

21CT9186 AMB

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21072306									
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business) 17120 JUPITER FARMS RD, JUPITER, FL 33478		Location of Offense (Business Name, Address) 17120 JUPITER FARMS RD, JUPITER, FL 33478											
Date of Arrest 06/03/2021		Time of Arrest 1952		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle ALL HOOKED UP TOWING	
Name (Last, First, Middle) Woodard, John, Ray		Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 11/24/1972		Height 5'01		Weight 132		Eye Color BROWN		Hair Color BROWN	
Complexion MED		Build SMALL		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) LEFT SHOULDER, RIGHT SHOULDER, BACK		Marital Status Married		Religion CHRISTIAN		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 11357 152nd St N, Jupiter, FL 33478		(City)		(State)		(Zip)		Phone (561) 644-7759		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source FL DL / VERBAL		Occupation CARPENTER	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Place of Birth (City, State) WEST PALM BEACH, FL		Citizenship USA	
D/L Number, State W363476724240, FL		Soc. Sec. Number		INS Number		Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/>		2. At Large <input type="checkbox"/>		3. Felony <input type="checkbox"/>	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/>		2. At Large <input type="checkbox"/>		3. Felony <input type="checkbox"/>	
Parent <input type="checkbox"/>		Legal Custodian <input type="checkbox"/>		Other <input type="checkbox"/>		Name (Last)		(First)		(Middle)		Residence Phone	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone		Notified by: (Name)		Date	
Released To: (Name)		Relationship		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		Date		Time	
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address.		Yes, by: (Name)		No: (Reason)		School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property	
Value of Property		Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other		Charge Description Driving Under the Influence		Counts 1	
Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(3)(c)(1)		Violation of ORD #		Drug Activity N		Drug Type N		Amount / Unit		Offense # 21072306	
Warrant / Capias Number		Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Warrant / Capias Number		Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Warrant / Capias Number		Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Warrant / Capias Number		Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Warrant / Capias Number		Bond		Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600		Court Date and Time Month JUNE Day 24th Year 2021 Time 08:30		AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		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) 06/03/2021	
HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) (PRINT)		Name of Arresting Officer (Print) Inv. Cisson ID# 24091		I.D. # 24091		Pouch # 24091		Agency PBSO	
DISTRIBUTION: WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY		GOLD - DEFENDANT (N.T.A.'s ONLY)		PAGE 1		OF 1	

0219174

JUN 04 2021

3051

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Copies		1		Juvenile		N	
Agency ORI Number FL0500000		Agency Name Palm Beach County Sheriff's Office				Agency Report Number 06 - 21-072306							
Charge Type Check all that 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		Special Notes					
Name (Last, First, Middle) Woodard John						Race W		Sex M		Date of Birth 11-24-1972			
Charge Description DUI						Charge Description							
Charge Description						Charge Description							
Victim's Name (Last, First, Middle) State of Florida						Race		Sex		Date of Birth			
Local Address (Street, Apt Number)						(City)		(State)		(Zip)		Phone	
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone	
Address Source						Occupation							
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody..													
<input type="checkbox"/> Committed the below acts in my presence. <input type="checkbox"/> Was observed by Who told That he/she saw the arrested person commit the below acts. <input type="checkbox"/> Confessed to Admitting the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.													
On The 03 Day Of June 2021 At 1901 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.													

On 6-03-2021 I responded to the area of Randolph Siding Road and Jupiter Farms Rd in Jupiter FL 33458 in reference to two car vehicle accident. Upon arrival I made contact with John Woodard the driver of the Black Hyundai SUV bearing Florida tag 470PXG. While speaking with Woodard to ask what happened. I could smell the odor of an unknown alcoholic beverage emitting from him as he spoke. I also observed his eyes to be bloodshot and pupils pinpoint. While speaking with Woodard he was unable to tell me what road he came from saying it had many names. At certain points he was repeating himself multiply times and slurring his speech when trying to tell me the road name. At that time a DUI investigator was contact to respond to the scene of the crash. DUI Investigator J. Cisson 24091 arrived on scene and the investigation was turned over to him.

I spoke with the witness on scene Kimberly Briggs who stated that she was driving South on Jupiter Farms Road behind the Silver Lexus which was the other vehicle involved in the crash. Briggs stated while they were driving South the black SUV was driving North and came over into the southbound lane hitting the silver Lexus.

The foregoing instrument was sworn to and affirmed before me this 03 day of June 20 21, by:

INV Cisson 24901

D/S Dixon

22100

Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Name of Arresting/Investigating Officer

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Signature of Arresting/Investigating Officer

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3rd DAY OF JUNE 20 21, AT 1840 AM ☒ PM

SUBJECT: Woodard, John, Ray CASE NUMBER: 21072306

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Cisson ID# 24091

PERSONAL CONTACT

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

On Thursday June 3rd 2021 at approximately 1902 hours, I responded to a crash at 17120 Jupiter Farms Rd in unincorporated Jupiter, FL 33478 reference PBSO case# 21072291. Upon arrival I spoke with Deputy Dixon ID# 22100. He relayed to me the following: On 6-03-2021 I responded to the area of Randolph Siding Road and Jupiter Farms Rd in Jupiter FL 33458 in reference to two car vehicle accident. Upon arrival I made contact with John Woodard the driver of the Black Kia SUV bearing Florida tag 470PXG. While speaking with Woodard to ask what happened. I could smell the odor of an unknown alcoholic beverage emitting from him as he spoke. I also observed his eyes to be bloodshot and pupils pinpoint. While speaking with Woodard he was unable to tell me what road he came from saying it had many names. At certain points he was repeating himself multiply times and slurring his speech when trying to tell me the road name. I spoke with the witness on scene Kimberly Briggs who stated that she was driving South on Jupiter Farms Road behind the Silver Lexus which was the other vehicle involved in the crash. Briggs stated while they were driving South the black SUV was driving North and came over into the southbound lane hitting the silver Lexus.

This concludes his supplement.

OBSERVATION OF DRIVER:

I spoke with the witness Kimberly Briggs who said she was behind the Lexus sedan involved in the accident. She said she was present at the time of the accident and observed the driver of the black Hyundai exit from the driver side of the vehicle. I observed the defendant, John Ray Woodard who was wearing a green tee shirt, blue shorts and brown sandals. The defendant was standing outside the vehicle, on the passenger side chugging water from a water bottle. I asked the defendant to walk over to the front of my vehicle and speak with me. While walking over to my vehicle, the defendant was unsteady on his feet and staggered as he walked. While standing stationary the defendant had an orbital sway. I could see the defendants eyes were bloodshot and glossy. He had an obvious odor of an unknown alcoholic beverage emitting from his breath that grew stronger as he spoke.

DRIVER'S STATEMENTS:

I explained to the defendant, the crash investigation was complete and I was now conducting a criminal investigation for DUI. I read him his Miranda Warnings to which he stated he understood. The defendant said he did not have any physical defects, diabetes, or receive a bump on the head. He had a minor cut on his fore head and redness on his forearm from the airbag deployment. He said he did not have anything wrong with he legs that would prohibit him from walking or standing. The defendant said he had 4 Bud Light can beers to drink. The defendant said he was coming from home and going to a job. He said he was driving the vehicle. I asked the defendant to submit to roadside field sobriety tasks to which he agreed.

ODORS:

An obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slow, Slurred

ATTITUDE: Calm, Compliant

CLOTHING: DIRTY

MEDICAL/OTHER: Ibuprofen

STATE OF FLORIDA
COUNTY OF PALM BEACH

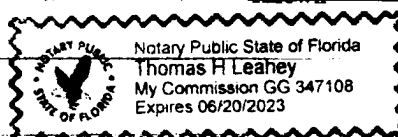
Inv. Cisson ID# 24091
Signature of Arresting/Investigative Officer)

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 3rd day of June 20 21 by Inv. Cisson ID# 24091

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

Thomas Leahey (#19183)

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



SUBJECT: Woodard, John, Ray

CASE NUMBER 21072306

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

The defendant swayed while standing stationary. I had to remind the defendant not to turn his head multiple times and to follow the red light. I had to remind him to look at the red light multiple times as he would stop looking at it.

WALK & TURN:

The task was explained and demonstrated. The defendant stated he understood the instructions. During the task the defendant failed to maintain the instructional stance. The defendant swayed while standing stationary. The defendant used his arms for balance throughout the task, did not touch heel to toe multiple times, stopped to regain balance, and took the incorrect number of steps. He took 10 steps on the second/return 9 steps, after it was explained to him numerous times.

ONE LEG STAND:

The task was explained and demonstrated. The defendant stated he understood the instructions. The defendant swayed while standing stationary. During the task the defendant put his foot down multiple times before 30 seconds elapsed. He began the task and stopped and restarted after he failed to count as instructed.

FINGER TO NOSE:

The task was explained and demonstrated. The defendant stated he understood the instructions. The defendant swayed while standing stationary. During the task the defendant raised his hand and then slowed down as the tip of his finger approached his nose. He searched for the tip of his nose and once he felt it, he pushed in on it. He did this on multiple attempts. I had to remind him to keep his head tilted back as he dropped from its position.

ROMBERG ALPHABET:

The task was explained and demonstrated. The defendant stated he understood the instructions. The defendant swayed while standing stationary. During the task the defendant stopped at D and had to remember the next letter (E).

BREATH TEST RESULTS: 0.199 0.184

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Cisson ID# 24091

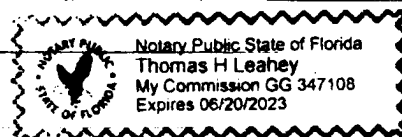
Signature of Arresting/Investigative Officer)

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 3rd day of June, 2021 by Inv. Cisson ID# 24091

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

Thomas Leahey (#19183)

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



WITNESS LIST

CASE NUMBER: 21072306

ARRESTING OFFICER: Inv. Cisson ID# 24091

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: Facts of the case

NAME: D/S DAVIS ID# 8307

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000

CAN TESTIFY TO: CRASH INVESTIGATOR

NAME: D/S DIXON ID# 22100

ADDRESS PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: SUPPLEMENTAL PC

NAME: KIMBERLY BRIGGS

ADDRESS 15451 129TH PLACE N JUPITER FL 33478

PHONE NUMBERS (HOME) 727-333-1766 (WORK) _____

CAN TESTIFY TO: WHEEL 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: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSD

SUBJECT: Woodard, John R.

CASE NUMBER: 21-072306

DATE: Jun 3, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 20:49

ENDING TIME: 21:10

BREATH TESTS RESULTS: 1) .199 TIME 20:54 A.M. ☐ P.M. ☒ 2) .187 TIME 20:57 A.M. ☐ P.M. ☒
3) N/A TIME ----- A.M. ☐ P.M. ☐ 4) N/A TIME ----- A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Thick

ATTITUDE: Calm, cooperative talkative

CLOTHING: Blue shorts, green t-shirt, brown flip-flops

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes are red
odor of unknown alcoholic beverage on breath
Subject stated in Q&A he had 4 beers.

COMMENTS:

Arrived at center A/O started 20 minute observation period at 20:26 hrs.

Subject agreed to perform breath test and asked if he didn't his license would be suspended?

A/O read I/C and subject stated he understood I/C.

Subject agreed to take test.

A/O read rights.
Subject stated he understood rights.

Tech read breath test results.
Subject stated he understood breath test results.

A/O conducted Q&A
Subject answered Q&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: 80-006029 Software: 8100.27
Date of Test: 06/03/2021

Date of Last Agency Inspection: 05/14/2021
Observation Period Began: 20:26
Subject's Name: JOHN R WOODARD

DOB: 11/24/1972 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	20:52
Air Blank	0.000	20:53
Control Test	0.080	20:53
Air Blank	0.000	20:53
Subject Sample #1	0.199	20:54
Air Blank	0.000	20:55
Air Blank	0.000	20:57
Subject Sample #2	0.187	20:57
Air Blank	0.000	20:58
Control Test	0.080	20:58
Air Blank	0.000	20:59
Diagnostics Check	OK	20:59

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

Breath Test Operator: _____ Date: 06/03/21
Signature

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

Signature of Notary Public-State of Florida _____
Printed Name of Notary Public-State of Florida Inv. J. Cisson #24091

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: Mr. Tom R.

CASE NUMBER: 21-072306

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) _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: W. Stant, John A.

CASE NUMBER: 1-072306

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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



**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"/>			
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Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021013557

Date: 6/04/21

Specialist Name/ID: J. Beck/9007