22CT3048ANB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 2 6 0 0	PALM BEACH GARDENS POLICE DEPARTMENT	78 - 22000991

ChargeType: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 1. Yes 2. No | Multiple Clearance Indicator

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
ALT A1A/LIGHTHOUSE DR, PBG, FL	ALT A1A/LIGHTHOUSE DR, PBG, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING AND RECOVERY
02/24/2022	01:33					4701 EAST AVENUE, WPB, FL 33407

DEFENDANT

Name (Last, First, Middle): CARTER, JEREMY, ALLAN | Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	03/25/1992	6'0	185	BRO	BRO	Lgt	Med

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): | Marital Status: | Religion: | Indication of: Alcohol Influence Y ☒; Drug Influence Y ☒ (N / Unk.)

	Address	(City)	(State)	(Zip)	Phone
Local Address (Street, Apt. Number)	3641 PALM DR,	RIVIERA BEACH,	FL	33404	(561) 324-3156
Permanent Address (Street, Apt. Number)	3641 PALM DR,	RIVIERA BEACH,	FL	33404	
Business Address (Name, Street)					

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Address Source: VERBAL

Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C636421921050 FL	[redacted]		RIVIERA BEACH, FL	US

CO-DEF

Co-Defendant Name (Last, First, Middle): | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle): | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: 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 ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DRIVING UNDER THE INFLUENCE	1	☐Y ☒N	316.193(1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time: Month MARCH Day 30 Year 2022 Time 10:00 AM X 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: 02/24/2022

ADMIN

HOLD for other Agency Name: | Signature of Officer: X [signature] 514 | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print)	I.D. #
OFC. A.FLINK	514

Intake Deputy	I.D. #	Pouch #	Transporting Officer	ID #	Agency
Dyngbhu			OFC. A. FLINK	514	PBGPD

Witness here if subject signed with an "X"

PAGE 1 OF 1

FEB 24 AM 3:17

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

0435399 1381

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

JUVENILE:

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502600	Palm Beach Gardens Police Department	7 | 8 | 22-000991

Charge Type: Check as many as apply.
☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
CARTER, JEREMY ALLAN	CARTER, JEREMY ALLAN	W	M	03/25/1992

CHARGES

Charge Description	Charge Description
316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody . . .

☒ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.
☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 24 day of February, 2022 at 01:20 (Specifically include facts constituting cause for arrest.)

On 02/24/2022 at approximately 0120 hours, this Officer arrived in the area of Alt A1A, just south of Lighthouse Dr, PBG, FL, to assist Ofc Hennessy 409 on a traffic stop. Body worn camera and in car video were used.

Ofc Hennessy said he observed the vehicle, a Lincoln sedan (LTWI83/FL) traveling 61 MPH in a posted 45 MPH zone, just north of the same intersection. This Officer made contact with the driver and lone occupant, identified via Florida Driver License photo, Jeremy Carter (OF), while he was still in actual physical control of same. Carter had bloodshot watery eyes, slurred speech, flushed red face, low heavy eyelids, and the obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. This Officer also detected the faint odor of burnt Cannabis emanating from the vehicle. Carter said he was coming from playing Poker in PGA and was on his way home. Carter denied consuming alcohol on this night, but did say he "had a little to smoke while there".

Based on this Officers observations, Carter was asked to exit the vehicle to participate in Standardized Field Sobriety Exercises, to which he complied. Carter mentioned a foot injury and this later came up in the exercises, causing him to do non-walking exercises.

The first exercise was the Horizontal Gaze Nystagmus. The stimulus used, was a Streamlight Stylus. Throughout the exercise, Carter did not properly follow the stimulus even after being told multiple times to do so. This Officer attempted to properly administer the exercise and ended up moving on after lack of cooperation.

Before the exercise, Carter did say "I am just a little bit buzzed off the weed". The second exercise was the Walk and Turn. While in the starting position, Carter mentioned his foot injury as an issue and the exercise was ended. Carter also said he would be

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

02/24/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FLINK, ANDREW S (514)
NAME OF OFFICER (PLEASE PRINT)

02/24/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502600	Palm Beach Gardens Police Department	7 8 22-000991

Charge Type: Check as many as apply.
☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
CARTER, JEREMY ALLAN	CARTER, JEREMY ALLAN	W	M	03/25/1992

PROBABLE CAUSE STATEMENT

unable to do the One-Leg Stand.

The third exercise was the Finger to Nose. During the exercise, the following observations were made: Carter used the pad of his finger to touch the tip of his nose on all commands. This Officer did notice Carter had eyelid flutters in both eyes as well as body tremors.

The fourth exercise was the Palm Pat. During the exercise, Carter had to be told twice to increase speed. Once Carter increased speed, he began to not properly rotate his hands and ended up as if opening a book. Carter also stopped counting aloud before the exercise was ended.

The fifth exercise was the Hand Coordination. During Task 1, Carter conducted improper touch, by way of rolling his hands. During Task 3, Carter counted one through four rather than five through eight. Carter also again rolled his hands. Carter then did not conduct Task 4 which was to place his palms in his lap.

The sixth exercise was the Rhomberg Alphabet. During the exercise, Carter properly stated the alphabet. Carter again had eyelid flutters and body tremors.

The seventh and final exercise, was the Modified Rhomberg Balance. During the exercise, Carter estimated the passage of 30 seconds in approximately 33 seconds.

Based on this Officers observations, Carter was placed under arrest at 0133 hours. At PBSO BAT, this Officer requested Carter to provide a breath sample for the purpose of determining its alcohol content, to which he refused. This Officer read Florida Implied Consent to Carter twice, to which he acknowledged and again refused at 0233 hours.

Based on the results of the investigation, this Officer has probable cause to prove Jeremy Carter operated a motor vehicle, in the state of Florida, while under the influence of a combination of alcohol and Cannabis, to the extent his normal faculties were impaired, in violation of FSS 316.193(1)(A).

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

02/24/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FLINK, ANDREW S (514)
NAME OF OFFICER (PLEASE PRINT)

02/24/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: 22-039421 PBSO Zone: 3-13

Agency Case #: 22000991 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 0113 Date of Incident: 02/24/2022 Day: THURSDAY

Location of Incident: ALT A1A/LIGHTHOUSE DR, PBG, FL

Arrest Information:

Time of Arrest: 01:33 Date of Arrest: 02/24/2022 Day: THURSDAY

Location of Arrest: ALT A1A/LIGHTHOUSE DR, PBG, FL

Subject's Name: (L) CARTER, (F) JEREMY, (M) ALLAN

DOB: 03/25/1992 Race: W Sex: M Height: 6'0 Weight: 185 Hair BRO Eye BRO

Address: 3641 PALM DR, RIVIERA BEACH, FL 33404 Phone: (561) 324-3156

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

Agency: PBGPD Division: TRAFFIC - DUI

Breath Results

REFUSED

1) _____ at 0233 hrs.
2) _____ at _____ hrs.
3) - at - hrs.
4) - at - hrs.

---BAT Use---

BAT Notified:	YES
Arrival Time at BAT:	0208
Subject Arrest Time:	01:33

Breath Test Operator: LEAHEY,TOM 19183
PBSO

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Carter, Jeremy A

CASE NUMBER: 22-039421

DATE: Feb 24, 2022

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0230

ENDING TIME: 0234

BREATH TESTS RESULTS: 1) R TIME 0233 A.M.☒ P.M.☐ 2) n/a TIME 0 A.M.☐ P.M.☐

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

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Thick, deliberate

ATTITUDE: compliant

CLOTHING: beige pants, tan t-shirt, tan shoes

MEDICAL CONDITIONS: vertebrae fracture

MEDICATIONS: muscle realxers

OTHER:

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

REFUSED

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0208 hrs

subject refused to perform breath test

A/O read I/C 2X & subject understood I/C

subject refused to perform breath test

REFUSED

A/O called refusal @ 0233

A/O read rights & subject understood rights

A/O attempted Q&A

subject declined to answer questions

22000991

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

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

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

or affirm that on or about the 24TH day of FEBRUARY , 20 22 , at 01:33 ☐ P.M ☑ A.M.

DRIVER JEREMY ALLAN CARTER ,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# C636421921050 , state of FL , was placed under lawful arrest for

the offense of DRIVING UNDER THE INFLUENCE by OFC. A.FLINK and
(Name of Arresting Officer)

issued Citation # AECRBSE .

That on or about the 24TH day of FEBRUARY , 20 22 , at 0233 ☐ P.M ☑ A.M.

in PALM BEACH County,

I requested that the driver submit to a ✕ **breath and/or** **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or Correctional Officer

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023
(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 24TH day of FEBRUARY , 20 22 ,

by OFC. A.FLINK ,

who is personally known to me or who has produced Known as identification

Notary Public T Leahey

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date 02/24/2022

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

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: _____

SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X)_____

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X)_____

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022005093	**Date:** 2/24/2022
	Specialist Name/ID: Pinkneya/7796