

0525163

21C113959

2800

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 21-009936							
Charge Type: Check as many <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		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator		1					
Location of Arrest (Including Name of Business) SW 8TH AVE/SOUTHRIDGE RD DELRAY BEACH, FL				Location of Offense (Business Name, Address) 15894 SW 8TH AVE/SOUTHRIDGE RD, DELRAY BEACH, FL							
Date of Arrest 08/20/2021		Time of Arrest 01:26		Booking Date 08/20/2021		Booking Time 01:36		Jail Date 08/20/2021		Jail Time 04:56	
Location of Vehicle 15894 SW 8TH											
Name (Last, First, Middle) BEUKA, MATTHEW R				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: BEUKA, MATTHEW RYAN							
Race W - White B - Black O - Oriental/Asian W		Sex M		Date of Birth 03/13/1999		Height 6'0"		Weight 200		Eye Color GREEN	
Hair Color BLACK		Complexion FAIR		Build MEDIUM							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S		Religion NOT INDICA		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 2544 SUNDY AVE, DELRAY BEACH, FL 33444				(City)		(State)		(Zip)		Phone (732) 547-9828	
Permanent Address (Street, Apt. Number) 2544 SUNDY AVE, DELRAY BEACH, FL 33444				(City)		(State)		(Zip)		Phone (732) 547-9828	
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone	
D/L Number, State 40127612 / RI		Soc. Sec. Number		INS Number		Place of Birth (City, State) TEMPE, AZ, United States		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)				(City)		(State)		(Zip)		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. 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/Deriv P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other							
Charge Description DUI BREATH ALCOHOL .08 OR MORE PER 210L				Statute Violation Number 316.193(1)(C)		Violation of ORD #					
Drug Activity		Drug Type N		Amount / Unit		Offense # 21-009936		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									
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 Explain: <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 checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				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 09/14/2021 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		Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) WINDSOR, NICHOLAS		I.D. # 1029		(PRINT) AUG 20 AM 5:33			
Notarizing Deputy Dunning 6920		I.D. #		Pouch #		Transporting Officer WINDSOR		I.D. # 1029		Agency DBPD	
Witness here if subject signed with an "X"				PAGE 1 OF 1							

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20th DAY OF August 20 21 AT 0018 ☒ AM ☐ PM

SUBJECT: Beuka, Matthew Ryan CASE NUMBER: 21-009936

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 08/20/21 at 0018hrs Ofc. Taberes Mederos #1118 observed a white 2012 Audi S5 (FL Tag #69GUY) on SW 4th Ave. facing south at the intersection of W. Linton Blvd. The Audi made a left turn (east) from a designated straight/right turn only lane. There was a left turn only lane clearly marked on the roadway. The Audi made a U-Turn in the 300 block of W. Linton Blvd and proceeded west. The Audi made a right turn (north) onto SW 8th Ave. Ofc. Taberes Mederos met with the white male driver who verbally identified himself as Matthew Ryan Beuka. Beuka stated he was licensed to operate a motor vehicle by the State of Rhode Island (DL #40127612) but he did not have his RI DL in his possession. Beuka was sitting in the driver seat with the engine running and vehicle key in the ignition. There was nobody else in the Audi. I confirmed Beuka's identity by a record check photograph for his RI DL and a recent booking photo posted on the PBSO booking blotter from a previous arrest on 08/11/21. I met with Beuka who was still sitting in the driver seat of the Audi.

OBSERVATION OF DRIVER:

I smelled an odor of an unknown alcoholic beverage coming from Beuka. I smelled a air freshener scent and observed 6 pink tree air fresheners on the dash and rear view mirror. Beuka's eyes were red and had a glassy appearance. Beuka's pupils were dilated and slow to react to changes in light. Beuka's speech was slurred. Beuka's statements were not making sense about where he was coming from and why he was following another vehicle. After exiting the Audi to perform roadside tasks, Beuka swayed in a circular motion while standing still. While Bauka was standing still behind the Audi, I continued to smell an odor of an unknown alcoholic beverage coming from his person.

DRIVER'S STATEMENTS:

Beuka stated DBPD had possession of his RI DL and he liked that license. Beuka stated he lived at 2544 Sunday Ave., Delray Beach, FL 33444. Beuka stated he was a "Crypto meeting" prior to driving. Beuka stated he was following another vehicle driven by a girl he asked out. Beuka stated she did not know where she was going which did not make sense why he was following her. Beuka stated Ofc. Taberes Mederos was "right on his ass" why he was driving. Beuka stated the meeting was on "Delray Ave". I asked where "Delray Ave" was and Beuka replied it was the main avenue in Delray Beach. Beuka stated he left the Audi at a friend's residence prior to the meeting because they were planning on consuming alcohol but he only consumed food at the meeting. Beuka denied consuming any alcohol prior to driving. Beuka denied having any medical conditions, taking any prescription medications or consuming any illegal drugs including marijuana prior to driving. Beuka stated he has been residing in Florida between 6 months to 1 year. Beuka later stated the residence on Sunday Ave. was an AirBNB and he moved there 2 weeks ago from his previous address in Boca Raton, FL. I asked him why he did not turn in his RI DL and purchase a FL DL and he replied his lawyer advised him to keep his RI DL pending the results of his previous DUI arrest on 08/11/21.

ODORS:

I smelled an odor of an unknown alcoholic beverage coming from Beuka.

GENERAL OBSERVATIONS

SPEECH: Slurred.

ATTITUDE: Polite, talkative and spoke over my voice at times.

CLOTHING: Black T-shirt, Black Shorts and White Shoes

MEDICAL/OTHER: None Stated on scene. Later stated at the PBCJ BAT that he was prescribed Xanax.

STATE OF FLORIDA
COUNTY OF PALM BEACH

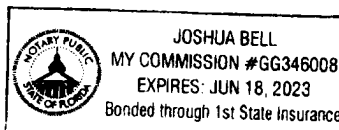
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of August 20 21 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: Beuka, Matthew Ryan

CASE NUMBER DBPD #21-009936

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:

Beuka swayed in a circular motion while standing still.

WALK & TURN:

Beuka swayed in a circular motion while standing still. Beuka used his arms for balance. Beuka did not turn around as instructed and had to ask if he performed the turn correctly. Beuka did not touch heel to toe on several steps.

ONE LEG STAND:

Beuka swayed in a circular motion while standing still. Beuka used his arms for balance. Beuka did not count as instructed when he began the roadside. Beuka miscounted several numbers and did not continue in the sequence I instructed to him. Beuka stopped and put his foot down without being instructed to do so. Beuka asked why he had to count in the sequence I instructed him to do so.

FINGER TO NOSE:

Beuka swayed in a circular motion while standing still. Beuka missed the tip of his nose on several attempts. Beuka did not keep his eyes closed and head tilted back as instructed. I had to instruct him several times to close his eyes.

ROMBERG ALPHABET:

Beuka swayed in a circular motion while standing still. Beuka stated he knew the alphabet before beginning to perform this roadside. Beuka recited "H" several times incorrectly. Beuka stopped performing the roadside and asked if he could recite the Greek Alphabet because he did not know the alphabet. Beuka attempted several times to recite the alphabet with his eyes open and continued to recite the wrong letters and never made it to the letter "Z". I performed a modified Romberg at the request of Beuka. He stated 30 seconds had elapsed at the 33 second mark.

BREATH TEST RESULTS: (1) .101 (2) .105 (3) (4)

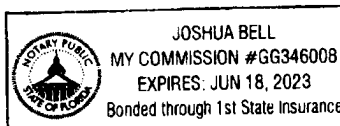
STATE OF FLORIDA
COUNTY OF PALM BEACH

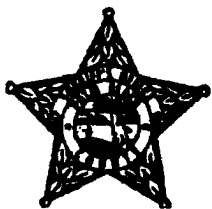
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of August, 2021 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)





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

PBSO CASE # 21-097856 PBSO ZONE 4-12
AGENCY CASE # 21-009936 CRASH CASE # N/A
TIME OF STOP/CRASH 0018 DATE 08/20/21 DAY FRIDAY
SUBJECT'S NAME BEUKA, MATTHEW R RACE W SEX M
HGT 6'00" WGT 190 DOB 01/13/99
LOCATION SW 8TH AVE/SOUTHRIDGE RD., DELRAY BEACH, FL
ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD
DIVISION: CRD
NOTIFIED BY COMMO YES
ARRIVAL AT FACILITY 0150
BREATH RESULTS: ARREST TIME 0126
1) .101
2) .105
3) _____
4) _____
TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

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: 80-006477 Software: 8100.27
Date of Test: 08/20/2021

Date of Last Agency Inspection: 08/13/2021

Observation Period Began: 01:50

Subject's Name: MATTHEW BEUKA

DOB: 01/13/1999 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	02:19
Air Blank	0.000	02:19
Control Test	0.079	02:19
Air Blank	0.000	02:20
Subject Sample #1	0.101	02:21
Air Blank	0.000	02:21
Air Blank	0.000	02:23
Subject Sample #2	0.105	02:24
Air Blank	0.000	02:24
Control Test	0.079	02:25
Air Blank	0.000	02:25
Diagnostics Check	OK	02:25

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 SHARI L O'NEAL, 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: S. O'neal

Signature

Date: 08-20-21

Sworn to (or affirmed) before me this 20 day of August, 2021

Signature of Notary Public-State of Florida

Ofc. Windsor #1029
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.

TESTING FACILITY TASK REPORT

AGENCY: DBPD OFC. WINDSOR #1029

SUBJECT: BEUKA, MATTHEW R.

CASE NUMBER: 21-097856

DATE: 08-20-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:15 HRS

ENDING TIME: 02:27 HRS

BREATH TESTS RESULTS: 1) .101 TIME 02:21 A.M. ☒ P.M. ☐ 2) .105 TIME 02:24 A.M. ☒ P.M. ☐
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLUR

ATTITUDE: CALM, COOPERATIVE, TALKATIVE AT TIMES, SARCASTIC

CLOTHING: SHIRT-BLACK SHORTS- BLACK

MEDICAL CONDITIONS: ADHD

MEDICATIONS: MEDS. FOR THE ADHD

OTHER:

EYES: RED, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION CONDUCTED BY A/O WINDSOR#1029
A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE BREATH REQUEST.
D COMPLETED THE TEST CORRECTLY.
EXPALINED THE BREATH TEST TO THE D.
C/W READ ON CAMERA TO THE D.
D REFUSED THE Q&A

SUBJECT: BLOCK, William Ryan CASE NUMBER: 210 11-9736

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) William Ryan Block

SUBJECT: SCOTT, JIMMY CASE NUMBER: DDPD 21-1736

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: PC 1. MUSCIE #1011

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

WITNESS LIST

CASE NUMBER: DBPD #21-009936

ARRESTING OFFICER: OFC. WINDSOR #1029 DBPD

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

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

CAN TESTIFY TO: DUI PC

NAME: OFC. TABERES MEDEROS #1118 DBPD

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

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

CAN TESTIFY TO: TRAFFIC VIOLATION AND BACKUP OFFICER

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: _____

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: 2021020715

Date: 8/20/2021

Specialist Name/ID: T Howard/7185