

0590339

20CT-16600

669

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest  
2. N.T.A.

3. Request for Warrant  
4. Request for Copies

1  
A Juvenile N

ADMINISTRATIVE	OBTS Number	Agency Off Number FL0500200		Agency Name BOCA RATON POLICE SERVICES DEPT.		Agency Report Number (N.T.A.'s only) 3, 2, 12, 01, 1, 4, 3, 4, 1, 11, 11		
	Charge Type: Check as many as apply.	1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		
DEFENDANT	Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)		Multiple Clearance Indicator			
	120 S Palmetto Park Rd, Boca Raton FL 33432		20 E Palmetto Park Rd Boca Raton, FL 33432		1. Yes 2. No			
CO-DEF.	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
	12/21/20	01:12	12/21/20	0330	12/21/20	0330	Westway Towing	
JUVENILE	Name (Last, First, Middle)		Date of Birth		Height	Weight	Eye Color	
	Spiret, Michael S		05/19/83		509	185	BLU	
CHARGE	Race		Sex		Marital Status		Religion	
	W - White B - Black		M		S		None	
CHARGE	Local Address (Street, Apt. Number)		City		State		Zip	
	819 Orchid Drive Boca Raton		FL		33432		(977) 771-3500	
CHARGE	Permanent Address (Street, Apt. Number)		City		State		Zip	
	819 Orchid Drive Boca Raton		FL		33432		(977) 771-3500	
CHARGE	Business Address (Name, Street)		City		State		Zip	
CHARGE	Dr. Number, State		INS Number		Place of Birth (City, State)		Citizenship	
	845 445 395, NY				New York, Manhattan		US	
CHARGE	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
CHARGE	Name (Last)		First		Middle		Residence Phone	
CHARGE	Address (Street, Apt. Number)		City		State		Zip	
CHARGE	Notified by: (Name)		Date		Time		Juvenile Disposition	
							1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated	
CHARGE	Released To: (Name)		Relationship		Date		Time	
CHARGE	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 366-3322) informed of any change of address.		School Attended		Grade			
	<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)							
CHARGE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #	
	DUI		UNK		N/A		3, 1, 6, 1, 1, 9, 3, 11, 1, A, 11	
CHARGE	Charge Description		Counts		Domestic Violence		Statute Violation Number	
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #	
CHARGE	Charge Description		Counts		Domestic Violence		Statute Violation Number	
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #	
CHARGE	Health/Apparent Physical Condition of Defendant		Property - Rec'd. By		Released By		Released To	
			Home		Home		County Jail	
CHARGE	Any knowledge of the following, place an "X" and explain: <input type="checkbox"/> Mental; <input type="checkbox"/> Escape Risk; <input type="checkbox"/> Medication; <input type="checkbox"/> Deformities; <input type="checkbox"/> Injuries							
	Explain:							
CHARGE	Check which applies: <input type="checkbox"/> Released O.R.; <input type="checkbox"/> Posted Bond; <input type="checkbox"/> Released to Parent/Guardian; <input type="checkbox"/> S. County Mental Health; <input type="checkbox"/> T.O.T. County Jail							
	Transported By: _____ Date _____ Time _____ Other _____							
CHARGE	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)					
	<input type="checkbox"/> Instruction No. 3 You need not appear in Court but must comply with instructions on Reverse Side.		205 W Atlantic Ave, Delray Beach, FL 33431					
CHARGE	Court Date and Time		Month		Day		Year	
			01		28		2020	
CHARGE	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			
CHARGE	HOLD for other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		Date	
			791		DESZDASB102/ED		PAGE	
CHARGE	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Related Arrest <input type="checkbox"/> Other		Name of Arresting Officer		Agency	
					Ashton Home		Boca PD	
CHARGE	Intake Delay		L.D. #		Pouch #		Transporting Officer	
	69						Ashton Home	
Witness here if subject signed with "X" _____ OF _____								

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

N

OBTS Number	Agency ORI Number FLO 5 0 0 2 0 0		Agency Name BOCA RATON POLICE SERVICES DEPT.	Agency Report Number 3 2 12 0 1 1 4 3 4 1
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	Special Notes:

Name (Last, First, Middle) Spielfogel, Michael	Alias	Race W	Sex M	Date of Birth 0.5.19.8.3
Charge Description DUI 316.193(1)	Charge Description	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) 100 NW 2nd Avenue Boca Raton, FL 33432	(City)	(State)	(Zip)
Business Address (Name, Street) 100 NW 2nd Avenue Boca Raton, FL 33432	(City)	(State)	(Zip)
Phone 501-338-1234	Address Source	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 21 day of December 2020 at 0050  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

On 12/21/20 at or about 0050 hour at the location of 700 W Palmetto Park Road which is within the Jurisdictional limits of the City of Boca Raton in the State of Florida, and Palm Beach County, the above mentioned defendant did omit the violation of Driving under the Influence of an alcoholic beverage. Spielfogel did then and there unlawfully drive, and was in physical control of a motor vehicle, pursuant a 2015 Mercedes G63 bearing New York tag PPE8697, while he was under the influence of an alcoholic beverage to the extent that his normal faculties were impaired. Spielfogel was stopped after excessively speeding on W Palmetto Park Road. Spielfogel was acquired by dragon laser serial # B070 doing 64 mph in a 35 mph zone. During the DUI investigation Spielfogel had slurred speech, was unable to maintain his balance and had a strong unknown alcoholic beverage emanating from his person. Spielfogel also had watery blood-shot eyes. Spielfogel refused to provide a breathe sample.

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 #791 Ashton Horne
NOTARY PUBLIC/ CLERK OF COURT/ OFFICE (F.S. 100.10)	DATE 12/21/20	NAME OF OFFICER (PLEASE PRINT) Ashton Horne
	DATE 12/21/20	DATE DEC 21 2020

# DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT  
100 NW 2<sup>nd</sup> Avenue  
Boca Raton, FL 33432

SCANNED  
DEC 21 2020



**BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART I**

On the 21 day of December, at 0050 AM/PM:

Subject: Michael, Spielfogel Case Number: 70-14341

**PERSONAL CONTACT**

Driving Pattern: Excessive speed ~ 64 mph in a 35 mph zone.

Observation of Driver: Watery eyes - <sup>blowshot</sup> unknown alcoholic beverage  
emanating from his person. Unable to locate proper paperwork.  
Slurring his speech

Driver's Statement: Driving back from miami, had a few drinks

Odors: Unknown alcoholic beverage

**GENERAL OBSERVATIONS**

Speech: Slurred

Attitude: polite

Clothing: grey t-shirt, white shorts and black shoes.

Medical Problems: N/A

Medications: Xanax, Adderall

Other: N/A

SCANNED  
DEC 21 2020

Horizontal Gaze Nystagmus:

Left eye does not follow smoothly

Right eye does not follow smoothly

Left eye jerks at 45 degrees angle or less

Right eye jerks at 45 degrees angle or less

Distinct jerking left eye maximum deviation

Distinct jerking right eye maximum deviation

Can not do, Why? \_\_\_\_\_

Walk and turn: Completed task, misses a few step regarding heel to toe, uses arm for balance, Can not keep balance during instructional phase, stop walking, to steady himself.

Can not do, Why? \_\_\_\_\_

One leg stand: Subject lifted his left leg and could not balance. puts foot down on 15, 24 in the number sequence, sways while balancing, use arms to balance.

Can not do, Why? \_\_\_\_\_

Finger to nose: first sequence of left and right the subject missed the tip of his nose, used arms for balance.

Can not do, Why? \_\_\_\_\_

Alphabet (speech pattern): Completed task eyes were open.

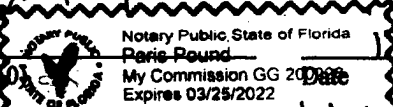
Can not do, Why? \_\_\_\_\_

Breath/Blood test results: Refuse.

State of Florida, County of Palm Beach,  
Sworn and subscribed before me this

12/21/20 (date) by Officer Horne

Notary/Clerk of Court/ Officer (FSS 117.01)



12/21/20

Signature of Arresting Officer #7

Antion Horne  
Name of Officer (print)

SCANNED  
DEC 21 2020

ARRESTING OFFICER: Officer Horne

Name: Officer Horne Phone # \_\_\_\_\_ Work # 501-622-6249

Address: 100 NW 2nd Ave, Boca Raton FL, 33432

Can testify to: traffic infraction, DUI Investigation

Name: Officer De la Riva Phone # \_\_\_\_\_ Work # 501-338-1234

Address: 100 NW 2nd Ave, Boca Raton FL, 33432

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

SCANNED  
DEC 21 2011

**II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.**

*Note: Read only the paragraph applicable to the type of test you are requesting.*

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

**IMPLIED CONSENT WARNINGS**

*Note: Read only if the subject does not comply with your request.*

I am Officer Horne of the Boca Raton PD

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 Signature: Recd on Camera

*Note: Also read for CDL holders:*

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your **SECOND REFUSAL**, you will be permanently disqualified from operating a commercial motor vehicle.

*Note: After reading the implied consent warning, the arresting officer must request a breath sample again.*

**(IF REFUSAL THEN)**

At this time Mr Mrs./Ms. \_\_\_\_\_ has refused to submit to a breath test.

The date is December, 21, 2020, and the time is 2:21 AM/PM.  
(month) (day) (year)

80/10/17  
DEC 21



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

PBSO CASE # 20-138857 PBSO ZONE 6-12

AGENCY CASE # 2020-14341 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0050 DATE 12/21/20 DAY Monday

SUBJECT'S NAME Michael Spielfogel RACE W SEX M

HGT 509 WGT 185 DOB 5/19/83

LOCATION 120 E palmetto park Rd

ARRESTING OFFICER'S NAME & ID Horne 791 AGENCY Boca Raton PD

DIVISION: B4 Patrol

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 0155

BREATH RESULTS:

Arrest Time 0112

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. **REFUSED**
- 4. \_\_\_\_\_

TESTING OFFICER'S ID 16877

NOT CERTIFIED

DEC 21

# TESTING FACILITY TASK REPORT

AGENCY: BRPD  
SUBJECT: Spielfogel, Michael  
CASE NUMBER: 20-138857  
DATE: Dec 21, 2020  
VIDEO DVD NUMBER: N/A  
BEGINNING TIME: 02:19  
ENDING TIME: 02:22

BREATH TESTS RESULTS: 1) Refusal TIME 02:21 A.M.  P.M.  2) N/A TIME \_\_\_\_\_ A.M.  P.M.   
3) N/A TIME \_\_\_\_\_ A.M.  P.M.  4) N/A TIME \_\_\_\_\_ A.M.  P.M.

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Thick

ATTITUDE: Calm, cooperative

CLOTHING: Light gray shorts, dark gray t-shirt, black sneakers

MEDICAL CONDITIONS: Anxiety

MEDICATIONS: Xanax, Adderall

## OTHER:

Eyes are glassy & bloodshot  
odor of unknown alcoholic beverage on breath

# REFUSED

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 01:55 hrs.

Subject refused to perform breath test.

A/O read I/C and subject stated understood I/C.

Subject refused to take test.

A/O read rights.

Subject stated he understood rights.

A/O attempted Q&A

Subject refused to answer Q&A.

# REFUSED

DEC 21 2020

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

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

am a member of Boca Raton Police Dept., and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 21 day of December, 20 20, at 0212  P.M.  A.M.

DRIVER Michael S Spiegel  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# 845445395, state of New York, was placed under lawful arrest for  
the offense of DUI 316-193(1A) by Officer Horne and  
issued Citation # AGLQBQE.  
(Name of Arresting Officer)

That on or about the 21 day of December, 20 20, at 0112  P.M.  A.M.  
in Palm Beach County,

I requested that the driver submit to a  breath 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] #701  
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:

[Signature] #701  
Signature of Attesting Officer

Title Officer Horne

Date 12/21/20

(AFFIX SEAL)  
The foregoing instrument was sworn and subscribed before  
me this 21 day of December, 20 20,  
by [Signature],  
who is personally known to me or who has produced

\_\_\_\_\_ as identification  
Notary Public [Signature]

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: Spiefogel, Michael S CASE NUMBER: 20-41341

**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) Read on Camera

**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

SUBJECT: Spiefogel, Michael S. CASE NUMBER: 20-14391

### 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: Refused, Spaul on Camera



**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: 2020029838	Date: 12/21/2020
	Specialist Name/ID: C. Anastasi/#21908