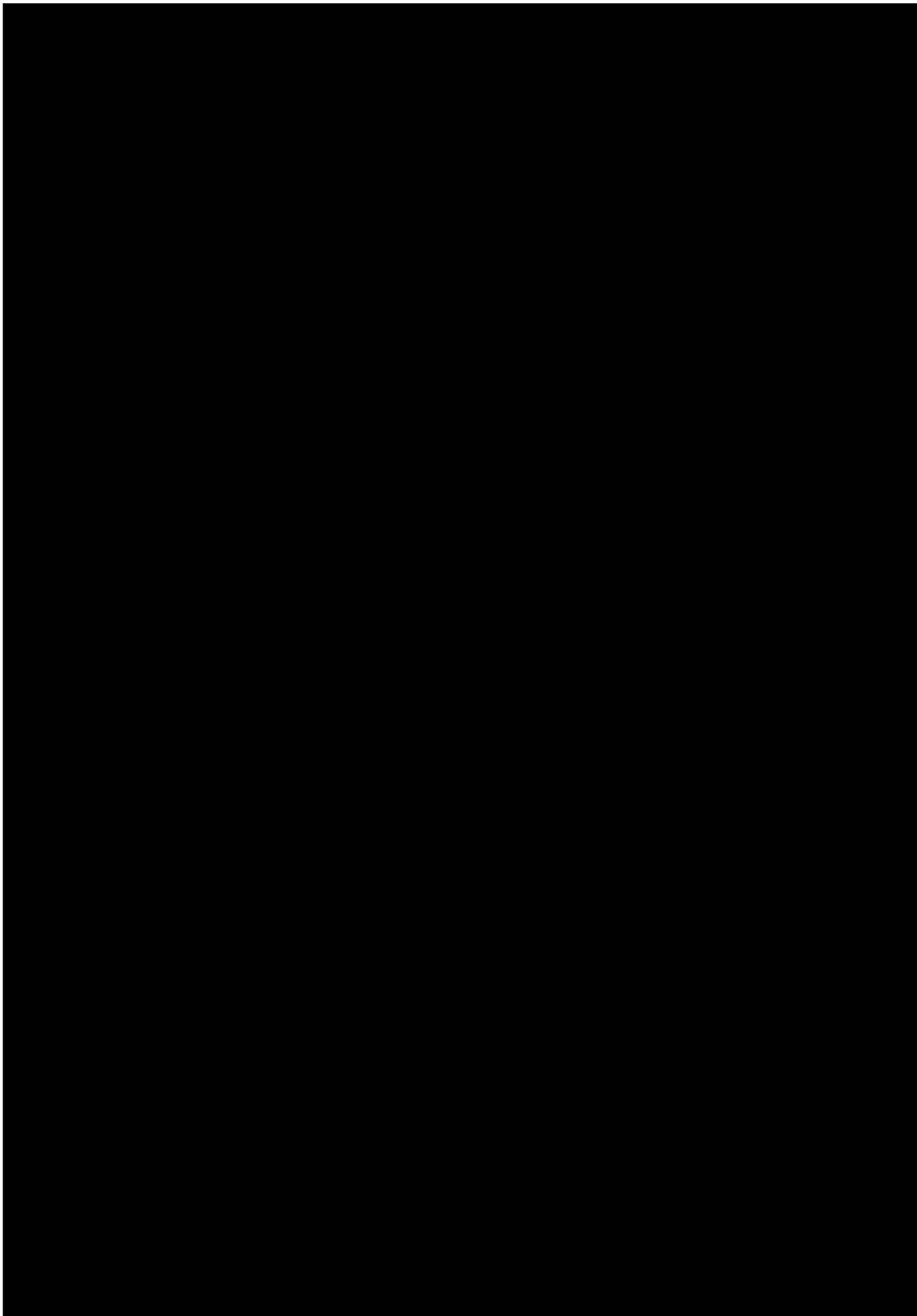


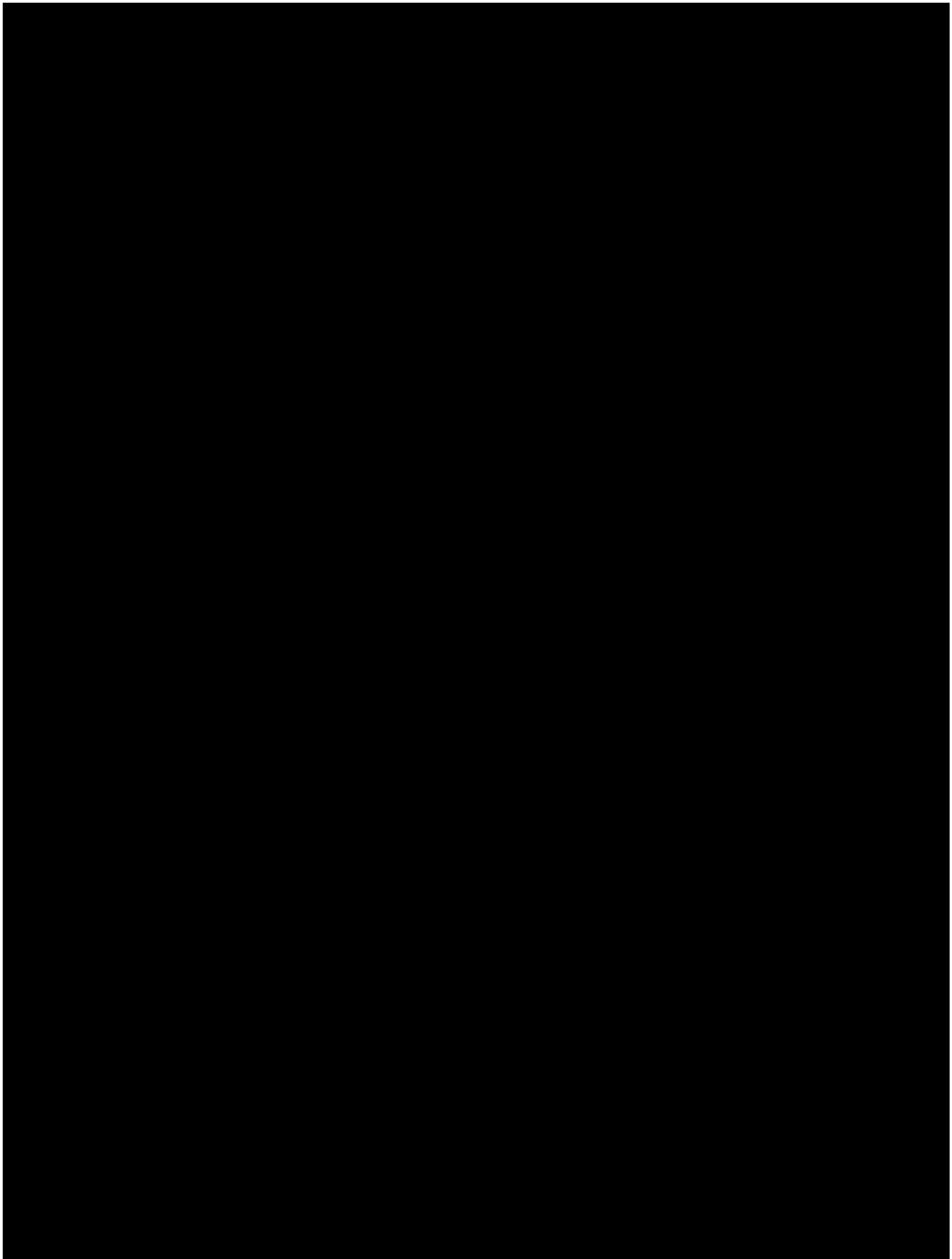
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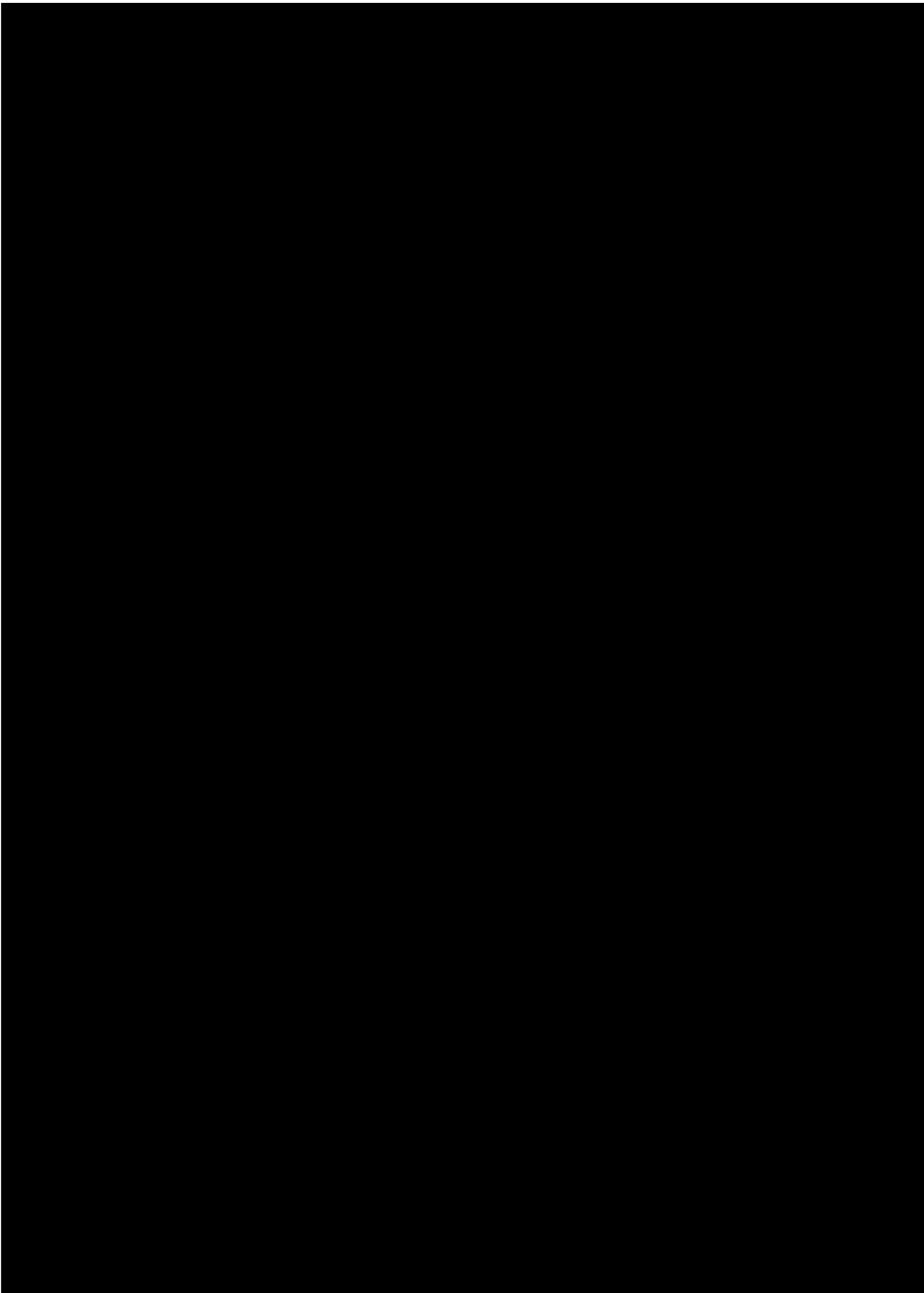


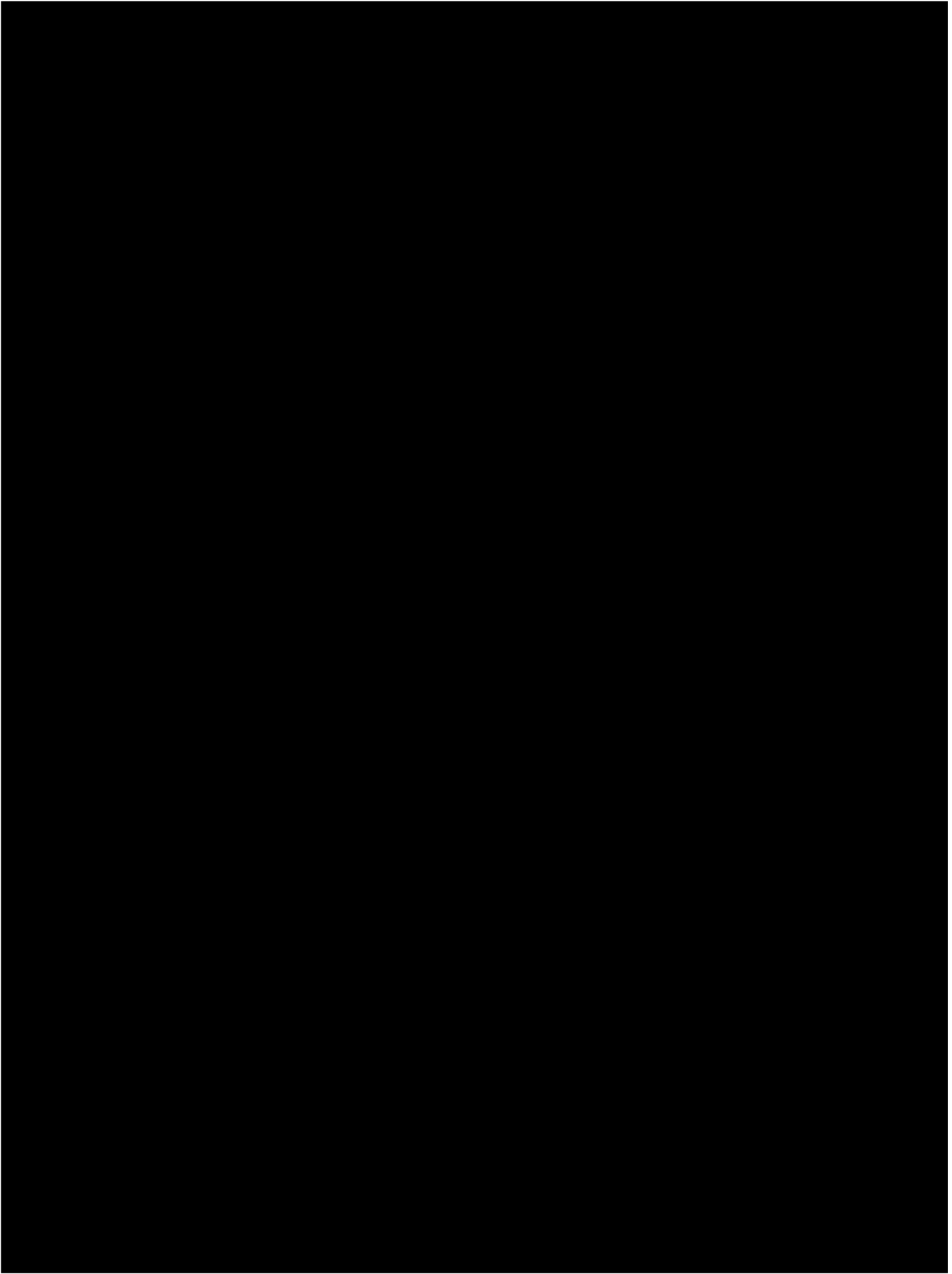














**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**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 checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	8
	<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"/>			
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	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.0712 (2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2020021895	<b>Date:</b> 9/17/2020
	<b>Specialist Name/ID:</b> M. Tooks #8557