

50-2021-CT-002738-ANB

ARREST / NOTICE TO APPEAR

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

A D M I N I S T R A T I O N	OBTS Number	Agency ORU Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>514 21-000644</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE					
	Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other	If Weapon Seized Enter Type: <b>NONE</b>		Multiple Clearance Indicator							
L O C A T I O N	Location of Arrest (Including Name of Business) <b>WINDLANTOWN RD/68TH TER N</b>					Location of Offense (Business Name, Address) <b>6799 W INDIANTOWN RD/68TH TER N, JUPITER, FL 33458</b>									
	Date of Arrest <b>02/22/2021</b>	Time of Arrest <b>03:36</b>	Booking Date <b>02/22/2021</b>	Booking Time <b>03:46</b>	Jail Date <b>//</b>	Jail Time	Location of Vehicle								
D E F E N D A N T	Name (Last, First, Middle) <b>WYLY, KWANA SHARELL</b>					Alias (Name, DOB, Sec. #, Etc.) <b>Alias: WYLY, KWANA SHARELL</b>									
	Race W - White B - Black	I - American Indian O - Other	Sex <b>F</b>	Date of Birth <b>05/25/1990</b>	Height <b>5'05</b>	Weight <b>150</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLACK</b>	Complexion <b>DARK</b>	Build <b>Medium</b>					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Martin's Status <b>S</b>	Religion	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>					
	Local Address (Street, Apt. Number) <b>AT LARGE, RIVIERA BEACH, FL 33404</b>					(City)	(State)	(Zip)	Phone <b>(561) 622-8700</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>				
	Permanent Address (Street, Apt. Number) <b>AT LARGE, RIVIERA BEACH, FL 33404</b>					(City)	(State)	(Zip)	Phone <b>(561) 622-8700</b>		Address Source <b>VERBAL</b>				
	Business Address (Name, Street) <b>CVS</b>					(City)	(State)	(Zip)	Phone		Occupation				
	D/L Number, State <b>W400517906850 / FL</b>		Sec. Sec. Number		DNS Number		Place of Birth (City, State) <b>WEST PALM BEACH,</b>		Citizenship <b>US</b>						
	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)					Residence Phone								
<input type="checkbox"/> Legal Custodian					Business Phone										
Address (Street, Apt. Number) <b>1 OR</b>					(City)	(State)	(Zip)								
Notified by: (Name) <b>2 OR</b>					Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 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								
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No:					Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property						
C O D E	Drug Activity N. N/A F. Potency					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/Opiv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description <b>DUI - DRIVING UNDER THE INFLUENCE/NORMAL FACULTIES IMPAIRED</b>					Statute Violation Number <b>316.193(1)(A)</b>					Violation of ORD #				
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond						
	<b>N</b>	<b>N</b>	<b>/</b>	<b>/</b>	<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N									
C H A R G E	Charge Description <b>CITATION - REFUSE TO SIGN/ACCEPT CITATION</b>					Statute Violation Number <b>318.14(3)</b>					Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond						
<b>N</b>	<b>N</b>	<b>/</b>	<b>/</b>	<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N										
C H A R G E	Charge Description					Statute Violation Number					Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond						
<b>/</b>	<b>/</b>	<b>/</b>	<b>/</b>	<b>/</b>	<b>/</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N									
I N T A K E	Health / Apparent Physical Conditions of Defendant					Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:									
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail					PROPERTY - Received By		Released By		Released To					
Transported By					Date Transported	Time Transported	Other								
<b>//</b>						<b>//</b>	<b>//</b>								
N O T I C E	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court					Location (Court, Room) <b>North County PALM BEACH GARD</b>									
	<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.					Court Date and Time <b>03/24/2021 13:30:00</b>									
T O A P P E A R	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									
A D M I N I S T R A T I O N	HOLD for Other Agency					Signature of Arresting Officer <b>[Signature]</b>					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) <b>MCGILLICUDDY, STEVEN</b>					ID.# <b>1216</b>				
Intake Deputy <b>Diana Lopez</b>					ID.#	Pouch #	Transporting Officer <b>S. MCGILLICUDDY</b>		ID.# <b>388</b>	Agency <b>JUPITE</b>	(PRINT) <b>FEB 22 AM 6:05</b>		PAGE <b>1 OF 1</b>		
Witness here if subject signed with an "X".															

0392435

1837

PROBABLE CAUSE AFFIDAVIT

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Captive **1** JUVENILE

Agency ORI Number: **FL 0501700** Agency Name: **JUPITER POLICE DEPARTMENT** Agency Report Number: **5 | 4 | 21-000644**

Charge Type:  1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  5. Ordinance  6. Other

Name (Last, First, Middle): **WYLY, KWANA SHARELL** Alias: **WYLY, KWANA SHARELL** Race: **B** Sex: **F** Date of Birth: **05/25/1990**

Charge Description: **316.193(1)(A) DUI - DRIVING UNDER THE INFLUENCE/NORMAL** Charge Description: **318.14(3) CITATION - REFUSE TO SIGN/ACCEPT CITATIO**

Victim's Name (Last, First, Middle): **State Of Florida** Race: **B** Sex: **F** Date of Birth: **05/25/1990**

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 **22** day of **February**, **2021** at **03:11** (Specifically include facts constituting cause for arrest.)

On 2/22/2021 at approximately 0311 hrs, while on patrol, I heard Officer Zesut advise on the radio that he was out with a black Chevrolet (VEHICLE-1) bearing FL tag IJ4-7XB, straddling two lanes at east bound W Indiantown Road just west of 68th Terrace N, with a female passed out behind the wheel. The female was later identified as Kwana Wyly (DEFENDANT). Due to the nature of the call I responded to the area to assist.

Upon my arrival, Officer Zesut advised me that Wyly was showing numerous indicators of impairment, including slurred speech and an odor of unknown alcoholic beverage emitting from her person. He advised that he observed her passed out behind the wheel with what appeared to be drool next to her. I then took over the investigation from this point.

Upon making contact at the vehicle, Wyly was still behind the wheel of the vehicle, in actual physical control. I observed a puddle of what appeared to be saliva and vomit next to Wyly on the floorboard. I observed that she had glassy bloodshot eyes. She spoke with slurred speech. She had a strong odor of unknown alcoholic beverage emitting from her person, which intensified as she spoke. She had a general appearance of being confused and disheveled. She stated to me multiple times that she was scared and also that she thought she was in Hobe Sound. She originally advised me that she had nothing to drink and told me that she is a college student.

Wyly had to be told multiple times to exit the vehicle and seemed preoccupied with being on her phone. I was able to get her somewhat calmed down at which point she agreed to participate in field sobriety exercises.

**HORIZONTAL GAZE NYSTAGMUS (HGN)**  
 -No resting nystagmus in either eye  
 -Equal pupil size and tracking  
 -Lack of smooth pursuit in both eyes  
 -Distinct and sustained nystagmus at maximum deviation in both eyes

SWORN AND SUBSCRIBED BEFORE ME

*[Signature]* Notary Public State of Florida  
 Thomas H Leahy  
 My Commission GG 347108  
 Expires 06/20/2023

*[Signature]* SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  
**MCGILICUPPY, STEVEN (1216)**  
 NAME OF OFFICER (PLEASE PRINT)

**02/22/2021** DATE  
**02/22/2021** DATE

PAGE **1** OF **3**

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1 JUVENILE

OBTS Number

Agency ORI Number

Agency Name

FL 0501700

JUPITER POLICE DEPARTMENT

Agency Report Number

5 | 4 | 21-000644

Charge Type:  
Check as many  
as apply.

1. Felony  
 2. Traffic Felony  
 3. Misdemeanor  
 4. Traffic Misdemeanor  
 5. Ordinance  
 6. Other

Special Notes:

Name (Last, First, Middle)

WYLY, KWANA SHARELL

Alias

WYLY, KWANA SHARELL

Race

Sex

Date of Birth

B

F

05/25/1990

-Onset of nystagmus prior to forty-five degrees in both eyes with an estimated immediate angle of onset

-Vertical nystagmus present in both eyes

-6 of 6 clues plus VGN

WALK AND TURN

- Lost balance in starting position
- Missed heel to toe
- Used arms for balance
- Improper turn
- Stopped while walking
- Stepped off line
- 6 of 8 clues

ONE LEG STAND

- Used arms for balance
- Swayed
- 2 of 4 clues
- Kept looking beyond foot to establish horizon

FINGER TO NOSE

- 1L - Tip to under tip of nose, DNP
- 2R - Pad to right lip, DNP
- 3L - Pad to middle of upper lip, DNP
- 4R - Pad to tip
- 5R - Used left then switched to right, pad to under tip
- 6L - Side of finger to under tip

MODIFIED RHOMBERG BALANCE

- Estimated the passage of 30 seconds in 17 seconds

Based on my investigation, observations and the totality of the circumstances I have probable cause to believe that Kwana Wyly was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point that her normal faculties were impaired, contrary to F.S.S. 316.193. I placed her under arrest at 0336 hrs. During an inventory search of the vehicle I discovered an almost entirely consumed bottle of vodka in the center console. I then transported Wyly to the Palm Beach County Breath Alcohol Testing (BAT) center, arriving at 0412 hrs. I placed Wyly under a 20 minute observation period during which I did not observe her consume nor regurgitate anything. We then went on video with BAT Technician Pound (ID #24639) and I requested that Wyly submit to a breath test. She refused. I then read her implied consent and she refused to provide breath, with a marked refusal time of 0436 hrs. I read her her Miranda rights twice and she advised that she still did not

SWORN AND SUBSCRIBED BEFORE ME

*T. Leahy*



Notary Public State of Florida  
Thomas H Leahy  
My Commission GG 347108  
Expires 08/20/2023

*Steven McGillicuddy*  
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILICUDDY, STEVEN (1216)

NAME OF OFFICER (PLEASE PRINT)

02/22/2021  
DATE

02/22/2021  
DATE

PAGE  
2 OF 3

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1 JUVENILE

OBS Number

Agency ORI Number  
**FL 0501700**

Agency Name  
**JUPITER POLICE DEPARTMENT**

Agency Report Number  
**5 | 4 | 21-000644**

Charge Type:  
Check as many as apply.  
 1. Felony  
 2. Traffic Felony  
 3. Misdemeanor  
 4. Traffic Misdemeanor  
 5. Ordinance  
 6. Other

Special Notes:

Name (Last, First, Middle)  
**WYLY, KWANA SHARELL**

Alias  
**WYLY, KWANA SHARELL**

Race: **B** Sex: **F** Date of Birth: **05/25/1990**

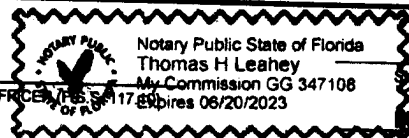
understand them. I then ended the interview process. I placed Wylly in a holding cell while I finished her paperwork. She refused to sign her citations and was additionally charged.

NOT A CERTIFIED COPY

PROBABLE CAUSE STATEMENT

SWORN AND SUBSCRIBED BEFORE ME

*[Signature]*  
NOTARY PUBLIC / CLERK OF COURT / OFFICER



*[Signature]*  
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

**MC GILLICUDDY, STEVEN (1216)**  
NAME OF OFFICER (PLEASE PRINT)

**02/22/2021**  
DATE

**02/22/2021**  
DATE

PAGE  
**3 of 3**

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

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

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

or affirm that on or about the 22ND day of FEBRUARY, 20 21, at 0336 P.M. A.M.

DRIVER KWANA S WYLY
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# W-400-517-90-685-0, state of FLORIDA, was placed under lawful arrest for

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

issued Citation # ADB9C5E

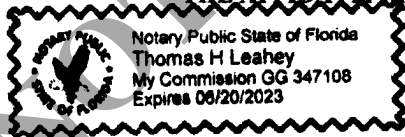
That on or about the 22ND day of FEBRUARY, 20 21, at 0436 P.M. A.M.

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.

[Signature]
Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

The foregoing instrument was sworn and subscribed before

me this 22 day of February, 20 21,

by Officer MCGILLICUDDY 380,

who is personally known to me or who has produced

Personally Known as identification

Notary Public [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.

# WITNESS LIST

CASE NUMBER: 21-000644

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: OFC ZESUT

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: INITIATING OFFICER

NAME: OFC BIGTREE

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: BACKUP ON STOP

NAME: OFC RALEIGH

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: FEMALE SEARCH/BACKUP ON STOP

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: JPD  
SUBJECT: WYLY, KWANA S  
CASE NUMBER: 21-038009  
DATE: Feb 22, 2021  
VIDEO DVD NUMBER: N/A  
BEGINNING TIME: 04:33  
ENDING TIME: 04:37

BREATH TESTS RESULTS: 1) R TIME 04:36 A.M.  P.M.  2) N/A TIME N/A A.M.  P.M.   
3) N/A TIME N/A A.M.  P.M.  4) N/A TIME N/A A.M.  P.M.

BREATH OPERATOR: P.POUND #24639  
MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

### TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED  
ATTITUDE: TALKATIVE, PROFANITY  
CLOTHING: BLUE SHORTS, ORANGE TANK-TOP, NO SHOES  
MEDICAL CONDITIONS: NONE  
MEDICATIONS: NONE

### OTHER:

EYES: GLASSY AND BLOODSHOT

### COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 04:12 HRS.  
SUBJECT: REFUSED TO ANSWER FORMAT QUESTIONS  
SUBJECT: REFUSED TO TAKE TEST  
A/O: READ I/C  
SUBJECT: ACKNOWLEDGE SHE UNDERSTOOD I/C AND REFUSED TO TAKE TEST  
A/O: READ RIGHTS TWICE  
SUBJECT: REFUSED TO ANSWER IF SHE UNDERSTOOD RIGHTS  
NO Q&A CONDUCTED

REFUSED

REFUSED



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

PBSO CASE # 21-038009 PBSO ZONE 3-15

AGENCY CASE # 21-000644 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0311 DATE 02/22/2021 DAY MONDAY

SUBJECT'S NAME WYLY KWANA S RACE B SEX F  
LAST FIRST MID

HGT 5'5 WGT 150 DOB 5/25/1990

LOCATION W INDIANTOWN RD/ISLAND WAY

ARRESTING OFFICER'S NAME & ID MCGILlicuddy 380 AGENCY JUPITER PD

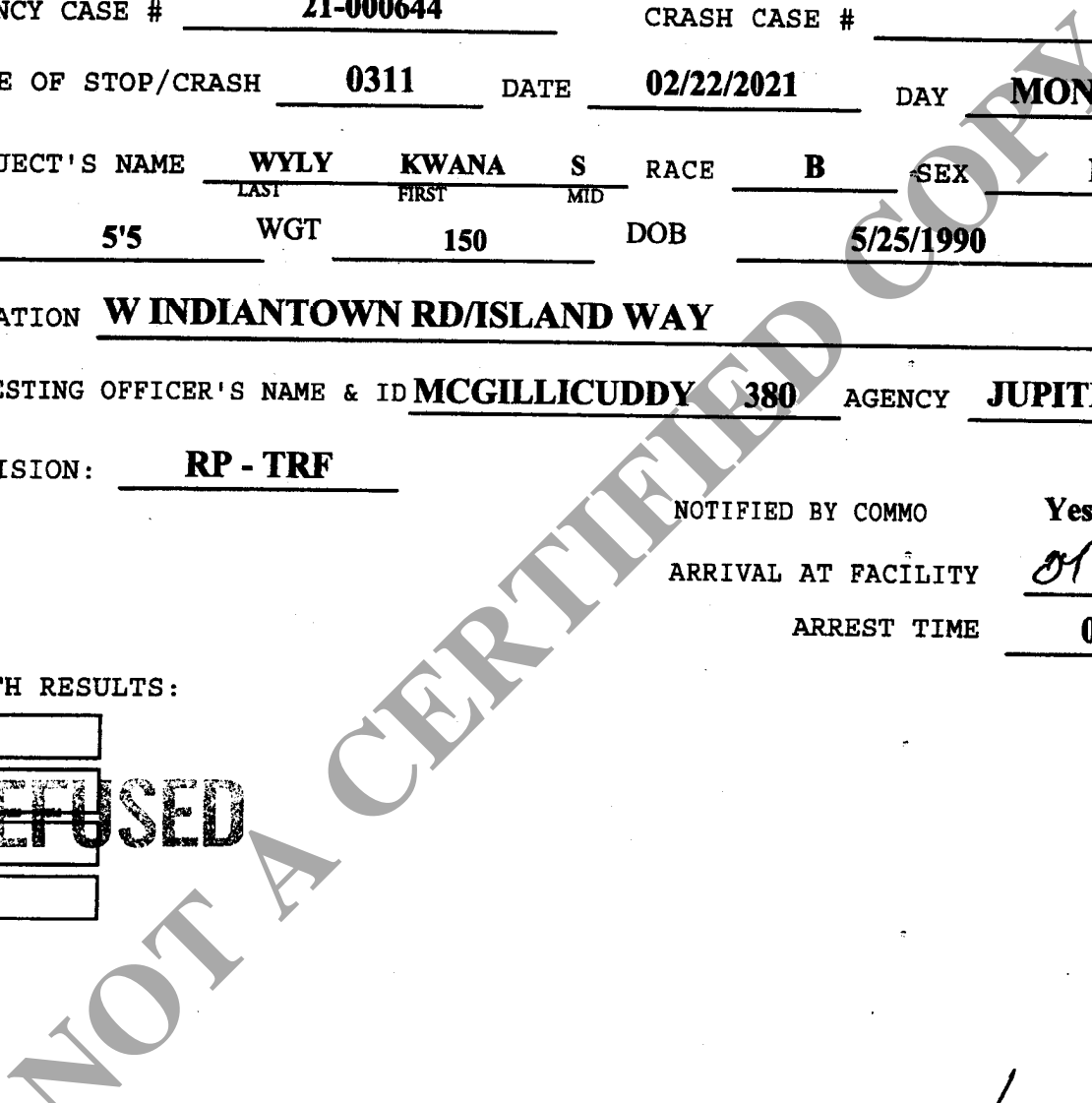
DIVISION: RP - TRF

NOTIFIED BY COMMO Yes  
 ARRIVAL AT FACILITY [Signature]  
 ARREST TIME 0336

**BREATH RESULTS:**

- 1)
- 2)
- 3)
- 4)

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A



INVESTIGATION OF THE IN A MOTOR VEHICLE

I am now appearing

OR

OR

of the



STATE OF TEXAS

- 1. I am now appearing
- 2. I am now appearing
- 3. I am now appearing
- 4. I am now appearing
- 5. I am now appearing
- 6. I am now appearing
- 7. I am now appearing

STATE OF TEXAS

JOE KILLY, KUANA

CASE NUMBER: 1-000644

### QUESTIONS AND ANSWERS

DO YOU HAVE ANY OTHER QUESTIONS OR COMMENTS THAT YOU WANT TO MAKE AT THIS TIME?

WHAT TIME OF THE DAY WAS IT AT THE TIME OF THE STOP?

WHAT TIME OF THE DAY WAS IT AT THE TIME OF THE STOP?

WHAT TIME OF THE DAY WAS IT AT THE TIME OF THE STOP?

WHAT TIME OF THE DAY WAS IT AT THE TIME OF THE STOP?

WHAT IS TODAY'S DATE? WHAT DAY OF THE WEEK IS IT?

WHAT COUNTY AND CITY ARE YOU IN?

WHAT TIME OF THE DAY WAS IT AT THE TIME OF THE STOP?

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WHAT TIME OF THE DAY WAS IT AT THE TIME OF THE STOP?



**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"/>		** (viii) Clinical records under the Baker Act. §394.4615(7), Fla. Stat.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

**REVIEW COMPLETED BY**

Booking Number: 2021004421	Date: 2/22/2021
	Specialist Name/ID: M. Tooks #8557