

0523810

21CT9379AMB

2018


OBS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N			
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-21073380									
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		Weapon Seized / Type 2 1. Yes N/A 2. No		Multiple Clearance Indicator 01					
Location of Arrest (Including Name of Business) OKEECHOBEE BLVD/ ROYAL PALM BEACH BLVD, ROYAL PALM BEACH, FL, 33411						Location of Offense (Business Name, Address) OKEECHOBEE BLVD/ ROYAL PALM BEACH BLVD, ROYAL PALM BEACH, FL, 33411									
Date of Arrest 06/07/2021		Time of Arrest 00:45		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle ALL TIME TOWING			
Name (Last, First, Middle) DANIEL, KIAMESHA,												Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex B		Date of Birth 11/16/1976		Height 5'2		Weight 118		Eye Color BRN		Hair Color BLK			
Complexion MED		Build MED		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Divorced		Religion CATHOLIC		Indication of: Alcohol Influence Drug Influence		Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Local Address (Street, Apt. Number) 8931 NW 78TH PL #438, TAMARAC, FL, 33021						(City)		(State)		(Zip)		Phone (513) 2581397			
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2			
Business Address (Name, Street)						(City)		(State)		(Zip)		Address Source FL DL			
D/L Number, State D-540-500-76-916-0, FL						Soc. Sec. Number		INS Number		Place of Birth (City, State) CINCINNATI, OH		Citizenship YES			
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Parent Name (Last) (First) (Middle)						Residence Phone									
Legal Custodian						Business Phone									
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 <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 (Phone 355-2526) informed of any change of address.												School Attended		Grade	
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						Property Crime? <input type="checkbox"/> Yes <input 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. 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 DUI						Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(4)		Violation of ORD #			
Drug Activity N						Drug Type N		Amount / Unit		Offense # 21073380		Warrant / Capias Number			
Bond															
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity						Drug Type		Amount / Unit		Offense #		Warrant / Capias Number			
Bond															
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity						Drug Type		Amount / Unit		Offense #		Warrant / Capias Number			
Bond															
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity						Drug Type		Amount / Unit		Offense #		Warrant / Capias Number			
Bond															
Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406															
Court Date and Time Month 7 Day 1 Year 2021 Time 0830 AM <input checked="" type="checkbox"/> 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)												Date Signed 06/07/2021			
HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) INV G. LYNCH 8568				ID # 8568		(PRINT)					
Transporting Officer INV G. LYNCH 8568				ID # 8568		Agency PBSO		Witness here if subject signed with an AL of							

SCANNED

JUN 08 2021

FILED
JUN 07 2021
CIRCUIT & COUNTY
CRIMINAL JUSTICE
PAGE 1 OF 1

WARNING

FORM NUMBER W202100009684	CASE NUMBER 21073380	DATE 06/07/2021	TIME 02:14
AGENCY INFORMATION			
AGENCY NAME PALM BEACH COUNTY SHERIFFS OFFICE			
AGENCY ADDRESS 3228 GUN CLUB ROAD		AGENCY COUNTY PALM BEACH	
AGENCY CITY UNINCORPORATED	STATE FL	AGENCY ZIP 33406-3001	
AGENCY PHONE (561) 688-3000	OTHER AGENCY DETAILS		
PERSON			
FIRST NAME KIAMESHA	MIDDLE NAME	LAST NAME DANIEL	SUFFIX
CURRENT ADDRESS (Number and Street) 4461 NW 2ND AVE			
CITY LAUDERHILL	STATE FL	ZIP CODE 33319	
D.O.B. 11/16/1976	DL EXPIRATION 11/16/2024	SEX F	HEIGHT 5' 02"
D.L. NUMBER D640600769160		DL STATE FL	RACE O
D.L. CLASS B		PHONE NUMBER	UTC? Yes
VEHICLE			
YEAR 2012	MAKE NISS	MODEL	COLOR WHI
TAG # GAC33		TRAILER #	STATE OH
EXP. 11/16/21			
LOCATION			
ADDRESS #		OCCURRED ON STREET/ROAD/HIGHWAY OKEECHOBEE BLVD	
AT FEET	OR MILES	DIR	AT/FROM INTERSECTION WITH STREET ROYAL PALM BEACH BLVD
VIOLATION			
STATUTE 316.183(2)		STATUTE DESCRIPTION	
VIOLATOR SPEED	POSTED SPEED	UNLAWFUL SPEED (REQUIRED SPEEDS)- EXCEEDING SPEED LIMIT	
VIOLATION COMMENTS 80MPH IN 40MPH ZONE			
REPORTING OFFICER			
OFC. FIRST NAME G.	MIDDLE	LAST NAME LYNCH	SUFFIX BADGE NO 8568
OFFICER'S SIGNATURE 			

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7 DAY OF JUNE 20 21, AT 0024 AM PM
SUBJECT: DANIEL, KIAMESHA, CASE NUMBER: 21073380
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV G. LYNCH 8568

PERSONAL CONTACT

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

On 6/7/21 while on routine patrol I observed a white Nissan Maxima, bearing Ohio tag GQC3375, traveling west on Okeechobee Blvd at Jog Rd, in Palm Beach County. The Nissan past my marked patrol car traveling at an estimated 65mph in the posted 50mph zone. I activated my in-car radar and got a speed reading of 65mph with a steady Doppler tone. The Nissan continued westbound drifting left and right, within the lane of travel. The Nissan changed lanes, into the outside lane of travel. The Nissan crossed over the right lane marker line several times. As the Nissan entered into a 40mph zone it failed to slow traveling at 60mph. I conducted a traffic stop for the infractions at Okeechobee Blvd/ Royal Palm Beach Blvd and made contact with the driver, Kiamesha Daniel, the sole occupant of the car.

OBSERVATION OF DRIVER:

I immediately observed Daniel's eyes to be bloodshot and glassy. There was an odor of an unknown alcoholic beverage coming from her breath, which got stronger when she spoke. Daniel's movements were uncoordinated, as she fumbled with her paperwork attempting to locate her registration. I observed Daniel to be wear a green paper wristband, which are commonly used to identify patrons at bars/ nightclubs. Daniel advised she was coming from Renegades nightclub and heading to a friend's house. Daniel advised that she had been drinking and that she had 3 glasses of wine prior to driving. Daniel advised her last drink was approximately 1 hour prior. I had Daniel exit her car and stand in front of my patrol car. While standing Daniel exhibited a sway. Based on my observations and Daniel's admission to drinking I asked her to perform standard field sobriety tasks.

DRIVER'S STATEMENTS:

Daniel advised that she had been drinking and that she had 3 glasses of wine prior to driving. Daniel advised her last drink was approximately 1 hour prior.

ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: Calm/ Cooperative

CLOTHING:

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

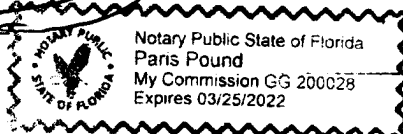
INV G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7 day of JUNE 20 21 by INV G. LYNCH 8568

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

Paris Pound (#24639)

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



SUBJECT: DANIEL, KIAMESHA,

CASE NUMBER 21073380

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☒ LT EYE-LACK OF SMOOTH PURSUIT

☒ RT EYE-LACK OF SMOOTH PURSUIT

☒ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☒ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Daniel was asked to stand with her feet together and place her hands by her sides. Daniel was asked to focus on the stimulus and follow it with her eyes. Daniel was told not to move her head to assist in following the stimulus. Daniel showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation and onset of Nystagmus prior to 45 degrees in both eyes. I observed vertical nystagmus in both of Daniel's eyes. Daniel exhibited a sway throughout the task and had to be reminded not to move her head several times.

WALK & TURN:

I utilized yellow duct tape to make a straight level line, free of debris, that Daniel advised she could see. Prior to beginning I gave Daniel the opportunity to remove her sandals, which she declined. I explained and demonstrated the task to Daniel. During the instructions Daniel was unable to maintain the instructional stance, stepping out of the position, multiple times. Daniel then advised she could not stand in the instructional stance on a normal day. I asked why today was not a normal day to which she replied "because I've had some wine". Daniel then advised that her balance is off and she believed it was a problem with her equilibrium. Daniel advised she has gone to a doctor to have her equilibrium checked and the doctor found her equilibrium to be fine. Daniel was advised to stand normally for the instructions. After completing the instructions Daniel advised she understood and had no questions. During the task Daniel stepped off the line and missed heel-to-toe steps multiple times. Daniel used her arms for balance and paused to regain her balance. Daniel did not turn as instructed. Daniel took the incorrect number of steps, taking only 8 steps back.

ONE LEG STAND:

I explained and demonstrated the task to Daniel. After completing the instructions Daniel advised she understood and had no questions. During the task Daniel exhibited a sway and used her arms for balance. Daniel put her foot down, multiple times, prior to 30 seconds elapsing. Daniel failed to look down at her foot during the task.

FINGER TO NOSE:

I explained and demonstrated the task to Daniel. After completing the instructions Daniel advised she understood. During the task Daniel missed the tip of her nose several times, and used the pad of her finger to touch her nose. On the third right command Daniel began to use her left first. Daniel exhibited a sway throughout the task.

ROMBERG ALPHABET:

Prior to beginning Daniel advised she knew the entire alphabet (A to Z), without issue. I explained and demonstrated the task to Daniel. After completing the instructions Daniel advised she understood. During the task Daniel exhibited a sway. Daniel failed to recite the alphabet correctly, making multiple errors. Daniel stopped before completing the alphabet stating that she had messed it up. Daniel attempted to recite the alphabet a second time and again made multiple errors.

BREATH TEST RESULTS: 1) .220 2) .230 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV G. LYNCH 8568

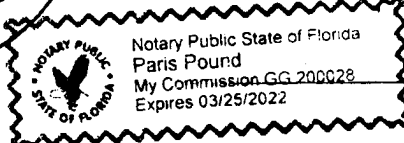
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7 day of JUNE, 2021 by INV G. LYNCH 8568

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

Paris Pound (#24639)

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



SUBJECT: DAVID KIMBLE JR CASE NUMBER: 21-00336

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) _____

SUBJECT: DANIEL KIMBLESTIA CASE NUMBER: 21-0172-0

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: _____

**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: 80-006029 Software: 8100.27
Date of Test: 06/07/2021

Date of Last Agency Inspection: 05/14/2021

Observation Period Began: 01:08

Subject's Name: KIAMESHA DANIEL

DOB: 11/16/1976 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	01:35
Air Blank	0.000	01:35
Control Test	0.080	01:36
Air Blank	0.000	01:36
Subject Sample #1	0.220	01:37
Air Blank	0.000	01:37
Air Blank	0.000	01:39
Subject Sample #2	0.230	01:40
Air Blank	0.000	01:41
Control Test	0.079	01:41
Air Blank	0.000	01:41
Diagnostics Check	OK	01:41

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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 PARIS D POUND, 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: _____

Signature

Date: 06/07/21

Sworn to (or affirmed) before me this 7th day of JUNE, 2021

INV. G. LYNCH

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.

TESTING FACILITY TASK REPORT

AGENCY: PBSO	
SUBJECT: DANIEL, KIAMESHA	CASE NUMBER: 21-073380
DATE: Jun 7, 2021	VIDEO DVD NUMBER: N/A
BEGINNING TIME: 01:32	ENDING TIME: 01:43
BREATH TESTS RESULTS: 1) .220 TIME 01:37 A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> 2) .230 TIME 01:40 A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>	
3) N/A TIME N/A A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> 4) N/A TIME N/A A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	
BREATH OPERATOR: P.POUND #24639	
MAINTENANCE TECHNICAN: J. KARLECKE# 6467	

TESTING OFFICER'S OBSERVATIONS

SPEECH:	SLURRED
ATTITUDE:	CALM, TALKATIVE
CLOTHING:	RED / BROWN / WHITE DRESS , BLACK SANDALS
MEDICAL CONDITIONS:	NONE
MEDICATIONS:	NONE

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:08 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

WITNESS LIST

CASE NUMBER: 21073380

ARRESTING OFFICER: INV G. LYNCH 8568

ADDRESS: HQ

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS OF CASE

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) 0 (WORK) 561 688 3000

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



**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: 2021013822	Date: 6/7/2021
	Specialist Name/ID: M. Took #8557