

50-2021-CT-004479-ASB

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 410 21-003609	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE		
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	If Weapon Seized		Rate Type None/not Applicable		Multiple Clearance Indicator	1		
Location of Arrest (Including Name of Business) 2055 S CONGRESS AVE DELRAY BEACH, FL					Location of Offense (Business Name, Address) 2055 S CONGRESS AVE, DELRAY BEACH, FL 33445						
Date of Arrest 03/20/2021	Time of Arrest 02:00	Booking Date 03/20/2021	Booking Time 02:10	Jail Date 03/20/2021	Jail Time 05:03	Location of Vehicle 2055 S CONGRESS AVE					
Name (Last, First, Middle) SULLIVAN, JENNA SHELBY					Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White	1. American Indian B - Black	2. Oriental/Asian O - Oriental/Asian	Sex W	Date of Birth 03/03/1997	Height 5'01	Weight 95	Eye Color HAZEL	Hair Color BROWN	Complexion FAIR	Build SMALL	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status S	Religion NOT INDICA	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) 8601 NW 52ND PLACE, CORAL SPRINGS, FL 33067					(City)	(State)	(Zip)	Phone (954) 425-2733			
Permanent Address (Street, Apt. Number) 8601 NW 52ND PLACE, CORAL SPRINGS, FL 33067					(City)	(State)	(Zip)	Phone (954) 425-2733			
Business Address (Name, Street)					(City)	(State)	(Zip)	Phone (954) 425-2733			
DL Number, State S415437975830 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) CORAL SPRINGS, FL		Citizenship US			
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)					Residence Phone						
Legal Custodian <input type="checkbox"/>					Business Phone						
Address (Street, Apt. Number)					(City)	(State)	(Zip)				
Notified by: (Name)					Date	Time	JUVENILE DISPOSITION 1. Held/Processed within Department and Released 2. TOT JAC 3. Incarcerated				
Released To: (Name)					Relationship	Date	Time				
The above address was 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's Office (Phone 355-2526) informed of any change of address.					School Attended					Grade	
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No					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. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	F. Hallucinogen M. Marijuana O. Opioids/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description DRIVING WHILE UNDER INFLUENCE							Statute Violation Number 316.193(DA)		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
N				1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
Charge Description							Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
					<input type="checkbox"/> Y <input type="checkbox"/> N						
Charge Description							Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
					<input type="checkbox"/> Y <input type="checkbox"/> N						
Health / Apparent Physical Condition of Defendant							Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries				
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail							PROPERTY - Received By		Released By	Released To	
Transported By							Date Transported	Time Transported	Other		
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.							Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		No Photo Available		
							Court Date and Time 04/15/2021 08:30:00				
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				
HOLD for Other Agency			Signature of Arresting Officer			Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicide			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other			(PRINT)					
Intake Deputy Diana 6280			Foucl #			Name of Arresting Officer (Print) WINDSOR, NICHOLAS		ID.# 1029		PAGE 1 OF 1	
						Transporting Officer WINDSOR		ID.# 1029			
						Agency DBPD		Witness here if subject signed with an "X"			

OH 0522137

PH 2600

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20th DAY OF March, 20 21, AT 0058 AM PM

SUBJECT: SULLIVAN, JENNA SHELBY

CASE NUMBER: #21-003609

AGENCY: DELRAY BEACH PD

ARRESTING OFFICER: WINDSOR #1029

PERSONAL CONTACT

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

The following occurred in the City of Delray Beach, County of Palm Beach, FL.
On 03/20/21 at 0058hrs Ofc. Penagos #1190 DBPD was travelling south in the 1600 block of S. Congress Ave. Ofc. Penagos observed a blue 2020 Volkswagen Jetta (FL Temp Tag #CWS8671) traveling south directly in front of Ofc. Penagos. The Volkswagen was traveling in the outside travel lane and made an abrupt right turn (west) onto Old Germantown Rd. without activating a turn signal. Ofc. Penagos followed the Volkswagen west and observed the Volkswagen make another abrupt right turn (north) toward an automated security gate which lead to the parking lot in front of 2135 Spring Harbor Dr. This automated security gate is for exiting the neighborhood only and does not provide entry to the neighborhood. The Volkswagen stopped and reversed (southwest) almost striking a stop sign. Ofc. Penagos turned around and followed the Volkswagen. The Volkswagen proceeded east on Old Germantown Rd. and made a right turn (south) onto S. Congress Ave. The Volkswagen made an U-Turn and proceeded north on S. Congress Ave. The Volkswagen entered the parking lot of 2055 S. Congress Ave. at a speed too fast for the parking lot entrance and almost bottomed the vehicle out on the pavement. Ofc. Penagos activated his emergency lights on his marked DBPD patrol vehicle to conduct a traffic stop. Ofc. Penagos met with the white female driver and identified her by her FL DL as Jenna Shelby Sullivan. Sullivan was the only person inside the Volkswagen and sitting in the driver seat. The Volkswagen engine was running and Sullivan possessed the vehicle key fob. I arrived on scene to conduct a DUI investigation and met with Sullivan. I confirmed the identity of Sullivan by her FL DL.

OBSERVATION OF DRIVER:

I smelled a strong odor of an unknown alcoholic beverage coming from Sullivan. Sullivan's eyes were red and had a glassy appearance. Sullivan's pupils were dilated and had a slow reaction to changes in light. Sullivan's speech was slurred while she was speaking. Sullivan had a slow dexterity and was very emotional. Sullivan did not seem to be aware of her surroundings and could not explain why she drove into a gated parking lot for a closed plumbing business. After exiting the Volkswagen, Sullivan was stumbling while walking and unsteady on her feet.

DRIVER'S STATEMENTS:

Sullivan stated she was on her way to her boyfriend's residence on Linton Lake Dr. Sullivan initially stated she was following her boyfriend while he drove his vehicle but later stated she was just on the phone with him. Sullivan was crying excessively and denied any domestic disturbance or physical altercation with her boyfriend who was on scene standing by his vehicle. Sullivan stated she was not aware of her driving pattern. Sullivan stated she was at the Whistle Stop (395 NE Spanish River Blvd, Boca Raton, FL 33431) from 1900hrs to 2330hrs. Sullivan stated she consumed two Red Bull and Vodka drinks while at the Whistle Stop. Sullivan stated she finished her last drink at 2330hrs. Sullivan denied having any medical conditions, taking any prescription medications or illegal drugs. After arrest, Sullivan consented to have her boyfriend (Amaker III) take possession of the Volkswagen. I met with Amaker III and he stated they had a verbal argument and he should have not let Sullivan drive.

ODORS:

Sullivan had a strong odor of an unknown alcoholic beverage coming from her person.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Polite and Emotional (Crying)

CLOTHING: Flower Top, Blue Jeans and Black Boots

MEDICAL/OTHER: None Stated

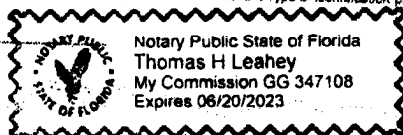
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of March, 20 21 by Ofc. Windsor #1029

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

Notary Public, Clerk of Court, Officer (F.S. 5 117.10)



SUBJECT: SULLIVAN, JENNA SHELBY

CASE NUMBER DBPD #21-003609

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:

Sullivan swayed while standing still.

WALK & TURN:

Sullivan swayed while standing still. Sullivan used her arms for balance. While walking Sullivan did not touch heel to toe as instructed. Sullivan did not count her steps as instructed. Sullivan took more than nine steps on each series of steps.

ONE LEG STAND:

Sullivan swayed while standing still. Sullivan used her arms for balance. Sullivan did not count as instructed. Sullivan placed her foot on the ground once.

FINGER TO NOSE:

Sullivan swayed while standing still. Sullivan did not touch the tip of her nose on either attempt. Sullivan used the wrong finger and realized it was the wrong finger after her attempt was made.

ROMBERG ALPHABET:

Sullivan swayed while standing still. Sullivan performed this roadside as instructed.

BREATH TEST RESULTS:

1) VNM 2) .199 3) .197 4)

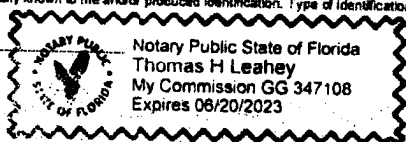
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of March, 2021 by Ofc. Windsor #1029

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

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



Known

WITNESS LIST

CASE NUMBER: DBPD #21-003809

ARRESTING OFFICER: OFC. WINDSOR #1029 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: DUI PC

NAME: OFC. PENAGOS #1190 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: TRAFFIC VIOLATION AND DRIVER IDENTIFICATION

NAME: CHARLES FLOYD AMAKER III

ADDRESS: 1605 LINTON LAKE DRIVE APT. C DELRAY BEACH, FL 33445

PHONE NUMBERS (HOME) 774-722-7408 (WORK) _____

CAN TESTIFY TO: INVOLVED OTHER ON SCENE

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY



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

PBSO CASE # 21-046751 PBSO ZONE 6-51

AGENCY CASE # 21-003609 CRASH CASE # N/A

TIME OF STOP/CRASH 0058 DATE 03/20/21 DAY SATURDAY

SUBJECT'S NAME SULLIVAN, JENNA SHELBY RACE W SEX F

HGT 5'01" WGT 95 DOB 03/03/97

LOCATION 2055 S CONGRESS AVE DELRAY BEACH, FL

ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD

DIVISION: CRD

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0231

ARREST TIME 0200

BREATH RESULTS:

- 1) VNM
- 2) .199
- 3) .197
- 4) N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 03/20/2021

Date of Last Agency Inspection: 03/12/2021

Observation Period Began: 02:31

Subject's Name: JENNA S SULLIVAN

DOB: 03/03/1997 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	03:02
	Air Blank	0.000	03:03
	Control Test	0.079	03:03
	Air Blank	0.000	03:04
	Subject Sample #1	VNM*	03:07
	Air Blank	0.000	03:07
	Air Blank	0.000	03:09
	Subject Sample #2	0.199	03:10
	Air Blank	0.000	03:10
	Air Blank	0.000	03:12
	Subject Sample #3	0.197	03:13
	Air Blank	0.000	03:14
	Control Test	0.078	03:14
	Air Blank	0.000	03:14
	Diagnostics Check	OK	03:14

*Volume Not Met (0.173 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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 THOMAS H LEAHEY, 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: T. Lealey Date: 03/20/21
Signature

Sworn to (or affirmed) before me this 20th day of March, 2021

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida Off N Windsor #1029

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.

TESTING FACILITY TASK REPORT

AGENCY: DBPD
SUBJECT: Sullivan, Jenna S
CASE NUMBER: 21-046751
DATE: Mar 20, 2021
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0253
ENDING TIME: 0327

BREATH TESTS RESULTS: 1) VNM TIME 0307 A.M. P.M.
2) .199 TIME 0310 A.M. P.M.
3) .197 TIME 0313 A.M. P.M.
4) n/a TIME 0 A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183
MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick
ATTITUDE: crying, talkative, fidgety
CLOTHING: blue jeans, floral print tank top, black boots
MEDICAL CONDITIONS: none
MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
unknown odor of alcoholic beverage on breath
VNM .173

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0231 hrs
subject refused to perform breath test
A/O read I/C 2X & subject understood I/C
subject agreed to perform breath test - would not follow instructions
tech reviewed instructions on how to perform a breath test
A/O read rights & subject understood rights
tech read breath test results & subject understood breath test results
A/O attempted Q&A
subject declined to answer questions

SUBJECT: Sullivan, Jenna S CASE NUMBER: DBPD 21-003609

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 NICHOLAS WINISOIK of the DELMONTE POLICE DEPT

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) READ ON CAMERA

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on camera

SUBJECT: Sullivan, Jenna S CASE NUMBER: DBPD 21-0031009

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: ORC WINDSOR #1029 DBPD



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

REVIEW COMPLETED BY

Booking Number: 2021006794	Date: 03/21/2021
	Specialist Name/ID: T Howard/7185