

059978

20 CF 9736

2944

ARREST / NOTICE TO APPEAR

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

Agency ORI Number 0501700	Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 5 4 20-004079
Charge Type: Check as many <input checked="" 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	If Weapon Seized Enter Type NONE
Location of Arrest (Including Name of Business) 1 NALT AIA/E INDIANTOWN RD JUPITER FL		Location of Offense (Business Name, Address) 1 NALT AIA/E INDIANTOWN RD, JUPITER, FL 33477
Date of Arrest 12/02/2020	Time of Arrest 22:18	Booking Date

Name (Last, First, Middle) LINHOSS, KELLY CHRISTINE O'SHE	Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)
Race W - White I - American Indian B - Black O - Oriental/Asian W F	Sex F
Date of Birth 11/26/1980	Height 5'11
Weight 155	Eye Color HAZEL
Hair Color BROWN	Complexion FAIR
Build Medium	Build Medium
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTL ANKLE/SUN; TATTL LOR BACK/BUTTERFLY	Marital Status M
Religion OTHER	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) 1208 TURNBRIDGE DR, JUPITER, FL 33458	Phone (917) 685-4515
Permanent Address (Street, Apt. Number) 1208 TURNBRIDGE DR, JUPITER, FL 33458	Phone (917) 685-4515
Business Address (Name, Street) Public Relations	Occupation Public Relations
DL Number, State L520503809260 / FL	INS Number BOSTON, MA, United
Citizenship US	

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 <input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)	Residence Phone
<input type="checkbox"/> Legal Custodian	Business Phone
Address (Street, Apt. Number) (City) (State) (Zip)	
Notified by: (Name)	Date
Released To: (Name)	Relationship
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.	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property
Value of Property	

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Snuggle D. Deliver E. Use	K. Disperse/ 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. Synthetic	U. Unknown Z. Other
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Charge Description CHILD NEGLECT	Statute Violation Number 827.03(2)(D)	Violation of ORD #
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number	N N / / 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Bond
Charge Description DUI - DAMAGE TO PERSON/PROPERTY	Statute Violation Number 316.193(3)(C)(1)	Violation of ORD #
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number	N N / / 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Bond

Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number		Bond

Health / Apparent Physical Condition of Defendant	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> South County Mental Health
Transported By	Date Transported

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room)
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time
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.	
10 Be Set	Date Signed
Signature of Defendant (or Juvenile and Parent/Custodian)	


HOLD for Other Agency	Signature of Arresting Officer Christy	Name Verification (Printed by Arrestee) DEC 3 AM 2:00
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) FANDREY, CHRISTOPHER	(PRINT) SCANNED
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	I.D. # 1182	PAGE
Transporting Officer C. Fancher	I.D. # 340 JPD	DEC 03 2020
Witness here if subject signed with an "X"		1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 20-004079		
	Change Type: Check as many as apply.		Special Notes:						
	<input checked="" 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								
D E F	Name (Last, First, Middle) LINHOSS, KELLY CHRISTINE O`SHE						Race W	Sex F	Date of Birth 11/26/1980
	Charge Description 827.03(2)(D) CHILD NEGLECT			Charge Description 316.193(3)(C)(1) DUI - DAMAGE TO PERSON/PROPERTY					
V I C T I M	Victim's Name (Last, First, Middle) HAMMETT, MONICA PATRICIA						Race W	Sex F	Date of Birth 12/24/1964
	Local Address (Street, Apt. Number) (City) (State) (Zip) 113 E INDIAN CROSSING CIR, JUPITER, FL 33458						Phone		Address Source
	Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation
P R O B A B L E	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 to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <u>2</u> day of <u>December</u> , <u>2020</u> at <u>22:18</u> (Specifically include facts constituting cause for arrest.)								
	On 12/02/2020 at approximately 2131hrs, Jupiter Police Department Officers were dispatched to a vehicle crash with air bags deployed at E Indiantown Rd/N Alt A1A, Jupiter, Palm Beach County, Florida. Upon arrival officers began to conduct a traffic crash investigation. At approximately 2141hrs I responded as a backup officer on scene. Ofc. Schneider was finishing his traffic crash investigation and briefly spoke to me. Ofc. Schneider explained he observed several indicators of impairment from the driver of vehicle 1 in the crash. The passenger/owner of vehicle 2 was transported to the Jupiter Medical Center by Palm Beach County Fire Rescue for non-life threatening injuries. For more information regarding the crash, see Ofc. Schneider's Traffic Crash Report and Supplemental PC.								
	At this point, Ofc. Schneider asked the driver who was positively identified by her Florida Driver's License to be WF Kelly C. Linhoss 11/26/80 to step out of the vehicle. Linhoss exited the vehicle and was swaying. I noticed Linhoss had red bloodshot glassy eyes and the strong odor of an unknown alcoholic beverage coming from her person. Linhoss also had slurred speech. Ofc. Schneider explained to Linhoss that he had completed the crash investigation and found her to be at fault. At this point I informed Linhoss that I would be conducting a criminal investigation for the suspicion of DUI. Linhoss was read her Miranda Warnings from a preprinted card.								
S T A T E M E N T	Linhoss explained that she was coming from a restaurant where she was celebrating her birthday with _____ and several friends. Linhoss explained that she had a couple of drinks tonight and stated they were seltzer water like White Claws. Linhoss explained she was at about a 2 on a scale of 1-10 with 1 being completely sober and 10 being the most drunk she has ever been. Linhoss further explained that she felt comfortable driving in the condition she was. While speaking to Linhoss I noticed the odor of an unknown alcoholic beverage grew stronger the longer I spoke to her. Based upon the accident investigation, statements made by Linhoss, and my personal observations of								
	SWORN AND SUBSCRIBED BEFORE ME  Notary Public State of Florida SIGNATURE OF ARRESTING / INVESTIGATING OFFICER Renee Ragin My Commission GG 966418 Expires 03/05/2024 _____ NAME OF OFFICER (PLEASE PRINT) FANDREY, CHRISTOPHER (1182) _____ DATE 12/03/2020								
_____ DATE 12/03/2020									
PAGE 1 of 2									

Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 20-004079
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Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other	Special Notes:
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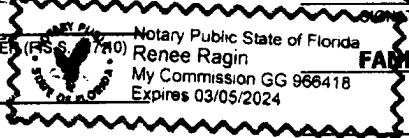

Name (Last, First, Middle) LINHOSS, KELLY CHRISTINE O`SHE	Race W	Sex F	Date of Birth 11/26/1980
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Linhoss, I asked her to conduct Standardized Field Sobriety Tasks (SFSTs) to help determine if she was ok to drive. Linhoss agreed to complete SFSTs. Linhoss showed multiple indicators of impairment during Standardized Field Sobriety Tasks and I placed her under arrest for DUI. For more specific indicators of Linhoss's performance, refer to the DUI Probable Cause Affidavit. It should be noted that sitting in the backseat of the vehicle was Linhoss's [REDACTED]. Based upon Linhoss being arrested for DUI Property Damage/Injury to another, while [REDACTED] was in the vehicle, Linhoss is also being charged with Child Neglect.

Linhoss was transported to the Jupiter Medical Center where she was medically cleared for jail after a short time period. While at the Jupiter Medical Center, Linhoss told multiple staff members that she had too much to drink and then while driving she rear ended another vehicle. Linhoss was then later transported to the Palm Beach County Jail BAT Facility where after a 20 minute observation period, she was asked to provide a breath sample for the purposes of determining the alcohol content. Linhoss agreed to provide a breath sample and provided two samples of 0.282 and 0.291. After the completion of the appropriate paperwork, Linhoss was later turned over to the Palm Beach County Jail Staff without incident.

Kelly C. Linhoss did drive or be in actual physical control of a vehicle while under the influence of alcoholic beverages, or chemical substances as set forth in Florida Statute 877.111, or any substance controlled under Chapter 893 or any combination thereof, to the extent that his/her normal faculties were impaired, or while having a blood alcohol level of .08 or more grams of alcohol per 100 milliliters of blood or breath alcohol level of .08 or more grams of alcohol per 210 liters of breath, and, during the course of operating a vehicle, and by reason of such operation, did cause or contribute to causing damage to the person or property of *(Monica Hammett), contrary to Florida Statute 316.193(3) (a), (b) and (c) (1).

Kelly C. Linhoss did fail or omit to provide [REDACTED] a child with the care, supervision, and services necessary to maintain the child's physical and mental health, including, but not limited to, food, nutrition, clothing, shelter, supervision, medicine, and medical services that a prudent person would consider essential for the well-being of the child, (or) failed to make a reasonable effort to protect *([REDACTED]), a child, from abuse, neglect, or exploitation by another person, and *(Kelly C. Linhoss) was the child's [REDACTED] contrary to Florida Statute 827.03(1) (e) and (2) (d).

SWORN AND SUBSCRIBED BEFORE ME _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 770) DATE 12/03/2020		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  FANDREY, CHRISTOPHER (1182) NAME OF OFFICER (PLEASE PRINT) DATE 12/03/2020
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**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 20-132818 PBSO ZONE 3-11

AGENCY CASE # 20-004079 CRASH CASE # 20-004079

TIME OF STOP/CRASH 2131 DATE 12/02/2020 DAY Wednesday

SUBJECT'S NAME Linhoss Kelly C RACE White SEX Female
LAST FIRST MID
 HGT 5-11 WGT 155 DOB 11/26/1980

LOCATION N Alt A1A/E Indiantown Rd Jupiter FL

ARRESTING OFFICER'S NAME & ID C Fandrey #340 AGENCY Jupiter Police

DIVISION: Road Patrol

NOTIFIED BY COMMO Yes
 ARRIVAL AT FACILITY 0010
 ARREST TIME 2218

BREATH RESULTS:

- 1) .282
- 2) .291
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

SCANNED
DEC 03 2020

TESTING FACILITY TASK REPORT

AGENCY: JPD
SUBJECT: Linhoss, Kelly C.
DATE: Dec 3, 2020
BEGINNING TIME: 00:33

CASE NUMBER: 20-132818
VIDEO DVD NUMBER: N/A
ENDING TIME: 00:43

BREATH TESTS RESULTS: 1) .282 TIME 00:37 A.M. P.M.
2) .291 TIME 00:40 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: Slurred
ATTITUDE: Calm, cooperative
CLOTHING: Blue jeans, LS dark green shirt, brown boots
MEDICAL CONDITIONS: Anxiety
MEDICATIONS: Lexapro

OTHER:

Eyes bloodshot
Odor of unknown alcoholic beverage on breath.

COMMENTS:

Arrived at center A/O started 20 minute observation period at 00:10 hrs.
Subject agreed to take breath test.
A/O read rights.
Subject stated she understood rights.
Tech read breath test results.
Subject acknowledged she understood test results.
A/O attempted Q&A.
Subject invoke right to counsel.

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DEC 03 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: 80-006240 Software: 8100.27
Date of Test: 12/03/2020

Date of Last Agency Inspection: 11/13/2020

Observation Period Began: 00:10

Subject's Name: KELLY

C LINHOSS

DOB: 11/26/1980 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	00:35
	Air Blank	0.000	00:36
	Control Test	0.081	00:36
	Air Blank	0.000	00:36
	Subject Sample #1	0.282	00:37
	Air Blank	0.000	00:38
	Air Blank	0.000	00:39
	Subject Sample #2	0.291	00:40
	Air Blank	0.000	00:41
	Control Test	0.080	00:41
	Air Blank	0.000	00:42
	Diagnostics Check	OK	00:42

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 RENEE 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: 12/3/20
Signature

Sworn to (or affirmed) before me this 3 day of Dec., 2020

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida Ofc. C. Fandrey #340

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.

SCANNED

SUBJECT: Linhorst, Kelly C. CASE NUMBER: 000107A

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

SCANNED
DEC 03 2020

SUBJECT: Linbess, Kelly C. CASE NUMBER: 0-004079

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.

SCANNED
DEC 03 2020

SUSPECT'S SIGNATURE: (X) Read on Camera

WITNESS LIST

CASE NUMBER: 20-004079

ARRESTING OFFICER: C Fandrey

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: R. Schneider

ADDRESS: 196 Military Trail

PHONE NUMBERS (HOME) _____ (WORK) 561 746 6201

CAN TESTIFY TO: Traffic Crash

NAME: Monica P. Hammett

ADDRESS 113 E Indian Crossing Cir Jupiter FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Crash

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: _____

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ADDRESS _____

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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: _____

SCANNED
DEC 03 2020



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

REVIEW COMPLETED BY

Booking Number: 2020028227	Date: 12/03/2020
	Specialist Name/ID: T Howard/7185

SCANNED
DEC 03 2020