

50-2020-CT-611898-ASB
ARREST / NOTICE TO APPEAR

1357
1

AD M I N I S T R A T I O N	OBTN Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 20-012613		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		JUVENILE								
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Baker Type None/not Applicable		Multiple Clearance Indicator 1										
D E F E N D A N T	Location of Arrest (Including Name of Business) E LINTON BLVD/S FEDERAL HWY DELRAY BEACH						Location of Offense (Business Name, Address) 199 E LINTON BLVD/S FEDERAL HWY, DELRAY BEACH, FL														
	Date of Arrest 09/23/2020		Time of Arrest 22:39		Booking Date 09/23/2020		Booking Time 22:49		Jail Date 09/24/2020		Jail Time 02:58		Location of Vehicle 199 E LINTON BLVD/S								
J U V E N I L E	Name (Last, First, Middle) DELGADO, MARIANA																				
	Alias:																				
	Race W - White B - Black		Sex F		Date of Birth 01/07/1997		Height 4'11		Weight 115		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		Build SMALL				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status S		Religion CATHOLIC		Indication of: Alcohol Influence Drug Influence		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>				
	Local Address (Street, Apt. Number) 8559 BOCA GLADES BLVD W D, BOCA RATON, FL 33434						(City)		(State)		(Zip)		Phone (561) 324-9218		Residence Type: 1. City 2. County 3. Florida 4. Out of State 5. Other		2				
	Permanent Address (Street, Apt. Number) 8559 BOCA GLADES BLVD W D, BOCA RATON, FL 33434						(City)		(State)		(Zip)		Phone (561) 324-9218		Address Source FL DL						
	Business Address (Street, Apt. Number) FAU						(City)		(State)		(Zip)		Phone		Occupation Student						
	DL Number, State D423540975070 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) Peru		Citizenship US												
	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"/> Other: _____ Name (Last, First, Middle)														Residence Phone							
<input type="checkbox"/> Legal Custodian														Business Phone							
Address (Street, Apt. Number)						(City)		(State)		(Zip)											
Notified by: (Name)				Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated													
Released To: (Name)				Relationship		Date		Time													
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.														School Attended		Grade					
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No														Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property LANDSCAPING/VEHICLE		Value of Property \$3,500			
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Seizure D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamines		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opioid/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description DUI-DAMAGE TO PERSON/PROPERTY										Statute Violation Number 316.193(3)(C)(I)		Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond OR							
Charge Description										Statute Violation Number		Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond							
Charge Description										Statute Violation Number		Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond							
Health / Apparent Physical Condition of Defendant														Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond						<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To							
Transported By						Date Transported		Time Transported		Other											
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 10/22/2020 08:30:00		No Photo Available							
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											
HOLD for Other Agency						Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) WINDSOR, NICHOLAS		ID.# 1029		(PRINT)						PAGE 1 OF 1							
Transporting Officer <i>[Signature]</i>		Pouch #		Name of Arresting Officer (Print) WINDSOR		ID.# 1029		Agency DELRA		Witness here if subject signed with an "X"											

05147096

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23RD DAY OF SEPTEMBER 20 20 AT 2239 AM PM
SUBJECT: DELGADO, MARIANA CASE NUMBER: DBPD 20-12613
AGENCY: DELRAY BEACH PD ARRESTING OFFICER: WINDSOR #1029

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

The following occurred in the City of Delray Beach, County of Palm Beach, FL.

On 09/23/20 at 2239hrs ASGT Saraceni #898 DBPD notified Dispatch of a motor vehicle crash occurring in area of 1500 block of S. Federal Hwy. Ofc. Kitzerow #1091 DBPD observed a white 2014 Ford Fusion (FL Tag #PATU7) stopped in between the southbound left turn lanes at the intersection of E. Linton Blvd. and S. Federal Hwy. Ofc. Kitzerow observed branches and leaves hanging off of the Ford in several areas of the vehicle. Ofc. Kitzerow activating his emergency lights to signal the Ford to remain stopped. While I was en-route to the scene, I observed several sections of landscape hedges broken and lying in the inside travel lane in the 1500 block of S. Federal Hwy. I met with the Hispanic female driver and identified her by her FL DL as Marian Delgado. Delgado was sitting in the driver seat and the Ford's engine was running with the vehicle key was in the ignition. There were no other people inside the Ford. There were branches and leaves hanging out of the Ford's front grille, left front side and left rear side. There was dirt and scratches on the front end, left side and rear bumper of the Ford.

OBSERVATION OF DRIVER:

Delgado had red and glassy eyes. Delgado had a strong odor of an unknown alcoholic beverage coming from her person. Delgado was having severe mood swings from hysterically crying to being upset about her parents. Delgado had difficulty maintaining her balance and swayed while standing still. During roadsides, Delgado would not follow instructions and when she lost her balance, she began to hysterically cry. Delgado had to be instructed by several officers to calm down and take deep breaths just to have the ability to communicate with her. When Delgado was not crying and speaking to me, her speech slurred and she was speaking fast. Delgado had plastic wrap on her right arm on what appeared to be a new tattoo.

DRIVER'S STATEMENTS:

Delgado stated she was on the way home to her residence in Boca Raton, FL. when she was stopped by the police. Delgado initially stated she was driving home from Deerfield Beach, FL. but later stated to me she was leaving her friend's residence in Delray Beach, FL. Delgado stated she consumed two Tall Vodka and Tonic drinks prior to driving home. Delgado stated she started drinking around 1800hrs and consumed her last alcoholic drink at 2030hrs. Delgado repeatedly asked to be followed home or have an officer drive her home. Delgado stated she did not want to get in trouble because of the alcohol.

ODORS:

Delgado had a strong odor of an unknown alcoholic beverage coming from her person.

GENERAL OBSERVATIONS

SPEECH: Slurred and Fast

ATTITUDE: Hysterically Crying / Mood Swings / Polite

CLOTHING: Pink Shirt and Blue Jeans with White Shoes

MEDICAL/OTHER: ADD, ADHD, Bi-Polar Disorder

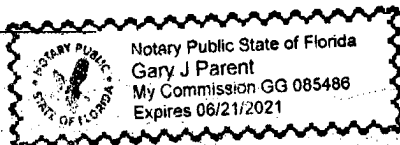
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of September 20 20 by Ofc. Windsor #1029

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

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



SUBJECT: DELGADO, MARIANA

CASE NUMBER DBPD 20-12613

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:

Delgado had to be instructed several times to keep her head still and only move her eyes during the HGN/VGN roadside.

WALK & TURN:

Delgado could not keep her balance in the instructional phase position. Delgado swayed while standing still. Delgado began walking before being instructed to do so. Delgado began to hysterically cry and began to walk around. Delgado stated she just wanted to go home. After several attempts to get Delgado to calm down and Delgado refusing to follow instructions for the roadsides, I stopped all roadsides and placed Delgado under arrest.

ONE LEG STAND:

NOT PERFORMED DUE TO DELGADO NOT FOLLOWING INSTRUCTIONS.

FINGER TO NOSE:

NOT PERFORMED DUE TO DELGADO NOT FOLLOWING INSTRUCTIONS.

ROMBERG ALPHABET:

NOT PERFORMED DUE TO DELGADO NOT FOLLOWING INSTRUCTIONS.

BREATH TEST RESULTS: 1) .241 | 2) .235 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

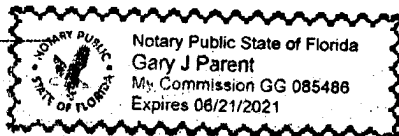
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24TH day of SEPTEMBER 20 20 by Ofc. Windsor #1029

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

Windsor

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



INFORMED CONSENT FOR DM IN A MOTOR VEHICLE

PLEASE READ THE FOLLOWING PARAGRAPH APPLICABLE TO THE TYPE OF TEST REQUESTED

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

OR

I am now requesting that you submit a BLOOD sample of your BLOOD for the purpose of detecting the presence of chemical or controlled substances.

OR

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

NOTE: REFUSAL TO SUBMIT TO THIS TEST DOES NOT CONSTITUTE A VIOLATION OF ANY LAW.

I am Nicholas J. ... of the Durham PD

If you fail to submit to the test requested of you, your privilege to operate a motor vehicle in the State of North Carolina for a period of one (1) year or your license to operate a motor vehicle for a period of 18 months if your privilege to operate a motor vehicle has been previously suspended for a refusal to submit to a test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you, and you have been previously suspended for a prior refusal to submit to a test of your breath, urine or blood, you will be considered a misdemeanor. Refusal to submit to the test I have requested of you is a misdemeanor.

Reed or ...

CONSTITUTIONAL WARNINGS

I AM REQUESTING THAT YOU MAKE ANY STATEMENTS THAT YOU HAVE TO MAKE VOLUNTARILY.

1. You have the right to remain silent and not answer any questions.
2. Any statements you make can be used against you in court.
3. You have the right to stop answering questions at any time.
4. If you cannot afford an attorney, one will be appointed for you before any questioning if you cannot afford an attorney.
5. If you are unable to understand the questions you are asked, you will be told.
6. If you are unable to answer the questions you are asked, you will be told.
7. Any statement that you make can be used against you in a court of law.

WITNESSED MY HAND AND SEAL OF OFFICE ON THIS ... DAY OF ... 20...

SUBJECT: DELGADO, MARINA

CASE NUMBER: 1025

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?
- HOW LONG YOU LAST TIME? 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 DRIVING THE CAR?
- HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? WHEN?
- WHAT LINE OF WORK ARE YOU IN? WHEN DID YOU START?
- DO YOU HAVE ANY PHYSICAL DEFICITS OR INJURIES? WHAT?
- ARE YOU SURELY INJURED? WHAT'S WRONG?
- DO YOU HURT? DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY?
- WHERE WAS YOUR ACCIDENT TODAY?
- HAVE YOU BEEN AN ARRESTED OR CHARGED IN MISSISSIPPI TODAY?
- HAVE YOU BEEN CHARGED OR DETAINED IN MISSISSIPPI? WHERE?
- ARE YOU TAKING ANY PRESCRIPTION MEDICATIONS? WHAT?
- DO YOU HAVE:
 - SMILES? _____
 - GLASS EYES? _____
 - GLASS CONTACTS? _____
 - GLASS CONTACTS? _____
 - GLASS CONTACTS? _____
 - GLASS CONTACTS? _____
 - GLASS CONTACTS? _____
- 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?

Handwritten signature: J.C. WINDSOR 1025

TESTING FACILITY TASK REPORT

AGENCY:
SUBJECT:
DATE:
BEGINNING TIME:
CASE NUMBER:
VIDEO DVD NUMBER:
ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

Eyes watery and bloodshot, odor of an unknown alcoholic beverage on breath.

COMMENTS:

Arrived at Center A/O began the 20 minute observation period at 2346 hrs.

Subject stated no she would not take test.

A/O read I/C.
Subject stated he understood I/C and agreed to take test.

A/O read rights.
Subject stated he understood rights.

Tech. read breath test results.
Subject stated she understood test results.

A/O did not attempt Q/A.
Subject invoked her right to counsel.

**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: 80-006239 Software: 8100.27
Date of Test: 09/24/2020

Date of Last Agency Inspection: 09/18/2020
Observation Period Began: 23:46
Subject's Name: MARIANA DELGADO

DOB: 01/07/1997 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	00:17
	Air Blank	0.000	00:17
	Control Test	0.079	00:18
	Air Blank	0.000	00:18
	Subject Sample #1	0.241	00:21
	Air Blank	0.000	00:22
	Air Blank	0.000	00:24
	Subject Sample #2	0.235	00:24
	Air Blank	0.000	00:25
	Control Test	0.076	00:25
	Air Blank	0.000	00:26
	Diagnostics Check	OK	00:26

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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 GARY J PARENT, 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: 09/24/20
Signature

Sworn to (or affirmed) before me this 24 day of SEPTEMBER, 2020

Signature of Notary Public-State of Florida: _____ Printed Name of Notary Public-State of Florida: OFF. N. WINDSOR

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.



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

PBSO CASE # 20-110048 PBSO ZONE 4-22

AGENCY CASE # 20-12613 CRASH CASE # 20-12613

TIME OF STOP/CRASH 2239 DATE 09/23/20 DAY WEDNESDAY

SUBJECT'S NAME DELGADO, MARIANA RACE W SEX F

HGT 4'11" WGT 115 DOB 01/07/97

LOCATION E. LINTON BLVD./S/ FEDERAL HWY. DELRAY BEACH, FL

ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD

DIVISION: TRAFFIC

NOTIFIED BY COMMO YES

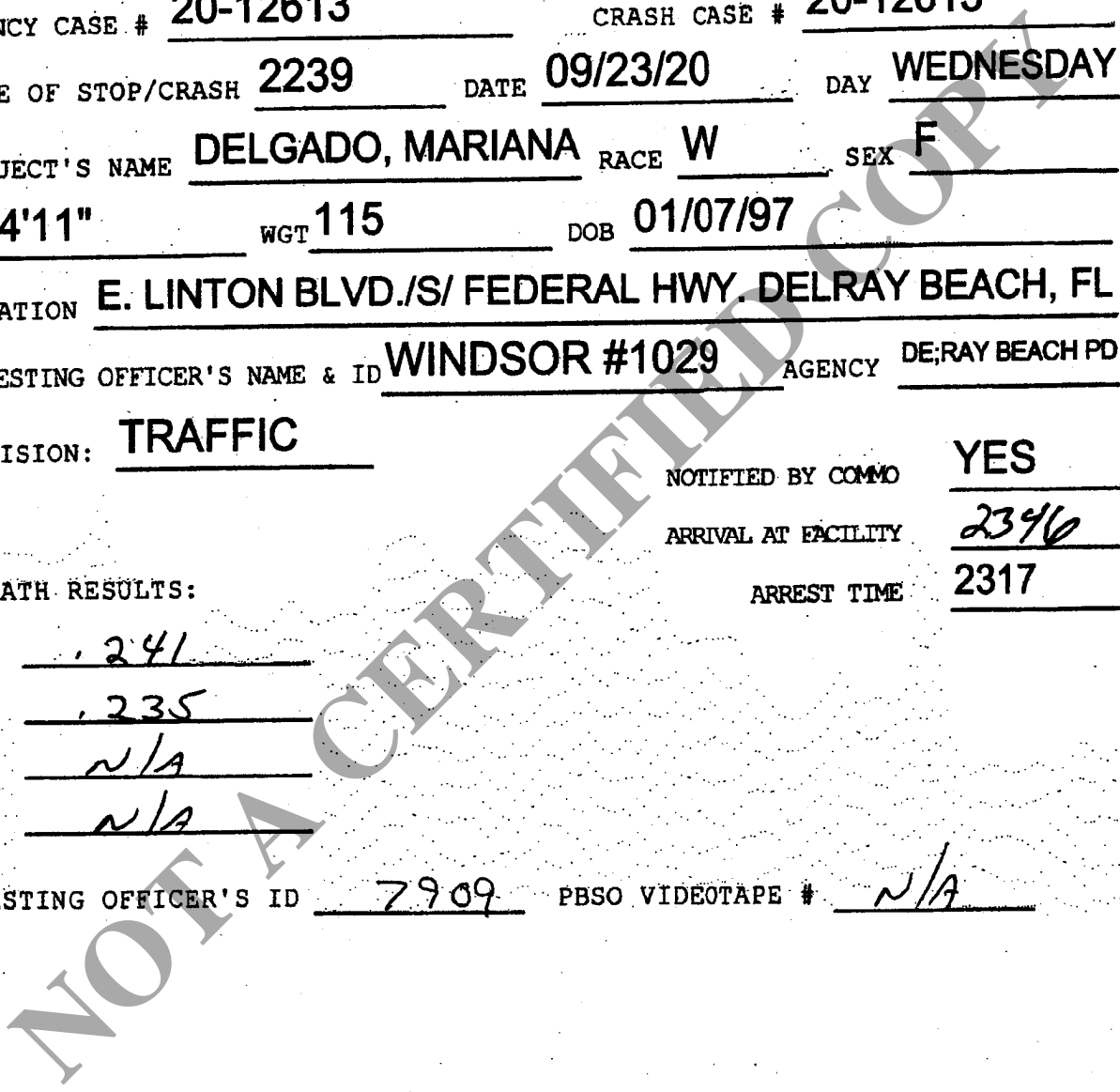
ARRIVAL AT FACILITY 2346

ARREST TIME 2317

BREATH RESULTS:

- 1) .241
- 2) .235
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 7909 PBSO VIDEOTAPE # N/A



WITNESS LIST

CASE NUMBER: DBPD 20-12813

ARRESTING OFFICER: OFC. WINDSOR #1029 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W ATLANTIC AVE. DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: DUI PC

NAME: ASGT SARACENI #898 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: CRASH WITNESS

NAME: OFC. KITZEROW #1091 DELRAY BEACH POLICE DEPARTMENT

ADDRESS 300 W ATLANTIC AVE. DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: TRAFFIC STOP

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: _____

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ADDRESS _____

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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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY



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"/>			
Other	<input type="checkbox"/>	539.001(B)1, 539.003	Other: PAWM BROKER INFORMATION	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020022556	Date: 9/24/2020
	Specialist Name/ID: M. Tooks #8557