

20 CT - 13193

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 <b>FLO 502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>	Agency Report Number (N.T.A.'s only) <b>78- 20004659</b>
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type 2 1. Yes 2. No
Location of Arrest (including Name of Business) <b>PGA BLVD/CAMPUS DR, PBG, FL</b>			Location of Offense (Business Name, Address) <b>4100 PGA BLVD, PBG, FL</b>	
Date of Arrest <b>10/18/2020</b>	Time of Arrest <b>00:47</b>	Booking Date	Booking Time	Jail Date Jail Time Location of Vehicle <b>KAUFF'S TOWING &amp; RECOVERY 4301 East Avenue, West Palm Beach, FL 33405</b>

Name (Last, First, Middle) <b>MCREE, KARA, MARIE</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>03/03/1983</b>	Height <b>5'7</b>	Weight <b>121</b>
Eye Color <b>GRE</b>	Hair Color <b>BLO</b>	Complexion <b>LIGHT</b>	Build <b>SMALL</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>SINGLE</b>	Religion <b>NONE</b>	Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.
Local Address (Street, Apt. Number) <b>5217 CELERY LN PALM BEACH GARDENS FL 33418</b>		Phone ( )	Residence Type: 1. City 2. County 3. Florida 4. Out of State   <b>2</b>	
Permanent Address (Street, Apt. Number) <b>5217 CELERY LN PALM BEACH GARDENS FL 33418</b>		Phone ( )	Address Source <b>VERBAL</b>	
Business Address (Name, Street) ( )		Phone ( )	Occupation	
D/L Number, State <b>M210513835830 FL</b>	Sex, Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>WASHINGTON DC</b>	Citizenship <b>US</b>

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name (Last) (First) (Middle)	Residence Phone ( )
Address (Street, Apt. Number)	(City) (State) (Zip)	Business Phone ( )
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Date
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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended
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 <b>DRIVING UNDER THE INFLUENCE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(A)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description <b>DUI FAILURE TO SUBMIT W/ PRIOR</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.1939(1)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	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				
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) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>	
Court Date and Time Month <b>NOVEMBER</b> Day <b>18</b> Year <b>2020</b> Time <b>10:00</b> 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 <b>10/18/2020</b>	
Signature of Defendant (or Juvenile and Parent /Custodian)	Date Signed

HOLD for other Agency Name:	Signature of Arresting Officer <b>514</b>	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	(PRINT)
Intake Deputy <b>Spruce 9101</b>	Name of Arresting Officer (Print) <b>Ofc. ANDREW FLINK 514</b>	Agency <b>PBPGPD</b>
I.D. #	Pouch #	Transporating Officer <b>ANDREW FLINK 514</b>
Witness here if subject signed with <b>OCT 18 2020</b>		Page <b>1</b>

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A. FORM)

446281

637

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18TH DAY OF OCTOBER 20 20, AT 0033  AM  PM  
SUBJECT: MC FEE, KARA, MARIE CASE NUMBER: 20004659

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514  
**PERSONAL CONTACT**

**DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)**

Ofc Hennessy 409, advised this Officer he observed the vehicle, a Hyundai sedan (IS23UK/FL) traveling 59 MPH in a posted 45 MPH zone, in the area of the 4100 block of PGA Blvd, PBG, FL. This Officer arrived on scene and made contact with the driver and lone occupant of the vehicle, identified via Florida Driver License photo, Kara McFee, while she was still in actual physical control of the vehicle.

**OBSERVATION OF DRIVER:**

McFee had low heavy eyelids, flushed red face, very slurred speech, and the obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. The odor increased in intensity as McFee spoke with this Officer. McFee appeared to be in a trance-like state at moments during the investigation.

**DRIVER'S STATEMENTS:**

McFee said she was coming from Palm Beach Country Estates and admitted to consuming wine at "Lynora's".

**ODORS:**

Unknown alcoholic beverage

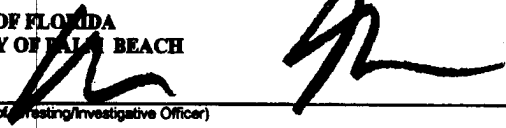
## GENERAL OBSERVATIONS

**SPEECH:** Slurred

**ATTITUDE:** Rapid extreme mood swings, crying, yelling

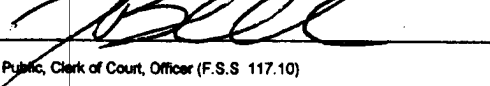
**CLOTHING:** Light blue shirt, grey pants, no shoes

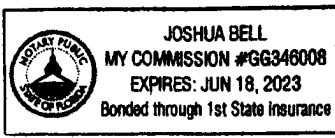
**MEDICAL/OTHER:** None stated

STATE OF FLORIDA  
COUNTY OF PALM BEACH  


The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of October 2020 by Ofc. ANDREW FLINK

(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)



**SCANNED**  
OCT 18 2020

SUBJECT: MCREE, KARA, MARIE

CASE NUMBER 20004659

**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:**

During the exercise, McFee had to be told to follow the stimulus multiple times. At one point during the exercise, McFee suddenly broke out crying and said she had to tell this Officer something, then forgot what it was.

**WALK & TURN:**

During the instructions, McFee stepped out of the starting position and raised her arms from her sides. During the first set of steps, McFee paused to regain balance and missed heel-to-toe multiple times. McFee also counted 10 steps however, only took nine. During the turnaround, McFee spun around and again paused to regain balance. During the return set of steps, McFee again missed heel-to-toe on multiple steps.

**ONE LEG STAND:**

During the exercise, McFee raised her right foot. Throughout the exercise, McFee was swaying. Prior to the exercise ending, McFee placed her foot down, stepped toward this Officer and screamed, without provocation, "Fuck you, bitch". This Officer asked McFee if she was alright, to which she responded "I don't know, am I?". McFee was immediately placed under arrest at this time.

**ROMBERG ALPHABET:**

Not conducted

**FINGER TO NOSE:**

Not conducted

**BREATH TEST RESULTS:**

1) REF	2) REF	3) -	4) -
--------	--------	------	------

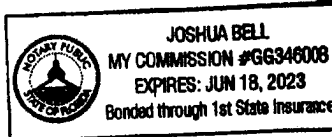
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of October 2020 by Ofc. ANDREW FLINK

(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)



SCANNED  
OCT 18 2020



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

PBSO CASE # 20-117822 PBSO ZONE 3-13

AGENCY CASE # 20004659 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0033 DATE 10/18/2020 DAY SUNDAY

SUBJECT'S NAME MC FEE KARA MARIE RACE W SEX F  
LAST FIRST MID

HGT 5'7 WGT 121 DOB 03/03/1983

LOCATION PGA BLVD/CAMPUS DR, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO YES

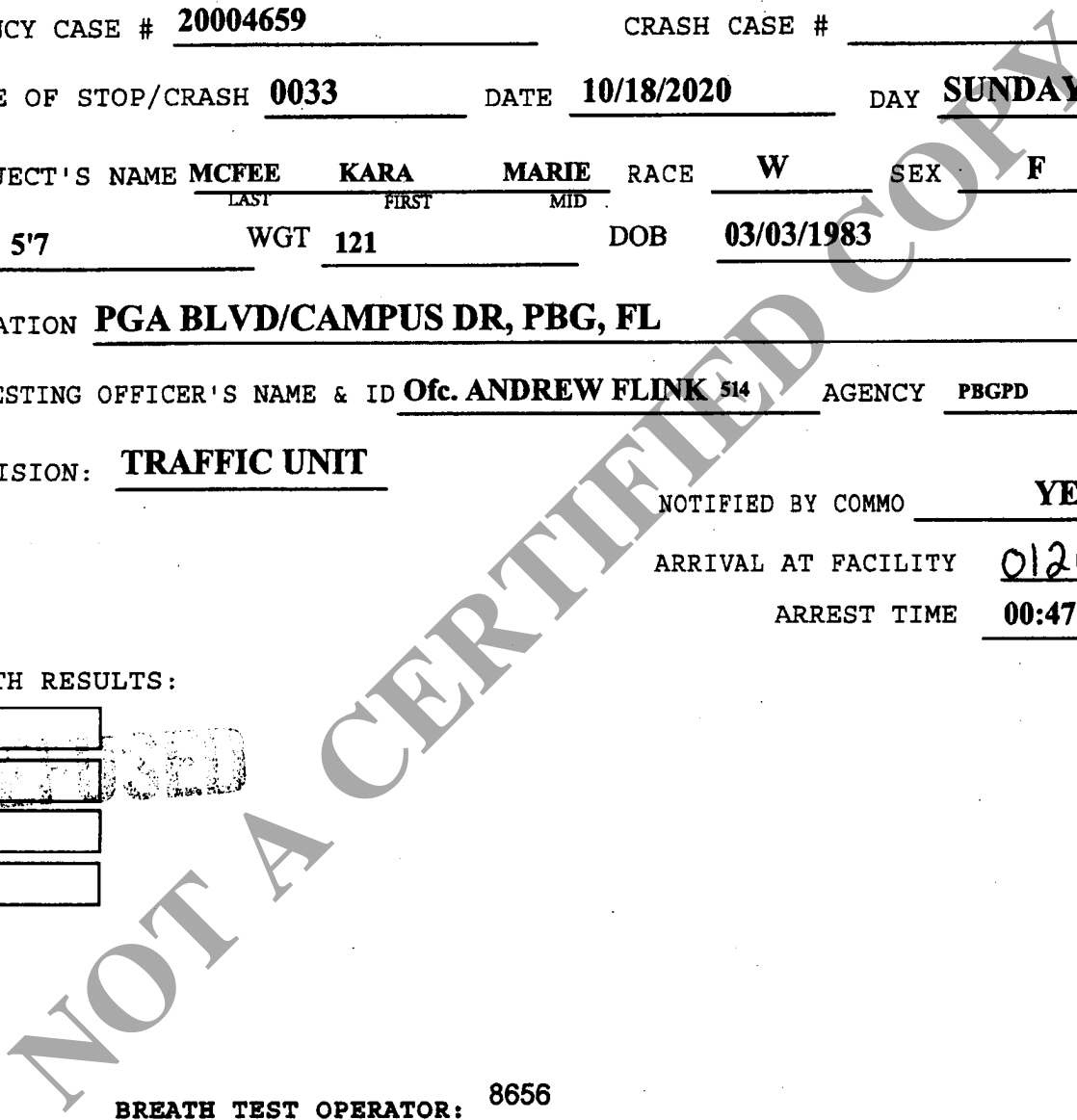
ARRIVAL AT FACILITY 0126

ARREST TIME 00:47

**BREATH RESULTS:**

- 1)
- 2)
- 3) -
- 4) -

BREATH TEST OPERATOR: 8656



# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: MCFEE, KARA MARIE

CASE NUMBER: 20-117822

DATE: Oct 18, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0149

ENDING TIME: 0157

BREATH TESTS RESULTS: 1) R TIME 0153 A.M.  P.M.  2) N/A TIME XX A.M.  P.M.   
3) N/A TIME XX A.M.  P.M.  4) N/A TIME XX A.M.  P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: YELLING, ARGUMENTATIVE, UNCOOPERATIVE, MOOD SWINGS, CRYING, VULGAR

CLOTHING: TIE DYE TEE SHIRT, GREY SWEAT PANTS, NO SHOES

MEDICAL CONDITIONS: UNKNOWN

MEDICATIONS: UNKNOWN

## OTHER:

EYES: BLOODSHOT, WATERY

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0126 HOURS

SUBJECT STATED SHE WOULD TAKE BREATH TEST  
DURING BREATH TEST INSTRUCTIONS SUBJECT STATED THAT SHE WOULD NOT TAKE BREATH TEST

A/O READ I.C 2 TIMES  
SUBJECT TALK OVER A/O WHILE READING I.C AND AGAIN STATED SHE WOULD NOT TAKE BREATH TEST

A/O READ RIGHTS  
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

A/O CONDUCTED Q AND A  
SUBJECT ANSWERED Q AND A

NOT A CERTIFIED COPY  
SCANNED  
OCT 18 2020

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: 10/18/2020

Date of Last Agency Inspection: 10/16/2020

Observation Period Began: 01:26

Subject's Name: KARA M MCFEE

DOB: 03/03/1983 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	01:51
	Air Blank	0.000	01:52
	Control Test	0.079	01:52
	Air Blank	0.000	01:52
	Subject Sample #1	REF*	01:53
	Air Blank	0.000	01:54
	Control Test	0.079	01:54
	Air Blank	0.000	01:55
	Diagnostics Check	OK	01:55

\*Subject Test Refused

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 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: 10/18/20

Sworn to (or affirmed) before me this 18 day of October, 2020

Signature of Notary Public-State of Florida

Ofc. A. Flink #514  
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.

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

I, Ofc. ANDREW FLINK, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 18TH day of OCTOBER, 20 20, at 00:47  P.M.  A.M.

DRIVER KARA MARIE MCFEE  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

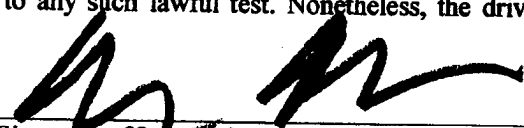
DL# M210513835830, state of FL, was placed under lawful arrest for

the offense of DRIVING UNDER THE INFLUENCE by Ofc. ANDREW FLINK and  
(Name of Arresting Officer)  
issued Citation # A56HDAE

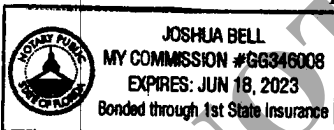
That on or about the 18TH day of OCTOBER, 20 20, at 0153  P.M.  A.M.

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

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 18th day of October, 20 20,

by Ofc. ANDREW FLINK,

who is personally known to me or who has produced

Personally Known as identification

Notary Public 

HSMV-BAR1001 (REV. 10/2016)

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.

SCANNED  
OCT 18 2020

SUBJECT: Mcfee, Kara M CASE NUMBER: \_\_\_\_\_

## 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 OK / Final of the PCPD

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 6 + 153

## 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.

SCANNED  
OCT 18 2011

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: Mcfee, Kara M CASE NUMBER: \_\_\_\_\_

### 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? Food Market and water

WHAT STREET OR HIGHWAY WERE YOU ON? PGA Blvd

DIRECTION OF TRAVEL? N WHERE DID YOU START? FB Country Estates

WHAT TIME DID YOU START? unknown WHAT TIME IS IT NOW? 1:30

WHAT IS TODAY'S DATE? 7 Oct 20 WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? FL FL

WHEN DID YOU LAST EAT? Food by car WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? 159 HAVE YOU BEEN DRINKING? No 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? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? spit spray WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? Yes WHAT'S WRONG? Sick

DO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? Yes

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:

- EPILEPSY? Yes
- GLASS EYE? No
- FALSE TEETH? No
- EAR INFECTION? No
- INNER EAR TROUBLE? No
- DIABETES? No

SCANNED  
OCT 18 2020

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? Delaware

INTERVIEWER: Ofc. A. Flink #514



**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"/>	(xdii) 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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020024598

Date: 10/18/2020

Specialist Name/ID: T Howard/7185

**SCANNED**  
OCT 18 2020