

J# 0524543 21011196 P# 1483

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-21-084817															
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01																	
Location of Arrest (Including Name of Business) Pinehurst Dr / Oakmont Dr, Lake Worth, FL 33467						Location of Offense (Business Name, Address) Pinehurst Dr / Oakmont Dr, Lake Worth, FL 33467															
Date of Arrest 07/11/2021		Time of Arrest 22:19		Booking Date 07/12/2021		Booking Time		Jail Date		Jail Time		Location of Vehicle Babbsco Towing, 3546 S Military Tr, Lake Worth, FL 33463, (561) 965-8799									
Name (Last, First, Middle) Osorio Lopez, Maria, Alejandra												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W		Date of Birth 9/10/1996		Height 5'05		Weight 145		Eye Color brown		Hair Color brown		Complexion light		Build medium					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none												Marital Status Single		Religion CHRISTIAN		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.					
Local Address (Street, Apt. Number) 3246 Foxridge Ct, Lake Worth, FL 33461						(City)		(State)		(Zip)		Phone (561) 371 4531		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2							
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone		Address Source verbal							
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone		Occupation cashier							
D/L Number, State O264541968300, FL				Soc. Sec. Number				INS Number				Place of Birth (City, State) Columbia				Citizenship Columbia					
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last)		(First)		(Middle)		Residence Phone													
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone													
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		Date		Time											
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 N. N/A 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 Driving Under the Influence (enhanced)		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(4)		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit		Offense # 21-084817		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input 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 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 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) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600												Court Date and Time Month August Day 5th Year 2021 Time 08:30 AM X 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.												07/11/2021									
Signature of Defendant (or Juvenile and Parent /Custodian)												Date Signed									
HOLD for other Agency Name:		Signature of Arresting Officer X				Name Verification (Printed by Arrestee) (PRINT) MARIA L O S O R I O L O P E Z															
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Inv. POINTU P.				I.D. # 16032		PAGE 1 OF 1											
Transporting Officer Inv. POINTU P.		I.D. # 16032		Agency PBSO		Witness here if subject signed with an "X"						1									

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21-084817				
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:						
CHARGES	Name (Last, First, Middle) Osorio Lopez, Maria, Alejandra		Alias		Race W	Sex F	Date of Birth 09/10/1996		
	Charge Description DUI		316.193		Charge Description				
VICTIM	Victim's Name (Last, First, Middle) State of Florida, ,				Race	Sex	Date of Birth		
	Local Address (Street, Apt. Number) ,		(City)	(State)	(zip)	Phone ()		Address Source	
PROBABLE CAUSE STATEMENT	Business Address (Name, Street) ,		(City)	(State)	(zip)	Phone ()		Occupation Business	
	<p>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.</p> <p><input type="checkbox"/> The Person taken into custody</p> <p><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.</p> <p><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.</p> <p>On the <u>11</u> day of <u>July</u> 20<u>21</u> at <u>2146</u> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p>On Sunday, 7/11/21 at approximately 2135 hours, I was clearing a traffic stop at Pinehurst Dr and Forest Hill Blvd. While clearing the the traffic stop, I observed a dark colored sedan bearing FL Tag# Z11BIE traveling South on Pinehurst Dr. I got behind the vehicle in my fully marked patrol vehicle. While traveling behind the dark colored sedan, I observed the vehicle travel over the solid white fog line and then proceeded back into the lane. The vehicle then proceeded to travel back over the solid white fog line into the grass area on the side of the road. The vehicle then veered back into the lane of travel.</p> <p>I conducted a traffic stop on the dark colored sedan. I activated my emergency lights and the traffic stop came to a stop just North of Oakmont Dr on Pinehurst Dr. I exited my vehicle and approached the vehicle from the passenger side. I observed a W/F who was the sole occupant of the vehicle. I identified myself as a Deputy from the Palm Beach County Sheriff's Office and the reason for the stop. I asked the W/F for her drivers license and she provided me with a Florida Issued Drivers License which identified her as Maria Alejandra Osorio Lopez. While speaking with Lopez, I observed she had glossy eyes and a slurred speech when she spoke. Lopez stated that she did not have anything to drink and that she was coming from a get together with friends.</p> <p>Due to my observations of the driving pattern and my observations of Lopez, I contacted DUI Investigator. Investigator Pointu #16032 responded to the scene. I advised Investigator Pointu #16032 of my observations and the investigation was turned over.</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S Baynham 36838						
	(Signature of Arresting/Investigative Officer)								
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>11th</u> day of <u>July</u> 20 <u>21</u> by <u>D/S Baynham 36838</u>									
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>personally known</u>									
<u>16032</u> <u>POINTU R</u> <u>16032</u>									
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)									

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11th DAY OF July 20 21, AT 21:35 AM ☒ PM

SUBJECT: Osorio Lopez, Maria, Alejandra CASE NUMBER: 21-084817

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. POINTU P.

PERSONAL CONTACT

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

D/S Baynham (#36838) observed a dark Buick Le Sabre bearing FL tag Z11BIE traveling south on Pinehurst drive, unincorporated Lake Worth, Palm Beach County, Florida. The vehicle traveled over the solid fog line and then back into the lane. The vehicle traveled back over the solid fog line into the grass area on the side of the road. The vehicle veered back into the lane of travel. The driver and sole occupant of the vehicle was identified by her Florida driver license as Maria Osorio Lopez.

OBSERVATION OF DRIVER:

Drowsy, sluggish, uncoordinated. Very glassy and bloodshot eyes. Unsteady on her feet.

DRIVER'S STATEMENTS:

When asked how much she had to drink tonight, she answered: "just a little bit more that I was supposed to be driving." Explained she drank three glasses of wine for her birthday party. Post Miranda admitted drinking at least 5 glasses of wine.

ODORS:

odor of unknown alcoholic beverage coming from her breath.

GENERAL OBSERVATIONS

SPEECH: slurred, slow, mumbled

ATTITUDE: cooperative

CLOTHING: red shirt, blue jeans, tan shoes

MEDICAL/OTHER: none disclosed

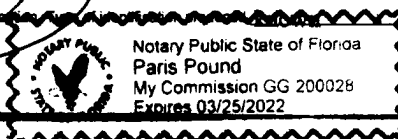
STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. POINTU P.
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of July 20 21 by Inv. POINTU P.

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

Paris Pound (#24639)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: Osorio Lopez, Maria, Alejandra

CASE NUMBER 21-084817

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☒ LT EYE-LACK OF SMOOTH PURSUIT

☒ RT EYE-LACK OF SMOOTH PURSUIT

☒ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☒ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Very unsteady on her feet. Had to be reminded multiple times to keep her head still and to follow the stimulus with her eyes. No resting nystagmus. Equal tracking. Onset approx. 30 degrees. VGN present. Unable to check for LOC as she closed her eyes every time I approached the stimulus from her nose.

WALK & TURN:

Could not maintain the instructional stance. Started to walk before being told. Did not walk heel to toe on every steps. Stepped off the line at almost every step. Used her arms to balance. Stopped while walking. Improper turn. Improper number of steps on the way back as she counted: "6, 8, 9"

ONE LEG STAND:

Raised her right leg. Did not extended it. Did not look at her foot. Did not count out loud as instructed. Swayed. Used her arms to balance. Put her foot down multiple times.

FINGER TO NOSE:

Swayed. Touched the right side of her nose on task 1 and 4. Touched the left side of her nose on task 2. Touched the top of her lips on task 5 and 6. Used the pad of her finger on all tasks instead of the tip. Had to be reminded to lower her hand on tasks 2 to 6.

ROMBERG ALPHABET:

Swayed. Tilted her head forward. Recited: "A B C Z E F E R I U B U S ".

For the modified Romberg, she swayed in all directions more than 3 inches and stopped the task saying: "I can't".

BREATH TEST RESULTS: 0.215 0.198

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. POINTU P.

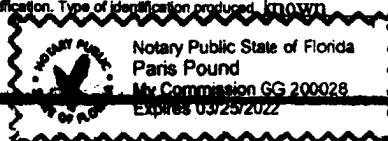
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of July, 2021 by Inv. POINTU P.

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

Paris Pound (#24639)

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



TESTING FACILITY TASK REPORT

AGENCY: PBSO	
SUBJECT: OSORIO LOPEZ, MARIA A	CASE NUMBER: 21-084817
DATE: Jul 11, 2021	VIDEO DVD NUMBER: N/A
BEGINNING TIME: 23:15	ENDING TIME: 23:32
BREATH TESTS RESULTS: 1) .215 TIME 23:20 A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/> 2) .198 TIME 23:23 A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>	
3) N/A TIME N/A A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> 4) N/A TIME N/A A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	
BREATH OPERATOR: P.POUND #24639	
MAINTENANCE TECHNICAN: J. KARLECKE# 6467	

TESTING OFFICER'S OBSERVATIONS

SPEECH:	SLURRED
ATTITUDE:	TALKATIVE, UPSET
CLOTHING:	BLUE JEANS , RED / WHITE SHIRT , BROWN SNEAKERS
MEDICAL CONDITIONS:	NONE
MEDICATIONS:	NONE

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 22:48 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

**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: 80-006238 Software: 8100.27
Date of Test: 07/11/2021

Date of Last Agency Inspection: 06/11/2021
Observation Period Began: 22:48
Subject's Name: MARIA A OSORIO LOPEZ

DOB: 09/10/1996 Sex: F

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	23:18
	Air Blank	0.000	23:18
	Control Test	0.081	23:18
	Air Blank	0.000	23:19
	Subject Sample #1	0.215	23:20
	Air Blank	0.000	23:21
	Air Blank	0.000	23:22
	Subject Sample #2	0.198	23:23
	Air Blank	0.000	23:24
	Control Test	0.079	23:24
	Air Blank	0.000	23:24
	Diagnostics Check	OK	23:24

Cylinder Lot: 02021080A1
Exp: 03/05/2023

State of Florida, County of PALM BEACH.

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

I PARIS D POUND, 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: _____ Date: 07/11/21
Signature

Sworn to (or affirmed) before me this 11 day of July, 2021

Signature of Notary Public-State of Florida

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: _____ 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? _____

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: _____

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.

SUSPECT'S SIGNATURE: (X) _____

WITNESS LIST

CASE NUMBER: 21-084817

ARRESTING OFFICER: Inv. POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688 3000

CAN TESTIFY TO: DUI Investigation

NAME: D/S Baynham (#36838)

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME) 0 (WORK) (561) 688 3000

CAN TESTIFY TO: Driving pattern, initial contact

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



**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: 2021017143

Date: 07/12/21

Specialist Name/ID: T Howard/7185