

207 15604

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

I Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21-107810			
	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 <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator					
	Location of Arrest (Including Name of Business) Okeechobee Blvd/State Road 7, Royal Palm Beach FL				Location of Offense (Business Name, Address) Okeechobee Blvd/State Road 7, Royal Palm Beach FL					
	Date of Arrest 09/17/2021	Time of Arrest 2301	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Babbsco Towing			
Name (Last, First, Middle) Kramer, Jennifer, Gwen				Alias (Name, DOB, Soc. Sec. # Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 3/24/1986	Height 5'03	Weight 115	Eye Color Br	Hair Color Blond	Complexion Light	Build Small		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none				Marital Status Single	Religion NONE	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.				
Local Address (Street, Apt. Number) (City) (State) (Zip) 300 S Australian Ave #921, W Palm Beach FL 33401				Phone (347) 416 2478		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2				
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source DEFENDANT				
Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation Teacher				
D/L Number, State K656427866040, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) NY NY		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"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Parent Name (Last) (First) (Middle)		Residence Phone		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone				
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released 2. TOT HRS / DYS 3. Incarcerated						
Released To: (Name) Relationship				Date	Time					
The above address provided by <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		Grade				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property						
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description Driving Under the Influence		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(4)		Violation of ORD #				
Drug Activity n	Drug Type n	Amount / Unit	Offense # 21-107810	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" 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) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600										
Court Date and Time Month 10 Day 7 Year 21 Time 8:30 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										
Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed 09/17/2021				
HOLD for other Agency Name		Signature of Arresting Officer		Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) A. Soloway		I.D. # 8586		(PRINT) SEP 18 AM 1:10				
Intake Deputy Dung Le		I.D. #		Pouch #		PAGE 1 OF 1				
Transporting Officer A. Soloway		I.D. # 8586		Agency PBSO		Witness here if subject signed with an "X"				

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

JH 0526004

PH 1567

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile <input checked="" type="checkbox"/>
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-21-10786				
CHARGES	Charge Type: Check as many as apply.		Special Notes:				
DEF	Name (Last, First, Middle) Kramer Jennifer		Alias Gwen	Race W	Sex F	Date of Birth 03/24/1986	
VICTIM	Victim's Name (Last, First, Middle) SOF		Race	Sex	Date of Birth		
	Local Address (Street, Apt. Number) (City) (State) (zip) Phone		Address Source				
	Business Address (Name, Street) (City) (State) (zip) Phone		Occupation				
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>17TH</u> day of <u>SEPTEMBER</u> 20<u>21</u> at <u>10:10</u> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>							
*****Supplemental P/C*****							
<p>On 09/17/21 at approximately 2020 hours, I responded to a possible drunk driver call in the area of Okeechobee Blvd. and SR 7 within the village of Royal Palm Beach. The caller stated to dispatch that the vehicle was making starts and stops in the middle of an eight lane road in which the speed limit is 50 mph. The caller then stated that vehicle pulled into the parking lot of the McDonald's (northeast corner of Okeechobee Blvd and SR 7). I obtained a visual of the vehicle in the parking lot and the vehicle was a 2019 white Honda Civic bearing FL tag HIKJ72. The vehicle then drove west bound in the parking lot. The Civic drove on the wrong side of the travel lane and almost struck two separate vehicles. The Civic would drive approximately 100 feet and then abruptly stop for no reason. This occurred four times before I activated my lights and siren from my PBSO unmarked patrol vehicle. I turned my lights and siren on and the Civic continued west and pulled out onto the SR 7 extension. The Civic then stopped in the middle of the roadway. The Civic then stopped on the SR 7 extension just north of Okeechobee Blvd. As I exited my vehicle to make an approach, the Civic started to drive away and I yelled "stop". At that time the driver stopped the vehicle. I approached the driver's side window and asked the female driver, and sole occupant, to put the vehicle in park and hand me the keys. The driver complied and then I asked for her license, registration, and insurance. The driver, Jennifer Kramer, was identified by her Florida driver's license. Kramer had very slurred speech and explained that she was just heading to her boyfriend's house. I asked if she knew where she was and she stated that she was next to the Wellington Mall (4.5 miles south of our location). In the passenger floorboard was an open half empty bottle of Hope organic vodka in plain view. At this time a PBSO DUI unit was called to the scene. Cpl. Soloway (8586) arrived on scene and began a DUI investigation.</p>							
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH Agt. M. Guderyon (Signature of Arresting/Investigative Officer)		ID # _____				
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>17th</u> day of <u>September</u> 20 <u>21</u> by Agt. _____						
	Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u> <u>DEPUTY SHERIFF</u>						
	Agt. _____ Notary Public, Clerk of Court, Officer (F.S.S. 117.10)						PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE _____ DAY OF _____ 20 21, AT 2020 _____ AM PM

SUBJECT: Kramer, Jennifer, Gwen CASE NUMBER: 21-107810

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. Soloway

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

I responded to assist 9/17/21 to assist Agt. [REDACTED] with a possible impaired driver. Upon my arrival he advised: On 09/17/21 at approximately 2020 hours, I responded to a possible drunk driver call in the area of Okeechobee Blvd. and SR 7 within the village of Royal Palm Beach. The caller stated to dispatch that the vehicle was making starts and stops in the middle of an eight lane road in which the speed limit is 50 mph. The caller then stated that vehicle pulled into the parking lot of the McDonald's (northeast corner of Okeechobee Blvd and SR 7). I obtained a visual of the vehicle in the parking lot and the vehicle was a 2019 white Honda Civic bearing FL tag HIKJ72. The vehicle then drove west bound in the parking lot. The Civic drove on the wrong side of the travel lane and almost struck two separate vehicles. The Civic would drive approximately 100 feet and then abruptly stop for no reason. This occurred four times before I activated my lights and siren from my PBSO unmarked patrol vehicle. I turned my lights and siren on and the Civic continued west and pulled out onto the SR 7 extension. The Civic then stopped in the middle of the roadway. The Civic then stopped on the SR 7 extension just north of Okeechobee Blvd. As I exited my vehicle to make an approach, the Civic started to drive away and I yelled "stop". At that time the driver stopped the vehicle. I approached the driver's side window and asked the female driver, and sole occupant, to put the vehicle in park and hand me the keys. The driver complied and then I asked for her license, registration, and insurance. The driver, Jennifer Kramer, was identified by her Florida driver's license. Kramer had very slurred speech and explained that she was just heading to her boyfriend's house. I asked if she knew where she was and she stated that she was next to the Wellington Mall (4.5 miles south of our location). In the passenger floorboard was an open half empty bottle of Hope organic vodka.

OBSERVATION OF DRIVER:

The defendant had an obvious odor of an unknown alcoholic beverage on their breath. This odor intensified when the defendant spoke. The defendant's eyes were red and glassy. Upon my arrival the defendant was sitting in the driver's seat of her vehicle. I could see a partially empty bottle of Vodka on the passenger side floor. Her speech was slurred.

DRIVER'S STATEMENTS:

The defendant stated she drank 2 glasses of red wine with dinner at approximately 8:30pm. She said she lives in W Palm and was trying to get to her boyfriend's house in Boynton Beach. She denied having any medical conditions or physical abnormalities.

ODORS:

The defendant had an obvious odor of an unknown alcoholic beverage on their breath. This odor intensified when the defendant spoke.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: compliant, crying

CLOTHING: dress, brown shoes

MEDICAL/OTHER: stated none

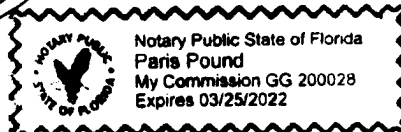
STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Soloway
Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of September 2021 by A. Soloway

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

Paris Pound (#24639)
Notary Public, Clerk of Court, Officer (F.S.S. 117.00)



SUBJECT: Kramer, Jennifer, Gwen

CASE NUMBER 21-107810

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:

The defendant was swaying during this task. She moved her head several times. She had difficulty following the stimulus. She was laughing during this task.

WALK & TURN:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. She was unable to maintain her balance during the instructions. She took 11 steps on the first pass and 10 steps on the second pass. She missed heel to toe on most steps. She stepped off the line several times. She did not count her steps out loud for the entire task. She incorrectly turned. Several times, I had to explain that her first step was counted as number one, not the instructional position.

ONE LEG STAND:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. She began this task before being instructed. She was unable to maintain her balance during the instructions. She was hopping during this task. She put her foot down several times before 30 seconds elapsed. She almost fell over during this task.

FINGER TO NOSE:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. She touched the side next to her nose on attempts 2 and 3. She touched her nostril on attempts 1, 4, 5 and 6. She was swaying during this task.

ROMBERG ALPHABET:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. She was swaying during this task. She incorrectly recited the alphabet.

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Soloway

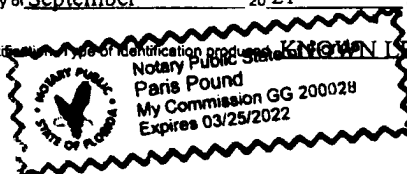
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of September, 2021 by A. Soloway

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

Paris Pound (#24639)

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



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: 80-006477 Software: 8100.27
Date of Test: 09/17/2021

Date of Last Agency Inspection: 09/10/2021
Observation Period Began: 23:20
Subject's Name: JENNIFER G KRAMER

DOB: 03/24/1986 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	23:48
	Air Blank	0.000	23:49
	Control Test	0.080	23:49
	Air Blank	0.000	23:50
	Subject Sample #1	0.205	23:50
	Air Blank	0.000	23:51
	Air Blank	0.000	23:53
	Subject Sample #2	0.204	23:53
	Air Blank	0.000	23:54
	Control Test	0.078	23:54
	Air Blank	0.000	23:55
	Diagnostics Check	OK	23:55

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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 PARIS D POUND, 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: _____ Date: 09/17/21
Signature

Sworn to (or affirmed) before me this 17 day of September, 2021

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida INV. A. SOLOWAY

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: PBSO

SUBJECT: KRAMER, JENNIFER G

CASE NUMBER: 21-107810

DATE: Sep 17, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:44

ENDING TIME: 23:57

BREATH TESTS RESULTS: 1) .205 TIME 23:50 A.M. P.M. 2) .204 TIME 23:53 A.M. P.M.
3) N/A TIME N/A A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CRYING, UPSET

CLOTHING: BLACK / PINK SHIRT, BROWN SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:20 HRS.

SUBJECT: AGREED TO TAKE TEST, THEN ASKED WHAT IF SHE SAID NO

A/O: READ I/C, ALSO EXPLAINED I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

WITNESS LIST

CASE NUMBER: 21-107810

ARRESTING OFFICER: A. Soloway

ADDRESS: PBSO

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: DUI INVESTIGATION

NAME: Agt. [REDACTED]

ADDRESS: PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Stopping Deputy

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: _____

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ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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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

SUBJECT: _____ 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? _____

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: _____



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 checked="" type="checkbox"/>	119.071(4)(c)	Undercover personnel.	3, 4, 9
	<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: 2021023306	Date: 9/18/2021
	Specialist Name/ID: M. Tooks #8557