


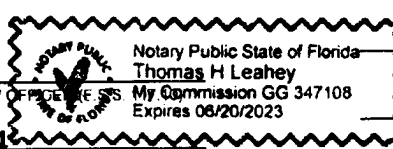
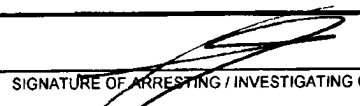
210710478  
ARREST / NOTICE TO APPEAR

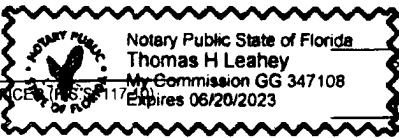
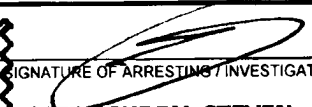

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5, 4   21-002217</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE		
D E F E N D A N T	Charge Type Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type <b>UNARMED</b>		Multiple Clearance Indicator							
	Location of Arrest (Including Name of Business) <b>S PENNOCK LANE/TONEY PENNA DR</b>					Location of Offense (Business Name, Address) <b>799 S PENNOCK LN/TONEY PENNA DR, JUPITER, FL 33458</b>						
	Date of Arrest <b>06/24/2021</b>	Time of Arrest <b>02:51</b>	Booking Date <b>06/24/2021</b>	Booking Time <b>03:01</b>	Jail Date	Jail Time	Location of Vehicle					
	Name (Last, First, Middle) <b>DUKE, KENNETH ALLEN J</b>											
J U V E N I L E	Alias: <b>DUKE, KENNETH ALLEN J</b>											
	Race W - White B - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>02/18/1975</b>	Height <b>5'11</b>	Weight <b>209</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status <b>M</b>	Religion	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>				
	Local Address (Street, Apt. Number) <b>19810 QUEENSWOOD DR, JUPITER, FL 33458</b>					(City)	(State)	(Zip)	Phone <b>(561) 529-1565</b>	Residence Type 1. City 2. County 3. Florida 4. Out of State <b>1</b>		
	Permanent Address (Street, Apt. Number) <b>19810 QUEENSWOOD DR, JUPITER, FL 33458</b>					(City)	(State)	(Zip)	Phone <b>(561) 529-1565</b>	Address Source <b>VERBAL</b>		
	Business Address (Name, Street) <b>WEST PALM BEACH, FL</b>					(City)	(State)	(Zip)	Phone	Occupation		
	D/L Number, State <b>D200501750580 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>WEST PALM BEACH, FL</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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	C O U N T Y	Name (Last, First, Middle) <b>Parent</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/>										
Address (Street, Apt. Number) <b>19810 QUEENSWOOD DR, JUPITER, FL 33458</b>												
Notified by: (Name) <b>JP</b>												
Released To: (Name) <b>JP</b>												
Relationship <b>Parent</b>												
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. Smuggle D. Deliver E. Use K. Disperses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other												
C H A R G E	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											
	Charge Description <b>DUI - NORMAL FACULTIES IMPAIRED</b>											
	Statute Violation Number <b>316.193(1)(A)</b>											
	Violation of ORD #											
	Bond											
	Charge Description											
	Statute Violation Number											
	Violation of ORD #											
	Bond											
	Charge Description											
Statute Violation Number												
Violation of ORD #												
Bond												
I N T A K E	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											
	Explain:											
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail											
	PROPERTY - Received By											
	Released By											
	Released To											
	Transported By											
	Date Transported											
	Time Transported											
N O T I C E	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input 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>07/28/2021 08:30:00</b>											
	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) <b>SPAWN 8/01</b>											
	Date Signed											
	No Photo Available											
	HOLD for Other Agency											
	Signature of Arresting Officer <b>MC GILLICUDDY, STEVEN</b>											
	Name Verification (Printed by Arresting Officer) <b>MC GILLICUDDY, STEVEN</b>											
A D M I N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suidical <input type="checkbox"/> Other											
	Intake Deputy <b>SPAWN 8/01</b>											
	Pouch #											
	Transporting Officer <b>S. MCGILLICUDDY</b>											
	I.D. # <b>388</b>											
	Agency <b>JUPITE</b>											
	Witness here if subject signed with an											
	Name Verification (Printed by Arresting Officer) <b>MC GILLICUDDY, STEVEN</b>											
	I.D. # <b>1216</b>											
	Agency <b>JUPITE</b>											

☒ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ F.I.D. ☐ DEFENDANT

0524129

3867

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   21-002217</b>						
	Charge Type: Check as many as apply. <input 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:						
	Name (Last, First, Middle) <b>DUKE, KENNETH ALLEN J</b>					Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>02/18/1975</b>	
	Charge Description <b>316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED</b>					Charge Description			
	Charge Description					Charge Description			
	Victim's Name (Last, First, Middle) <b>State Of Florida</b>					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	
<p>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.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> committed the below acts in my presence  <input type="checkbox"/> confessed to _____ admitting to the below facts.         </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.  <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </div> </div> <p>On the <u>24</u> day of <u>June</u>, <u>2021</u> at <u>03:22</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 6/24/2021 at approximately 0156 hrs, I was on routine patrol when I heard Sgt. Counihan advise on the radio that he was attempting to catch a reckless silver Audi sedan, traveling east bound. During this time, Officer Tappin, who was in the are of Commerce Lane and W Indiantown Road, got a radar reading of the Audi as traveling at 103 MPH. The vehicle then traveled south on Pennock Lane and was soon after located by Sgt. Panczak (SEE SUPP) at the northeast corner of Toney Penna Drive and Maplewood Drive. I soon after arrived on scene. Sgt. Counihan briefed me and ad vised that the driver, now known to me as Kenneth Duke (DEFENDANT), was displaying sings of possible impairment. I then went to speak with Duke myself. As I spoke to him I observed that he had glassy, bloodshot eyes and spoke with slurred deliberate speech. He had an odor of unknown alcoholic beverage emitting rom is person, which intensified as Spoke.</p> <p>Duke advised me that he had two drinks at a bar earlier tonight and that was it. He agreed to participate in field sobriety exercises.</p> <p><b>HORIZONTAL GAZE NYSTAGMUS (HGN)</b></p> <ul style="list-style-type: none"> <li>- No resting nystagmus in either eye</li> <li>- Equal pupil size and tracking</li> <li>- Lack of smooth pursuit in both eyes</li> <li>- Distinct and sustained nystagmus at maximum deviation in both eyes</li> <li>- Onset of nystagmus prior to forty five degrees in both eyes with an estimated angle e of onset 35 degrees</li> <li>- No vertical nystagmus in either eye</li> <li>- 6 of 6 clues</li> </ul> <p><b>WALK AND TURN</b></p> <ul style="list-style-type: none"> <li>- Stopped while walking</li> </ul>									
	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICE OF THE <b>06/24/2021</b> DATE				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>MCGINNIS, STEVEN (1216)</b> NAME OF OFFICER (PLEASE PRINT) <b>06/24/2021</b> DATE				

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5 4 21-002217</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		Special Notes:		
Name (Last, First, Middle) <b>DUKE, KENNETH ALLEN J</b>					Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>02/18/1975</b>
<p>- Stepped off line multiple times</p> <p>- Improper turn (DID NOT DO ONE)</p> <p>- Arms for balance</p> <p>- It should be noted he walked backwards for the second nine steps</p> <p>- 4 of 8 clues</p> <p>ONE LEG STAND</p> <p>- Hopped</p> <p>- Swayed</p> <p>- Put foot down</p> <p>- 3 of 4 clues</p> <p>FINGER TO NOSE</p> <p>1L - Pad to tip</p> <p>2R - Tip to under right nostril</p> <p>3L - Pad to tip</p> <p>4R - Pad to under nose</p> <p>5R - Pad to tip</p> <p>6L - Pad to tip</p> <p>- Major eyelid tremors visible</p> <p>MODIFIED RHOMBERG</p> <p>- Estimated the passage of 30 seconds in 9 seconds</p> <p>- Major eyelid tremors visible</p> <p>Based on my investigation, I have probable cause to believe that Mr. Duke was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance, contrary to F.S.S. 316.193. I placed him under arrest at 0251 hrs. I then transported him to the Breath Alcohol Testing Center and administered a 20 minute observation period. We then went on video with Technician Leahey (ID 19183) and I requested he submit to a breath test. He refused. I read implied consent via a prepared card. He again refused with the time marked at 0315 hrs. I then read him his Miranda rights and he stated that he did not wish to speak at this time. I read him his Miranda rights from a prepared card and he advised he did not want to speak without an attorney.</p> <p>I have probable cause to believe that Duke was in actual physical control of a vehicle while under the influence of an alcoholic beverage , chemical or controlled substance to the point that his normal faculties were impaired. He was issued a court date of 7/28/2021. BWC.</p>							
SWORN AND SUBSCRIBED BEFORE ME				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>MC GILLICUDDY, STEVEN (1216)</b> NAME OF OFFICER (PLEASE PRINT)			
 NOTARY PUBLIC / CLERK OF COURT / OFFICE OF THE JUDGE <b>06/24/2021</b> DATE							<b>06/24/2021</b> DATE
PAGE <b>2 OF 2</b>							

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

I, Officer MCGILLICUDDY, a duly certified Law Enforcement Officer or Correctional Officer,  
 (Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 24th day of JUNE, 20 21, at 0223 ☐ P.M. ☒ A.M.

DRIVER KENNETH A DUKE  
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# D200-501-75-058-0, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by Officer MCGILLICUDDY and  
 (Name of Arresting Officer)

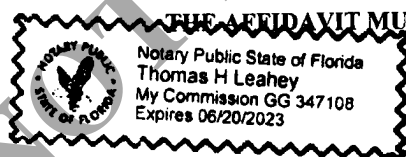
issued Citation # AEWB5DE.

That on or about the 24TH day of JUNE, 20 21, at 0315 ☐ 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]  
 Signature of Law Enforcement Officer or  
 Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this \_\_\_\_\_ day of \_\_\_\_\_, 20 20,

by Officer MCGILLICUDDY 388,

who is personally known to me or who has produced

Personally Known

as identification

Notary Public

[Signature]

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.



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

PBSO CASE # 21-079039 PBSO ZONE 3-14  
AGENCY CASE # 21-002217 CRASH CASE # \_\_\_\_\_  
TIME OF STOP/CRASH 0201 DATE 06/24/2021 DAY THURSDAY  
SUBJECT'S NAME DUKE KENNETH A RACE W SEX M  
LAST FIRST MID  
HGT 5'11 WGT 209 DOB 2/18/1975  
LOCATION S PENNOCK LN/TONEY PENNA DRIVE  
ARRESTING OFFICER'S NAME & ID MCGILLICUDDY 388 AGENCY JUPITER PD  
DIVISION: RP - TRF  
NOTIFIED BY COMMO Yes  
ARRIVAL AT FACILITY 0251  
ARREST TIME 0222

BREATH RESULTS:

**REFUSED**

2)

3)

4)

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # n/a

# TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: Duke Jr, Kenneth A

CASE NUMBER: 21-079039

DATE: Jun 24, 2021

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0313

ENDING TIME: 0316

BREATH TESTS RESULTS: 1) R TIME 0315 A.M. ☒ P.M. ☐ 2) n/a TIME 0 A.M. ☐ P.M. ☐

3) n/a TIME 0 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: thick

ATTITUDE: calm

CLOTHING: blue shorts, gray t-shirt, black flip flops

MEDICAL CONDITIONS: none

MEDICATIONS: none

## OTHER:

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

**REFUSED**

## COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0251 hrs

subject refused to perform breath test

A/O read I/C & subject understood I/C

subject refused to perform breath test

A/O read rights - subject understood rights

A/O attempted Q&A

subject declined questions

**REFUSED**

**SUBJECT:**

**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 1651166116109 E 24 of the 2

**If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.**

**SUBJECT'S SIGNATURE: (X).**

## CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

**SUSPECT'S SIGNATURE: (X)**

SUBJECT: D. L. J. Kure A7A 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: \_\_\_\_\_





**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2021015355	<b>Date:</b> 6/24/2021
	<b>Specialist Name/ID:</b> M. Tooks #8557