

20 CT 3637

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0500400</b>	Agency Name <b>Delray Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>4, 0 20-003561</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE
D E F E N D A N T	Charge Type: Check as many as apply	1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other			If Weapon Seized		Multiple Charge Indicator 2	
	Location of Arrest (Including Name of Business) <b>1420 SW 30TH AVE BOYNTON BEACH, FL 33426</b>				Location of Offense (Business Name, Address) <b>232 NE 2ND ST/NE 3RD AVE, DELRAY BEACH, FL 33444</b>			
C O D E D	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
	<b>02/27/2020</b>	<b>18:46</b>	<b>02/27/2020</b>	<b>18:56</b>	<b>02/27/2020</b>	<b>22:20</b>	<b>1420 SW 30TH AVE BOYNTON</b>	
J U V E N I L E	Name (Last, First, Middle) <b>HURLEY, NICHOLAS MICHAEL</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian				Sex <b>M</b>	Date of Birth <b>12/15/1989</b>	Height <b>6'02</b>	Weight <b>210</b>
C H A R G E	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>S</b>	Religion <b>NOT INDICA</b>	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) <b>3840 MAX PL 205, BOYNTON BEACH, FL 33436</b>				(City)	(State)	(Zip)	Phone <b>(561) 598-1522</b>
C O D E D	Permanent Address (Street, Apt. Number) <b>3840 MAX PL 205, BOYNTON BEACH, FL 33436</b>				(City)	(State)	(Zip)	Phone <b>(561) 598-1522</b>
	Business Address (Name, Street) <b>SUNCOAST CONTRACTORS, 3010 SW 14TH PL #13 BOYNTON BEACH, FL 33426</b>				(City)	(State)	(Zip)	Phone <b>(561) 598-1522</b>
C O D E D	DVI Number, State <b>H640633894550 / FL</b>				INS Number	Place of Birth (City, State) <b>IA, United States</b>	Citizenship <b>US</b>	
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
C H A R G E	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
	Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)				Residence Phone			
C H A R G E	Legal Custodian				Business Phone			
	Address (Street, Apt. Number)				(City)	(State)	(Zip)	
C H A R G E	Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 1. Incarcerated	
	Released To: (Name)				Relationship	Date	Time	
C H A R G E	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			
	Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property <b>VEHICLE</b>			
C H A R G E	Drug Activity S. Sell N. N/A P. Possess				Drug Type A. Amphetamine			
	S. Sell N. N/A P. Possess				B. Barbiturate C. Cocaine E. Heroin			
C H A R G E	R. Smuggle D. Deliver E. Use				H. Hallucinogen M. Marijuana O. Opioids/Deriv.			
	K. Dispose/Distribute M. Manufacture/Produce/Cultivate Z. Other				P. Pseudoephedrine/Equipment S. Synthetic U. Unknowns Z. Other			
C H A R G E	Charge Description <b>DUI-DAMAGE TO PERSON/PROPERTY</b>				State Violation Number <b>316.193(3)(C)(1)</b>			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
C H A R G E	Charge Description <b>CRASH- LEAVING THE SCENE WITHOUT GIVING INFORMATION</b>				State Violation Number <b>316.061(1)</b>			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
C H A R G E	Charge Description				State Violation Number			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
I N T A K E	Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By			
N O T I C E T O A P P E A R	Transported By				Date Transported	Time Transported	Other	
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>			
A D M I N I S T R A T I O N	<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Court Date and Time <b>03/16/2020 08:30:00</b>			
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.							
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed				No Photo Available
HOLD for Other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrows)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Sexual <input type="checkbox"/> Other				Name of Arresting Officer (Print) <b>WINDSOR, NICHOLAS</b>				(PRINT)
Issuing Deputy <b>SPANN 6101</b>				Transporting Officer <b>WINDSOR</b>				Agency <b>1029 DELRA</b>
Witness how if subject signed with an "X".								

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS

0515150

SCANNED FEB 20 2020

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27TH DAY OF FEBRUARY 20 20 AT 1731  AM  PM

SUBJECT: HURLEY, NICHOLAS MICHAEL

CASE NUMBER: 20-3561

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 02/27/20 at 1731hrs, a reckless vehicle in the area of NE 22nd St and N. Swinton Ave. was reported to the Delray Beach PD Dispatch. The vehicle was described as van with the word "Mold" written on it with FL Tag #1MM112 and was occupied by two white males. The van was swerving in and out of traffic at a high rate of speed southbound. A hit and run victim called the Delray Beach PD Dispatch and reported the same van struck the rear end of the victim's vehicle at the intersection of NE 2nd St. and NE 3rd Ave. The victim stated after this crash occurred, the van drove off the roadway and fled the scene northbound from the crash scene. The victim of this hit and run crash provided a FL Tag #1MM112 which matched the tag given for the reckless vehicle from the other complainant. The original complainant continued to follow the van westbound on Lake Ida Rd. and reported the van turning right (north) onto N. Congress Ave. Ofc. Woods DBPD #1071 observed the van at the intersection of NW 17th Ave. and N. Congress Ave. Ofc. Woods followed the van northbound and stated the van was traveling at a high rate of speed. Ofc. Woods safely caught up to the van at the intersection of SW 30th Ave. and Congress Ave. and activated his emergency lights and sirens of his marked patrol vehicle. The van failed to stop and turned right (east) onto SW 30th Ave traveling 1/5 of a mile before stopping. Ofc. Woods met with the white male driver who identified himself as Nicholas Michael Hurley. Hurley was sitting in the driver's seat of the van, with the engine running and the vehicle key in the ignition. Ofc. Woods observed signs of Hurley being under the influence and requested I respond to conduct a DUI investigation. Prior to my arrival, the passenger was released from the scene and left on foot. I responded to the scene and met with Hurley.

## OBSERVATION OF DRIVER:

Hurley had a strong odor of an unknown alcoholic beverage coming from his person. Hurley had red, glassy eyes. Hurley wanted to urinate in public where there were several people including a small child 7-9YOA that could see the entire traffic stop scene. I instructed Hurley to stay in the van and that he was not allowed to urinate in public. Hurley ignored my order several times and stated he was going to urinate around a nearby vehicle. I took Hurley into custody due to his behavior and to prevent any further problems. Hurley was had extreme mood swings from being angry to crying. Hurley's statements were not making sense and was crying while speaking at times.

## DRIVER'S STATEMENTS:

Hurley stated he wanted to leave the scene and would run if the police tried to stop him. Hurley was upset over his kids being at home with the babysitter and the babysitter was waiting for him to arrive home. Hurley was on speaker phone with the babysitter saying he would pay her until 8pm if he had to and the babysitter replied it is already 8:30pm. Hurley stated he did not know why he was stopped and did not know about any vehicle crashes prior to the traffic stop. Hurley became belligerent after arrest and used very abusive language toward law enforcement. At the PBCJ BAT, Hurley refused to provide a breath sample and I attempted to read Implied Consent. Hurley would not let me finish reading Implied Consent and began yelling. Hurley refused to provide a breath sample and I marked this as a refusal. I attempted to read Hurley his Constitutional Warnings. Hurley would not let me finish reading his Constitutional Rights and was yelling about a lawyer and refused to remain seated as instructed. Hurley had to be escorted to a holding cell and his feet had to be hobbled inside the cell due to him kicking the cell door.

## ODORS:

Hurley had a strong odor of an unknown alcoholic beverage coming from his person.

## GENERAL OBSERVATIONS

SPEECH: Very slurred and mumbling.

ATTITUDE: Laughing at times then became angry and belligerent.

CLOTHING: Blue Long Sleeve Shirt, Gray Shorts with White Shoes.

MEDICAL/OTHER: None Stated.

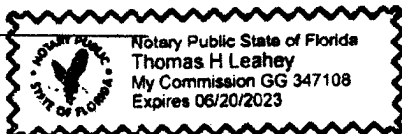
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of FEBRUARY 20 20 by Ofc Windsor #1029

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

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



SCANNED  
FEB 28 2020

SUBJECT: HURLEY, NICHOLAS MICHAEL CASE NUMBER 20-3561

**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:**

Roadsides were not conducted due to Hurley not following commands and flight risk.

**WALK & TURN:**

Roadsides were not conducted due to Hurley not following commands and flight risk.

**ONE LEG STAND:**

Roadsides were not conducted due to Hurley not following commands and flight risk.

**FINGER TO NOSE:**

Roadsides were not conducted due to Hurley not following commands and flight risk.

**ROMBERG ALPHABET:**

Roadsides were not conducted due to Hurley not following commands and flight risk.

**BREATH TEST RESULTS:**

1) Refused	2)	3)	4)
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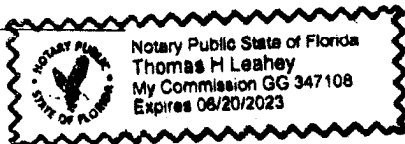
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of FEBRUARY 2020 by Ofc Windsor #1029

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

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



SCANNED  
FEB 28 2020

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

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

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

or affirm that on or about the 27th day of February, 20 20, at 1846  P.M.  A.M.

DRIVER Nicholas Michael Hurley  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# H640633894550, state of Florida, was placed under lawful arrest for

the offense of DUI by Ofc. Windsor #1029 and  
(Name of Arresting Officer)

issued Citation # A1UR4KE

That on or about the 27TH day of FEBRUARY, 20 20, at 1951  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 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 of Attesting Officer

The foregoing instrument was sworn and subscribed before

me this 27th day of February, 20 20,

Title

Date

by Ofc Windsor #1029,

who is personally known to me or who has produced

personally known as identification

Notary Public T. Leahy

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.

# WITNESS LIST

CASE NUMBER: 20-3581

ARRESTING OFFICER: Officer Windsor #1029 Delray Beach Police Department

ADDRESS: 300 W. Atlantic Ave. Delray Beach, FL 33444

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: DUI PC

NAME: Officer Woods #1071 Delray Beach Police Department

ADDRESS: 300 W. Atlantic Ave. Delray Beach, FL 33444

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: Traffic Stop

NAME: Officer Salguero #1109 Delray Beach Police Department

ADDRESS 300 W. Atlantic Ave. Delray Beach, FL 33444

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: Hit and Run Crash Investigation

NAME: Zachary Joseph

ADDRESS 601 Tomahawk Trl. Indian River Shores, FL 32963

PHONE NUMBERS (HOME) 786-641-0136 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Hit and Run Crash Victim

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 \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

SCANNED  
FEB 28 2020  
FEB 28 2020

# TESTING FACILITY TASK REPORT

AGENCY: DPD  
SUBJECT: Harvey Helms III CASE NUMBER: 20-043300  
DATE: 02/23/20 VIDEO TAPE NUMBER: 101  
BEGINNING TIME: 1947 ENDING TIME: 1951  
BREATH TESTS RESULTS: 1) 2 TIME 1950 A.M./P.M. (P.M.) 2) 1.2 TIME — A.M./P.M.  
3) 1.2 TIME — A.M./P.M. 4) 1.2 TIME — A.M./P.M.

BREATH OPERATOR: G. Lopez 1907  
MAINTENANCE TECHNICIAN: Rose 0407

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Normal  
ATTITUDE: Cooperative, friendly  
CLOTHING: T-shirt, shorts  
MEDICAL CONDITIONS: None  
MEDICATIONS: None  
OTHER: None

**REFUSED**

COMMENTS: Person at center of the case. He is a  
occupational driver. 1924 1121  
A statement was given and tape was  
made. A statement was given and tape was  
made. A statement was given and tape was  
made. A statement was given and tape was

**REFUSED**

A statement was given and tape was  
made. A statement was given and tape was  
made. A statement was given and tape was  
made. A statement was given and tape was

SCANNED  
FEB 28 2020

SUBJECT: Arrest - [unclear] CASE NUMBER: 20-1111

## 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 [unclear] of the DIVISION OF PUBLIC SAFETY

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) [unclear]

## 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) [unclear]

SCANNED  
FEB 28 2023

SUBJECT: Alvin Thomas CASE NUMBER: 20-161

### 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: W. J. ...

SCANNED  
FEB 28 2020



**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)-(l), (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: 2020006727	Date: 2/28/2020
	Specialist Name/ID: B Evans / 23649

**SCANNED**  
FEB 28 2020