

0528930

22CT968MB

868

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.s only) 06-22-027942															
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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator											
Location of Arrest (Including Name of Business) Northview Dr/Philadelphia Dr, Jupiter FL						Location of Offense (Business Name, Address) Northview Dr/Philadelphia Dr, Jupiter FL															
Date of Arrest 01/22/2022		Time of Arrest 0002		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle All Hooked Up									
Name (Last, First, Middle) Player, Nicholas, Alexander												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 11/10/1998		Height 5'11		Weight 190		Eye Color Br		Hair Color Br		Complexion Med		Build Med					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none						Marital Status Single		Religion CHRISTIAN		Indication of Alcohol Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Indication of Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Local Address (Street, Apt. Number) (City) (State) (Zip) 19950 Beach Rd Apt 4s, Jupiter, FL 33469						Phone (561) 635 9044		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2													
Permanent Address (Street, Apt. Number) (City) (State) (Zip)						Phone ()		Address Source Defendant													
Business Address (Name, Street) (City) (State) (Zip)						Phone ()		Occupation Customer Svc													
D/L Number, State P460621984100, FL				Soc. Sec. Number				INS Number				Place of Birth (City, State) Palm Beach Gardens 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"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone ()		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 355-2526) 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/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description Driving Under the Influence						Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1)c				Violation of ORD #							
Drug Activity N		Drug Type N		Amount / Unit		Offense # 22-027942		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									
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) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600																					
Court Date and Time Month 02 Day 10 Year 2022 Time 8:30 AM X 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 01/22/2022																					
Signature of Defendant (or Juvenile and Parent /Custodian)												Date Signed									
HOLD for other Agency Name:						Signature of Arresting Officer X						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) A. Soloway #8586						(PRINT)									
Initials Deputy Bumilio 18342						ID # 8586						Agency PBSO									
Transporting Officer A. Soloway						ID # 8586						Agency PBSO									
Witness here if subject signed with an "X"																					
1 OF 1																					

OBS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1	Juvenile	N
Agency OR Number FL0500000		Agency Name Palm Beach County Sheriff's Office		Agency Report Number 06 - 22-02790428						
Charge Type Check all that Apply <input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Special Notes				
Name (Last, First, Middle) Player Nicholas Alexander				Race W		Sex M		Date of Birth 11-10-1998		
Charge Description DUI				Charge Description						
Charge Description				Charge Description						
Victim's Name (Last, First, Middle) Silvestre Jesus				Race W		Sex M		Date of Birth 06-02-1971		
Local Address (Street, Apt Number) 807 Northview Dr, Jupiter				(City) Jupiter		(State) FL		(Zip) 33458		Phone 561-401-3527
Business Address (Name, Street)				(City)		(State)		(Zip)		Address Source Verbal
Business Address (Name, Street)				(City)		(State)		(Zip)		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... <input type="checkbox"/> Committed the below acts in my presence. <input type="checkbox"/> Was observed by Who told That he/she saw the arrested person commit the below acts. <input type="checkbox"/> Confessed to Admitting the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.										
On The 21 Day Of January 2022 At 2320 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.										

On 01-21-2022 I responded to the intersection of Philadelphia Dr and Northview Dr Located in Jupiter FL 33458 in reference to a vehicle crash. Upon arrival Jupiter Police department was already on scene and advised they had rolled up on the crash but the driver of the white pickup truck did not want to get out of the vehicle. I made contact with the driver of the White Chevrolet pickup truck bearing FL tag BQQQ29 who was identified as Nicholas Player (DOB 11-10-1998). I asked Nicholas what happened and as he was speaking he had slurred speech and a slight stutter when answering me. Also while Nicholas speaking I observed his eyes to be glassy, watery and bloodshot. I asked Nicholas if he could provide me with his license, registration and prove of insurance and he looked down fumbled with some papers and his wallet then said "o wait it's on the windshield whipper from when he gave it to the other cops". I asked Nicholas if he had been drinking tonight which he answered "yes I had a few drinks earlier but only maybe two". I determined that Nicholas exhibited signs of impairment and requested a DUI unit to the scene. The investigation was turned over to DUI investigator Soloway ID 8586.

The foregoing instrument was sworn to and affirmed before me this 21 day of January 20 22, by:	
Name of Notary Public / Clerk of Court / Officer (F.S. 117.00) A. Soloway 8586	Name of Arresting/Investigating Officer D/S Dixon 22100
Signature of Notary Public / Clerk of Court / Officer (F.S. 117.00)	Signature of Arresting/Investigating Officer

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21 DAY OF January 20 22, AT 2249 AM ☒ PM

SUBJECT: Player, Nicholas, Alexander CASE NUMBER: 22-027942

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. Soloway #8586

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

I responded to assist DS Dixon #22100 with a possible impaired driver. Upon my arrival he advised me:
On 01-21-2022 I responded to the intersection of Philadelphia Dr and Northview Dr Located in Jupiter FL 33458 in reference to a vehicle crash. Upon arrival Jupiter Police department was already on scene and advised they had rolled up on the crash but the driver of the white pickup truck did not want to get out of the vehicle. I made contact with the driver of the White Chevrolet pickup truck bearing Fl tag BQQQ29 who was identified as Nicholas Player (DOB 11-10-1998). I asked Nicholas what happened and as he was speaking he had slurred speech and a slight stutter when answering me. Also while Nicholas speaking I observed his eyes to be glassy, watery and bloodshot. I asked Nicholas if he could provide me with his license, registration and prove of insurance and he looked down fumbled with some papers and his wallet then said "o wait it's on the windshield whipper from when he gave it to the other cops". I asked Nicholas if he had been drinking tonight which he answered "yes I had a few drinks earlier but only maybe two".

OBSERVATION OF DRIVER:

The defendant had an obvious odor of an unknown alcoholic beverage on their breath. This odor intensified when the defendant spoke. The defendant's eyes were red and glassy. He had gum in his mouth which is a common attempt to mask the odor of alcoholic beverages.

DRIVER'S STATEMENTS:

Post-Miranda, the defendant stated he stopped at the stop sign and did not see the other car coming when he entered the intersection. He stated he was the driver at the time of the crash. He stated he was coming from his friend's house and going to a bonfire. He denied having any medical conditions or physical abnormalities.

ODORS:

The defendant had an obvious odor of an unknown alcoholic beverage on their breath. This odor intensified when the defendant spoke.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: comliant

CLOTHING: shorts, tshirt, shoes

MEDICAL/OTHER: stated none

STATE OF FLORIDA
COUNTY OF PALM BEACH

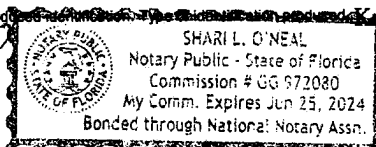
A. Soloway #8586
Signature of Arresting/Investigative Officer)

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of January 20 22 by A. Soloway #8586

Print name of Arresting/Investigative Officer), who is personally known to me and/or produced satisfactory evidence of identity and is a Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Shari O'Neal (#6212)

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



SUBJECT: Player, Nicholas, Alexander

CASE NUMBER 22-027942

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

REFUSED

WALK & TURN:

REFUSED

He refused to submit to SFSTs. I advised him:

If you fail to submit to the roadside tasks I am requesting, it can be used against you in court. If you fail to submit to the roadside tasks I am requesting, I will be forced to conclude my investigation and base my decision as to your impairment solely on the facts at hand.

He stated he did not understand so I read it to him again and explained it as well. He asked me how the DUI checkpoint works. He again refused to submit to SFSTs.

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS:

1) .124

2) .116

3)

4)

STATE OF FLORIDA

COUNTY OF PALM BEACH

A. Soloway #8586

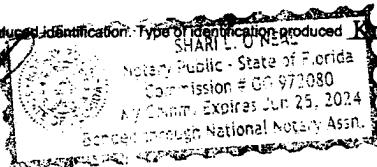
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of January 2022 by A. Soloway #8586

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

Shari O'Neal (#6212)

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





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

PBSO CASE # 22-027942 PBSO ZONE 3-14

AGENCY CASE # _____ CRASH CASE # 22-027939

TIME OF STOP/CRASH 2249 DATE 01/21/2022 DAY Friday

SUBJECT'S NAME Player, Nicholas, Alexander RACE W SEX M

HGT 5'11 WGT 190 DOB 11/10/1998

LOCATION Northview Dr/Philadelphia Dr, Jupiter FL

ARRESTING OFFICER'S NAME & ID A. Soloway #8586 (8586) AGENCY Palm Beach County Sheriff's Office

DIVISION: CID/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0035

ARREST TIME 0002

BREATH RESULTS:

1) .124

2) .116

3) _____

4) _____

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

TESTING FACILITY TASK REPORT

AGENCY: PBSO INV. SOLOWAY #8586

SUBJECT: PLAYER, NICHOLAS A.

CASE NUMBER: 22-027942

DATE: 01-22-22

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:04 HRS

ENDING TIME: 01:14 HRS

BREATH TESTS RESULTS: 1) .124 TIME 01:08 A.M. ☒ P.M. ☐ 2) .116 TIME 01:11 A.M. ☒ P.M. ☐
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUMBLED

ATTITUDE: CALM, COOPERATIVE

CLOTHING: SHIRT- BLUE & GRAY SHORTS- GRAY

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: RED, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O SOLOWAY #8586

A/O REQUESTED THE BREATH TEST ON CAMERA.

D SUBMITTED TO THE BREATH REQUEST.

D COMPLETED THE TEST CORRECTLY.

C/W READ ON SCENE.

EXPLAINED THE BREATH RESULTS TO THE D.

Q&A STARTED, THEN D REFUSED TO CONT.

SUBJECT: Philip M. M. H. CASE NUMBER: 22-067492

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) Markus J. ...

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE: EPILEPSY? _____
GLASS EYE? _____
FALSE TEETH? _____
EAR INFECTION? _____
INNER EAR TROUBLE? _____
DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

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: 01/22/2022

Date of Last Agency Inspection: 01/14/2022

Observation Period Began: 00:35

Subject's Name: NICHOLAS A PLAYER

DOB: 11/10/1998 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	01:07
	Air Blank	0.000	01:07
	Control Test	0.080	01:07
	Air Blank	0.000	01:08
	Subject Sample #1	0.124	01:08
	Air Blank	0.000	01:09
	Air Blank	0.000	01:11
	Subject Sample #2	0.116	01:11
	Air Blank	0.000	01:12
	Control Test	0.079	01:12
	Air Blank	0.000	01:13
	Diagnostics Check	OK	01:13

Cylinder Lot: 19021080A2
Exp: 09/05/2023

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 Date: 01-22-22
Signature

Sworn to (or affirmed) before me this 22 day of January, 2022

Signature of Notary Public-State of Florida Inv Solaway #2536
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.

WITNESS LIST

CASE NUMBER: 22-027942

ARRESTING OFFICER: A. Soloway #8586

ADDRESS: PBSO

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3400

CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS DIXON 22100

ADDRESS: PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: WHEEL WITNESS

NAME: Silvestre, Jesus,

ADDRESS 807 Northview Dr, Jupiter FL

PHONE NUMBERS (HOME) (561) 401 3527 (WORK) 0

CAN TESTIFY TO: witness/victim

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2022001994	Date: 1/22/2022
	Specialist Name/ID: Chantel Daniels/30347