

J# 0519310

20CT-13766

422

ARREST / NOTICE TO APPEAR

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

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 20-014085					
D E F E N D A N T	Charge Type: Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized		Multiple Clearance Indicator 2					
	Location of Arrest (Including Name of Business) AVE L/S FEDERAL HWY DELRAY BEACH, FL		Location of Offense (Business Name, Address) 600 LAMAT AVE/S FEDERAL HWY, DELRAY BEACH, FL		Enter Type None/not Applicable							
J U V E N I L E	Date of Arrest 10/27/2020	Time of Arrest 19:29	Booking Date 10/27/2020	Booking Time 19:39	Jail Date 10/27/2020	Jail Time 21:45	Location of Vehicle 1 AVE L/S FEDERAL HWY					
	Name (Last, First, Middle) MCGINNIS, JOANNE MARY		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)							
C O D E F	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth 11/11/1964	Height 5'08	Weight 120	Eye Color BLUE	Hair Color BLOND OR	Complexion FAIR	Build SMALL			
	Local Address (Street, Apt. Number) 3516 HARBOR CIR, DELRAY BEACH, FL 33483		(City)	(State)	(Zip)	Phone (847) 337-4203		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1				
C H A R G E	Permanent Address (Street, Apt. Number) 3516 HARBOR CIR, DELRAY BEACH, FL 33483		(City)	(State)	(Zip)	Phone (847) 337-4203		Address Source FL VEH REG				
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation				
C O D E	D/L Number, State M25243364921 / IL		Sec. Ser. Number		INS Number		Place of Birth (City, State) EVANSTON, IL, United		Citizenship US			
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/>			
C H A R G E	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/>			
	Name (Last, First, Middle)		Residence Phone		Business Phone							
C H A R G E	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released		2. TOT JAC		3. Incarcerated			
	Released To: (Name)		Relationship	Date	Time							
C H A R G E	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		School Attended		Grade							
	Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property VEHICLES		Value of Property \$5,000							
C H A R G E	Drug Activity N. N/A P. Possess		3. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperses/ 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/Derv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown 2. Other			
C H A R G E	Charge Description DUI-DAMAGE TO PERSON/PROPERTY		Statute Violation Number 316.193(3)(C)(I)		Violation of ORD #							
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
C H A R G E	Charge Description CRASH- LEAVING THE SCENE WITHOUT GIVING INFORMATION		Statute Violation Number 316.061(1)		Violation of ORD #							
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #							
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
J 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		PROPERTY - Received By		Released By		Released To 2020 OCT 28 AM 5:50					
N O T I C E T O A P P E A R	Transported By		Date Transported	Time Transported	Other							
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 11/24/2020 08:30:00		No Photo Available					
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								
A D M I N	HOLD for Other Agency		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) WINDSOR, NICHOLAS		ID # 1029		(PRINT)					
Intake Deputy Spann 8101		Pouch #		Transporting Officer WINDSOR		ID # 1029		Agency DBPD		PAGE 1 OF 1		
Witness here if subject signed with an "X":												

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P.L.O. DEFENDANT

SCANNED
OCT 28 2020

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27th DAY OF October 2020 AT 1752 AM PM

SUBJECT: MCGINNIS, JOANNE MARY CASE NUMBER: DBPD 20-14085

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 10/27/20 at 1752hrs a motor vehicle crash was reported in the area of Lamat Ave. and S. Federal Hwy. involving a black Mercedes SUV (FL Tag #NHIU39) and a gold Toyota SUV. The complainant/victim stated a white female driver exited the Mercedes from the driver seat after the crash occurred. The victim stated the white female appeared under the influence with bloodshot eyes and stumbling around. The victim stated the white female driver did not say anything or attempt to exchange information with the victim. The victim stated the white female driver returned to the Mercedes and left the crash scene northbound before making a U-turn southbound on S. Federal Hwy. At 1836hrs Delray Beach Fire/Rescue was responding to an unrelated call and observed the black Mercedes pulled over on Ave L. just east of S. Federal Hwy. DBFD observed a white female driver in the Mercedes. DBFD remained on scene until Ofc. Butner arrived on Ave L. DBFD cleared the scene after assessing the female driver. Ofc. Butner met with the white female driver and identified her by her IL DL as Joanne Mary McGinnis. McGinnis was sitting in the driver seat and was the only person inside the Mercedes. The engine was running with the vehicle key in the ignition. Ofc. Butner advised McGinnis of her Miranda Rights. I arrived on scene and waited for the victim to arrive on scene. Ofc. Butner conducted a show up with the victim who positively identified McGinnis as the driver of the Mercedes who left the scene of the crash.

OBSERVATION OF DRIVER:

I observed damage to the right rear side of the Mercedes. The Mercedes' right rear tire was flat and appeared to be driven while flat. I met with McGinnis and immediately smelled an odor of an unknown alcoholic beverage coming from her person. McGinnis' eyes were bloodshot and glassy. McGinnis' speech was slurred and thick while speaking. McGinnis had difficulty answering yes or no questions. McGinnis was unsteady on her feet and had difficulty maintaining balance while standing under her own power. McGinnis would not follow simple instructions such as "get out of the vehicle". McGinnis refused to perform roadsides and I advised her of Taylor Warning. McGinnis stated she did not understand and I attempted to explain each part by itself and she still stated she didn't understand.

DRIVER'S STATEMENTS:

McGinnis denied consuming any alcoholic beverages prior to driving. McGinnis denied being involved in a motor vehicle crash. McGinnis stated she knew her vehicle was damaged but did not know her right rear tire was flat. McGinnis stated she was on her way home from playing tennis at the courts on Lavers Circle in Delray Beach, FL. McGinnis stated she was the only person in the Mercedes when she was on her way home. McGinnis stated she suffers from narcolepsy but did not take any prescription medication today. McGinnis asked the same questions repeatedly after the questions were answered by police officers. After arrest, McGinnis repeatedly demanded I turn around and to take her home.

ODORS:

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

GENERAL OBSERVATIONS

SPEECH: Slurred and Thick

ATTITUDE: Uncooperative and needed to be instructed several times to get out of her vehicle.

CLOTHING: Blue Tank Top, Jean Shorts with Brown Flip Flops

MEDICAL/OTHER: Narcolepsy

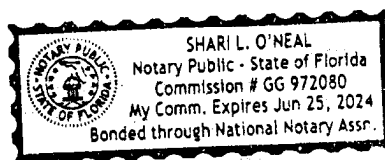
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of October 2020 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)



SCANNED
OCT 28 2020

SUBJECT: MCGINNIS, JOANNE MARY

CASE NUMBER DBPD 20-14085

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:

MCGINNIS REFUSED TO PERFORM ROADSIDES.

WALK & TURN:

MCGINNIS REFUSED TO PERFORM ROADSIDES.

ONE LEG STAND:

MCGINNIS REFUSED TO PERFORM ROADSIDES.

FINGER TO NOSE:

MCGINNIS REFUSED TO PERFORM ROADSIDES.

ROMBERG ALPHABET:

MCGINNIS REFUSED TO PERFORM ROADSIDES.

BREATH TEST RESULTS:

1) Refused	2)	3)	4)
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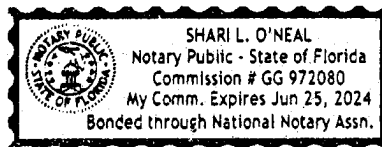
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of October 20 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 20-14085

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

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

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

CAN TESTIFY TO: DUI PC

NAME: OFC. BUTNER #1172 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

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

CAN TESTIFY TO: CRASH INVESTIGATION

NAME: BEATRIZ ELIZABETH KOURACLES

ADDRESS: 440 NW 67TH ST APT 208 BOCA RATON, FL 33487

PHONE NUMBERS (HOME) 817-470-9827 (WORK) _____

CAN TESTIFY TO: CRASH VICTIM/WITNESS

NAME: ELIZABETH BEATRIZ KOURACLES

ADDRESS 440 NW 67TH ST APT 208 BOCA RATON, FL 33487

PHONE NUMBERS (HOME) 561-562-2228 (WORK) _____

CAN TESTIFY TO: CRASH WITNESS

NAME: JOHN JOSEPH CLINTON

ADDRESS 805 ESTANCIA WAY, BOYNTON BEACH, FL 33435

PHONE NUMBERS (HOME) 561-451-7269 (WORK) _____

CAN TESTIFY TO: CRASH 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) _____

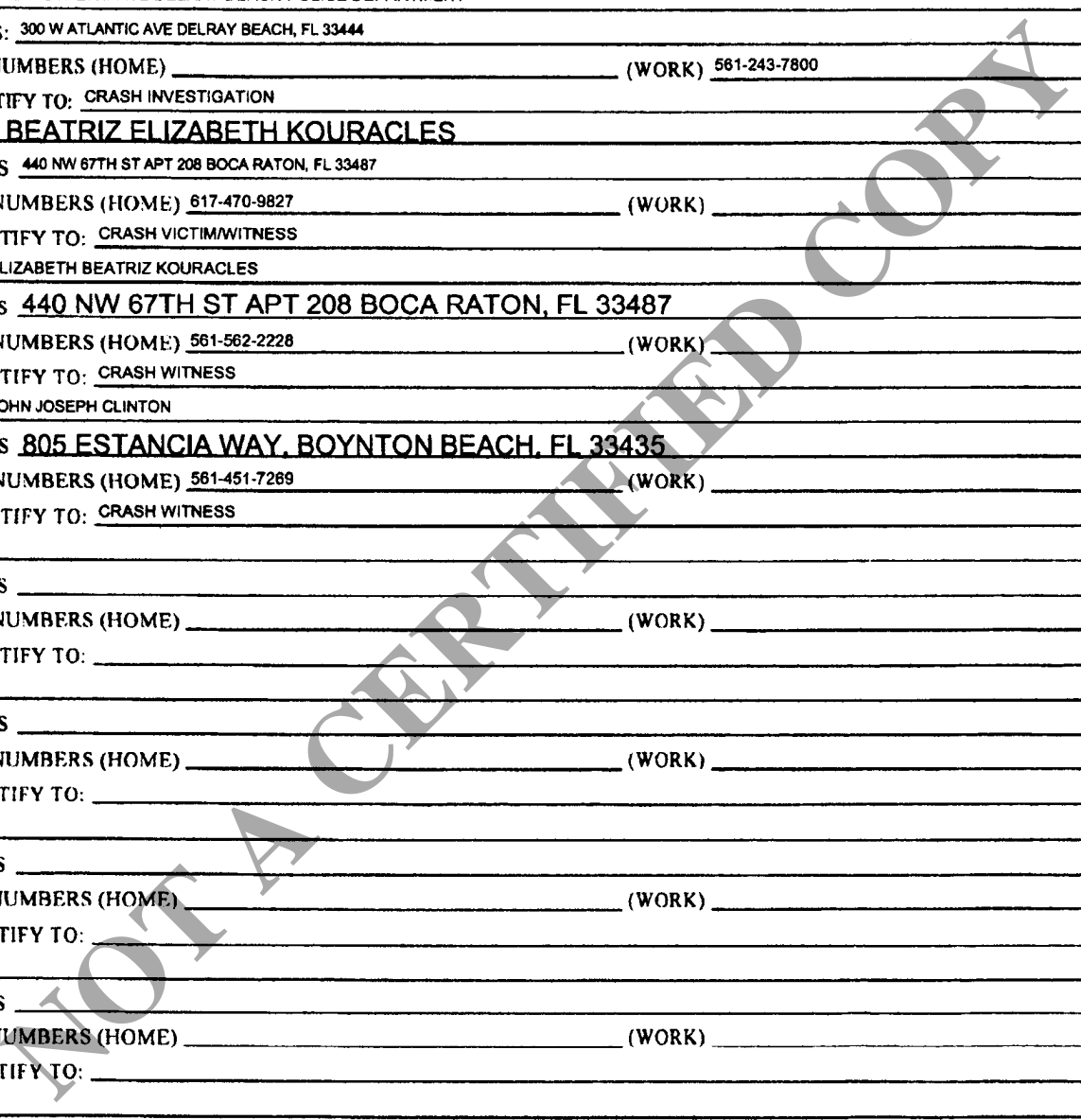
CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



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

I, Nicholas Windsor, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Delray Beach Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 27th day of October, 2020, at 1929 P.M. A.M.

DRIVER Joanne Mary Mcginnis
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M25243364921, state of Illinois, was placed under lawful arrest for

the offense of DUI - Crash/Property Damage by Ofc. Windsor #1029 and
(Name of Arresting Officer)

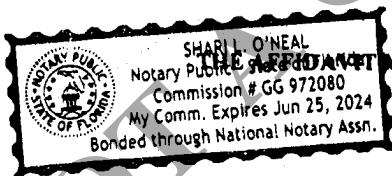
issued Citation # A1UR79E

That on or about the 27th day of October, 2020, at 2028 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



(AFFIX SEAL.)

The foregoing instrument was sworn and subscribed before

me this 27 day of October, 2020,

by _____,

who is personally known to me or who has produced

_____ as identification

Notary Public Shari L. O'Neal

HSMV-BAR1001 (REV. 10/2016)

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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

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.



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

PBSO CASE # 20120992 PBSO ZONE 4-22

AGENCY CASE # 20-14085 CRASH CASE # 20-14085

TIME OF STOP/CRASH 1752 DATE 10/27/20 DAY TUESDAY

SUBJECT'S NAME MCGINNIS, JOANNE M. RACE W SEX F

HGT 5'08" WGT 123 DOB 11/11/64

LOCATION LAMAT AVE/S FEDERAL HWY DELRAY BEACH, FL

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

DIVISION: TRAFFIC

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2005

ARREST TIME 1929

BREATH RESULTS:

- 1) **REFUSED**
- 2) _____
- 3) _____
- 4) _____

TESTING OFFICER'S ID 3184 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: DELRAY BEACH P.D.

SUBJECT: MCGINNIS, JOANNE M.

CASE NUMBER: 20120992

DATE: 10/27/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2026

ENDING TIME: 2030

BREATH TESTS RESULTS: 1) Refused TIME 2028 A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLIGHTLY SLURRED

ATTITUDE: QUIET, CO-OPERATIVE

CLOTHING: FLIP FLOPS, JEAN SHORTS, BLUE TANK TOP

MEDICAL CONDITIONS: INSOMNIA, MENTAL ISSUES

MEDICATIONS: NO PRESCRIPTIONS

OTHER:

WENT TO BATHROOM DURING OBSERVATION. DEFENDANT IN ACCIDENT

COMMENTS:

A/O AND DEFENDANT ARRIVED 2005 HOURS. A/O OBSERVED 20 MINUTES. A/O REQUESTED BREATH TEST, DEFENDANT REFUSED. A/O READ I/C, DEFENDANT UNDERSTOOD, STILL REFUSED. A/O READ C/W, DEFENDANT ASKED FOR ATTORNEY WHILE HE WAS READING AND THEN AFTERWARDS. DEFENDANT UNDERSTOOD RIGHTS. NO Q AND A.

SUBJECT: McGinnis, JOANNE M CASE NUMBER: 2014085

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 ofc WINDSOR of the Delray Beach PD.

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

SUBJECT'S SIGNATURE: (X) Read on Camera

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: McGINNIS, JOANNE M. CASE NUMBER: 20-14085

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? **REFUSED** 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? **REFUSED**

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 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"/>	F.C. Art. 1, Sect 16	Other: Marsy's Law	
	<input type="checkbox"/>	119.071(4)(d)2.d	Other: Personal identifying information of a witness to a murder.	

REVIEW COMPLETED BY

Booking Number: 2020025370	Date: 10/28/2020
	Specialist Name/ID: VARGO/6665