

0516046

21CT14434

3949

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.3. Request for Warrant
4. Request for Capias

1

Juvenile

N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21100296	
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Weapon Seized / Type 2. Yes <input type="checkbox"/> 1. No <input checked="" type="checkbox"/> N/A		Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business) 3000 BLOCK S MILITARY TRAIL LAKE WORTH FL, 33461				Location of Offense (Business Name, Address) 3000 BLOCK S MILITARY TRAIL, LAKE WORTH FL, 33461			
Date of Arrest 08/27/2021	Time of Arrest 0227	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle PB AUTO TOWING	
Name (Last, First, Middle) PENA HIDALGO, MAIKEL				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth 11/23/1985	Height 5'08	Weight 155	Eye Color BROWN	Hair Color BLACK	Complexion LIGHT
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status SINGLE	Religion CATHOLIC	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip) 1013 ELMHURST RD, WEST PALM BEACH FL, 33409				Phone (561) 410-8047		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source FL DL	
Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation PLUMBER	
D/L Number, State P534540854230, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) CUBA	
Citizenship NON US		Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other <input type="checkbox"/>		Name (Last) (First) (Middle)		Residence Phone		Business Phone	
Address (Street, Apt. Number) (City) (State) (Zip)							
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 checked="" type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity N. N/A S. Sell B. Buy P. Possess 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		Statute Violation Number 316.193(1)(A)		Violation of ORD #	
Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond	
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 21100296	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD WEST PALM BEACH FL 33406							
Court Date and Time Month SEPTEMBER Day 23RD Year 2021 Time 0830 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. 08/27/2021 Signature of Defendant (or Juvenile and Parent /Custodian) Maikel Date Signed AUG 27 AM 3:59							
HOLD for other Agency Name:		Signature of Arresting Officer INV. A. TEJEDA		Name Verification (Printed by Arrestee) INV. A. TEJEDA		PAGE 1 OF 1	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) INV. A. TEJEDA		ID # 31814		Agency PBSO	
Witness here if subject signed with an "X"		Transporting Officer INV. A. TEJEDA		ID # 31814		Agency PBSO	

AUG 27 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27TH DAY OF AUGUST 20 21 AT 0205 ✓ AM PM
SUBJECT: PENA HIDALGO, MAIKEL, CASE NUMBER: 21100296
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. A. TEJEDA

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

On Friday, August 27th, 2021 at approximately 0205 hours, while patrolling the 300 block of S Military Trail in Unincorporated Lake Worth, within Palm Beach County FL I observed a white GMC van, bearing a FL tag: HKJC71 traveling northbound in the middle lane. I observed the vehicle to have only one head light. I got behind the vehicle and activated my overhead red and blue lights in an attempt to initiate a traffic stop. The vehicle continued traveling northbound despite having several opportunities to pull over. The vehicle finally pulled over onto Kent Ave just east of S Military Trail.

Upon making contact with the driver and sole occupant of the vehicle, he identified himself by his Cuba Passport as, Maikel Pena Hidalgo. I immediately smelled an obvious odor of an unknown alcoholic beverage coming from the van.

OBSERVATION OF DRIVER:

Upon making contact with the defendant who was seated in the driver seat of his van. I immediately smelled an obvious odor of an unknown alcoholic beverage coming from the van. I observed the defendant's eyes to be glossy and blood shot. I also observed the defendant to have a slow and slurred speech. The defendant fumbled through his wallet when asked for his Driver License and finally provided me with a Passport. The defendant was asked to step out of his van and speak with me in front of my patrol car, as he stepped out of his van he staggered to the side and had an unstable balance. I also observed the defendant to have a sway as he stood normally without walking.

DRIVER'S STATEMENTS:

The defendant stated he was on his way home from his friend's house, where he stated he was just hanging out. He stated he has no medical conditions. He stated he is not taking any medications. He stated he has no physical defects or injuries. He then stated he has an accident in Cuba back in 2014 but it does not affect him now. He stated he does not limp. He stated he does not have any issues with his eyes that are corrected by glasses. He stated he has not smoked marijuana or taken any illegal drugs. He stated he may have had possibly one beer.

ODORS:

An obvious odor of an unknown alcoholic beverage coming from his breath which intensified as he spoke with me.

GENERAL OBSERVATIONS

SPEECH: Slow and slurred

ATTITUDE: Calm and cooperative, then argumentative and talkative

CLOTHING: Pink t-shirt (backwards), gray jeans, white shoes

MEDICAL/OTHER: No medical conditions
All roadides captured on in car camera

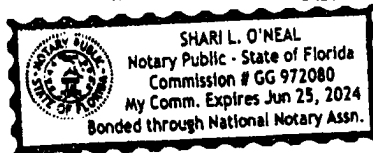
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. A. TEJEDA
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of August 2021 by INV. A. TEJEDA

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

Shari L. O'Neal
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



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AUG 27 2021

SUBJECT: PENA HIDALGO, MAIKEL,

CASE NUMBER 21100296

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

The defendant placed into the instructional stance for the Horizontal Gaze Nystagmus. He failed to maintain the instructional stance by separating his feet to help steady himself. He verbally identified the blue stimulus that I was holding up. I checked his eyes for equal pupil size, equal tracking, and resting nystagmus. The defendant was reminded not to move his head and only follow the stimulus with his eyes. He also swayed from side to side. I did not observe any vertical nystagmus.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to him. He stated he understood the instructions and had no questions for me. He failed to maintain the instructional stance by separating his feet to help steady himself. He stepped off the line. He used his arms for balance. He improperly turned around. He did not walk heel to toe as instructed. He swayed from side to side.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to him. He stated he understood the instructions and had no questions for me. He failed to maintain the instructional stance by separating his feet to help steady himself. He started the task too soon. He raised his right leg. He did not lift it approximately 6 inches as instructed. He did not look at his elevated foot as instructed. He swayed from side to side. He put his foot down prior to the 30 seconds elapsing. He used his arms for balance. He improperly counted.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to him. He stated he understood the instructions and had no questions for me. He failed to maintain the instructional stance by separating his feet to help steady himself. He swayed from side to side. He did not touch the tip of his finger to the tip of his nose as instructed. He did not return his arms to his sides as instructed. He did not touch the tip of his nose as instructed, instead he only raised his finger and pointed up to the sky. He also did not keep his eyes closed as instructed.

RHOMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhombert Alphabet" task to him. He stated he understood the instructions and had no questions for me. He failed to maintain the instructional stance by separating his feet to help steady himself. He stated he did not know the Alphabet in Spanish. He stated he knew how to count from 1 to 26. He swayed from side to side. He did not keep his eyes closed as instructed.

BREATH TEST RESULTS:

1) REFUSAL	2) REFUSAL	3)	4)
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STATE OF FLORIDA
COUNTY OF PALM BEACH

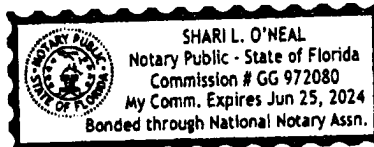
INV. A. TEJEDA

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of August, 2021 by INV. A. TEJEDA

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

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



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AUG 27 2021

WITNESS LIST

CASE NUMBER: 21100296

ARRESTING OFFICER: INV. A. TEJEDA

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3400

CAN TESTIFY TO: FACTS OF CASE AND DUI INVESTIGATION

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

AUG 27 2021

SUBJECT: _____ 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) _____

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.

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AUG 27 2021

SUSPECT'S SIGNATURE: (X) _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



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

PBSO CASE # 21100296 PBSO ZONE 1-33

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 0205 DATE 08/27/2021 DAY Friday

SUBJECT'S NAME PENA HIDALGO, MAIKEL RACE W SEX M

HGT 5'08 WGT 155 DOB 11/23/1985

LOCATION 3000 BLOCK S MILITARY TRAIL LAKE WORTH FL, 33461

ARRESTING OFFICER'S NAME & ID INV. A. TEJEDA (31814) AGENCY PALM BEACH COUNTY SHERIFF'S OFFICE

DIVISION: VCD/DUI

NOTIFIED BY COMMO NO

ARRIVAL AT FACILITY 0239

ARREST TIME 0227

BREATH RESULTS:

1)	
2)	
3)	

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

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AUG 27 2021

TESTING FACILITY TASK REPORT

AGENCY: **PBSO INV. TEJEDA #31814**

SUBJECT: **PENA HIDALGO, MAIKEL**

CASE NUMBER: **21-100296**

DATE: **08-27-21**

VIDEO DVD NUMBER: **N/A**

BEGINNING TIME: **03:02 HRS**

ENDING TIME: **03:05 HRS**

BREATH TESTS RESULTS: **1) REFUSED** **03:04** A.M. ☒ P.M. ☐ 2) ☐ TIME ☐ A.M. ☐ P.M. ☐

3) ☐ TIME ☐ A.M. ☐ P.M. ☐ 4) ☐ TIME ☐ A.M. ☐ P.M. ☐

BREATH OPERATOR: **S.O'NEAL #6212**

MAINTENANCE TECHNICIAN: **J. KARLECKE #6467**

TESTING OFFICER'S OBSERVATIONS

SPEECH: **SPANISH SPEAKING** TRANSLATION DONE BY A/O

ATTITUDE: **CALM, QUIET**

CLOTHING: **SHIRT- LIGHT PINK PANTS- GRAY JEANS/DIRTY**

MEDICAL CONDITIONS: **NONE**

MEDICATIONS: **NONE**

OTHER:

EYES: **VERY RED, GLASSY**

COMMENTS:

20 MIN. OBSERVATION CONDUCTED BY A/O TEJEDA #31814
A/O REQUESTED THE BREATH TEST IN SPANISH.
D REFUSED THE BREATH REQUEST.
A/O READ THE IMPLIED CONSENT ON CAMERA IN SPANISH.
D UNDERSTOOD THE I/C AS READ.
D STILL REFUSED THE BREATH REQUEST AFTER THE I/C WAS READ TO HIM.
C/W READ IN SPANISH, D REFUSED THE Q&A.

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AUG 27 2021

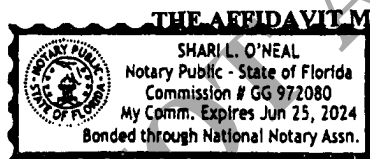
STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Investigator LE ANTHONY TEJEDA, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Palm Beach County Sheriffs Office, and I do swear
(Name of enforcement agency)
or affirm that on or about the TWENTY-SEVENTH day of August, 2021, at 2:27 AM
DRIVER MAIKEL PENA HIDALGO
(Type or Print) FIRST MIDDLE OR MAIDEN LAST
DL # P534540854230, state of FL, was placed under lawful arrest for
the offense of DUI by Investigator LE ANTHONY TEJEDA and
(Name of Arresting Officer)
issued Citation # AEA70ZE.

That on or about the TWENTY-SEVENTH day of August, 2021, at 3:04 AM
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 (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 27 day of August, 2021
by _____
who is personally known to me or who has produced

_____ as identification.
Notary Public S. O'Neal

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

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.

QUESTIONS AND ANSWERS

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

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?** _____

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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED
AUG 27 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: 2021021355	Date: 8/27/2021
	Specialist Name/ID: J. Beck/9007

SCANNED
AUG 27 2021