

0522559

21CT5875ASB

NH

2870

AD M I N I S T R A T I O N	OCTS Number		ARREST / NOTICE TO APPEAR		1. Arrest (No Warrant) 3. Arrest (Warrant) 6. Arrest (Warrant) 2. N.T.A. 5. Juvenile Referral		1 JUVENILE											
	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2021-004207													
	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		Location of Arrest (Including Name of Business) 3500 W YAMATO RD, BOCA RATON, FL, 3500 W YAMATO RD,		Location of Offense (Business Name, Address) 3500 W YAMATO RD, BOCA RATON, FL 33496		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicators									
D E F E N D A N T	Date of Arrest 04/08/2021		Time of Arrest 22:50		Booking Date 04/08/2021		Booking Time 23:30		Jail Date 04/08/2021		Jail Time 23:30		Location of Vehicle EMERALD TOWING					
	Name (Last, First, Middle) NEWMAN, LOREN KEITH																	
	Alias: Alias (Name, DOB, Sex, etc.)																	
C O D E F	Race W - White B - Black O - Oriental/Asian W M		Sex M		Date of Birth 05/28/1965		Height 5'08		Weight 200		Eye Color GREEN		Hair Color GRAY		Complexion LIGHT		Build Medium	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																	
	Marital Status M JEWISH																	
J U V E N I L E	Local Address (Street, Apt. Number) 820 NW 87TH AVE 104, MIAMI, FL 33172																	
	Permanent Address (Street, Apt. Number) 820 NW 87TH AVE 104, MIAMI, FL 33172																	
	Business Address (Name, Street) FL DL																	
C O D E F	DL Number, State N550531651880 / FL		DNS Number		Place of Birth (City, State) PITTSBURGH, PA.		Citizenship US		Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
	Co-Defendant Name (Last, First, Middle)																	
	Co-Defendant Name (Last, First, Middle)																	
J U V E N I L E	Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)																	
	Legal Custodian																	
	Address (Street, Apt. Number) (City) (State) (Zip)																	
C O D E F	Notified by: (Name)																	
	Released To: (Name)																	
	Relationship																	
C O D E F	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.																	
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
	Description of Property																	
C O D E F	Drug Activity N. N/A P. Poison S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperse/ Distribute M. Manufacture/ Production/ Cultivate Z. Other																	
	Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other																	
	Charge Description DRIVE UNDER INFLUENCE ALC																	
C O D E F	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		State Violation Number 316.193(1A)		Violation of ORD #	
	Charge Description																	
	Drug Activity																	
C O D E F	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		State Violation Number		Violation of ORD #	
	Charge Description																	
	Drug Activity																	
C O D E F	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		State Violation Number		Violation of ORD #	
	Charge Description																	
	Drug Activity																	
I N T A K E	Health / Apparent Physical Condition of Defendant FAIR																	
	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Dehydration <input type="checkbox"/> Injuries																	
	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																	
N O T I C E	Transported By J. CASAS 818																	
	PROPERTY - Received By J. CASAS 818																	
	Released By J. CASAS 818																	
T O A P P E A R	INSTRUCTION NO. 1 - Mandatory appearance in court																	
	INSTRUCTION NO. 2 - You need not appear in Court																	
	but must comply with instructions on Page 2.																	
A D M I N	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	HOLD for Other Agency																	
	Signature of Arresting Officer CASAS, J.																	
	Name Verification (Printed by Arrestor) (PRINT)																	
A D M I N	Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other <input type="checkbox"/>																	
	Transporting Officer J. CASAS																	
	Witness here if subject signed with an "X".																	

APR 09 2021

OSTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N	Agency ORI Number	Agency Name		Agency Report Number					
	<b>FL 0500200</b>	<b>BOCA RATON POLICE DEPARTMENT</b>		<b>3   2   2021-004207</b>					
D E F	Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other								
	Special Notes:								
C H A R G E S	Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth		
	<b>NEWMAN, LOREN KEITH</b>				<b>W</b>	<b>M</b>	<b>05/28/1965</b>		
V I C T I M	Charge Description		Charge Description						
	<b>316.193(1A) - DUI</b>								
S T A T E	Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth		
	<b>STATE OF FLORIDA,</b>				<b>U</b>	<b>U</b>			
P R O B A B L E	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source	
	<b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>					<b>(561) 338-1234</b>			
C A U S E	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation	
						<b>(561) -</b>			
S W O R N	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... <input 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. <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.								
	On the <u>8</u> day of <u>April</u> , <u>2021</u> at <u>22:50</u> (Specifically include facts constituting cause for arrest.)								
A D M I N I S T R A T I V E	<p>On 4/8/2021, at approximately 2235 hours, I was conducting traffic enforcement in the area W Yamato Rd and NW 55th Diagonal (Entrance to Woodfield Country Club) when I observed a black 2016 Honda Accord (FL - LRCW86) stopped at a green light in the westbound right turn lane on Yamato Rd. The vehicle remained stationary for approximately 30 seconds before eventually proceeding straight through the intersection.</p> <p>I positioned my unmarked BRPD vehicle behind the Honda and began observing its driving pattern. While behind the vehicle, I observed it swerve within its lane, rapidly decelerate and then accelerate, and cross over the solid white line and into the bicycle lane. I initiated a traffic stop in the area of 3500 W Yamato Rd. Initially, the vehicle failed to respond to my lights and siren and continued driving in the manner previously described (swerving and rapidly slowing and accelerating). It then slowed and came to a brief stop in the U-turn lane as if it was pulling over, however, it continued driving and made a slow U-turn to begin traveling eastbound on W Yamato Rd. The vehicle once again stopped just west of the intersection of W Yamato Rd and Boca West Dr but then started driving again before eventually pulling over just east of the same intersection.</p> <p>I approached the vehicle from the driver's side and immediately observed that the driver was lethargic, his eyes were red and glassy, his speech was slurred, and he had a very strong odor of alcohol emanating from his breath when he spoke. I then asked the driver to turn off the ignition and exit the vehicle to prevent him from driving away. I observed the driver had poor balance when exiting the vehicle and he required support when standing.</p> <p>When asked to provide identification, the driver stated his FL DL was in his wallet which was in the vehicle, however, I observed that his wallet was actually in his rear right pocket. The driver was ultimately identified as Loren Newman by FL DL.</p>								
	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>[Signature]</i></p> <p>NOTARY PUBLIC / CLERK OF COURT</p> <p><u>04/09/21</u></p> <p>DATE</p> </div> <div style="width: 30%; text-align: center;"> <p>Notary Public State of Florida</p> <p>Thomas H. Leashey</p> <p>My Commission GG 347108</p> <p>Expires 06/20/2023</p> </div> <div style="width: 30%;"> <p><i>[Signature]</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>CASAS, JAVIER (818)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>04/08/2021</b></p> <p>DATE</p> </div> </div>								

COURT

STATE ATTORNEY

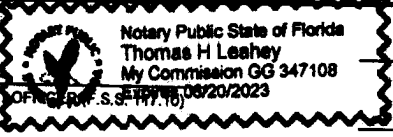
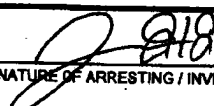
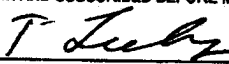
CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

PAGE  
1 OF 2

OBS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		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 V E	Agency ORI Number	Agency Name		Agency Report Number					
	<b>FL 0500200</b>	<b>BOCA RATON POLICE DEPARTMENT</b>		<b>3   2   2021-004207</b>					
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other							
Name (Last, First, Middle)		Special Notes:						Race	Sex
<b>NEWMAN, LOREN KEITH</b>								<b>W</b>	<b>M</b>
								Date of Birth	
								<b>05/28/1965</b>	
<p>Newman claimed he had not consumed any alcohol prior to the stop, was unable to recall where he was coming from, and stated he was on his way home to Miami. According to Newman he was currently in Miami.</p> <p>Newman stated he was not sick, injured, diabetic, or epileptic. He also said he was not currently taking any medication.</p> <p>I then asked Newman to submit to Standardized Field Sobriety Exercises and he refused to participate. I advised Newman of his Taylor Warnings and he stated he understood. Newman continued to refuse to participate in the exercises.</p> <p>Based on my observations, and the totality of the circumstances, I found probable cause to believe that Newman was operating a motor vehicle within the state while under the influence alcohol or controlled chemical substances. Newman was placed under arrest for DUI per F.S.S 316.193(1a). Newman was transported to the Palm Beach County Sheriff's Office DUI Testing Facility where Breath Operator Leahey (#19183) completed the BAT room procedures. Newman was asked to provide a sample of his breath for the purpose of determining the alcohol content and he provided two samples of .218 and .215. Newman was then advised of his constitutional warnings and stated he understood. Newman refused to participate in the Q&amp;A portion of the interview. See DUI influence report for further.</p>									
NOT A CERTIFICATE									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
	 NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S 117.16)								
	04/09/21 DATE		<b>CASAS, JAVIER (818)</b> NAME OF OFFICER (PLEASE PRINT)						
	04/08/2021 DATE		PAGE <b>2 OF 2</b>						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

# TESTING FACILITY TASK REPORT

AGENCY: BRPD

SUBJECT: Newman, Loren K

CASE NUMBER: 21-053557

DATE: Apr 8, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2352

ENDING TIME: 0005

BREATH TESTS RESULTS: 1) .218 TIME 2358 A.M. ☐ P.M. ☒ 2) .215 TIME 0002 A.M. ☒ P.M. ☐  
3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: sleeping, lethargic

CLOTHING: blue jeans, green/bye striped polo shirt, black sneakers

MEDICAL CONDITIONS: none

MEDICATIONS: none

## OTHER:

eyes are glassy & bloodshot  
odor of unknown alcoholic beverage on breath

## COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2330 hrs

subject agreed to perform breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O attempted Q&A

subject declined to answer questions



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

PBSO CASE # 21-053557 PBSO ZONE 7-31  
AGENCY CASE # 32-2021-004207 CRASH CASE # \_\_\_\_\_  
TIME OF STOP/CRASH 2235 DATE 04/08/2021 DAY \_\_\_\_\_  
SUBJECT'S NAME NEWMAN LOREN K RACE W SEX M  
LAST FIRST MID  
HGT 5'8" WGT 200 DOB 05/28/1965  
LOCATION 3500 W YAMATO RD, BOCA RATON, FL 33496  
ARRESTING OFFICER'S NAME & ID J. CASAS 818 AGENCY BRPD  
DIVISION: SPEC. SERV. - DUI  
NOTIFIED BY COMMO YES  
ARRIVAL AT FACILITY 2330  
ARREST TIME 2250

BREATH RESULTS:

1)	.218
2)	.215
3)	N/A
4)	N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

**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: 80-006240 Software: 8100.27  
Date of Test: 04/09/2021

Date of Last Agency Inspection: 03/12/2021

Observation Period Began: 23:30

Subject's Name: LOREN K NEWMAN

DOB: 05/28/1965 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	23:56
	Air Blank	0.000	23:57
	Control Test	0.080	23:57
	Air Blank	0.000	23:58
	Subject Sample #1	0.218	23:58
	Air Blank	0.000	23:59
	Air Blank	0.000	00:01
	Subject Sample #2	0.215	00:02
	Air Blank	0.000	00:02
	Control Test	0.080	00:03
	Air Blank	0.000	00:03
	Diagnostics Check	OK	00:03

Cylinder Lot: 22620080A2

Exp: 10/05/2022

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who (5) is personally known to me or (  ) produced                                  as identification, and who after being placed under oath, states:

I THOMAS H LEANEY, 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: T Leaney Date: 04/09/21  
Signature

Sworn to (or affirmed) before me this 09 day of April, 2021

Signature of Notary Public-State of Florida

Ofc J Cases #818  
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.

SUBJECT: Newman, Loren K CASE NUMBER: 21-4207

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am \_\_\_\_\_ of the \_\_\_\_\_.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) \_\_\_\_\_

## CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on camera

SUBJECT: Newman, Loren K CASE NUMBER: 21-4207

## 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: Ofc. J. CASAS 818





**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: 2021008543	Date: 04/09/2021
	Specialist Name/ID: T Howard/7185