

0521107

2021-CT-001458-ANB

1246

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b> Juvenile Referral Report			1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N								
Agency ORI Number <b>FLO 502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>			Agency Report Number (N.T.A.'s only) <b>78- 21000457</b>																
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"/> 8. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator											
Location of Arrest (Including Name of Business) <b>LAKE VICTORIA GARDENS AV/GARDENS PKWY, PBG, FL</b>						Location of Offense (Business Name, Address) <b>ALT A1A/GARDENS PKWY, PBG, FL</b>															
Date of Arrest <b>01/30/2021</b>		Time of Arrest <b>22:59</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle <b>KAUFF'S TOWING &amp; RECOVERY</b> <b>4301 East Avenue, West Palm Beach, FL 33405</b>									
Name (Last, First, Middle) <b>PATEL, MAYUR, KISHOR</b>												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W M		Date of Birth <b>05/08/1987</b>		Height <b>5'8</b>		Weight <b>165</b>		Eye Color <b>BRO</b>		Hair Color <b>BLK</b>		Complexion <b>MED</b>		Build <b>MED</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TAT BOTH ARMS, CHEST</b>						Marital Status <b>SINGLE</b>		Religion <b>HINDU</b>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>									
Local Address (Street, Apt. Number) <b>15693 HAMLIN BLVD</b>				(City) <b>LOXAHATCHEE</b>		(State) <b>FL</b>		(Zip) <b>33470</b>		Phone <b>(404) 512-3142</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2							
Permanent Address (Street, Apt. Number) <b>15693 HAMLIN BLVD</b>				(City) <b>LOXAHATCHEE</b>		(State) <b>FL</b>		(Zip) <b>33470</b>		Phone ( )		Address Source <b>VERBAL</b>									
Business Address (Name, Street) ( )				(City) ( )		(State) ( )		(Zip) ( )		Phone ( )		Occupation									
D/L Number, State <b>P340551871680 FL</b>		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) <b>LONG BEACH, CA</b>		Citizenship <b>US</b>													
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile									
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile									
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		Residence Phone ( )													
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone ( )													
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated															
Released To: (Name)		Relationship		Date		Time															
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents the child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade													
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property															
Drug Activity N. N/A P. Possess		S. Sell 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 M. Marijuana O. Opium/Derv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description <b>DRIVING UNDER THE INFLUENCE OVER .08</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>316.193(1)(C)</b>		Violation of ORD #													
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description <b>DUI ENHANCED OVER .15</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>316.193(4)</b>		Violation of ORD #													
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Location (Court Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>																					
Court Date and Time Month <b>MARCH</b> Day <b>3</b> Year <b>2021</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> PM		I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED																			
Signature of Defendant (of Juvenile and Parent /Custodian) <i>[Signature]</i>								Date Signed <b>01/30/2021</b>													
HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) <b>[Signature]</b>		Name of Arresting Officer (Print) <b>Ofc. ANDREW FLINK</b>		I.D. # <b>514</b>		(PRINT)		PAGE <b>1</b>									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Intake Deputy <b>SPANNIGUIT</b>		I.D. #		Pouch #		Transporting Officer <b>ANDREW FLINK</b>		ID # <b>514</b>		Agency <b>PBGPD</b>		Witness here if subject signed with an -X- <b>1</b>		OF 1			

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30TH DAY OF JANUARY 2021, AT 2243 AM  PM

SUBJECT: PATEL, MAYUR, KISHOR CASE NUMBER: 21000457

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514

## PERSONAL CONTACT

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

Ofc Arnold 441 said he observed the vehicle, a black Chevrolet pick-up (UUN0J/FL) traveling 15 MPH over the posted speed limit on Alt A1A north of Gardens Pkwy, PBG, FL. Ofc Arnold said the vehicle then disregarded a steady red light to turn east bound on to Gardens Pkwy. Ofc Arnold stopped the vehicle on Lake Victoria Gardens Av, just south of Gardens Pkwy, PBG, FL. This Officer made contact with the driver of the vehicle, identified via Florida Driver License photo, Mayur Patel, while he was still in actual physical control of the vehicle.

## OBSERVATION OF DRIVER:

Patel had low heavy eye lids, bloodshot watery eyes, very slow slurred speech, and the strong obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. The odor increased in intensity as Patel spoke with this Officer.

## DRIVER'S STATEMENTS:

Patel said he was coming from "Parched Pig" and was on his way to Downtown at the Gardens. Patel admitted to consuming one beer.

## ODORS:

Unknown alcoholic beverage

## GENERAL OBSERVATIONS

**SPEECH:** Slow slurred

**ATTITUDE:** Compliant, quiet

**CLOTHING:** Dark blue shirt, grey jeans, brown shoes.

**MEDICAL/OTHER:** None stated

STATE OF FLORIDA  
COUNTY OF PALM BEACH

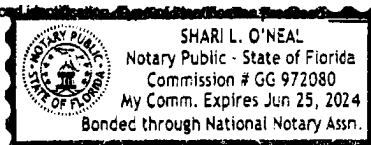
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of January 2021 by Ofc. ANDREW FLINK

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

Personally Known

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



SUBJECT: PATEL, MAYUR, KISHOR

CASE NUMBER 21000457

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

**During the exercise, Patel was swaying back and forth. Patel also had Vertical Gaze Nystagmus in both eyes.**

**WALK & TURN:**

**During the first set of steps, Patel raised his right arm more than six inches from his side, while leaning to his left. After the turnaround, during the return set of steps, Patel stepped off the line twice.**

**ONE LEG STAND:**

**During the exercise, Patel had difficulty raising his right foot. Patel placed his foot down twice, before he continued the exercise. Patel was swaying during the exercise, kept both of his arms raised more than six inches from his sides and at one point hopped. While counting, Patel stopped at 10 and had to be told to continue. Patel was also not looking down at his raised foot.**

**ROMBERG ALPHABET:**

**Not conducted**

**FINGER TO NOSE:**

**Not conducted**

**BREATH TEST RESULTS:** 1) .155    2) .164    3) -    4) -

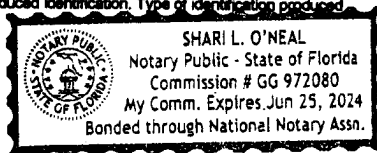
STATE OF FLORIDA  
COUNTY OF PALM BEACH

*[Signature]*  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of January 2021 by Ofc. ANDREW FLINK

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

*[Signature]*  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)





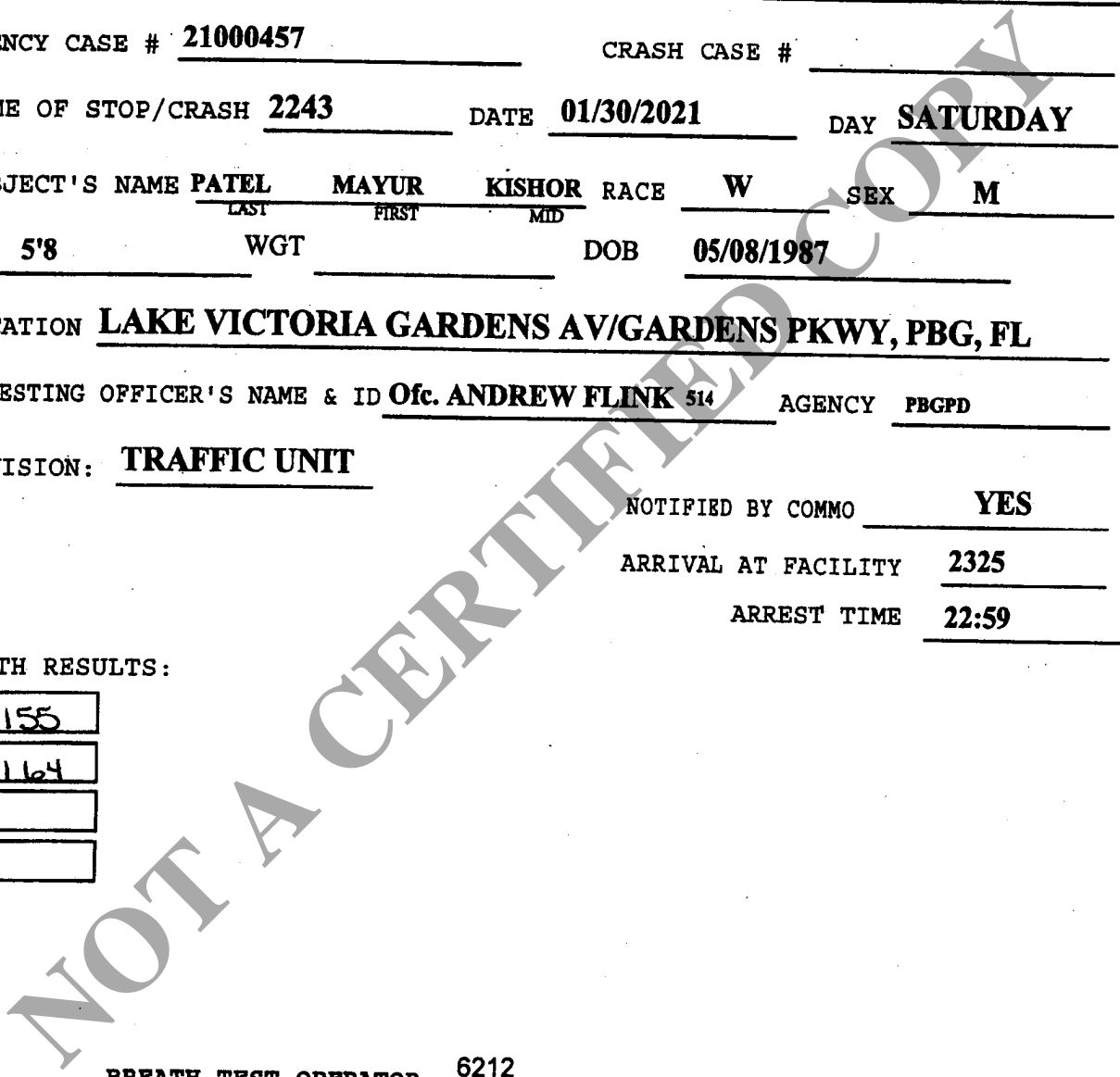
PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET

PBSO CASE # 21-030794 PBSO ZONE 3-13  
AGENCY CASE # 21000457 CRASH CASE # \_\_\_\_\_  
TIME OF STOP/CRASH 2243 DATE 01/30/2021 DAY SATURDAY  
SUBJECT'S NAME PATEL MAYUR KISHOR RACE W SEX M  
LAST FIRST MID  
HGT 5'8 WGT \_\_\_\_\_ DOB 05/08/1987  
LOCATION LAKE VICTORIA GARDENS AV/GARDENS PKWY, PBG, FL  
ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD  
DIVISION: TRAFFIC UNIT  
NOTIFIED BY COMMO YES  
ARRIVAL AT FACILITY 2325  
ARREST TIME 22:59

BREATH RESULTS:

- 1) .155
- 2) .164
- 3) -
- 4) -

BREATH TEST OPERATOR: 6212



SUBJECT: Patrol Major 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: ORC FLINK 514

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

SUBJECT: Tatel, Philip CASE NUMBER: \_\_\_\_\_

**IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE**

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

~~OR~~

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

~~OR~~

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

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am UFC TRIN of the IBATT

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) Read on camera (1x) *11:00 PM 12/10/11  
Silent. Second time  
understand. implied.*

**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) Read on camera

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: 80-006478 Software: 8100.27  
Date of Test: 01/30/2021

Date of Last Agency Inspection: 01/15/2021  
Observation Period Began: 23:25  
Subject's Name: MAYUR K PATEL

DOB: 05/08/1987 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	23:52
	Air Blank	0.000	23:53
	Control Test	0.080	23:53
	Air Blank	0.000	23:54
	Subject Sample #1	0.155	23:54
	Air Blank	0.000	23:55
	Air Blank	0.000	23:57
	Subject Sample #2	0.164	23:57
	Air Blank	0.000	23:58
	Control Test	0.079	23:58
	Air Blank	0.000	23:59
	Diagnostics Check	OK	23:59

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 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 Date: 01-31-21  
Signature

Sworn to (or affirmed) before me this 31 day of January, 2021

[Signature] Signature of Notary Public-State of Florida  
Ofc. Flink #514 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: OFC. FLINK #514

SUBJECT: PATEL, MAYUR K. CASE NUMBER: 21-030794

DATE: 01-30-21 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2346 HRS ENDING TIME: 0001 HRS

BREATH TESTS RESULTS: 1) .155 TIME 2354 A.M.  P.M.  2) .164 TIME 2357 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: THICK, SCRATCHY

ATTITUDE: CALM, COOPERATIVE, HESITANT

CLOTHING: SHIRT- BLUE PANTS- GRAY WASH JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: VERY RED, GLASSY  
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

## COMMENTS:

20 MIN. OBSERVATION DONE BY A/O FLINK #514  
A/O REQUESTED THE BREATH TEST.  
A/O READ THE IMPLIED CONSENT ON CAMERA 2'XS.  
D DECIDED TO SUBMIT AFTER THE I/C WAS READ TO HIM A COUPLE OF TIMES.  
D COMPLETED THE TEST CORRECTLY.  
EXPALINED THE BREATH RESULTS TO THE D.  
C/W READ ON CAMERA, NO Q&A CONDUCTED.



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>		** (viii) Clinical records under the Baker Act. §394.4615(7), Fla. Stat.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
<b>Other</b>	<input type="checkbox"/>	119.071 (3)(A), 119.071 (3)(B)(1-3C)	Other: Security at the Jail..(Security of locations Housed at the jail)..	
	<input type="checkbox"/>	119.071(2)(l)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2021002561	<b>Date:</b> 1/31/2021
	<b>Specialist Name/ID:</b> M. Tooks #8557