

FLO 500000 PALM BEACH COUNTY SHERIFF'S OFFICE 06- 20-099659 20 OCT 10 244 MB

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other  
 Weapon Seized / Type: 1. Yes 2. No  
 Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): Western Way/S Jog Rd, Boynton Beach FL  
 Location of Offense (Business Name, Address): Western Way/S Jog Rd, Boynton Beach FL

Date of Arrest: 08/22/2020 Time of Arrest: 0213 Booking Date: Booking Time: Jail Date: Jail Time: Location of Vehicle: Zucalla Tow

Name (Last, First, Middle): **Greene, Kelly, Delayne** Alias (Name, DOB, Soc. Sec. #, Etc.):

Race: W - White 1 - American Indian B - Black O - Oriental/Asian | W Sex: F Date of Birth: 5/17/1962 Height: 5'04 Weight: 125 Eye Color: green Hair Color: brown Complexion: Fair Build: Med

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): upper back, shoulder, right wrist

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone: 5144 Arbor Glen Cir, Lake Worth, FL 33463 (561) 350 5849  
 Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone: ( ) ( )  
 Business Address (Name, Street) (City) (State) (Zip) Phone: ( ) ( )  
 Occupation: barber

D/L Number, State: G650504626770, FL INS Number: [REDACTED] Place of Birth (City, State): Caitensville, MD Citizenship: US

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth [REDACTED]  1. Arrested  2. At Large  3. Felony  4. Misdemeanor  5. Juvenile

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth [REDACTED]  1. Arrested  2. At Large  3. Felony  4. Misdemeanor  5. Juvenile

Parent Name (Last) (First) (Middle) Residence Phone: ( ) ( )  
 Legal Custodian: ( ) ( )  
 Other: ( ) ( )  
 Address (Street, Apt. Number) (City) (State) (Zip) Business Phone: ( ) ( )

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 [ ] defendant and / or [ ] 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.  
 Yes, by: (Name)  No: (Reason)

Property Crime?  Yes  No Description of Property Value of Property

Drug Activity: S. Sell N. N/A P. Possess 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	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under the Influence	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	316.193(1)A	
Drug Activity	Offense #		Warrant / Capias Number	Bond
N N	20-099659			
Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
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Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Drug Activity	Offense #		Warrant / Capias Number	Bond

Location (Court, Room Number, Address): Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4000 24 2020

Court Date and Time: Month 9 Day 17 Year 20 Time 8:30 AM X 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): [Signature] Date Signed: 08/22/2020

HOLD for other Agency Name: Signature of Arresting Officer: [Signature] Name Verification (Printed by Arresting Officer): AUG 22 AM 4:33

Dangerous  Resisted Arrest  Suicidal  Other: Name of Arresting Officer (Print): A. Soloway 8586 I.D. #: 8586 Agency: PBSO

Intake Deputy: I.D. #: Pouch #: Transporting Officer: A. Soloway 8586 Agency: PBSO

Witness here if subject signed with an "X": 1 OF 1

J# 0300828

PA 1256

PROBABLE CAUSE AFFIDAVIT

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

Juvenile  1  n

ADMIN	DBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06-20099659</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	Special Notes:

CHARGES	Name (Last, First, Middle) <b>Greene, Kelly, Delayne</b>	Alias	Race W	Sex F	Date of Birth <b>05/17/1962</b>
	Charge Description	Charge Description	Charge Description	Charge Description	Charge Description

VICTIM	Victim's Name (Last, First, Middle)	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 \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
 On the 22 day of aug 2020 at 0044  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

On August 22nd, 2020, at 0030 hours, I was in the area of Jog Road and Le Chalet Boulevard, unincorporated Boynton Beach. I observed a black Nissan SUV, bearing Florida tag "Y80LGB", traveling Northbound in the Southbound lanes of Jog Road.

I initiated a traffic stop at Western Way and Jog Road. I made contact with the driver, later identified as Kelly Greene. I asked Kelly for her driver's license. Kelly began to look through her wallet. Kelly's movements were visibly lethargic. Kelly was slurring her words while speaking with me. While speaking with Kelly, I observed an open "Icehouse" beer can in the center console.

Kelly stated she had a few beers at home a couple of hours ago. Kelly advised she was driving to her boss's house and did not know she was in the Southbound lanes. Based on the above, DUI investigator Soloway responded to the scene and took over the investigation.

NOT A CERTIFIED COPY

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 22 day of aug 2020 by \_\_\_\_\_  
 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Kelch

**Soloway 8586**  
 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22 DAY OF August, 2020, AT 0030 AM PM

SUBJECT: Greene, Kelly, Delayne CASE NUMBER: 20-099659

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. Soloway 8586

## PERSONAL CONTACT

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

I responded to assist DS Perez #31830 with a possible impaired driver. Upon arrival he advised me:

On August 22nd, 2020, at 0030 hours, I was in the area of Jog Road and Le Chalet Boulevard, unincorporated Boynton Beach. I observed a black Nissan SUV, bearing Florida tag "Y80LGB", traveling Northbound in the Southbound lanes of Jog Road.

I initiated a traffic stop at Western Way and Jog Road. I made contact with the driver, later identified as Kelly Greene. I asked Kelly for her driver's license. Kelly began to look through her wallet. Kelly's movements were visibly lethargic. Kelly was slurring her words while speaking with me. While speaking with Kelly, I observed an open "Icehouse" beer can in the center console.

Kelly stated she had a few beers at home a couple of hours ago. Kelly advised she was driving to her boss's house and did not know she was in the Southbound lanes. Based on the above, DUI investigator Soloway responded to the scene and took over the investigation.

### OBSERVATION OF DRIVER:

Upon my arrival the defendant was sitting in the driver's seat of her vehicle. In speaking with her I could smell an odor of an unknown alcoholic beverage on her breath. Her eyes were red and glassy. She was unsteady on her feet as she walked from her vehicle to mine. Her speech was slurred.

### DRIVER'S STATEMENTS:

The defendant stated she left her home a few hours ago to get away from her husband who was making threats. She stated she did not attempt to call the Sheriff's office for assistance. She stated she drank four Miller Lite beers several hours ago. The defendant did not know what road she was on. She said the current time was approximately 9pm, the actual time was approximately 1am.

### ODORS:

In speaking with her I could smell an odor of an unknown alcoholic beverage on her breath.

## GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: mood swings

CLOTHING: tank top, pajama pants, slippers

MEDICAL/OTHER: stated asthma, and previous back surgery.

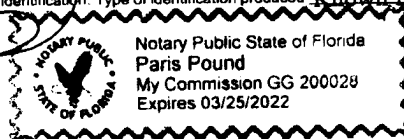
STATE OF FLORIDA  
COUNTY OF PALM BEACH

A. Soloway 8586  
Signature of Arresting/Investigative Officer

This foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of August, 2020 by A. Soloway 8586

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

Paris Pound (#24639)  
Notary Public, Clerk of Court, Officer (F.S.S. 117(10))



AUG 24 2020

SUBJECT: Greene, Kelly, Delayne

CASE NUMBER 20-099659

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

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

**Other Observations:**

The defendant moved her head several times.

**WALK & TURN:**

The defendant was unable to maintain her balance during the instructions. She almost fell over and I had to hold her arm to prevent her from falling. She then said she has anxiety and wanted to go to the hospital. PBCFR transported her to Bethesda West Hospital where she was medically cleared.

**ONE LEG STAND:**

NOT ATTEMPTED DUE TO HOSPITALIZATION

**FINGER TO NOSE:**

NOT ATTEMPTED DUE TO HOSPITALIZATION

**ROMBERG ALPHABET:**

NOT ATTEMPTED DUE TO HOSPITALIZATION

**BREATH TEST RESULTS:**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

A. Soloway 8586

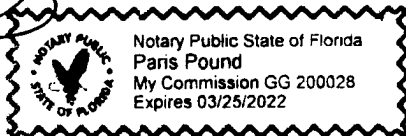
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Paris Pound (#24639)

(Print name of Notary Public, Clerk of Court, Officer (F.S.S. 17.10))



AUG 24 2020

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

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AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. Soloway 8586

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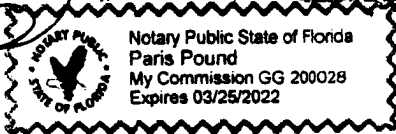
STATE OF FLORIDA  
COUNTY OF PALM BEACH

A. Soloway 8586  
signature of Arresting/Investigative Officer

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

Paris Pound (#24639)  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



AUG 24 2020

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

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|---|---|
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**ONE LEG STAND:**

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**FINGER TO NOSE:**

NOT ATTEMPTED DUE TO HOSPITALIZATION

**ROMBERG ALPHABET:**

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**BREATH TEST RESULTS:**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

A. Soloway 8586

Signature of Arresting/Investigative Officer

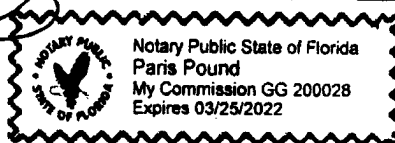
The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of August 2020 by A. Soloway 8586

AUG 24 2020

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

Paris Pound (#24639)

Notary Public, Clerk of Court, Officer (F.S.S. 17.10)



# 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:

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 02:35 HRS.

SUBJECT: STATED " WHY WOULD I"

A/O: READ I/C TWO TIMES

SUBJECT: STATED SHE UNDERSTOOD I/C AND WOULD REFUSE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: INVOKED HER RIGHTS TO COUNSEL

**REFUSED**

AUG 22 2020

SUBJECT: GREENE, KELLY J CASE NUMBER: 20-099659

## 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) [Signature]

## 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) [Signature]

AUG 24 2020

SUBJECT: GREENE KELLY D CASE NUMBER: 20-099659

## 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: \_\_\_\_\_

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

20-099659

I, A. Soloway 8586, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 22 day of August, 20 20, at 0213  P.M.  A.M.

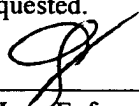
DRIVER Kelly Delayne Greene,  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

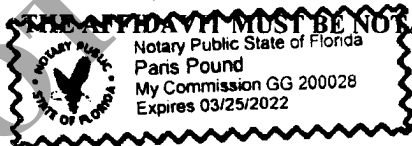
DL# G650504626770, state of Florida, was placed under lawful arrest for  
the offense of Driving Under the Influence by A. Soloway 8586 and  
issued Citation # A2GCRJP  
(Name of Arresting Officer)

That on or about the 22 day of August, 20 20, at 0302  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



(AFFIX SEAL)

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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title \_\_\_\_\_

Date \_\_\_\_\_

The foregoing instrument was sworn and subscribed before

me this 22 day of August, 20 20,

by A. Soloway 8586,

who is personally known to me or who has produced

Known LEO as identification

Notary Public Paris Pound (#24639)

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.

# WITNESS LIST

CASE NUMBER: 20-099659

ARRESTING OFFICER: A. Soloway 8586

ADDRESS: PBSO

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS PEREZ #31830

ADDRESS: PBSO

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

CAN TESTIFY TO: STOPPING DEPUTY

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 0

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

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

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ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

AUG 24 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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020019972	Date: 8/22/2020
	Specialist Name/ID: B Evans / 23649

8/22/2020 10:47:11 AM