

20CT544 SB
1780

0513886

[Handwritten initials]

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	Juvenile	N									
OBTS Number		Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-20-001416															
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 Enter Type		Multiple Clearance Indicator											
Location of Arrest (Including Name of Business) 3000 N SR 5, BOYNTON BEACH, FLORIDA, 33435						Location of Offense (Business Name, Address) 3000 N SR 5, BOYNTON BEACH, FLORIDA, 33435															
Date of Arrest 01/08/2020		Time of Arrest 2020		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) ROSEN, JILL LISA																					
W - White B - Black		I - American Indian O - Oriental / Asian		Race W		Sex F		Date of Birth 09/16/1962		Height 502		Weight 110		Eye Color BRO		Hair Color BRO		Complexion LIGHT		Build SMALL	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) PALM TREE - RT ARM																					
Local Address (Street, Apt. Number) 365 SE 6TH AVE,		(City) DELRAY BEACH,		(State) FLORIDA,		(Zip) 33483		Phone () -		Marital Status D		Religion N/A		Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/>		Residence Type 1. City 3. Florida 2. County 4. Out of State		2			
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source FL DL		Occupation THERPIST									
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone													
DL Number, State R250432628360 / FL		SOC. SEC. NUMBER		INS Number		Place of Birth OLD BETHPAGE, NY US		Citizenship													
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 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 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 561-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)										School Attended		Grade									
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		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. Synthetic		U. Unknown Z. Other	
Charge Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 316.193.1		Violation of ORD#													
Drug Activity		Drug Type		Amount/Unit		Offense # 20-001416		Warrant/Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#													
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
<input 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 instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444																	
				Court Date and Time Month 02 Day 03 Year 2020 Time 0830																	
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 Name:		Signature of Arresting Officer		Name of Arresting Officer (Print) D. CASTRO		I.D.# 905		Agency BBPD		Name Verification (Printed by Arrestee) (PRINT)		BU#		Page 1 OF 1							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Intake Deputy <i>[Signature]</i>		I.D.# 8101		Pouch #		Transporting Officer D. CASTRO		I.D.# 905		Agency BBPD		Witness here is subject Signed with an "X".					

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 08 DAY OF January 2020 AT 8:00 A.M P.M.

CASE #: 20-001416

DEFENDANT: ROSEN, JILL LISA

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

Multiple units responded to the area of N. SR 5 (Federal Highway) and E. Ocean Ave in reference to a possible Impaired Driver. This incident occurred within the City of Boynton Beach, Palm Beach County, Florida. Caller advised that they observed a female stumbling before getting into the driver seat of a Red Mercedes bearing Florida tag IKEG72. Caller advised that the vehicle was last seen northbound on SR 5. While responding, Sgt. Kautz located the vehicle at the intersection of N. SR 5 and Gateway Blvd. Sgt. Kautz advised that the vehicle was driving in the middle of the two northbound lanes. A traffic stop was later completed by Officer Brown at the 3000 block of N. SR 5.

Upon arrival I made contact with Sergeant Kautz who advised that while searching for the vehicle he located it at the intersection of N. SR 5 and Gateway Blvd. Sergeant. Kautz advised that the traffic light was red and that the vehicle was in the inside lane with the right two wheels in the outside lane by approximately two feet. Sergeant Kautz advised that there was a vehicle in the outside lane just to the right rear of the Mercedes that was unable to move all the way up due to the Mercedes' position. Sergeant Kautz advised that as the traffic light turn green, the vehicle proceeded northbound and still straddled both lanes; not allowing any vehicles to pass. Sergeant Kautz advised at that time Officer Brown positioned behind the Mercedes and conducted a traffic stop. Sergeant Kautz did not make contact with the driver.

I then made contact with Officer Brown, who advised that she observed the vehicle straddling both lanes as they traveled northbound on N. SR 5. Officer Brown advised that she then conducted a traffic stop and made contact with the sole occupant/driver W/F Rosen, Jill (09/16/62). Officer Brown advised that while Rosen searched for her registration, she was very disheveled and unorganized. Officer Brown advised that Rosen was dropping everything from her purse and from her hands. Rosen would ask numerous times what she was looking for and if Officer Brown knew where the registration was at. Officer Brown advised that when she requested Rosen to lower the front passenger window for another officer Rosen lowered the left rear window. Officer Brown then asked again, which Rosen advised that she did lower the correct window. Officer Brown advised that while speaking with Rosen she noticed that her speech was slurred and her eyes were bloodshot/glassy. Rosen did advise that she was coming from Two Georges Restaurant and was en route to her residence in Delray Beach. See Officer Brown's supplement for further.

I then made contact with Rosen, who was still sitting in the driver seat of the vehicle. Rosen advised that she was coming from Two Georges and was on her way to her residence. When I had Rosen state her address she stated it incorrectly numerous times. Rosen advised that she has been at the address for three years and that she was familiar with directions. When I advised Rosen that she was heading in the wrong direction to her residence she advised that she was no aware. While speaking with Rosen at this point I noticed that her speech was slurred and her eyes were bloodshot/glassy; just as Officer Brown advised. There was an overwhelmed aroma of perfume emanating from within the vehicle, which appeared to be freshly sprayed. I then had Rosen exit the vehicle. Rosen then opened the door and while trying to exit she was caught by her buckled seat belt. When Rosen exited the vehicle she dropped numerous credit cards onto the floor. Rosen stood there for a minute to gathered herself. When I asked Rosen if she wanted to pick up her items she asked me if I wanted her to pick them up. As she bent over to retrieve her items she utilized her right hand to hold her balance as she held onto the B-pillar of the vehicle. As Rosen walked to the back of her vehicle she swayed side to side utilizing her vehicle for support. I asked Rosen if she was okay, which she stated yes. Rosen was wearing heels; therefore I asked her if she worn heels a lot which she stated yes. I asked Rosen if there was a reason why she was walking the way she was, she couldn't explain. While speaking with Rosen outside of the vehicle I detected a odor of an unknown alcoholic beverage emanating from her breath, which intensified as she spoke. Rosen advised that her mother was in hospice and was currently dying. Rosen repeated herself numerous times. Rosen advised that she had a couple of alcoholic drinks at Two Georges. Rosen advised that she had two mix vodka drinks. Rosen was unstable and swaying side to side. Therefore based on my investigation at this point I asked Rosen if she would be willing to submit to a Series of Standardized Field Sobriety Task, which she stated that she wanted to go home. I then advised Rosen of her Taylor Warnings, which she then requested for an attorney. When I requested a second time Rosen agreed to do the roadside. While walking to my fully marked patrol vehicle Rosen stopped and stated that she was going to go home. Rosen advised that she did not feel safe, even though there were five mixed police officers on scene. Rosen advised was very argumentative and stated numerous times that she was going home. As Rosen began to walk towards her vehicle I placed Rosen into custody under suspicion of DUI (D/L and Spaced).

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly | <input type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye prior to 45 degrees | <input type="checkbox"/> Right eye prior to 45 degrees |
| <input type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye | <input type="checkbox"/> Vertical Nystagmus in right eye |

WALK AND TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG/ALPHABET:

REFUSED

Rosen was then placed in the back seat of my vehicle and transported to the Palm Beach County BAT facility. I arrived at the facility at 2106hrs, started my 20 minutes observations at 2111hrs and completed it at 2131hrs. During the observation Rosen advised that she was drinking so much because she was depress with her mother's condition. Upon completion I requested Rosen to provide a sample of her breath to determine the alcohol content, which she agreed. Rosen provided a sample of .141 and .137. I then read Rosen her Miranda Warnings, which she stated that she understood. Rosen refused the Q & As.


Based on the above facts I've established Probable Cause to arrest Rosen with 1M count of DUI pursuant with F.S.S. 316.193.1. Rosen was processed and later TOT PBCJ.

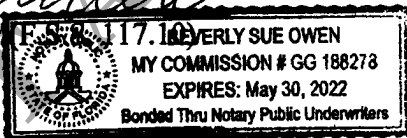
Incident was captured via BWC. Rosen's vehicle was removed from scene by Beck's Towing.

Nothing further.

The following instrument was sworn to before me this 08 day of January 2020

By: PERSONALLY KNOWN / OFFICER CASTRO #905


Notary/Police Officer




Signature of Arresting Officer

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: 80-006239 Software: 8100.27
Date of Test: 01/08/2020

Date of Last Agency Inspection: 12/06/2019

Observation Period Began: 21:11

Subject's Name: JILL LISA ROSEN

DOB: 09/16/1962 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	21:34
	Air Blank	0.000	21:34
	Control Test	0.081	21:34
	Air Blank	0.000	21:35
	Subject Sample #1	0.141	21:36
	Air Blank	0.000	21:36
	Air Blank	0.000	21:38
	Subject Sample #2	0.137	21:39
	Air Blank	0.000	21:40
	Control Test	0.081	21:40
	Air Blank	0.000	21:40
	Diagnostics Check	OK	21:40

Cylinder Lot: 17919080A1
Exp: 08/05/2021

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I SUE OWEN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 01/08/20
Signature

Sworn to (or affirmed) before me this 8th day of January, 2020

[Signature] Signature of Notary Public-State of Florida
Ofc D. Castro Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

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ALCOHOL TESTING PROGRAM
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	Air Blank	0.000	21:38
	Subject Sample #2	0.137	21:39
	Air Blank	0.000	21:40
	Control Test	0.081	21:40
	Air Blank	0.000	21:40
	Diagnostics Check	OK	21:40

Cylinder Lot: 17919080A1
Exp: 08/05/2021

State of Florida, County of Palm Beach

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I SUE OWEN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 01/08/20
Signature

Sworn to (or affirmed) before me this 8th day of January, 2020

[Signature] Signature of Notary Public-State of Florida Ofc D. Castro Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SUBJECT: ROSEN, JILL LISA CASE NUMBER: 20-60146

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) Read on Camera

TESTING FACILITY TASK REPORT

AGENCY: Boynton Beach P. D.

SUBJECT: ROSEN, Jill Lisa

CASE NUMBER: 20-023989

DATE: 01/08/20

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 2132

ENDING TIME: 2143

BREATH TESTS RESULTS: 1) .141 TIME 2136 A.M./P.M. (P.M.) 2) .137 TIME 2139 A.M./P.M. (P.M.)
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: Upset, crying, upset. SAID she had couple drinks

CLOTHING: black heels, flowered dress

MEDICAL CONDITIONS: Cancer, Thyroid disease

MEDICATIONS: temoxifen 1x day taken tdy, synthroid 1x day

OTHER: Seraquil, lexapro

SAID mother is dying in hospice

COMMENTS: odor of unknown Alcoholic beverage detected during breath
A/0 arrived at 2111

A/0 observed 20 minutes

A/0 requested breath test, A agreed

No problem with test

A blew short breaths.

tech explained results

A/0 read ctw, A understood rights

Started to give d & A Then asked for attorney

SUBJECT: ROSEN, Jill Lisa CASE NUMBER: 20-001416

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? YES

WHERE WERE YOU GOING? Refused

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? Refused

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? Refused 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? Refused

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Refused 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: _____

CASE #: 20-001416

DEFENDANT: ROSEN, JILL LISA

Arresting Officer: D. CASTRO #905
Address: 209 N. SEACREST BLVD, BOYNTON BEACH, FLORIDA, 33435
Phone Numbers: Home: _____ Work: (561) 742-6100

Name: SGT. J. KAUTZ
Address: 209 N. SEACREST BLVD, BOYNTON BEACH, FLORIDA, 33435
Phone Numbers: Home: _____ Work: 561-742-6100
Can testify to: THE INCIDENT

Name: OFC. H. BROWN
Address: 209 N. SEACREST BLVD, BOYNTON BEACH, FLORIDA, 33435
Phone Numbers: Home: _____ Work: 561-742-6100
Can testify to: THE INCIDENT

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: _____



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"/>			
Other	<input type="checkbox"/>	782.04 (FS)	Other: Witness	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2020000879	Date: 01/09/2020
	Specialist Name/ID: M. Tooks #8557