

J# 0519484 20CT-14361

# 943

ADMISSION		ARREST / NOTICE TO APPEAR		1 Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	JUVENILE			
Agency ORI Number <b>0500700</b>		Agency Name <b>Riviera Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>814 20-08220</b>						
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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type <b>Not Applicable/none</b>		Multiple Clearance Indicator <b>1</b>						
Location of Arrest (Including Name of Business) <b>2500 BROADWAY</b>				Location of Offense (Business Name, Address) <b>2500 BROADWAY, RIVIERA BEACH, FL 33404</b>						
Date of Arrest <b>11/06/2020</b>	Time of Arrest <b>22:11</b>	Booking Date <b>11/06/2020</b>	Booking Time <b>22:21</b>	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) <b>DONOVAN, KEITH NORMAN</b>				Alias (Name, DOB, Soc Sec #, Etc.)						
Race W - White 1 - American Indian B - Black O - Oriental/Asian <b>W M</b>		Sex <b>M</b>	Date of Birth <b>08/12/1962</b>	Height <b>5'06</b>	Weight <b>130</b>	Eye Color <b>HAZEL</b>	Hair Color <b>BLACK</b>	Complexion <b>FAIR</b>	Build <b>SMALL</b>	
Local Address (Street, Apt. Number) <b>300 ENGLAR AVE NE, PALM BAY, FL 32907</b>				Phone <b>(321) 247-9381</b>		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
Permanent Address (Street, Apt. Number) <b>300 ENGLAR AVE NE, PALM BAY, FL 32907</b>				Phone <b>(321) 247-9381</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State <b>1</b>		Address Source <b>DEFENDENT</b>		
Business Address (Name, Street)				Phone		Occupation				
DL Number, State <b>DS15514622920 / FL</b>		INS Number		Place of Birth (City, State) <b>LONG ISLAND, NY,</b>		Citizenship <b>US</b>				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)				Residence Phone		Business Phone				
Legal Custodian <input type="checkbox"/> Name (Last, First, Middle)				Residence Phone		Business Phone				
Address (Street, Apt. Number)				Business Phone						
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				
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property		Value of Property				
Drug Activity S. Sell N. N/A P. Possess R. Smuggle B. Buy T. Traffic K. Disperse/Distribute D. Deliver E. Use				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/Opium Deriv P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other				
Charge Description <b>DUI</b>				Statute Violation Number <b>316.193 1A</b>		Violation of ORD #				
Drug Activity Drug Type Amount / Unit <b>N /</b>				Offense # <b>20-08220</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Charge Description				Statute Violation Number		Violation of ORD #				
Drug Activity Drug Type Amount / Unit				Offense #		Counts		Domestic Violence		
Charge Description				Statute Violation Number		Violation of ORD #				
Drug Activity Drug Type Amount / Unit				Offense #		Counts		Domestic Violence		
Health / Apparent Physical Condition of Defendant				Any knowledge of the following 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 type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By		Released By		Released To		
Transported By				Date Transported	Time Transported	Other				
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) <b>North County PALM BEACH GARD</b>		Court Date and Time <b>12/10/2020 08:30:00</b>		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) <i>[Signature]</i>		Date Signed				
HOLD for Other Agency				Signature of Arresting Officer <i>[Signature]</i>		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) <b>BONANO, M. A.</b>		ID # <b>6821</b>		(PRINT)		
Intake Deputy <i>[Signature]</i>				Pouch #		Transporting Officer <b>M. BONANO</b>		ID # Agency <b>6821 RBP</b>		
						Witness here if subject signed with an "X"		<b>NOV 07 2020 1</b>		

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 6th DAY OF November 20 2020 AT 2211 hrs. LAWRENCE

SUBJECT: Donovan, Keith N. CASE NUMBER: 20-08220

AGENCY: Riviera Beach ARRESTING OFFICER: M. Bonano

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUT DRIVER BEHIND WHEEL OF VEHICLE)

N/A

OBSERVATION OF DRIVER:

Donovan appeared disoriented and confused.

DRIVER'S STATEMENTS:

Donovan advised that he drank approximately two hours ago, and stated he wasnt sure if the traffi light was red has he passed the intersection.

ODORS:

Strong order of alcohol protruding from his breath.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Good

CLOTHING: Neat

MEDICAL/OTHER: N/A

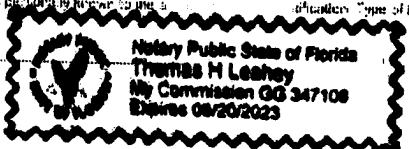
STATE OF FLORIDA COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me on 06 November 20 by M. Bonano #6821

(Print name of Arresting/Investigative Officer) and in person to know to me a Police ID

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



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SUBJECT: Donovan, Keith N.

CASE NUMBER 20-08220

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:

Donovan did not follow instructions and turned his head during testing.

WALK & TURN:

Donovan was unable to balance himself and did not follow the proper instructions. Donovan was unable to walk on the straight line.

ONE LEG STAND:

During testing Donovan did not follow instructions and was unable to elevate his while looking down at his foot.

FINGER TO NOSE:

NA

ROMBERG ALPHABET:

NA

BREATH TEST RESULTS: 1) 0.141 2) N/A 3) 0.141 4) N/A

STATE OF FLORIDA  
COUNTY OF PALM BEACH

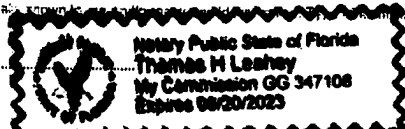
(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 06 day of November 20 by M. Bonano #6821

(Print name of Arresting Investigative Officer), who is personally known to me and is duly qualified to produce

Police ID

(Signature of Notary Public)



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NOV 07 2020

# WITNESS LIST

CASE NUMBER: 20-08220

ARRESTING OFFICER: M. Bonano

ADDRESS: 600 W Blue Heron Blvd Riviera Beach, FL 33404

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-315-0084

CAN TESTIFY TO: DUI Investigation

NAME: J. Jones

ADDRESS: 600 W Blue Heron Blvd Riviera Beach, FL 33404

PHONE NUMBERS (HOME) 1 \_\_\_\_\_ (WORK) 561-406-3307

CAN TESTIFY TO: Crash Investigation

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: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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# Florida

## DRIVER LICENSE



USA

9 CLASS E

**D515-514-62-292-0**



1a DL#  
**1 DONOVAN  
2 KEITH NORMAN  
3 1300 ENGLAR AVE NE  
PALM BAY, FL 32907-2661**

4a DOB **08/12/1962** 13 SEX **M** 14 **SAFE DRIVER**  
4b EXP **08/12/2021** 16 HGT **5'-06"**  
12 REST **NONE** 9a END **NONE**

4a ISS **06/18/2019**  
5 DD **X63190516/1969**



Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY

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

PBSO CASE # 20-124465 PBSO ZONE 3-13

AGENCY CASE # 20-08220 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2134 DATE 11/06/2020 DAY Friday

SUBJECT'S NAME NEITH Norman Donovan RACE W SEX M

HGT 5'16 WGT 130 DOB 08/12/1962

LOCATION 2500 Broadway Riviera Beach FL 33404

ARRESTING OFFICER'S NAME & ID M. Borano #6821 AGENCY Riviera Beach

DIVISION: \_\_\_\_\_

NOTIFIED BY COMMO Yes

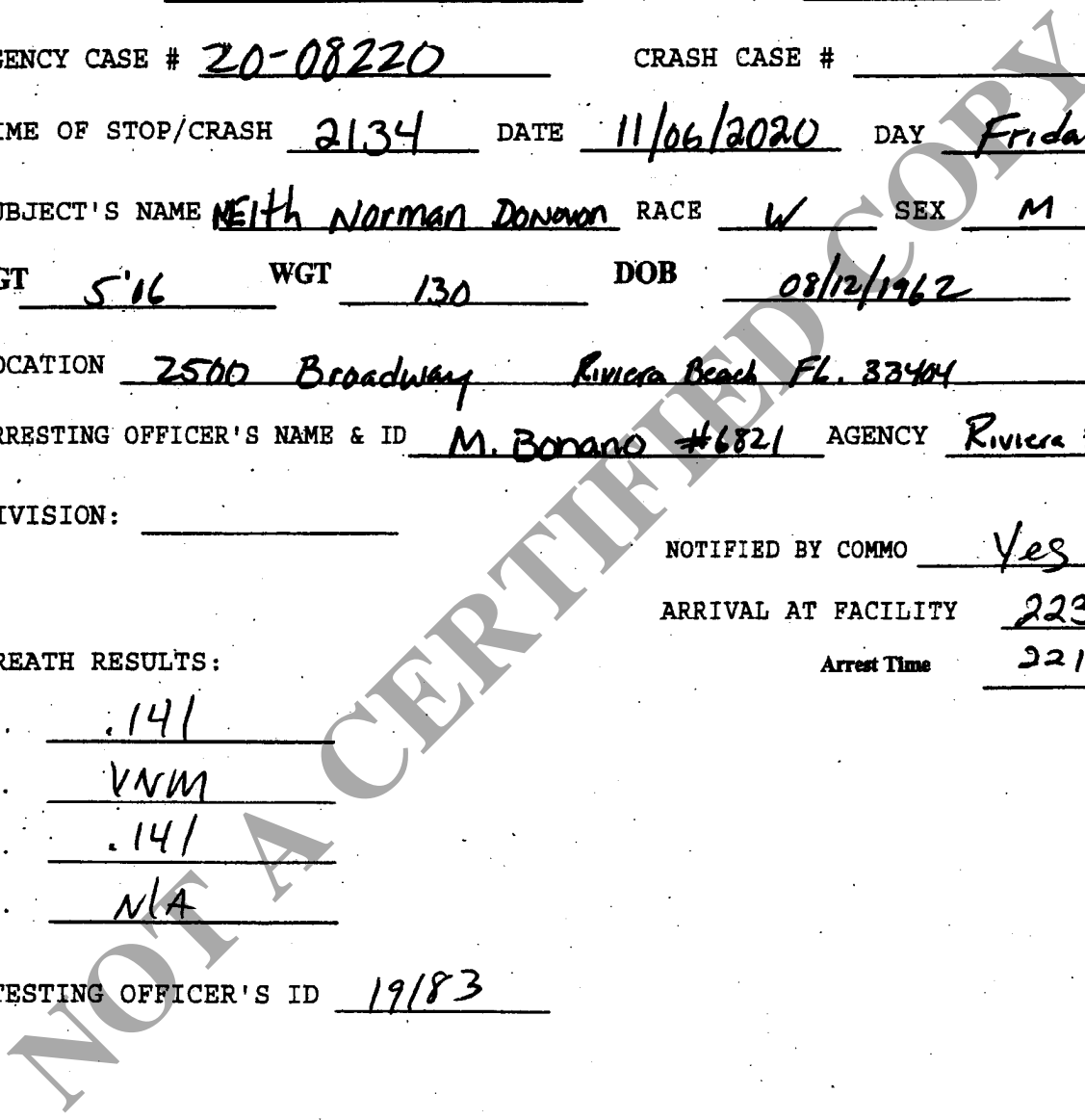
ARRIVAL AT FACILITY 2235

Arrest Time 2211

BREATH RESULTS:

- 1. .141
- 2. VNM
- 3. .141
- 4. N/A

TESTING OFFICER'S ID 19183



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# TESTING FACILITY TASK REPORT

AGENCY: RBPB

SUBJECT: Donovan, Keith N

CASE NUMBER: 20-124465

DATE: Nov 6, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2258

ENDING TIME: 2317

BREATH TESTS RESULTS: 1) .141 TIME 2304 A.M.  P.M.  2) VNM TIME 2310 A.M.  P.M.   
3) .141 TIME 2313 A.M.  P.M.  4) n/a TIME 0 A.M.  P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: cooperative

CLOTHING: black pants, dk gray t-shirt, brown shoes

MEDICAL CONDITIONS: none

MEDICATIONS: none

## OTHER:

eyes are glassy & bloodshot  
odor of unknown alcoholic beverage on breath

## COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2235 hrs.  
subject agreed to perform breath test - would not follow instructions  
A/O read I/C & subject understood I/C  
subject agreed to perform breath test  
A/O read rights & subject understood rights  
tech read breath results & subject understood breath test results  
A/O attempted Q&A  
subject declined to answer questions

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**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: 80-006477 Software: 8100.27  
Date of Test: 11/06/2020

Date of Last Agency Inspection: 10/16/2020  
Observation Period Began: 22:35  
Subject's Name: KEITH N DONOVAN

DOB: 08/12/1962 Sex: M

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

Results:	Test	g/210L	Time
	Diagnostics Check	OK	23:00
	Air Blank	0.000	23:01
	Control Test	0.080	23:01
	Air Blank	0.000	23:02
	Subject Sample #1	0.141	23:04
	Air Blank	0.000	23:05
	Air Blank	0.000	23:07
	Subject Sample #2	VNM*	23:10
	Air Blank	0.000	23:11
	Air Blank	0.000	23:12
	Subject Sample #3	0.141	23:13
	Air Blank	0.000	23:14
	Control Test	0.078	23:14
	Air Blank	0.000	23:15
	Diagnostics Check	OK	23:15

\*Volume Not Met (0.134 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

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 THOMAS H LEAHEY, 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: T Lealey Date: 11/06/2020  
Signature

Sworn to (or affirmed) before me this 6th day of November 2020

Signature of Notary Public-State of Florida: [Signature] Printed Name of Notary Public-State of Florida: OR M Bonano #6821

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.

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SUBJECT: Donovan, Keith N 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 M. Bonano of the RPPD.

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.

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SUSPECT'S SIGNATURE: (X) Read on camera

SUBJECT: Donivan, Keith N

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? \_\_\_\_\_

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: \_\_\_\_\_

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NOV 07



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

REVIEW COMPLETED BY

Booking Number: 2020026272	Date: 11/7/2020
	Specialist Name/ID: B Evans / 23649

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NOV 07 2020