

21CT5038ANB

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

A D M I N I S T R A T I O N	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 21-001084		
	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		
	Location of Arrest (Including Name of Business) S CENTRAL BLVD/W INDIANTOWN RD				Location of Offense (Business Name, Address) 17300 S CENTRAL BLVD/W INDIANTOWN RD, JUPITER, FL		
	Date of Arrest 03/28/2021	Time of Arrest 02:49	Booking Date 03/28/2021	Booking Time 02:59	Jail Date	Jail Time	Location of Vehicle
	Name (Last, First, Middle) CRONIN, MASON JAMES				Alias:		
	Race W - White B - Black	Sex M	Date of Birth 01/31/2000	Height 5'10	Weight 180	Eye Color GREEN	Hair Color BROWN
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S	Religion	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Build Medium
	Local Address (Street, Apt. Number) 17234 THUNDER RD, JUPITER, FL 33478		(City)	(State)	(Zip)	Phone (561) 371-4860	
	Permanent Address (Street, Apt. Number) 17234 THUNDER RD, JUPITER, FL 33478		(City)	(State)	(Zip)	Phone (561) 371-4860	
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	
DM Number, State C6555000310 / FL		DNS Number		Place of Birth (City, State) WEST PALM BEACH, FL		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		Address (Street, Apt. Number)				Business Phone	
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 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. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen	P. Paraphernalia/ Equipment	O. Opioid/Deriv.	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	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	
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	
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	
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"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By	
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) North County PALM BEACH GARD		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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Court Date and Time 04/28/2021 08:30:00			
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"/> Retained Arrest <input type="checkbox"/> Other		(PRINT)			
Intake Deputy <i>[Signature]</i>		I.D. #	Pouch #	Name of Arresting Officer (Print) MCGILICUDDY, STEVEN		I.D. # 1216	
Transporting Officer <i>[Signature]</i>		I.D. # 388	Agency JUPITER	Witness here if subject signed with an "X"			

J# 0522292

P# 2602

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-001084	
Charge Type: Check as many as apply.						Special Notes:
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						

Name (Last, First, Middle) CRONIN, MASON JAMES	Alias	Race W	Sex M	Date of Birth 01/31/2000
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Charge Description 316.193(1)(A) DUI - DRIVING UNDER THE INFLUENCE/NORMAL	Charge Description
Charge Description	Charge Description

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	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody ...

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

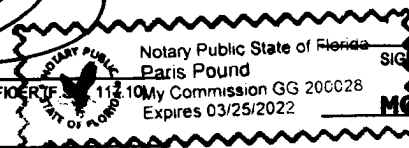
confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 28 day of March, 2021 at 02:29 (Specifically include facts constituting cause for arrest.)

On 3/28/2021 at approximately 0229 hrs, Officer Bigtree (SEE SUPP PC), advised on the radio that he was at S Central Boulevard and W Indiantown Road, with a driver, now identified as Mason Cronin (DEFENDANT) passed out behind the wheel. I heard units advise that they were trying to wake up the driver and that he was being initially uncooperative. I was asked over the radio to respond to the scene. By the time I arrived, Cronin was standing next to his truck, a white Ford truck (IQ7-6HZ). The truck was astride the crosswalk partially blocking the intersection. I was approached by Officers Matonti and Lowe, who advised me that Officer Bigtree watched Cronin sit at the intersection through two light cycles. I was asked to take over the investigation.

I made contact with Cronin. While speaking to him I detected a strong odor of unknown alcoholic beverage emitting from his person, which intensified as he spoke. He had glassy, bloodshot eyes. He spoke with slurred speech. I observed him wearing a green wristband of the type, size and material used by bars to identify which patrons to serve. He advised me that he was coming from a bar. He originally advised me that he was coming from "21 Jumpstreet", which is not a local bar. He then stated he was coming from Johnny Mangos, a local bar. He advised me that he had four or five beers. I asked him on a scale from 1-10 of impairment where would he place himself. He said "a little over that". I asked "over what?" and he stated "drunk every day". I then asked him for a number on the scale and he said "I don't know". He estimated the time to be 0200 hrs (0238 hrs actual). I asked him how he ended up in his current situation with his car and he said he was tired. He told me he felt OK to drive. I asked Cronin to participate in field sobriety exercises and he agreed.

- HORIZONTAL GAZE NYSTAGMUS (HGN)**
- No resting nystagmus in either eye
 - Equal pupil size and tracking
 - Lack of smooth pursuit in both eyes

SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>
NOTARY PUBLIC / CLERK OF COURT / OFFICER OF THE COURT <u>03/28/2021</u> DATE		MCILICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT) <u>03/28/2021</u> DATE

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT

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 21-001084
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Name (Last, First, Middle) CRONIN, MASON JAMES	Alias	Race W	Sex M	Date of Birth 01/31/2000
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- Distinct and sustained nystagmus at maximum deviation in both eyes
 - Onset of nystagmus prior to forty-five degrees in both eyes
 - No vertical nystagmus
 - 6 of 6 clues

WALK AND TURN

- Lost balance in starting position
 - Improper number of steps (10 up then stopped and had to be told to continue, 10 steps back)
 - Improper turn
 - Stopped while walking
 - Used arms for balance
 - Stepped off line
 - Missed heel to toe
 - 7 of 8 clues

ONE LEG STAND

- Used arms for balance
 - Swayed
 - Put foot down multiple times
 - 3 of 4 clues

FINGER TO NOSE

1L - Pad to tip, DNP
 2R - Pad to tip, DNP
 3L - Pad to tip, DNP
 4R - Pad to tip, DNP
 5R - Pad to tip, DNP
 6L - Under first knuckle, to tip, DNP

RHOMBERG ALPHABET (B TO X)
 B C D E F G H I J K L M N O P R A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
 THERE YOU GO

Based on my observations, investigation and the totality of the circumstances I have probable cause to believe that Mason Cronin was operating a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance, contrary to F.S.S. 316.193. I placed him under arrest at 0249 hrs. I transported him to the Palm Beach County Breath Alcohol Testing (BAT) Center, arriving at 0320 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). I then requested that Cronin submit to a breath test. He refused. I read him implied consent from a prepared card and he stated that he did not understand the warning. I then read

SWORN AND SUBSCRIBED BEFORE ME	Notary Public State of Florida Paris Pound My Commission GG 200028 Expires 03/25/2022	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>7768</i>
NOTARY PUBLIC / CLERK OF COURT / OFFICER 03/28/2021 DATE	MCGILICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT)	03/28/2021 DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1. Arrest
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JUVENILE


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Name (Last, First, Middle) CRONIN, MASON JAMES	Alias	Race W	Sex M	Date of Birth 01/31/2000
--	-------	------------------	-----------------	------------------------------------

him implied consent again and repeated the parts he was confused about. He eventually refused to submit to the breath test, with a marked refusal time of 0347 hrs. I read him his Miranda rights from a prepared card and he refused to speak without an attorney present. I then booked him into the county jail. He was issued citations for DUI and improper standing of a vehicle within an intersection. His court date is 4/28/2021 at 0830 hrs at the North County Courthouse. The vehicle was towed from the scene by All Hooked Up. BWC.

NOT A CERTIFIED COPY

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>
	NOTARY PUBLIC / CLERK OF COURT / OFFICER F.S. § 101.01 DATE: 03/28/2021		MCGILICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT) DATE: 03/28/2021

WITNESS LIST

CASE NUMBER: 21-001084

ARRESTING OFFICER: **MCGILLICUDDY**

ADDRESS: 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: **OFC BIGTREE**

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: FIRST VISUAL OF VEHICLE

NAME: **OFC MATONTI**

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

NAME: **OFC LOWE**

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

NAME: **OFC DICKS**

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: _____

NAME: _____

ADDRESS _____

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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
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 21-049482 PBSO ZONE 3-13

AGENCY CASE # 21-001084 CRASH CASE # _____

TIME OF STOP/CRASH 0229 DATE 03/28/2021 DAY SUNDAY

SUBJECT'S NAME CRONIN MASON J RACE W SEX M
LAST FIRST MID

HGT 5'11 WGT 180 DOB 1/31/2000

LOCATION N CENTRAL BLVD/W INDIANTOWN RD

ARRESTING OFFICER'S NAME & ID MCGILlicuddy 388 AGENCY JUPITER PD

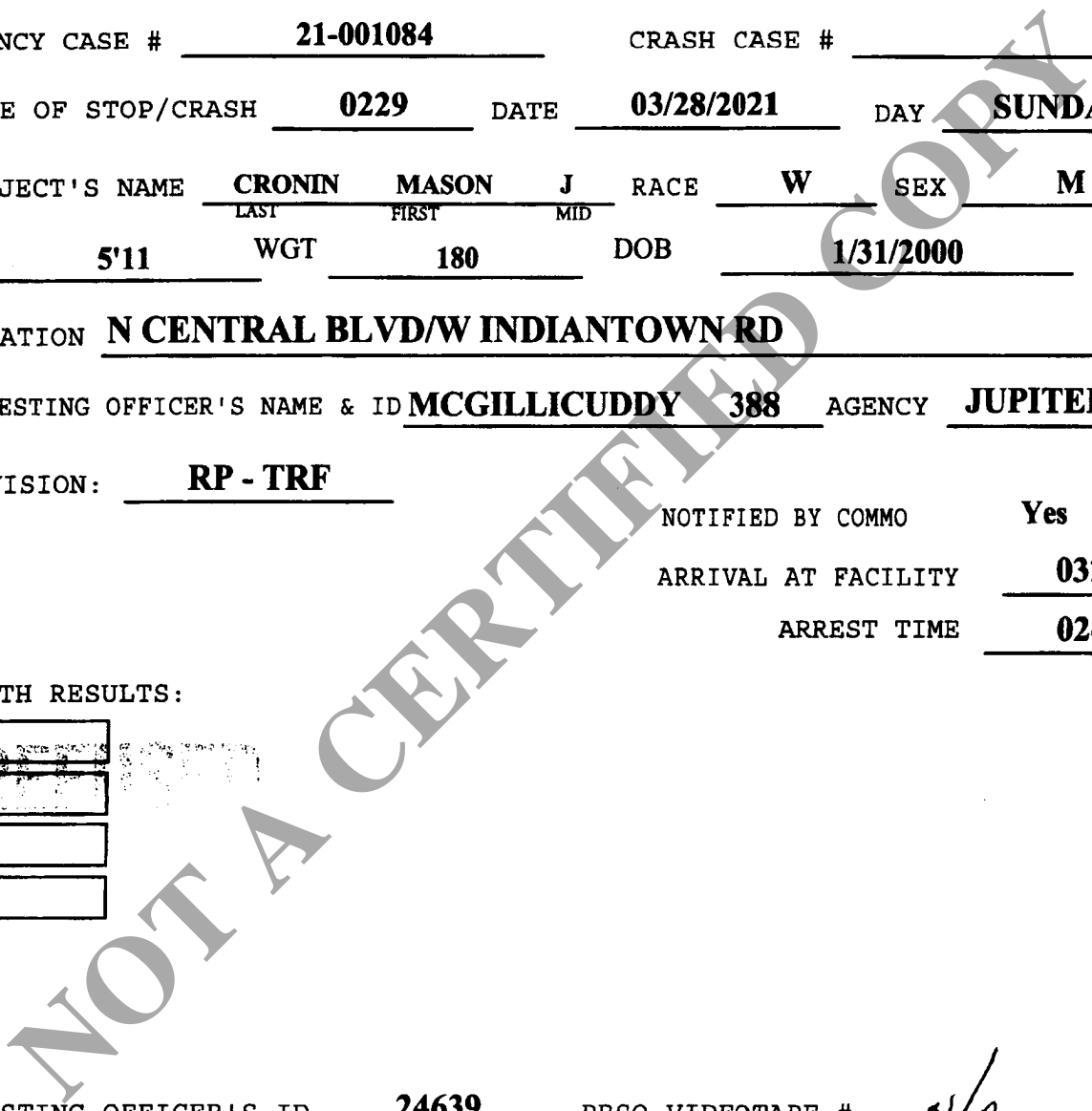
DIVISION: RP - TRF

NOTIFIED BY COMMO Yes
 ARRIVAL AT FACILITY 0320
 ARREST TIME 0249

BREATH RESULTS:

- 1)
- 2)
- 3)
- 4)

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A



TESTING FACILITY TASK REPORT

AGENCY: JPD
SUBJECT: CRONIN, MASON J
CASE NUMBER: 21-049482
DATE: Mar 28, 2021
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 03:42
ENDING TIME: 03:48

BREATH TESTS RESULTS: 1) R TIME 03:47 A.M. P.M. 2) N/A TIME N/A A.M. P.M.
3) N/A TIME N/A A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, CALM

CLOTHING: BLUE SHORTS, GRAY T-SHIRT, BLACK SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 03:20 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C TWO TIMES, ALSO EXPLAINED I/C

SUBJECT: STATED HE UNDERSTOOD AFTER IT WAS EXPLAINED

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: ATTEPTED Q&A

SUBJECT: INVOKED HIS RIGHTS TO COUNSEL

RECEIVED

TESTING FACILITY TASK REPORT

AGENCY: JPD
SUBJECT: CRONIN, MASON J
CASE NUMBER: 21-049482
DATE: Mar 28, 2021
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 03:42
ENDING TIME: 03:48

BREATH TESTS RESULTS: 1) R TIME 03:47 A.M. P.M. 2) N/A TIME N/A A.M. P.M.
3) N/A TIME N/A A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, CALM

CLOTHING: BLUE SHORTS, GRAY T-SHIRT, BLACK SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

COMMENTS:

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A/O: ATTEPTED Q&A

SUBJECT: INVOKED HIS RIGHTS TO COUNSEL

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

I, Officer MCGILLICUDDY, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Jupiter Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 28TH day of MARCH, 20 20, at 0249 P.M. A.M.

DRIVER MASON J CRONIN
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# C-655-550-00-031-0, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by Officer MCGILLICUDDY and
(Name of Arresting Officer)

issued Citation # ADB9CQE

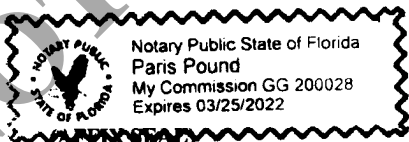
That on or about the 27TH day of MARCH, 20 21, at 0347 P.M. A.M.

in Palm Beach County,

I requested that the driver submit to a Xbreath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before

me this 28TH day of MARCH, 20 21,

by Officer MCGILLICUDDY 388,

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

Notary Public Paris Pound (#24639)

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.

SUBJECT: LEONARD MASON CASE NUMBER: 1

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: _____

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



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: 2021007441	Date: 03/29/2021
	Specialist Name/ID: T Howard/7185