

1-0523732

21CT9100ASB

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

AD MIN IS TR A TION	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 21-006831		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		P-1903 1		JUVENILE							
D E F E N D A N T	Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator 1									
	Location of Arrest (Including Name of Business) 475 SW 27TH AVE, DELRAY BEACH, FL						Location of Offense (Business Name, Address) 475 SW 27TH AVE, DELRAY BEACH, FL 33445													
	Date of Arrest 06/03/2021		Time of Arrest 22:03		Booking Date 06/03/2021		Booking Time 22:13		Jail Date 06/04/2021		Jail Time 01:06		Location of Vehicle 475 SW 27TH AVE DELRAY							
	Name (Last, First, Middle) FACTOR, JILL SUZANNE																			
J U V E N I L E	Alias: FACTOR, JILL SUZANNE																			
	Race W - White B - Black		I - American Indian O - Oriental/Asian		Sex W		Date of Birth 06/29/1968		Height 5'01		Weight 115		Eye Color BROWN		Hair Color BLOND OR		Complexion FAIR		Build SMALL	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																			
	Local Address (Street, Apt. Number) 750 NE SPANISH RIVER BLVD 403, BOCA RATON, FL 33431						(City) BOCA RATON		(State) FL		(Zip) 33431		Phone (856) 981-0464		Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>					
	Permanent Address (Street, Apt. Number) 750 NE SPANISH RIVER BLVD 403, BOCA RATON, FL 33431						(City) BOCA RATON		(State) FL		(Zip) 33431		Phone (856) 981-0464		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2					
	Business Address (Name, Street) 750 NE SPANISH RIVER BLVD 403, BOCA RATON, FL 33431						(City) BOCA RATON		(State) FL		(Zip) 33431		Phone (856) 981-0464		Address Source FL DL					
	D/L Number, State F236437687290 / FL						Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) PHILADELPHIA, PA.		Citizenship US							
	Co-Defendant Name (Last, First, Middle)																			
	Co-Defendant Name (Last, First, Middle)																			
	C H A R G E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ Notified by: (Name) _____ Date _____ Time _____ 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. <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____ Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No VEHICLES Value of Property \$10,000																		
Drug Activity: <input type="checkbox"/> Drug Activity <input type="checkbox"/> S. Sell <input type="checkbox"/> R. Smuggle <input type="checkbox"/> K. Disperse/ P. Possess <input type="checkbox"/> B. Buy <input type="checkbox"/> D. Deliver <input type="checkbox"/> E. Use <input type="checkbox"/> M. Manufacture/ Produce/Cultivate <input type="checkbox"/> Z. Other Drug Type: <input type="checkbox"/> N. N/A <input type="checkbox"/> B. Barbiturate <input type="checkbox"/> H. Hallucinogen <input type="checkbox"/> P. Paraphernalia/ A. Amphetamine <input type="checkbox"/> C. Cocaine <input type="checkbox"/> M. Marijuana <input type="checkbox"/> O. Opium/deriv. <input type="checkbox"/> S. Synthetic <input type="checkbox"/> U. Unknown <input type="checkbox"/> Z. Other																				
Charge Description DUI-DAMAGE TO PERSON/PROPERTY																				
Statute Violation Number 316.193(3)(C)(1)																				
Violation of ORD #																				
Bond																				
Charge Description																				
Statute Violation Number																				
Violation of ORD #																				
Bond																				
Charge Description																				
Statute Violation Number																				
Violation of ORD #																				
Bond																				
I N T A K E	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																			
	Explain:																			
	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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health Transferred By: _____ Date Transferred: _____ Time Transferred: _____ Other: _____																			
N O T I C E	<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 Court Date and Time 06/30/2021 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)																			
A D M I N	HOLD for Other Agency																			
	Signature of Arresting Officer WINDSOR, NICHOLAS																			
	Name Verification (Printed by Arrestee) (PRINT)																			
	Name of Arresting Officer (Print) WINDSOR, NICHOLAS I.D. # 1029 Transporting Officer WINDSOR I.D. # 1029 Agency DBPD																			
Inmate Deputy [Signature] Pouch # [REDACTED]																				
Witness here if subject signed with an "X"																				
PAGE 1 OF 1																				

SCANNED

JUN 04 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3rd DAY OF June 20 21, AT 2037 ☐ AM ☒ PM
SUBJECT: Factor, Jill Suzanne CASE NUMBER: 21-006831
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 06/03/21 at 2037hrs a motor vehicle crash at 475 SW 27th Ave. was reported to DBPD Dispatch. The unidentified complainant stated a white vehicle struck another vehicle that was parked on the swale. I arrived on scene to conduct a DUI investigation. I met with Fred Moldt (witness) who provided a sworn statement which was recorded on my body worn camera. Moldt stated he heard the crash and walked out in his driveway. Moldt observed a white 2019 Mercedes CLA250 (NJ Tag #M95LFD) with it's right front end against the left rear end of a white 2011 Infiniti G37 (FL Tag #N188KB). Moldt stated the Infiniti belonged to his friend and it was parked on the swale unoccupied when the crash occurred. Moldt stated there was white female sitting in the driver seat of the Mercedes and there was no other person inside the Mercedes. Moldt stated the Mercedes' engine was running with the headlights and taillights illuminated. Moldt identified the white female on scene was the driver of the Mercedes. I met with the white female driver and identified her by her FL DL as Jill Suzanne Factor. I informed Factor I was on scene to conduct a DUI investigation and Ofc. Cuberson #1135 DBPD was on scene to conduct a crash investigation. Factor acknowledged she understood why I was on scene. I read Miranda Warning to Factor and she acknowledged she understood the Miranda Warning. Post Miranda, Factor stated she was driving home when the crash occurred. The Mercedes key fob was located inside the Mercedes during an inventory search to tow.

OBSERVATION OF DRIVER:

I smelled an odor of an unknown alcoholic beverage coming from Factor. Factor was unsteady and stumbling while she was walking. Factor swayed while standing still. Factor was fidgeting and blinking her eyes at a rapid pace. Factor's eyelids fluttered and her eyes had a glassy appearance. Factor's speech was slurred and she spoke rapidly. Factor had mood swings from being cooperative to crying and emotional.

DRIVER'S STATEMENTS:

Post Miranda, Factor stated she was at a friend's residence but she did not know what neighborhood the friend resided in. Factor stated she was on her way home in Boca Raton, FL. when the crash occurred. Factor did not know what neighborhood she was currently in and stated she had no reason to be in this neighborhood. Factor stated she did not know how the crash occurred and denied being on her cell phone, operating her radio or GPS at the time of the crash. Factor stated she was following her GPS to go home but did not know how she ended up on SW 27th Ave. Factor stated she consumed one glass of wine 1.5 hours prior to driving. Factor denied consuming any prescription medications or using any illegal drugs including marijuana. Factor denied having any medical conditions that would affect her ability to operate a motor vehicle. After arrest, Factor stated she shouldn't have gone to her friend's residence and she "fucked up".

ODORS:

I smelled an odor of an unknown alcoholic beverage coming from Factor.

GENERAL OBSERVATIONS

SPEECH: Slurred, Rapid

ATTITUDE: Cooperative, Emotional Mood swings

CLOTHING: Camo Romper, Tan Wedges

MEDICAL/OTHER: None Stated

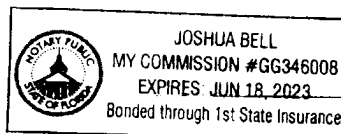
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of June 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 _____

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



SUBJECT: Factor, Jill Suzanne

CASE NUMBER DBPD #21-006831

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:

Factor had sustained VGN present and her eyelids fluttered. Factor blinked her eyes rapidly during the HGN/VGN roadside. Factor had to be instructed several times to keep her head still.

WALK & TURN:

Factor was unable to maintain her balance after being placed in the instructional phase position. Factor used her arms for balance. Factor did not touch heel to toe on several steps. Factor did not count as instructed. Factor walked too many steps on each series of steps. Factor did not turn around as instructed. Factor stepped off the line several times to maintain her balance.

ONE LEG STAND:

Factor swayed while standing still. Factor used her arms for balance. Factor put her foot down on the ground several times. Factor did not count as instructed. Factor did not raise her foot off the ground straight out as instructed. Factor hopped up and down to maintain her balance.

FINGER TO NOSE:

Factor swayed while standing still. Factor did not keep her head tilted back for the entire exercise. Factor missed the tip of her nose of several attempts. Factor used the pad of her finger instead of the tip of her finger. Factor raised her left hand when I instructed her to use her right finger.

ROMBERG ALPHABET:

Factor swayed while standing still. Factor recited rapidly instead of the slow manner I instructed her. Factor recited the alphabet correctly up to the letter "L" but recited several letters afterward. Factor attempted several times to complete the entire alphabet but stopped stating she was "drawing a blank".

BREATH TEST RESULTS:

1) .225

2) .219

3)

4)

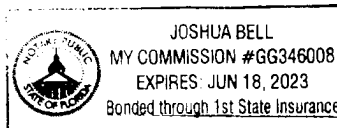
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of June, 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)



WITNESS LIST

CASE NUMBER: DBPD #21-006831

ARRESTING OFFICER: OFC WINDSOR #1029 DBPD

ADDRESS: 300 W ATLANTIC AVE, DELRAY BEACH, FL 33444

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

CAN TESTIFY TO: DUI PC

NAME: OFC CUBERSON #1135 DBPD

ADDRESS: 300 W ATLANTIC AVE, DELRAY BEACH, FL 33444

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

CAN TESTIFY TO: CRASH INVESTIGATION

NAME: DOMINICK ALLEN DIVENCENZO

ADDRESS: 1650 NW 4TH AVE APT 102, BOCA RATON, FL 33432

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: RO OF VICTIM VEHICLE

NAME: FRED J. MOLDT

ADDRESS: 475 SW 27TH AVE., DELRAY BEACH, FL 33445

PHONE NUMBERS (HOME) 561-859-3185 (WORK) _____

CAN TESTIFY TO: WITNESS

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: _____



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

PBSO CASE # 21-072352 PBSO ZONE 4-11
AGENCY CASE # 21-006831 CRASH CASE # 21-006831
TIME OF STOP/CRASH 2037 DATE 06/03/21 DAY THURSDAY
SUBJECT'S NAME FACTOR, JILL SUZANNE RACE W SEX F
HGT 5'01" WGT 125 DOB 06/29/68
LOCATION 475 SW 27TH AVE., DELRAY BEACH, FL
ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD
DIVISION: CRD
NOTIFIED BY COMMO YES
ARRIVAL AT FACILITY 2240
ARREST TIME 2203
BREATH RESULTS:
1) .225
2) .219
3) N/A
4) N/A
TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # N/A

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: 80-006476 Software: 8100.27
Date of Test: 06/03/2021

Date of Last Agency Inspection: 05/14/2021
Observation Period Began: 22:40
Subject's Name: JILL S FACTOR

DOB: 06/29/1968 Sex: M

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	23:09
	Air Blank	0.000	23:09
	Control Test	0.081	23:10
	Air Blank	0.000	23:10
	Subject Sample #1	0.225	23:11
	Air Blank	0.000	23:12
	Air Blank	0.000	23:14
	Subject Sample #2	0.219	23:15
	Air Blank	0.000	23:16
	Control Test	0.077	23:16
	Air Blank	0.000	23:16
	Diagnostics Check	OK	23:17

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 JOSHUA J BELL, 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: 06/03/21

Sworn to (or affirmed) before me this 03 day of June, 2021

Signature of Notary Public-State of Florida

OFC. N. Windsor #1029
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.

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: FACTOR, JILL SUZANNE

CASE NUMBER: 21-072352

DATE: Jun 3, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2306

ENDING TIME: 2318

BREATH TESTS RESULTS: 1) .225 TIME 2311 A.M. ☐ P.M. ☒ 2) .219 TIME 2315 A.M. ☐ P.M. ☒
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, FAST

ATTITUDE: MOODSWINGS, CRYING, APOLOGETIC, COOPERATIVE

CLOTHING: CAMO JUMPER, GREY WEDGES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, WATERY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2240 HOURS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

TECH READ BREATH TEST RESULTS

SUBJECT STATED SHE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS

SUBJECT STATED SHE UNDERTOOD HER RIGHTS

Q AND A NOT CONDUCTED SUBJECT ASKED FOR HER LAWYER

SUBJECT: Factor, J. H. Suzanne CASE NUMBER: 11-106831

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

SUBJECT: Factor, Jill Suzanne CASE NUMBER: Y1-086851

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: CFC. N. Windsor #1029



**PALM BEACH COUNTY
SHERIFF'S OFFICE**

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input 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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021013567

Date: 6/4/21

Specialist Name/ID: A. Pinkney/7796