

0525265 21CT1357SANB p1211

OBTS Number		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 21-002827							
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		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 71 E INDIANTOWN RD JUPITER FL				Location of Offense (Business Name, Address) 71 E INDIANTOWN RD, JUPITER, FL 33477							
Date of Arrest 08/15/2021		Time of Arrest 22:59		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) THOMPSON, KENNETH PATRICK		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black		Sex M		Date of Birth 09/15/1964		Height 6'00		Weight 360		Eye Color BLUE	
Hair Color WHITE		Complexion FAIR		Build Large		Marital Status M		Religion CATHOLIC		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCAR L KNEE / SCAR		Local Address (Street, Apt. Number) 1361 ISLAMORADA DR, JUPITER, FL 33458		(City) JUPITER		(State) FL		(Zip) 33458		Phone (914) 525-8600	
Permanent Address (Street, Apt. Number) 1361 ISLAMORADA DR, JUPITER, FL 33458		(City) JUPITER		(State) FL		(Zip) 33458		Phone (914) 525-8600		Address Source	
Business Address (Name, Street) 1361 ISLAMORADA DR, JUPITER, FL 33458		(City) JUPITER		(State) FL		(Zip) 33458		Phone (914) 525-8600		Occupation Retired	
D/L Number, State T512515643350 / FL		Sec. Sen. Number		INS Number		Place of Birth (City, State) NEW PORT RI, RI		Citizenship US			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)		(State)		(Zip)	
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 N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle 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			
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 <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 <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 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
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"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To	
Transported By		Date Transported		Time Transported		Other					
<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) North County PALM BEACH GARD		Court Date and Time 09/15/2021 08:30:00						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)		Date Signed Aug 16, 2021							
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) FANDREY, CHRISTOPHER		ID # 1182		(PRINT) X Kenneth Thompson		PAGE 1	
Initials Deputy Dingco		ID #		Pouch #		Transporting Officer C Fandrey		ID # 340		Agency JPD	
Witness here if subject signed with an "X"											

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Agency ORI Number	Agency Name		Agency Report Number						
FL 0501700	JUPITER POLICE DEPARTMENT		<div style="display: flex; justify-content: space-between;"> 5 4 21-002827 </div>						
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)			Alias		Race	Sex	Date of Birth		
THOMPSON, KENNETH PATRICK					W	M	09/15/1964		
Charge Description			Charge Description						
316.193(3)(C)(1) DUI - DAMAGE TO PERSON/PROPERTY									
Charge Description			Charge Description						
Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth				
NIXON, ARIEON MARKYLE			B	M	04/12/1999				
Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Address Source	
1324 MLK BLVD, RIVIERA BEACH, FL 33404									
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 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 15 day of August, 2021 at 22:59 (Specifically include facts constituting cause for arrest.)</p> <p>On 8/15/2021 at approximately 2214hrs I was dispatched to 71 E Indiantown Rd, Jupiter, Palm Beach County, Florida, I was dispatched to a crash in the parking lot. I was in full police uniform with my department issued Axon BWC activated which clearly identified myself as a Jupiter Police Officer. Upon arrival I made contact with all parties involved. W/F Danielle M. Tejeda 07/20/00, who was a bar employee, advised that WM Kenneth P. Thompson 9/15/64 was told he should not drive after drinking at the bar. Thompson decided to drive anyways and backed into another vehicle in the parking lot. At this point Tejeda told Thompson to park and provide his information to the owners of the other vehicle. Thompson refused to provide the other party with his information so police were called. For more information see the crash report for further. Tejeda explained she witnessed Thompson behind the wheel of the vehicle at the time of the crash.</p> <p>After completing the crash report, I made contact with the owner of V2 and provided the crash exchange form. I then made contact with Thompson and explained that I was done with the crash report and was now starting a criminal investigation for DUI. Thompson stated he understood. Thompson was read his Miranda warnings from a preprinted card and stated he understood. Thompson explained that everyone freaked out over the crash and didn't know why. I asked Thompson what he did after the crash and he explained that he parked his car and waited. Thompson admitted to drinking 3-4 vodkas tonight. Thompson had red bloodshot glassy eyes and the odor of an unknown alcoholic beverage coming from his person. Thompson was swaying while standing still and was slurring his words.</p> <p>Thompson explained that he had several injuries including a knee injury which had a visible scar. Thompson also explained he was type two diabetic and stated he had multiple other previous body related injuries. When asked on a scale of 1-10 with 1 being completely sober and 10 being the most drunk he has ever been, he kept explaining he was sober. Thompson also stated he thought he was ok to drive.</p>									
<div style="display: flex; justify-content: space-between;"> <div> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>NOTARY PUBLIC, CLERK OF COURT / OFFICER</p> <p>08/15/2021</p> <p>DATE</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Notary Public State of Florida</p> <p>Ramée Ragin</p> <p>My Commission GG 986418</p> <p>Expires 03/05/2024</p> </div> <div> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>FANDREY, CHRISTOPHER (1182)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>08/15/2021</p> <p>DATE</p> </div> </div>									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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Name (Last, First, Middle) THOMPSON, KENNETH PATRICK								Race W	Sex M	Date of Birth 09/15/1964

At this point I asked Thompson to conduct SFSTs to which he agreed. Thompson was asked to sit on a bench and seated SFSTs were conducted due to Thompson's complaints of previous knee injuries.

Horizontal Gaze Nystagmus- Thompson stated he understood the instructions and moved his head during the task. Thompson had Lack of Smooth Pursuit in both eyes, had distinct and sustained nystagmus in both eyes, and onset of nystagmus prior to 45 degrees in both eyes. Thompson also had vertical nystagmus.

Finger to nose- Thompson stated he understood the instructions and had no questions. When told to begin Thompson did not close his eyes or tilt his head back. On 1L Thompson hesitated, searched, didn't use fingertip, missed his nose and touched his eye, and did not bring his hand back down. On 1R he searched, did not use fingertip, missed tip of his nose and touched eye, and did not bring hand back down. On 2L he searched, did not use fingertip, missed tip of his nose and did not bring his hand back down. On 2R he did not use his fingertip or bring his hand back down. On 3R he brought his hand down and brought it back up without using his fingertip or putting his hand down. On 3L he did not use his fingertip or bring his hand down.

Hand Coordination- Thompson stated he understood the instructions and did not have any questions. Thompson had an improper count as he did not actually move his left fist first and did not touch as instructed. On task 2 he only clapped twice and did not return as instructed. On task 3 he had an improper count and touch. Thompson did not return as instructed and brought both fists to his chest.

Palm Pat- Thompson stated he understood the instructions and did not have any questions. Thompson did not count as instructed, did not speed up, and never turned over his top hand as instructed. Thompson moved both hands throughout the task and did not speed up throughout the task.

Romberg Alphabet- Thompson stated he understood the instructions and did not have any questions. Thompson did not close his eyes as instructed and moved his head throughout the task. Thompson did not complete the alphabet correctly.

After completing SFSTs, based upon my entire investigation, I developed probable cause to arrest and charge Thompson with DUI Property Damage. Thompson was hand cuffed with two sets of handcuffs due to his large size. Thompson was unable to fit in the back seat of a police car. Palm Beach County Fire Rescue responded to the scene and transported Thompson to Jupiter Medical Center to be medically cleared due to being involved in a crash. Thompson was quickly cleared by a doctor.

At this point, I requested that Thompson provide a lawful sample of his breath and he

SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT / OFFICIAL 08/15/2021 DATE		 Notary Public State of Florida Renee Ragin My Commission GG 966418 Expires 03/05/2024		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FANDREY, CHRISTOPHER (1182) NAME OF OFFICER (PLEASE PRINT) 08/15/2021 DATE	
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PAGE
2 OF 3

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Name (Last, First, Middle) THOMPSON, KENNETH PATRICK								Race W	Sex M	Date of Birth 09/15/1964
<p>agreed. Thompson was then transported to the Palm Beach County Jail BAT facility where after a 20 minute observation period he provided breath samples of 0.200 and 0.190. Thompson was then secured in a holding cell while booking paperwork was completed. Thompson was later turned over to the Palm Beach County Sheriffs Office without incident.</p>										
<div style="position: relative; height: 100px;"> NOT A CERTIFIED COPY </div>										
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <div style="display: flex; align-items: center;"> <div> <p>Notary Public State of Florida Renee Ragin (F.S. My Commission GG 966418 Expires 03/05/2024)</p> </div> </div> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICE</p> <p>08/15/2021 DATE</p> </div> <div style="width: 50%;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>FANDREY, CHRISTOPHER (1182) NAME OF OFFICER (PLEASE PRINT)</p> <p>08/15/2021 DATE</p> </div> </div>										

COURT

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P. I. O.

**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: 08/16/2021

Date of Last Agency Inspection: 08/13/2021
Observation Period Began: 00:40
Subject's Name: KENNETH P THOMPSON

DOB: 09/15/1964 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	01:07
	Air Blank	0.000	01:07
	Control Test	0.080	01:07
	Air Blank	0.000	01:08
	Subject Sample #1	0.200	01:09
	Air Blank	0.000	01:09
	Air Blank	0.000	01:11
	Subject Sample #2	0.190	01:12
	Air Blank	0.000	01:12
	Control Test	0.080	01:13
	Air Blank	0.000	01:13
	Diagnostics Check	OK	01:13

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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: 08/16/21

Signature

Sworn to (or affirmed) before me this 16 day of Aug, 2021

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



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

PBSO CASE # 21-096449 PBSO ZONE 3-14
AGENCY CASE # 21-002827 CRASH CASE # _____
TIME OF STOP/CRASH 2214 DATE 8/15/21 DAY Sunday
SUBJECT'S NAME Kenneth P. Thompson RACE W SEX M
HGT 6'0 WGT 360 DOB 9/15/64
LOCATION 71 E Indiantown Rd Jupiter FL
ARRESTING OFFICER'S NAME & ID C Farley 340 AGENCY Jupiter PD
DIVISION: _____ NOTIFIED BY COMMO Yes
ARRIVAL AT FACILITY 0040
BREATH RESULTS: Arrest Time 2259
1. .200
2. .190
3. N/A
4. N/A
TESTING OFFICER'S ID 16877

WITNESS LIST

CASE NUMBER: 21-002794

ARRESTING OFFICER: Ofc. Fandrey

ADDRESS: 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: Danielle M. Tejada

ADDRESS: 708 Hillcrest Blvd West Palm Beach FL 33405

PHONE NUMBERS (HOME) _____ (WORK) 561-236-9942

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 _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SUBJECT:

Thompson, Kenneth R.

CASE NUMBER:

21-00827

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.

SUSPECT'S SIGNATURE: (X) _____

Read on Camera

SUBJECT: Thompson, Kenneth P. CASE NUMBER: 1402930

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)
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: 2021020313

Date: 8/16/2021

Specialist Name/ID: J. Beck/9007