

20CP 1061

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

ADMINISTRATIVE	OBTS Number	Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-20005703		
	Charge Type: Check as many as apply: <input checked="" 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	Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator		Location of Arrest (Including Name of Business) CAMPUS DR/PGA BLVD, PBG, FL		Location of Offense (Business Name, Address) PGA BLVD/CAMPUS DR, PBG, FL
DEPENDANT	Date of Arrest 12/19/2020	Time of Arrest 04:10	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405	
	Name (Last, First, Middle) SAWYER, KODY, JAMES						Alias (Name, DOB, Soc. Sec. #, Etc.)	
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 12/14/1991	Height 6'00	Weight 186	Eye Color BRO	Hair Color BRO	Complexion LGT
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT R ARM, L ARM						Marital Status SINGLE	Religion CHRISTIAN	Indication of: Alcohol Influence Drug Influence Y N Unk. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Local Address (Street, Apt. Number) 2298 W LAKEWOOD RD,		(City) WEST PALM BEACH, FL		(State) FL		(Zip) 33406		Phone (561) 568-8260
Permanent Address (Street, Apt. Number) 2298 W LAKEWOOD RD,		(City) WEST PALM BEACH, FL		(State) FL		(Zip) 33406		Phone ()
Business Address (Name, Street) ()		(City) ()		(State) ()		(Zip) ()		Phone ()
D/L Number, State S600510914540 FL		Soc. Sec. Number ()		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL		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 <input type="checkbox"/> 5. Juvenile
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"/> 5. Juvenile
Parent Legal Custodian <input type="checkbox"/> Other:		Name (Last) Leah		(First) ()	(Middle) ()		Residence Phone ()	
Address (Street, Apt. Number)		(City) ()		(State) ()		(Zip) ()		Business Phone ()
Notified by: (Name) 2. J. O'Neil		Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated				
Released To: (Name) 3. O'Neil		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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade
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.
Charge Description DRIVING UNDER THE INFLUENCE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(A)		Violation of ORD #		
Drug Activity E	Drug Type M	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
Charge Description POSS CNTRL SUBST W/O PRESCRIP (THC)		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 893.13(6)(A)		Violation of ORD #		
Drug Activity P	Drug Type M	Amount / Unit 1 EACH	Offense #	Warrant / Capias Number		Bond		
Charge Description POSS/USE DRUG EQUIP		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 893.147(1)		Violation of ORD #		
Drug Activity P	Drug Type P	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) TO BE SET		Court Date and Time Month Year Time AM PM 12/19/2020		Signature of Defendant (or Juvenile and Parent /Custodian) (Signature)		Date Signed DEC 19 2020		
HOLD for other Agency Name:		Signature of Arresting Officer (Signature)		Name Verification (Printed by Arrestee) (Signature)		PAGE 1 OF 1		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Ofc. ANDREW FLINK		I.D. # 514		
Intake Deputy (Signature)		I.D. # ()		Pouch #		Transporting Officer ANDREW FLINK		
				I.D. # 514		Agency PBGPD		

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

0496225

942




PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBT Number		Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE		Agency Report Number 7 8 20-005703			
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		Special Notes:			
Name (Last, First, Middle) SAWYER, KODY JAMES		Alias SAWYER, KODY JAMES		Race W	Sex M	Date of Birth 12/14/1991			
Charge Description 316.193(1)(A) DUI - DRIVING UNDER THE INFLUENCE/NORMAL		Charge Description 893.13(6)(A) DRUGS - CONTROLLED SUBST W/O PRESCRIP							
Charge Description 893.147(1) DRUGS - POSSESS AND/OR USE DRUG PARAPHE		Charge Description							
Victim's Name (Last, First, Middle) State Of Florida		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> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>19</u> day of <u>December</u>, <u>2020</u> at <u>03:54</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 12/19/2020, at approximately 0354 hours, this Officer was on patrol in the area of PGA Blvd east bound approaching Campus Dr, PBG, FL, when this Officer observed a vehicle with an expired decal. Body worn camera and in car video were used.</p> <p>This Officer conducted an FCIC/NCIC on a Dodge utility vehicle (HRBZ85/FL), which showed as expired as of 11/16/2020. This Officer initiated a traffic stop on the vehicle adjacent to the Palm Beach County North Courthouse, 3188 PGA Blvd, PBG, FL. This Officer made contact with the driver and sole occupant of the vehicle, identified via Florida Driver License photo, Kody Sawyer (SU), while he was still in actual physical control of the vehicle.</p> <p>Sawyer had very bloodshot eyes, flushed red face, slow slurred speech, low eyelids, lethargic delayed reactions to questions and commands, and the mixed obvious odor of an unknown alcoholic beverage and burnt Cannabis emanating from his breath and person. Sawyer was asked where he was coming from, to which he did not respond. When asked again, Sawyer said he was coming from closing at Duffy's.</p> <p>Based on this Officer's observations, Sawyer was asked to exit the vehicle to participate in Standardized Field Sobriety Exercises, to which he complied. Upon exiting, Sawyer walked with an unsteady gait and was swaying while standing upright. When asked if he could walk a straight line, Sawyer replied "I just smoked a lot of weed", this Officer asked Sawyer when, to which he replied "recently". Other than that utterance, Sawyer said he did not have any medical conditions which would affect the exercises performed.</p> <p>The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used, was a Streamlight Stylus. This Officer observed lack of smooth pursuit in both eyes. This Officer also observed sustained involuntary jerking in both eyes at maximum deviation.</p>									
SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC, CLERK OF COURT / OFFICER (F.S.S. 117.40) DATE <u>12/19/20</u>		JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FLINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT)				PAGE 1 of 3	

OBT# Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 20-005703			
Charge Type: Check as many as apply.			Special Notes:			
<input checked="" 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	
D E F	Name (Last, First, Middle) SAWYER, KODY JAMES		Alias SAWYER, KODY JAMES		Race W	Sex M
Date of Birth 12/14/1991						
<p>During the exercise, Sawyer was swaying back and forth and had to be told multiple times to follow instructions. This Officer observed a lack of convergence in the right eye twice.</p> <p>The next exercise conducted, was the Walk and Turn. The line used was a strip of yellow tape placed upon the pavement by this Officer. During the instructions, Sawyer stepped out of position more than once. Prior to starting the exercise, Sawyer raised his arms in a "T" manner. During the first set of steps, Sawyer missed heel-to-toe multiple times and took 13 steps rather than nine. Sawyer conducted an improper turnaround, by pivoting on both feet. During the return, Sawyer raised his arms more than six inches from his sides. Sawyer also again missed heel-to-toe multiple times and took 13 steps rather than nine.</p> <p>The next exercise conducted, was the One-Leg Stand. During the exercise, Sawyer raised his right foot. Sawyer swayed throughout the exercise and placed his foot down multiple times. Sawyer also raised his arms more than six inches from his sides. At one point, Sawyer lost his balance and stepped back.</p> <p>The final exercise conducted, was the Romberg Balance. During this exercise, this Officer observed Sawyer to have eyelid and body tremors. Sawyer estimated the passage of 30 seconds in approximately 53 seconds.</p> <p>Based on this Officer's observations, Sawyer was placed under arrest at 0410 hours. During a search of Sawyer's person, incident-to-arrest, this Officer located contraband. Inside Sawyer's front left pocket, this Officer discovered a "vape pen", with a thick brown liquid contained within. Based on this Officer's training and experience, the liquid appeared to be Tetrahydrocannabinol (THC) oil, to which he did not have a prescription. While conducting an inventory of the vehicle, a multi-colored glass "bowl" with burnt residue was discovered in the driver door pocket. Again, based on this Officer's training and experience, the residue had the obvious odor of burnt Cannabis.</p> <p>At the PBSO BAT, this Officer requested Sawyer to provide a breath sample for the purpose of determining its alcohol content, to which Sawyer refused. This Officer read Florida Implied Consent to Sawyer, to which he acknowledged and again refused at 0504 hours. Post-Miranda, on video at the BAT, this Officer asked Sawyer what he had been doing for the past three hours prior to the stop, to which he replied "smoking weed and I drank two beers and one shot".</p> <p>Based on the results of the investigation, this Officer has probable cause to prove Kody Sawyer knowingly operated a motor vehicle, in the state of Florida, while under the influence of a combination of alcohol and controlled substance(s), in violation of FSS 316.193(1)(A). Sawyer also had in his possession a banned substance in violation of</p>						
P R O B A B L E C A U S E S T A T E M E N T	SWORN AND SUBSCRIBED BEFORE ME		 JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 <small>Notary Public - State of Florida - Registered through 1st State Insurance</small>		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 1190.01)		FLINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT)		12/19/2020 DATE		
DATE 12/19/20		DATE		PAGE 2 OF 3		

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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


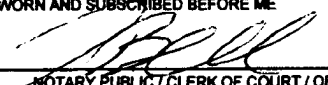
1

JUVENILE

A D M I N I S T R A T I V E	OBTIS Number		Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE		Agency Report Number 7 8 20-005703		
	Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) SAWYER, KODY JAMES		Alias SAWYER, KODY JAMES		
<input checked="" 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		Race W		Sex M	
						Date of Birth 12/14/1991			

FSS 893.13(6) (A). Lastly, Sawyer was in possession of a device used to consume a banned substance, in violation of FSS 893.147(1).

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 <small>Notary Public through 1st State Insurance</small>		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.08) 12/19/20 DATE				FLINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT) 12/19/2020 DATE		
						PAGE 3 of 3	

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: SAWYER, KODY JAMES

CASE NUMBER: 20-138287

DATE: Dec 19, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0503

ENDING TIME: 0509

BREATH TESTS RESULTS: 1) R TIME 0504 A.M. P.M. 2) N/A TIME XX A.M. P.M.
3) N/A TIME XX A.M. P.M. 4) N/A TIME XX A.M. P.M.

REFUSED

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: LOW, MUMBLED

ATTITUDE: QUIET, COOPERATIVE, POLITE

CLOTHING: BLACK HOODED JACKET, BLACK SHIRT, BLACK SHORTS, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT
SUBJET STATED HE SMOKED WEED, DRANK 2 BEERS AND 1 SHOT Q AND A

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0438 HOURS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C
SUBJECT STATED HE UNDERSTOOD I.C AND REFUSED TO TAKE BREATH TEST

A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

A/O CONDUCTED Q AND A
SUBJECT ANSWERED Q AND A

REFUSED



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

PBSO CASE # 20-138287 PBSO ZONE 3-13

AGENCY CASE # 20005703 CRASH CASE # _____

TIME OF STOP/CRASH 0354 DATE 12/19/2020 DAY SATURDAY

SUBJECT'S NAME SAWYER KODY JAMES RACE W SEX M
LAST FIRST MID

HGT 6'00 WGT _____ DOB 12/14/1991

LOCATION CAMPUS DR/PGA BLVD, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0438

ARREST TIME 04:10

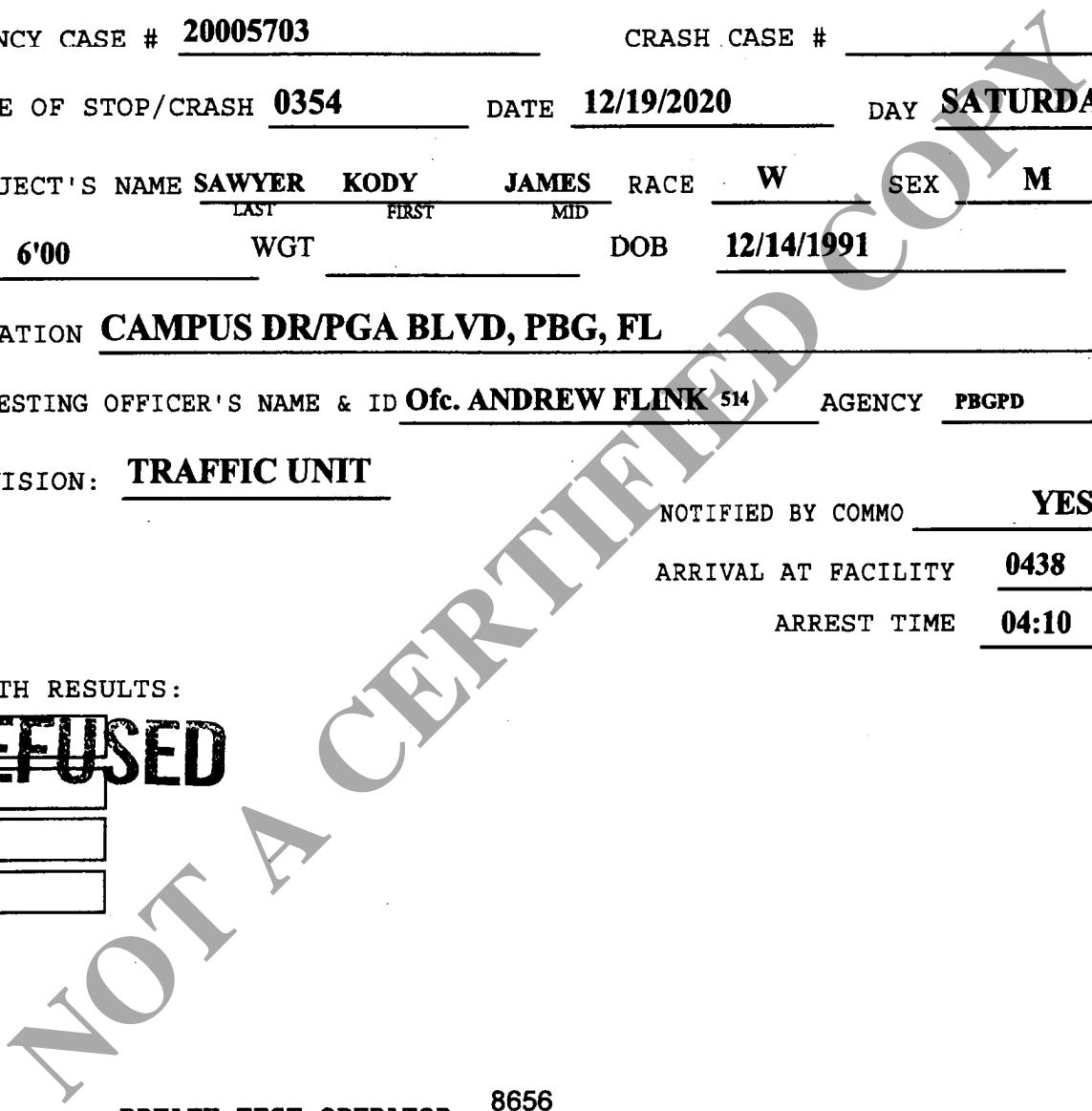
BREATH RESULTS:

REFUSED

2) _____

3) - _____

4) - _____



BREATH TEST OPERATOR: 8656

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

I, Ofc. ANDREW FLINK, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 19TH day of DECEMBER, 20 20, at 04:10 P.M. A.M.

DRIVER KODY JAMES SAWYER
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S600510914540, state of FL, was placed under lawful arrest for

the offense of DRIVING UNDER THE INFLUENCE by Ofc. ANDREW FLINK and
(Name of Arresting Officer)

issued Citation # A56HFRE

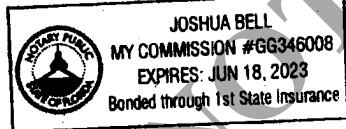
That on or about the 19TH day of DECEMBER, 20 20, at 0504 P.M. A.M.

in PALM BEACH County,

I requested that the driver submit to a X 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.

[Handwritten Signature]
Signature of Law Enforcement Officer or Correctional Officer

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

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before me this 19TH day of DECEMBER, 20 20,

Title
Date 12/19/2020

by Ofc. ANDREW FLINK, who is personally known to me or who has produced Personally Known as identification

Notary Public [Handwritten Signature]

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.

SUBJECT: Deputy, Kelly, James 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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? PGA

DIRECTION OF TRAVEL? E WHERE DID YOU START? Northlake

WHAT TIME DID YOU START? unknown WHAT TIME IS IT NOW? don't know

WHAT IS TODAY'S DATE? 13th December WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? FBCL art GLEN CLUB

WHEN DID YOU LAST EAT? 2230 WHAT DID YOU EAT? Cheese Burger w/ fries

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Smoking weed and two beers and one shot

HOW MUCH DO YOU WEIGH? 184 HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? 0100 AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Bar tender WHEN DID YOU LAST WORK? last night

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? _____

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? Chiropractor WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No 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? CONTACTS

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? _____

INTERVIEWER: [Signature]



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)
I/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: 2020029717	Date: 12/20/2020
	Specialist Name/ID: AM/31562