

21CT5334 MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21-051552				
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator <input type="checkbox"/> 1						
Location of Arrest (Including Name of Business) 1400 ROYAL PALM BEACH BLVD, RPB FL 33411				Location of Offense (Business Name, Address) 1400 ROYAL PALM BEACH BLVD						
Date of Arrest 04/03/2021	Time of Arrest 1:05 AM	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Sister Towing				
Name (Last, First, Middle) MICHAUD JOSEPH K				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 05/29/1991	Height 6'1	Weight 170	Eye Color BROWN	Hair Color BLACK	Complexion LIGHT			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOOS ON LEFT AND RIGHT ARM				Marital Status Single	Religion CHRISTIAN	Indicator of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.				
Local Address (Street, Apt. Number) 12819 66TH ST N		(City) WEST PALM BEACH FL	(State) FL	(Zip) 33412	Phone (318) 280-0316	Residence Type: 1. City 2. County 3. Florida 4. Out of State 3				
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FL DL				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation GUTTER				
D/L Number, State M230491911890		Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL U.S.A.				
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:		Address (Street, Apt. Number)				(City)	(State)	(Zip)		
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated						
Released To: (Name)		Relationship		Date	Time					
The above address provided by <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 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> 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 DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1) (A)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit NA	Offense # 21-051552	Warrant / Capias Number		Bond				
Charge Description SPEEDING		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 216.107(1)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit NA	Offense # 21-051552	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Location (Court Room Number, Address) PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996										
Court Date and Time Month MAY Day 6TH Year 2021 Time 8:30 AM <input checked="" type="checkbox"/> PM										
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED										
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed 04/03/2021						
HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) (PRINT) Joseph Michaud						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S QUEVEDO		I.D. # 12783				
Intake Deputy Domingo		I.D. #		Pouch #		PAGE 1 OF 1				
Transporting Officer D/S QUEVEDO		ID # 12783		Agency PBSO		Witness here if subject signed with <input type="checkbox"/>				

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

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PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA
3 Request for Warrant
4 Request for Capias

1

Juvenile

OBTS Number	Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 21-051552
Charge Type Check as many as apply	<input type="checkbox"/> 1 Felony <input checked="" 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) MICHAUD, JOSEPH KYLE	Alias	Race W	Sex M	Date of Birth 05/29/1991
Charge Description DUI	Charge Description	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	Address Source		
Business Address (Name, Street) (City) (State) (Zip) Phone	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

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

On the 2ND day of APRIL 2021 at 0100 A.M P.M (Specifically include facts constituting cause for arrest.)

SUPPLEMENTAL PROBABLE CAUSE

On April 3, 2021 while on unmarked patrol in the area of 11000blk of Okeechobee blvd, Royal Palm Beach, Fl, 33411 I observed a white dodge challenger bearing Fl Tag# 15BAM driving at a high rate of speed westbound on Okeechobee Blvd towards Royal Palm Beach Blvd. I paced the vehicle in my unmarked PBSO vehicle Asset# 84337 at 80mph in a posted 40mph zone. The vehicle then made a drastic right hand turn to head northbound on Royal Palm Beach Blvd. It should be noted that the vehicle was still driving at such a high rate of speed that the rear passenger side tire screeched as it turned. Due to the erratic behavior, I initiated the traffic stop using my red and blue emergency lights and sirens where the vehicle came to a complete stop in the 1400 blk of Royal Palm Beach Blvd. I made contact with the driver and sole occupant of the vehicle as Joseph Michaud. I explained my reason for the stop and asked Michaud for his license registration and proof of insurance. I then asked Michaud to step out of the vehicle to which he complied. I noticed while speaking to Michaud a strong odor of an unknown alcoholic beverage emanating from him that became stronger as he spoke. I noticed that Michaud was slurring his speech and that his eyes were bloodshot and glassy. At this time I notified D/S Quevedo #12783 who took over the investigation. This end my involvement in this case.

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 3 day of APRIL 2021 by Agt. [Redacted]

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

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

APR 04 2021

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	PAGE 1 of 1
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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3RD DAY OF APRIL 20 20, AT _____ AM PM

SUBJECT: MICHAUD JOSEPH K CASE NUMBER: 21-051552

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Quevedo

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
80 MPH IN A 40 MPH ZONE, DRIVING AT SUCH A HIGH RATE OF SPEED THAT WHILE TURNING THE REAR TIRES SCREECHED WHILE TURNING.

OBSERVATION OF DRIVER:

UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM BODY AND BREATH, SLURRED SPEECH, BLOOD SHOT GLASSY EYES.

DRIVER'S STATEMENTS:

I HAD A FEW BEERS.

ODORS:

Odor of an Unk Alcoholic beverage coming from his person

GENERAL OBSERVATIONS

SPEECH: Slurred speech

ATTITUDE: CALM, COOPERATIVE

CLOTHING: BLACK SHIRT, BLACK PANTS, BLACK SHOES

MEDICAL/OTHER:

ALL ROADSIDES CAPTURED ON IN-CAR VIDEO

STATE OF FLORIDA
COUNTY OF PALM BEACH

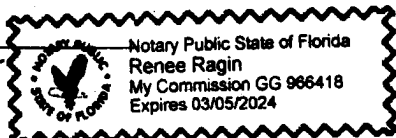
D/S Quevedo

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3RD day of APRIL 20 21 by D/S Quevedo

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

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



APR 04 2021

SUBJECT MICHAUD

JOSEPH

CASE NUMBER 21-051552

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:

WALK & TURN:

MR. MICHAUD WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN AND GIVEN INSTRUCTIONS. MR. MICHAUD STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. HE COUNTED 10 STEPS WALKING FORWARD INSTEAD OF THE INSTRUCTED 9. HE MISSED HEEL TO TOE 3 TIMES WHILE WALKING FORWARD AND MISSED 2 TIMES WHILE WALKING BACK. HE STOPPED COUNTING ON THE WALK BACK. HE DID NOT KEEP HIS HANDS AT HIS SIDE USING THEM TO KEEP BALANCE WHILE WALKING

ONE LEG STAND:

Mr. MICHAUD WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND AND GIVEN INSTRUCTIONS. MR. MICHAUD STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. HE DID NOT KEEP HIS LEFT LEG UP 6 INCHES OFF THE GROUND, PLACING HIS FOOT DOWN MULTIPLE TIMES AND USING HIS HANDS FOR BALANCE.

FINGER TO NOSE:

MR. MICHAUD WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE AND GIVEN INSTRUCTIONS. MR. MICHAUD STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. MR. MICHAUD COMPLETED THE TASKS AS IT WAS INSTRUCTED.

ROMBERG ALPHABET:

MR. MICHAUD WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET AND GIVEN INSTRUCTIONS. MR. MICHAUD STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. HE USED A RHYTHMIC MANNER WHILE RECITING THE ROMBERG ALPHABET

BREATH TEST RESULTS: 1) .176 2) .178 3) 4)

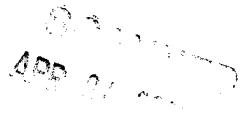
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Quevedo
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3RD day of APRIL 20 21 by D/S Quevedo

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

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



SUBJECT: Michaud, Joseph K. CASE NUMBER: 21-051332

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 APR 21 2021

SUBJECT: Michaud, Joseph K. CASE NUMBER: 21-051352

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? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? N 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? 175 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: _____

**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: 04/03/2021

Date of Last Agency Inspection: 03/12/2021
Observation Period Began: 01:39
Subject's Name: JOSEPH K MICHAUD DOB: 05/29/1991 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	02:06
	Air Blank	0.000	02:07
	Control Test	0.080	02:07
	Air Blank	0.000	02:08
	Subject Sample #1	0.176	02:09
	Air Blank	0.000	02:09
	Air Blank	0.000	02:11
	Subject Sample #2	0.178	02:11
	Air Blank	0.000	02:12
	Control Test	0.079	02:13
	Air Blank	0.000	02:13
	Diagnostics Check	OK	02:13

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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 RENZE 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: 04/03/21
Signature

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

Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida
D/S. M. Quevedo #12783

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:

SUBJECT: CASE NUMBER:

DATE: VIDEO DVD NUMBER:

BEGINNING TIME: ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.

3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

Eyes are red
odor of unknown alcoholic beverage on breath

COMMENTS:

Arrived at center A/O started 20 minute observation period at 01:39 hrs.

Subject agreed to perform breath 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.

APR 04 2021

COMMENTS CONTINUED:

NOT A CERTIFIED COPY

APR 01 2011

WITNESS LIST

CASE NUMBER: 21-051552

ARRESTING OFFICER: D/S Quevedo

ADDRESS: 3228 GUN CLUB RD, WPB FL33406

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

CAN TESTIFY TO: DUI Investigation

NAME: D/S [REDACTED]

ADDRESS: 3228 GUN CLUB RD, WPB FL 33406

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

CAN TESTIFY TO: DRIVING PATTERN, DRIVER OBSERVATION

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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: _____

NOT A CERTIFIED COPY



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 checked="" type="checkbox"/>	119.071(4)(c)	Undercover personnel.	4, 5, 11
	<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"/>	119.0712 (2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(l)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2021008013	Date: 4/4/2021
	Specialist Name/ID: M. Tooks #8557