

0469805

21CT1088

NR

1701

ARREST / NOTICE TO APPEAR

1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias

1 JUVENILE

Agency ORI Number 0501700	Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 5, 4 21-000256
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 1. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other
Location of Arrest (Including Name of Business) JUPITER VILLAGE RD/S CENTRAL BLVD		Location of Offense (Business Name, Address) 600 JUPITER VILLAGE RD/S CENTRAL BLVD, JUPITER, FL
Date of Arrest 01/22/2021	Time of Arrest 18:39	Booking Date 01/22/2021
Booking Time 18:49	Jail Date // : : :	Jail Time
Name (Last, First, Middle) COOLICAN, MARTIN ANDREW		
Alias: 		
Race W - White I - American Indian B - Black O - Oriental/Asian W M	Date of Birth 07/12/1969	Height 6'00
Weight 185	Eye Color BROWN	Hair Color BROWN
Complexion LIGHT	Build Medium	
Marital Status M		Religion
Local Address (Street, Apt. Number) 125 PALOMINO DR, JUPITER, FL 33458		Phone (561) 348-5691
Permanent Address (Street, Apt. Number) 125 PALOMINO DR, JUPITER, FL 33458		Phone (561) 348-5691
Business Address (Name, Street) 		Phone
D/L Number, State C425561692520 / FL	Soc. Sec. Number 	INS Number
Place of Birth (City, State) SYRACUSE, NY, United		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
Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)
Address (Street, Apt. Number) 		(City) (State) (Zip)
Residence Phone 		Business Phone
Notified by (Name) 	Date 	Time
Released To (Name) 	Relationship 	Date
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
Property Crime? <input type="checkbox"/> Yes <input checked="" 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 Disperse/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/Derv.
P Paraphernalia/Equipment S Synthetic	U Unknown Z Other	
Charge Description DUI - DRIVING UNDER THE INFLUENCE/NORMAL FACULTIES IMPAIRED	Statute Violation Number 316.193(1)(A)	Violation of ORD #
Drug Activity N	Drug Type 	Amount / Unit
Offense # 	Counts 1	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 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	
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"/> TOT County Jail
Transported By 	Date Transported 	Time Transported
PROPERTY - Received By 		Released By
Released To 		
<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) North County PALM BEACH GARD
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.		Court Date and Time 02/24/2021 08:30:00
Signature of Defendant (or Juvenile and Parent/Custodian) 		Date Signed
Signature of Arresting Officer 		Name Verification (Printed by Arrestee)
Name of Arresting Officer (Print) MCGILLICUDDY STEVEN		ID # 1216
Transporting Officer S. MCGILLICUDDY		ID # Agency 388 JUPITE
Witness here if subject signed with an "X" 		

RECEIVED
JAN 23 4 17 PM '21
PALM BEACH COUNTY CLERK
COURT

No Photo Available

SCANNED
JAN 23 2021

PROBABLE CAUSE AFFIDAVIT

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies

1 JUVENILE

Agency ORI Number: FL 0501700 Agency Name: JUPITER POLICE DEPARTMENT Agency Report Number: 5 | 4 | 21-000256

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): COOLICAN, MARTIN ANDREW Race: W Sex: M Date of Birth: 07/12/1969

Charge Description: 316.193(1)(A) DUI - DRIVING UNDER THE INFLUENCE/NORMAL

Victim's Name (Last, First, Middle): State Of Florida

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. On the 22 day of January, 2021 at 17:46 (Specifically include facts constituting cause for arrest.)

On 1/22/2021 at approximately 1746 hrs, dispatch received a call in reference to a reckless driver in the area of Military Trail and E Frederick Small Road. Details of the call stated that the vehicle was swerving and staying stopped at green lights. The caller was able to give updated information on the vehicle's path of travel until it was located by Sgt. Counihan (SEE SUPP PC). Sgt. Counihan conducted a traffic stop on the vehicle, bearing FL tag Z55-JNW, on Jupiter Village Boulevard just east of S Central Boulevard.

I responded to the traffic stop and made contact with Sgt. Counihan. He advised me that the driver of the vehicle, identified as Martin Coolican (DEFENDANT) was displaying numerous signs of impairment including slurred speech. He advised me that Coolican had identified as being a diabetic and an ambulance was en route to make sure that the signs being displayed by Coolican were not due to a medical issue related to diabetes. Sgt. Counihan advised me that when he made contact with Coolican, Coolican was actively dissolving a white substance on his tongue, which turned out to be Subutex (narcotic analgesic).

I made contact with Coolican and introduced myself. I immediately observed that Coolican's pupils were constricted given the lighting condition. As I spoke to him I detected slurred speech and a slow pattern of speech. Coolican advised that he had not consumed any alcohol. I did not detect an odor of alcoholic beverage coming from Coolican. Coolican advised that he had just ingested 8 mg of Subutex (Buprenorphine). Coolican advised me that he currently takes numerous medications related to cholesterol, blood pressure and other diabetic related conditions. PBCFR responded to the scene and assessed Coolican and advised me that his blood sugar was within acceptable ranges and that it should not be causing any symptoms. After PBCFR cleared the scene I asked for Coolican to submit to field sobriety exercises and he consented. Due to advanced neuropathy in Coolican's legs, I used the seated battery exercises in this case.

SWORN AND SUBSCRIBED BEFORE ME. NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 111.340) MCGILICUDDY, STEVEN (1216) DATE: 01/22/2021 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Copies

1 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-000256
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Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) COOLICAN, MARTIN ANDREW	Alias	Race W	Sex M	Date of Birth 07/12/1969
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HORIZONTAL GAZE NYSTAGMUS

- No resting nystagmus in either eye
- Equal pupil size and equal tracking
- No Lack of smooth pursuit in either eye
- No distinct and sustained nystagmus at maximum deviation in either eye
- No onset of nystagmus prior to forty-five degrees in either eye
- No vertical nystagmus in either eye
- 0 of 6 clues

LACK OF CONVERGENCE

- Lack of convergence was present, twice, as the eyes would only articulate inward slightly. Coolican advised that he is blind in his left eye.

HAND COORDINATION

TASK 1

- Improper touch

Task 2

- Did not perform (attempted task 3)

Task 3

- Did not perform (attempted task 2)

Task 4

- Did not perform

4 clues (3 minimum)

PALM PAT

- Double pat
- Chopped pat
- Non-parallel pat
- Did not increase speed without instruction
- 4 clues (2 minimum)

FINGER TO NOSE

- 1L - Pad to middle of nose, did not put finger down
- 2R - Pad to top of right nostril, did not put finger down
- 3L - Pad to above tip, did not put finger down
- 4R - Tip to top of right nostril, did not put finger down
- 5R - Pad to top of right nostril, did not put finger down
- 6L - Pad to middle of nose bridge, did not put finger down

MODIFIED RHOMBERG

Estimated the passage of 30 seconds in 39 seconds.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 417.01) CHARL L. O'NEAL Notary Public, State of Florida Commission # GC 972080 My Comm. Expires Jun 25, 2024 Bonded through National Notary Assn.	MCGILICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT)
01/22/2021 DATE	01/22/2021 DATE

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PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1. Arrest
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1 JUVENILE

Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 21-000256
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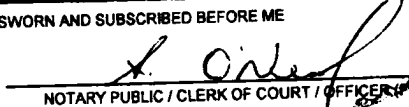
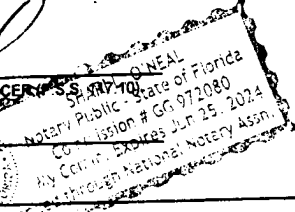

Charge Type: Check as many as apply.
 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other

Name (Last, First, Middle) COOLICAN, MARTIN ANDREW	Race W	Sex M	Date of Birth 07/12/1969
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Based on my investigation, observations and the totality of the circumstances, I had probable cause to believe that Coolican was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point that his normal faculties were impaired. I placed him under arrest at 1839 hrs. I asked Coolican if he would submit to a breath test and he consented. I transported Coolican to the Palm Beach County Breath Alcohol Testing Center, arriving at 1915 hrs. I placed him under a 20 minute observation period during which I did not observe him consume nor regurgitate anything. We then went on video with BAT Technician Pound (ID #24639) at which time I asked for Coolican to submit to a breath test. He then provided breath samples of .000 BrAC and .000 BrAC. I then finished his paperwork and booked him into the county jail.

He was given a court date of 2/24/2021 at 0830 hrs at the North County Courthouse. The vehicle was returned to the owner. BWC.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER DATE 01/22/2021		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  MCGILlicuddy, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT) DATE 01/22/2021
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SCANNED

WITNESS LIST

CASE NUMBER: 21-000256

ARRESTING OFFICER: S. MCGILlicuddy

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC FOR ARREST

NAME: SGT COUNIHAN

ADDRESS: 196 MILITARY TRL, JUPITER, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: TRAFFIC STOP INITIATION/BACKUP

NAME: OFC SHAFF

ADDRESS 196 MILITARY TRL, JUPITER FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

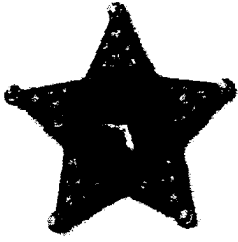
PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED

JAN 23 2021



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

PBSO CASE # 21-028151 PBSO ZONE 3-13

AGENCY CASE # 21-000256 CRASH CASE # _____

TIME OF STOP/CRASH 1746 DATE 01/22/2021 DAY FRIDAY

SUBJECT'S NAME COOLICAN MARTIN A RACE W SEX M
LAST FIRST MID

HGT 6'00 WGT 185 DOB 7/12/1969

LOCATION JUPITER VILLAGE BLVD/S CENTRAL BLVD

ARRESTING OFFICER'S NAME & ID S. MCGILLICUDDY 388 AGENCY JUPITER PD

DIVISION: POLICE

NOTIFIED BY COMMO Yes
 ARRIVAL AT FACILITY 1915
 ARREST TIME 1839

BREATH RESULTS:

- 1) .000
- 2) .000
- 3) N/A
- 4) URINE

TESTING OFFICER'S ID 24639

PBSO VIDEOTAPE # N/A

SCANNED
JAN 23 2021

TESTING FACILITY TASK REPORT

AGENCY: JPD
SUBJECT: COOLICAN, MARTIN A
CASE NUMBER: 21-028151
DATE: Jan 22, 2021
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 19:41
ENDING TIME: 19:58

BREATH TESTS RESULTS: 1) .000 TIME 19:46 A.M. P.M. 2) .000 TIME 19:50 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 TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED
ATTITUDE: CALM, QUIET
CLOTHING: BLACK PANTS, LIGHT BLUE T-SHIRT, BROWN SNEAKERS
MEDICAL CONDITIONS: DIABETIC, HIGH BLOOD PRESSURE
MEDICATIONS: ALPRAZOLAM

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 19:15 HRS.
SUBJECT: AGREED TO TAKE TEST
TECH: READ TEST RESULTS
SUBJECT: STATED HE UNDERSTOOD TEST RESULTS
A/O: ASKED FOR URINE AT 19:52 HRS
SUBJECT: STATED HE WOULD PROVIDE A URINE SAMPLE
A/O: READ I/C
SUBJECT: STATED HE UNDERSTOOD I/C AND WOULD PROVIDE A URINE SAMPLE AT 19:53 HRS
A/O: READ RIGHTS
SUBJECT: STATED HE UNDERSTOOD RIGHTS
A/O: CONDUCTED Q&A
SUBJECT: ANSWER QUESTIONS
SUBJECT: PROVIDED A URINE SAMPLE AT 20:03 HRS
NO DRE CONDUCTED

SCANNED
JAN 23 2021

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: COOLICAN, MARTIN A

DATE: Jan 22, 2021

BEGINNING TIME: 19:41

ENDING TIME: 19:58

CASE NUMBER: 21-028151

VIDEO DVD NUMBER: N/A

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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 TECHNICAN: J. KARLECKE# 6467

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TECH: READ TEST RESULTS
SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: ASKED FOR URINE AT 19:52 HRS
SUBJECT: STATED HE WOULD PROVIDE A URINE SAMPLE

A/O: READ I/C
SUBJECT: STATED HE UNDERSTOOD I/C AND WOULD PROVIDE A URINE SAMPLE AT 19:53 HRS

A/O: READ RIGHTS
SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: CONDUCTED Q&A
SUBJECT: ANSWER QUESTIONS

SUBJECT: PROVIDED A URINE SAMPLE AT 20:03 HRS
NO DRE CONDUCTED

SCANNED
JAN 23 2021

**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: 80-006476 Software: 8100.27
Date of Test: 01/22/2021

Date of Last Agency Inspection: 01/15/2021
Observation Period Began: 19:15
Subject's Name: MARTIN A COOLICAN

DOB: 07/12/1969 Sex: M

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

Results:	Test	g/210L	Time
	Diagnostics Check	OK	19:44
	Air Blank	0.000	19:45
	Control Test	0.080	19:45
	Air Blank	0.000	19:45
	Subject Sample #1	0.000	19:46
	Air Blank	0.000	19:47
	Air Blank	0.000	19:49
	Subject Sample #2	0.000	19:50
	Air Blank	0.000	19:50
	Control Test	0.078	19:50
	Air Blank	0.000	19:51
	Diagnostics Check	OK	19:51

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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 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: 01/22/21
Signature

Sworn to (or affirmed) before me this 22nd day of JANUARY, 2021

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida OFIC. S MCGELLUDDY

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 316.1934(5), F.S.

**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: 80-006476 Software: 8100.27
Date of Test: 01/22/2021

Date of Last Agency Inspection: 01/15/2021
Observation Period Began: 19:15
Subject's Name: MARTIN A COOLICAN

DOB: 07/12/1969 Sex: M

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

Results:	Test	g/210L	Time
	Diagnostics Check	OK	19:44
	Air Blank	0.000	19:45
	Control Test	0.080	19:45
	Air Blank	0.000	19:45
	Subject Sample #1	0.000	19:46
	Air Blank	0.000	19:47
	Air Blank	0.000	19:49
	Subject Sample #2	0.000	19:50
	Air Blank	0.000	19:50
	Control Test	0.078	19:50
	Air Blank	0.000	19:51
	Diagnostics Check	OK	19:51

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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 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: 01/22/21
Signature

Sworn to (or affirmed) before me this 22nd day of JANUARY, 2021

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida OFC. S MCGILLUCODY

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 312.2615, 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: _____

SCANNED
JAN 23 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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021001847	Date: 1/23/21
	Specialist Name/ID: A. Pinkney/7796

SCANNED
 JAN 23 2021