

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

20-00899

3. Request for Warrant
4. Request for Capias
1 Juvenile N

OBTS Number		Agency ORI Number		Agency Name Palm Beach PD		Agency Report Number (N.T.A.'s only) 20-00899					
Charge Type: Check as many as apply. <input checked="" 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 2. No		Multiple Clearance Indicator UK							
Location of Arrest (Including Name of Business) 399 Royal Poinciana Plaza <i>Palm Beach FL 33480</i>				Location of Offense (Business Name, Address) 399 Royal Poinciana <i>Palm Beach, FL 33480</i>							
Date of Arrest 08/13/2020	Time of Arrest 2142	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle 399 Royal Poinciana Plaza					
Name (Last, First, Middle) Kinney, Krystal, J				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 08/26/1978	Height 505	Weight 120	Eye Color Brown	Hair Color Blo	Complexion Light	Build Small			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Right Toe				Marital Status Single		Religion NONE		Indication of Alcohol Influence Drug Influence Y N Unk. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Local Address (Street, Apt. Number) 214 SE 14th St			(City) Deerfield Beach		(State) FL		(Zip) 33441		Phone (954) 980-6121		
Permanent Address (Street, Apt. Number)			(City)		(State)		(Zip)		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3		
Business Address (Name, Street)			(City)		(State)		(Zip)		Address Source Individual		
D/L Number, State K500510788060			Soc. Sec. Number		INS Number		Place of Birth (City, State) West Virginia Huntington		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			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		Residence Phone			
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone			
Notified by: (Name)		Date		Time		Juvenile Disposition Held/processed within Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated			
Released To: (Name)		Relationship		Date		Time					
The above address provided by [] defendant and / or [] defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) 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.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description D.U.I.			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 N		Drug Type N		Amount / Unit		Offense # 20-00899		Warrant / Capias Number		Bond	
Charge Description Reckless Driving			Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.192(1)(b)^{ep} (a)		Violation of ORD #		
Drug Activity N		Drug Type N		Amount / Unit		Offense # 20-00899		Warrant / Capias Number		Bond	
Charge Description Resisting without Violence			Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 843.02		Violation of ORD #		
Drug Activity N		Drug Type N		Amount / Unit		Offense # 20-00899		Warrant / Capias Number		Bond	
Charge Description Possession of Cocaine			Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.13(6)(b)^{ep} (a)		Violation of ORD #		
Drug Activity P		Drug Type C		Amount / Unit .48 gm		Offense # 20-00899		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) 3228 Gun Club Rd., West Palm Beach, FL											
Court Date and Time Month September Day 17 Year 2020 Time 0830 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>											
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					
HOLD for other Agency Name:			Signature of Arresting Officer <i>Pelajo</i>			Name Verification (Printed by Arrestee) 9265					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:			Name of Arresting Officer (Print) Pelajo			I.D. # 9265		
Intake Deputy <i>Shaw S...</i>			I.D. #			Pouch #			Transporting Officer Pelajo		
						I.D. #			Agency PBPD		
Witness here if subject signed with an "X"										PAGE 1 OF 1	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

03 77762

3164

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile N

OBTS Number	Agency ORI Number	Agency Name Palm Beach PD	Agency Report Number 20-000899
Charge Type: Check as many as apply.	<input checked="" 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

Name (Last, First, Middle) Kinney, Krystal, J	Alias	Race W	Sex F	Date of Birth 08/26/1978
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Charge Description D.U.I.	316.193(1)a	Charge Description Reckless Driving	316.192(1)(b)(2)
Charge Description Resisting without Violence	843.02	Charge Description Possession of Cocaine	893.13(6)(b)(2)

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		

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 13 day of August 2020 at 0923 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On Thursday, August 13, 2020, Krystal J Kinney was arrested for Reckless Driving pursuant to F.S.S. 316.192(1)(b)(2) and Resisting without Violence pursuant to F.S.S. 843.02. Prior to her vehicle being towed an inventory was conducted in accordance to Palm Beach Police Policy. Upon conducting the inventory search a clear baggy with a white powdery substance was located in the center console. The white powdery substance tested positive for cocaine weighing .48 grams. Kinney is charged for Possession of Cocaine pursuant to F.S.S. 893.13(6)(b)(2)

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH
Ofc Pelayo *[Signature]*
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of August 2020 by Ofc Pelayo

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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
Expires Jun 25, 2024
Bonded through National Notary Assoc

FILING PACKAGE RECEIPT FORM

Check One:

- DHSMV - Bureau of Driver Improvement Hearing Office
- State Attorney's Office D.U.I. Intake
- Felony/Misdemeanor Filing Documentation

Case Number: **20-000899**

Defendant: **Kinney, Krystal, J**

Officer: **Ofc Pelayo** ID, # **9265**

District: _____

Date Submitted: _____

Sent By: **Pelayo**

Supervisor Approval: _____

Received By Court Liaison: _____

Date/Time Received: _____

FILING PACKAGE LOGGED BY LIAISON
ON DATE AND TIME LISTED ABOVE

RETURN THIS ORIGINAL RECEIPT TO OFFICER



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

PBSO CASE # _____ PBSO ZONE _____

AGENCY CASE # 20-000899 CRASH CASE # _____

TIME OF STOP/CRASH 0923 DATE 8/13/2020 DAY Thursday

SUBJECT'S NAME Kinney, Krystal, J RACE W SEX F

HGT 505 WGT 120 DOB 08/26/1978

LOCATION 399 Royal Poinciana

ARRESTING OFFICER'S NAME & ID Ofc Pelayo AGENCY Palm Beach PD

DIVISION: _____

NOTIFIED BY COMMO _____

ARRIVAL AT FACILITY 2220

BREATH RESULTS:

ARREST TIME 2142

1. NA
2. _____
3. _____
4. _____

TESTING OFFICER'S ID _____ PBSO VIDEOTAPE # _____

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF August 20 20, AT 0923 AM PM
SUBJECT: Kinney, Krystal, J CASE NUMBER: 20-000899
AGENCY: Palm Beach PD ARRESTING OFFICER: Ofc Pelayo

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
See Lt Alber supplement for driving pattern

OBSERVATION OF DRIVER:

Bloodshot eyes, Glassy Eyes, Defecated, Soiled, Confused, Combative

DRIVER'S STATEMENTS:

Stated she consumed alcohol.

ODORS:

Unknown alcoholic beverage was emanating from her breath and facial area

GENERAL OBSERVATIONS

SPEECH: Normal (Screaming)

ATTITUDE: Combative, Confused, Mood swings

CLOTHING: Black Dress, Red heels

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

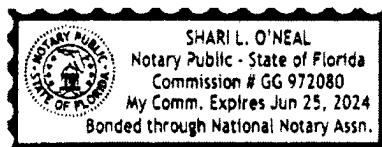
Ofc Pelayo

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of August 20 20 by

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

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



SUBJECT: Kinney, Krystal, J

CASE NUMBER 20-000899

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:

WALK & TURN

NA

ONE LEG STAND:

NA

FINGER TO NOSE:

NA

ROMBERG ALPHABET:

NA

BREATH TEST RESULTS: NA

STATE OF FLORIDA
COUNTY OF PALM BEACH

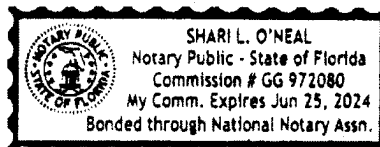
Ofc Pelayo
[Signature]

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of August 2020 by _____

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

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



NOT A CERTIFIED COPY

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

Ofc Pelayo

I, _____, a duly certified Law Enforcement Officer or Correctional

(Person reading Implied Consent Warning)

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

or affirm that on or about the **03** day of **August**, 20**20**, at **2142** P.M. A.M.
(Circle One)

NAME **Kylie Keith Livingston**
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL# **K500510788060**, state of **FLORIDA**, was placed under lawful arrest for

the offense of **DUI** by **Ofc Pelayo** and
(Name of Arresting Officer)

issued Citation # **3923-XDV**

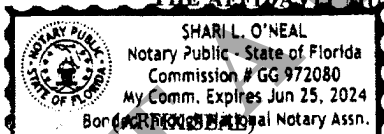
That on or about the **13th** day of **August**, 20**20**, at **2142** P.M. A.M.
(Circle One)

in, **PALM BEACH COUNTY**, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said person to submit to a breath, urine, or blood test to determine the content of alcohol in his or her blood or breath or the presence of chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits a misdemeanor, if said person refuses to submit to a lawful test as requested above, and his her driving privilege has been previously suspended for a prior refusal to submit to submit to a lawful test of his or her breath, urine, or blood. In cases involving a Commercial Motor Vehicle, I did inform the driver that this refusal will result in the disqualification of the driver's Commercial Driver's License/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 such test.

Said person did at that time and place refuse to submit to such test or tests.

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

The foregoing instrument was sworn and subscribed before

me this **13th** day of **August**, 20**20**

Title _____

Date _____

by **Ofc Pelayo**

who is personally known to me or who has produced

 ID as identification.

Notary Public Shari L. O'Neal

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. If no DUI arrest is made, attach HSMV 72005 (Notice of Commercial Driver's License/Privilege Disqualification).

SUBJECT: Kinney, Krystal J. 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 _____ 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) Read on Camera

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: Kinney, Krystal J. 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? No

WHERE WERE YOU GOING? Going to Boyfriends House

WHAT STREET OR HIGHWAY WERE YOU ON? Palm Beach

DIRECTION OF TRAVEL? W WHERE DID YOU START? E on Palm Beach

WHAT TIME DID YOU START? 8pm WHAT TIME IS IT NOW? 12am

WHAT IS TODAY'S DATE? 8/15/2020 WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach

WHEN DID YOU LAST EAT? 2 hrs ago WHAT DID YOU EAT? 9/ cat, oyster, potatoes, shrimp

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Hanging out w/ my Boyfriend

HOW MUCH DO YOU WEIGH? 115-120 HAVE YOU BEEN DRINKING? Yes WHAT? Champagne, Wine

HOW MUCH? 4 1/2 glasses WHERE? Meat Market WITH WHOM? Boyfriend

WHEN DID YOU HAVE YOUR FIRST DRINK? 4pm AND YOUR LAST DRINK? 10pm

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? Alcohol business WHEN DID YOU LAST WORK? Yesterday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? Broken Back

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? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>No</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>No</u>
DIABETES?	<u>No</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

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

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? West Virginia

INTERVIEWER: Delayo

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

Eyes bloodshot

REFUSED

COMMENTS:

Arrived at center A/O started 20 minute observation period at 22:20 hrs.

Subject stated "for what".

A/O read I/C twice.

Subject stated she understood I/C and would refuse to take test.

A/O read rights.

Subject stated she understood rights.

A/O conducted Q&A.

Subject answer questions.

REFUSED



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

PBSO CASE # 20-097052 PBSO ZONE 1-11

AGENCY CASE # 20-899 CRASH CASE # _____

TIME OF STOP/CRASH 21:23 DATE 8/13/20 DAY Thursday

SUBJECT'S NAME Krystal Jo Kinney RACE W SEX F

HGT 5' 5" WGT 120 lbs DOB 8/26/1978

LOCATION 399 Royal Poinciana Way

ARRESTING OFFICER'S NAME & ID Off. Pelayo 9265 AGENCY PBPD

DIVISION: Patrol

NOTIFIED BY COMMO Yes

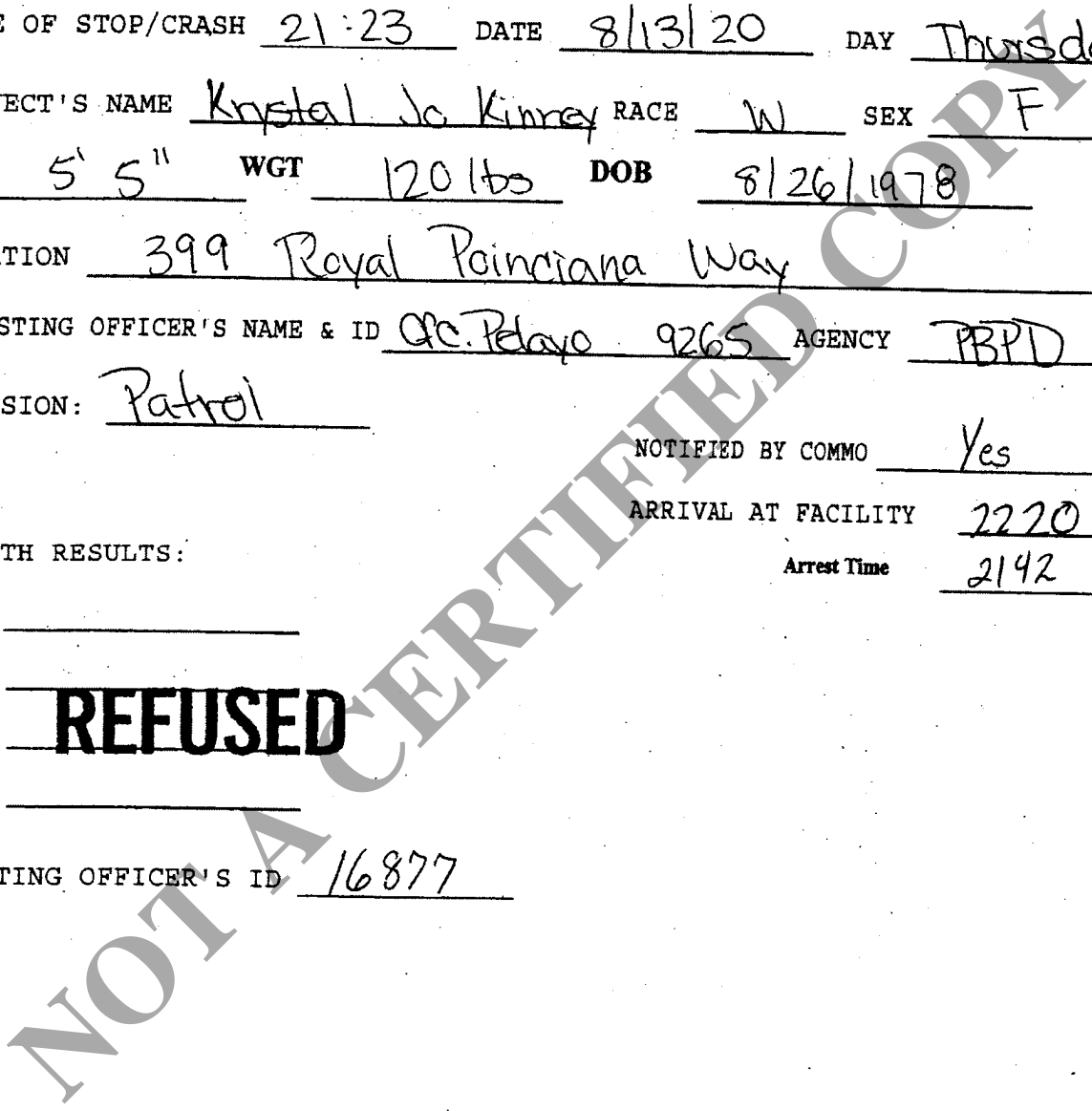
ARRIVAL AT FACILITY 2220

Arrest Time 2142

BREATH RESULTS:

1. _____
2. _____
3. **REFUSED**
4. _____

TESTING OFFICER'S ID 16877



WITNESS LIST

CASE NUMBER: 20-000899

ARRESTING OFFICER: Ofc Pelayo

ADDRESS: 345 S. County Rd Palm Beach FL, 33480

PHONE NUMBERS (HOME): (561)838-5454 (WORK) _____

CAN TESTIFY TO: Arrest

NAME: LT Alber

ADDRESS: 345 S. County Rd. Palm Beach FL, 33480

PHONE NUMBERS (HOME) (561)838-5454 (WORK) _____

CAN TESTIFY TO: _____

NAME: OFC Robichaud

ADDRESS 345 S County RD

PHONE NUMBERS (HOME) (561) 838-5454 (WORK) _____

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 _____

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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: _____

NOT A CERTIFIED COPY



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 checked="" 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: 2020019307	Date: 8/14/2020
	Specialist Name/ID: B Evans / 23649