

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

21CT - 15389

3. Request for Warrant  
4. Request for Capias

1 Juvenile N

OBTS Number		Agency ORI Number <b>FLO 5 0 2 6 0 0</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number <b>78 - 21003988</b>	
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No	
Location of Arrest (Including Name of Business) <b>PGA BLVD/PROSPERITY FARMS RD, PBG, FL</b>				Location of Offense (Business Name, Address) <b>PGA BLVD/FAIRCHILD GARDENS AV, PBG, FL</b>			
Date of Arrest <b>09/12/2021</b>		Time of Arrest <b>01:14</b>		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle <b>KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407</b>			
Name (Last, First, Middle) <b>ROA, LYNETTE,</b>							
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex <b>F</b>		Date of Birth <b>01/02/1977</b>		Height <b>5'3</b>	
Weight <b>130</b>		Eye Color <b>HAZ</b>		Hair Color <b>BRO</b>		Complexion <b>LGT</b>	
Build <b>SMALL</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>SINGLE</b>		Religion <b>NOT STATED</b>	
Indication of Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.		Indication of Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.		Local Address (Street, Apt. Number) <b>1898 JUNO ISLES BLVD, NORTH PALM BEACH, FL 33408</b>			
Phone <b>(561) 324-3420</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State		Permanent Address (Street, Apt. Number) <b>1898 JUNO ISLES BLVD, NORTH PALM BEACH, FL 33408</b>			
Phone		Address Source <b>VERBAL</b>		Business Address (Name, Street) <b>(City) (State) (Zip)</b>			
Phone		Occupation		D/L Number, State <b>R000520775021 FL</b>		Soc. Sec. Number	
INS Number		Place of Birth (City, State) <b>ARECIBO, PR</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"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile			
<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 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
Released To: (Name)		Relationship		Date		Time	
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <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 <b>DRIVING UNDER THE INFLUENCE</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>316.193(1)(A)</b>	
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Location (Court Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>							
Court Date and Time Month <b>OCTOBER</b> Day <b>13</b> Year <b>2021</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> PM		I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED					
Signature of Defendant (or Juvenile and Parent /Custodian)		Date Signed <b>09/12/2021</b>					
Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer <b>OF. ANDREW FLINK</b>		Name Verification (Printed by Arrestee) <b>SEP 12 AM 3:10</b>		PAGE	
I.D. #		Pouch #		Name of Arresting Officer (Print) <b>OF. A. FLINK</b>		I.D. # <b>514</b>	
Transporing Officer <b>OF. A. FLINK</b>		ID # <b>514</b>		Agency <b>PBPGD</b>		Witness here if subject signed with an - 3-	
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - AGENCY							

SK# 0212289

SCANNED  
SEP 17 2021  
# 1477

Agency ORI Number <b>FL 0502600</b>	Agency Name <b>Palm Beach Gardens Police Department</b>	Agency Report Number <b>7   8   21-003988</b>
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		Special Notes:
<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) <b>ROA, LYNETTE</b>	Alias <b>ROA, LYNETTE</b>	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>01/02/1977</b>
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Charge Description <b>316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>State Of Florida</b>	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 \_\_\_\_\_ who told

committed the below acts in my presence.  was observed by \_\_\_\_\_ 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 12 day of September, 2021 at 01:06 (Specifically include facts constituting cause for arrest.)

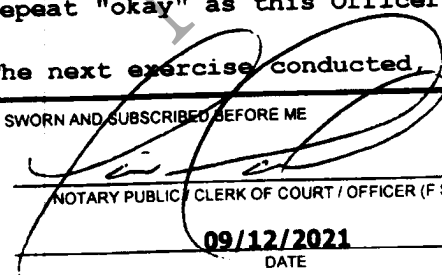
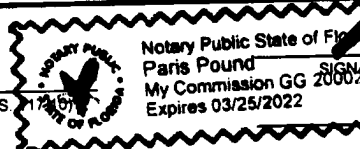
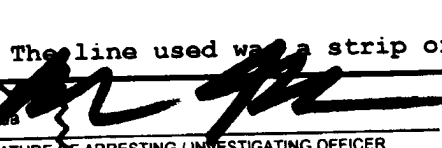
On 09/12/2021 at approximately 0106 hours this Officer arrived at the intersection of PGA Blvd and Prosperity Farms Rd, PBG, FL, to assist Ofc Hennessy 409 on a traffic stop. Body worn camera and in car video were used.

Ofc Hennessy said he observed the vehicle, a GMC utility vehicle (NPMX81/FL) traveling 79 MPH in a posted 45 MPH zone, in the area of PGA Blvd and Fairchild Gardens Av, PBG, FL. Ofc Hennessy conducted a traffic stop on the vehicle at the location. This Officer arrived and made contact with the driver, identified via Florida Driver License photo, Lynette Roa (IO) while she was still in the driver seat of the vehicle. Roa had red watery eyes, flushed red face, slurred speech and the obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. Roa said she was coming from hanging out with friends in Palm Beach Gardens near Abacoa and said she was on her way home. Roa admitted to consuming "a couple" alcoholic beverages on this night.

Based on this Officer's observations, Roa was asked to participate in Standardized Field Sobriety Exercises, to which she complied. Roa said she did not have any medical conditions which would affect the exercises performed.

The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used, was a Toxoptix X3, with an illuminated red light. This Officer observed lack of smooth pursuit in both eyes. This Officer also observed sustained involuntary jerking in both eyes at maximum deviation, also this Officer observed the onset of Nystagmus prior to 45 degrees in both eyes. Roa had vertical gaze Nystagmus in both eyes. During the exercise, Roa was swaying back and forth. Also while the stimulus was moving, Roa would repeat "okay" as this Officer made passes to each side.

The next exercise conducted, was the Walk and Turn. The line used was a strip of yellow

SWORN AND SUBSCRIBED BEFORE ME	Notary Public State of Florida Paris Pound My Commission GG 200028 Expires 03/25/2022	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>FLINK, ANDREW S (514)</b> NAME OF OFFICER (PLEASE PRINT)
		
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.06)	DATE <b>09/12/2021</b>	DATE <b>09/12/2021</b>

A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0502600</b>	Agency Name <b>Palm Beach Gardens Police Department</b>	Agency Report Number <b>7   8   21-003988</b>	
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		Special Notes:	
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Name (Last, First, Middle) <b>ROA, LYNETTE</b>			Alias	Race <b>W</b>
				Sex <b>F</b>
				Date of Birth <b>01/02/1977</b>

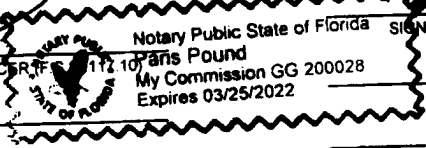

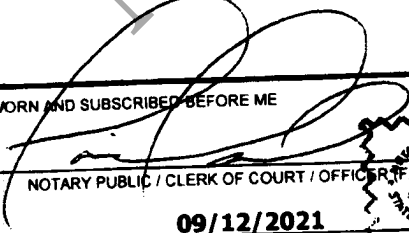
tape placed upon the pavement by this Officer. During the instructions, Roa stepped off the line out of the starting position. During the first set of steps, Roa missed heel-to-toe on each step and kept her arms raised more than six inches from her sides. After the ninth step, Roa stopped and asked for further instructions. Roa conducted an improper turnaround by coming off the line. During the return set of steps, Roa again missed heel-to-toe on each step and again kept her arms raised more than six inches from her sides. Roa also took eight steps rather than nine.

The final exercise conducted was the One-Leg Stand. During the exercise, Roa raised her right foot. Roa swayed during the exercise and raised her arms more than six inches from her sides. Roa also had difficulty counting properly.

Based on this Officer's observations, Roa was placed under arrest at 0114 hours. At PBSO BAT, this Officer requested Roa to provide a breath sample for the purpose of determining its alcohol content, to which she refused. This Officer read Florida Implied Consent to Roa, to which she acknowledged and again refused at 0114 hours.

Based on the results of the investigation, this Officer has probable cause to prove Lynette Roa knowingly operated a motor vehicle, in the state of Florida, while under the influence to the extent her normal faculties were impaired, in violation of FSS 316.193(1) (A).

NOT A CERTIFIED COPY

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 <b>09/12/2021</b> DATE		<b>FLINK, ANDREW S (514)</b> NAME OF OFFICER (PLEASE PRINT) <b>09/12/2021</b> DATE
			PAGE <b>2 of 2</b>



**PALM BEACH GARDENS POLICE DEPARTMENT  
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 21-105742 PBSO Zone: 3-13

Agency Case #: 21003988 Crash Case #: \_\_\_\_\_

**Incident Information:**

Time of Stop/Crash: 0056 Date of Incident: 09/12/2021 Day: SUNDAY

Location of Incident: PGA BLVD/FAIRCHILD GARDENS AV, PBG, FL

**Arrest Information:**

Time of Arrest: 01:14 Date of Arrest: 09/12/2021 Day: SUNDAY

Location of Arrest: PGA BLVD/PROSPERITY FARMS RD, PBG, FL

Subject's Name: (L) ROA, (F) LYNETTE, (M) \_\_\_\_\_

DOB: 01/02/1977 Race: W Sex: F Height: 5'3 Weight: 130 Hair BRO Eye HAZ

Address: 1898 JUNO ISLES BLVD, NORTH PALM BEACH, FL 33408 Phone: (561) 324-3420

Arresting Officer's Name: OFC. ANDREW FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC - DUI

**Breath Results**

- 1) \_\_\_\_\_ at \_\_\_\_\_ hrs.
- 2) **REFUSED** at \_\_\_\_\_ hrs.
- 3) \_\_\_\_\_ at \_\_\_\_\_ hrs.
- 4) \_\_\_\_\_ at \_\_\_\_\_ hrs.

**---BAT Use---**

BAT Notified: YES  
 Arrival Time at BAT: 0142  
 Subject Arrest Time: 01:14

Breath Test Operator: POUND 24639  
 PBSO

**SCANNED**  
**SEP 14 2021**

# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: ROA, LYNETTE

CASE NUMBER: 21-105742

DATE: Sep 12, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:05

ENDING TIME: 02:09

BREATH TESTS RESULTS: 1) R TIME 02:06 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

**REFUSED**

SPEECH: LOW

ATTITUDE: CALM, QUIET

CLOTHING: WHITE / BLUE / PINK SKIRT, PINK TANK-TOP, GOLD SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

### COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:42 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND REFUSED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

**REFUSED**

**SCANNED**  
**SEP 14 2021**

**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 **12TH** day of **SEPTEMBER**, 20 **21**, at **01:14**  P.M.  A.M.

DRIVER **LYNETTE** **ROA**  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **R000520775021**, state of **FL**, was placed under lawful arrest for

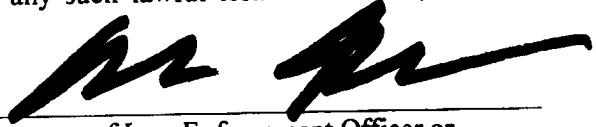
the offense of **DRIVING UNDER THE INFLUENCE** by **OFC. ANDREW FLINK** and  
(Name of Arresting Officer)

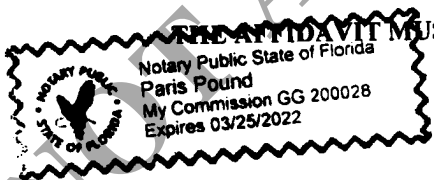
issued Citation # **AECPJLE**

That on or about the **12TH** day of **SEPTEMBER**, 20 **21**, at **0206**  P.M.  A.M.

in **PALM BEACH** County,

I requested that the driver submit to a  **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 of Law Enforcement Officer or  
Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this **12TH** day of **SEPTEMBER**, 20 **21**,

by **OFC. ANDREW FLINK**,

who is personally known to me or who has produced  
as identification

Notary Public 

HSMV-BAR1001 (REV. 10/2016)

**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

Title \_\_\_\_\_

Date **09/12/2021**

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.

**SCANNED**  
**SEP 14 2021**

SUBJECT: KOA, LYNETTE 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 C/O FINE of the PRIN

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 in camera REF WCU6

## 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 in camera **SCANNED** SEP 14 2021

SUBJECT: ROA LYNETTE 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? AS

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? 156

DIRECTION OF TRAVEL? E WHERE DID YOU START? W 156

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? 1 AM

WHAT IS TODAY'S DATE? 17th Sept WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? PRC

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? At a friends home

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? yes WHAT? White Claws

HOW MUCH? couple 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? 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? Dentist WHEN DID YOU LAST WORK? Friday

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? 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? \_\_\_\_\_
- GLASS EYE? \_\_\_\_\_
- FALSE TEETH? \_\_\_\_\_
- EAR INFECTION? \_\_\_\_\_
- INNER EAR TROUBLE? \_\_\_\_\_
- DIABETES? \_\_\_\_\_

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

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

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

INTERVIEWER: UFC Link 514

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SCANNED  
SEP 14 2021



# 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: 2021022763	Date: 9/12/21
	Specialist Name/ID: A. Pinkney/7796

**SCANNED**  
**SEP 14 2021**