

0515286

2898 2009 3914 MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20045214					
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 01							
Location of Arrest (Including Name of Business) 2021 S MILITARY TRL WEST PALM BEACH, FL 33415				Location of Offense (Business Name, Address) FOREST HILL BLVD / S MILITARY TRL WPB, FL 33415							
Date of Arrest 03/04/2020	Time of Arrest 02:09	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle PRIORITY TOWING					
Name (Last, First, Middle) GUEVARA NICOLAS A				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 02-23-1984	Height 5'08	Weight 188	Eye Color BROWN	Hair Color BLACK	Complexion LIGHT	Build MED			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATOO - LEFT LEG, RIGHT LEG, BACK, CHEST, RIGHT ARM, LEFT ARM				Marital Status MARRIED	Religion CATHOLIC	Indication of Alcohol/Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> 1. City 2. County 3. Florida 4. Out of State 1					
Local Address (Street, Apt. Number) 6102 CHANNEL DR		(City) GREENACRES FL	(State) FL	(Zip) 33463	Phone (551) 998-7659	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1					
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source VERBAL					
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation					
D/L Number, State G160621840630	Soc. Sec. Number	INS Number		Place of Birth (City, State) MIAMI, 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					
Parent Legal Custodian Other:		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/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description D.U.I.		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193 (1)(A)		Violation of ORD #					
Drug Activity U	Drug Type U	Amount / Unit	Offense # 20045214	Warrant / Capias Number		Bond OR					
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) PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX - 3228 GUN CLUB RD WEST PALM BEACH FL, 33406											
Court Date and Time Month MARCH APRIL Day 02 Year 2020 Time 08:30 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 (or Juvenile and Parent /Custodian)						Date Signed 03/04/2020					
HOLD for other Agency Name:			Signature of Arresting Officer [Signature]			Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:			Name of Arresting Officer (Print) Corporal R Soriano			I.D. # #9418		
Transporting Officer CPL SORIANO			ID # 9418			Agency PBSO			Witness here if subject signed with an X		
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)											

MAR 05 2020

PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX



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

PBSO CASE # 20045214 PBSO ZONE 1-12

AGENCY CASE # 20045214 CRASH CASE # _____

TIME OF STOP/CRASH 01:45 DATE 03/04/2020 DAY _____

SUBJECT'S NAME GUEVARA NICOLAS A RACE W SEX M
LAST FIRST MID

HGT 5'08 WGT 188 DOB 02-23-1984

LOCATION 2021 S MILITARY TRL WEST PALM BEACH, FL 33415

ARRESTING OFFICER'S NAME & ID CPL SORIANO 9418 AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD-DUI

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 02:23

ARREST TIME 02:09

BREATH RESULTS:

- 1) .198
- 2) .194
- 3) _____
- 4) _____

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # _____

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4TH DAY OF MARCH 20 20, AT 01:45 AM PM

SUBJECT: GUEVARA NICOLAS A CASE NUMBER: 20045214

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Corporal R Soriano

PERSONAL CONTACT

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

On Wednesday, March 4, 2020 at approximately 01:45 hours, I was stopped at a traffic stop as a back up unit in the 1700 block of S. Military Trail facing southbound, as I observed a silver Toyota SUV approaching the rear of my vehicle in the far right lane (#3 lane). I observed the vehicle appeared to be traveling at approximately 55 miles per hour (mph) in a posted 40 mph speed zone. I received a high pitch sound from my radar's audio Doppler and a confirmation speed of 55 mph in the target window. As the vehicle passed me, I activated my radar's front antenna and received a steady speed of 55 mph as the vehicle passed me in the same direction away. While maintaining visual of the vehicle, I proceeded to overtake its speed and conduct a traffic stop. I observed the vehicle was a silver Toyota Rav 4 bearing Florida tag# "IZY A56" as I initiated my emergency lights. I conducted a traffic stop in the parking lot of 2021 S. Military Trail.

OBSERVATION OF DRIVER:

As I exited my patrol car, I approached the vehicle on the driver side and made contact with the driver who was later identified by his driver's license as Nicolas A Guevara. I observed Guevara was wearing gray shorts, blue shirt and black sandals. While speaking with Guevara, I observed that he seemed to be nervous and his eyes appeared red and glossy. I explained to Guevara he was stopped for unlawful speed and I asked him if he saw two bicyclist that crossed westbound across S. Military Trail. Guevara answered "no." While speaking with Guevara, I detected a strong odor of an unknown alcoholic beverage coming from within his vehicle. I observed that he was the only occupant and was asked if he had been drinking. Guevara stated he had several Miller Lite beers. Guevara was informed that I was under the suspicion that he may have consumed an unspecified amount of an unknown alcoholic beverage, which may have impaired his abilities to operate a vehicle safely. With that, I asked if he was willing to submit to Standardized Field Sobriety Tasks (SFST's) to help disprove my suspicion. Guevara appeared unsure, At this time I read him Taylor warnings, which he acknowledged. Guevara then stated he would submit to SFST's and was asked to exit his vehicle.

DRIVER'S STATEMENTS:

I escorted Guevara to the front of my vehicle, where I asked him to stand with both feet together and both of his arms down by his side. I asked Guevara, if he had been drinking or used any drugs. Guevara stated he drank several beers and does not consume any drugs. I asked Guevara if he had any medical problems / previous injuries and he answered "no." I asked Guevara if he wore any glasses or contacts to correct his vision and he answered "no." Finally, I asked Guevara if he takes any medications and he once again answered "no."

ODORS:

Obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: thick, slow, unclear

ATTITUDE: calm, compliant, upset

CLOTHING: wearing gray short and blue shirt

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

Corporal R Soriano

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of March 2020 by Corporal R Soriano

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

Shari O'Neal (#6212)

Notary Public, State of Florida (F.S.S 117.10)

SCANNED
MAR 05 2020

SHARI L. O'NEAL
Notary Public - State of Florida
Commission Expires 08/01/2025

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

BGN - Once positioned in the front of my vehicle, I continued my investigation. I instructed Guevara to keep his hands by his side, stand with his feet together, and follow a blue light stimulus with his eyes not turning his head. I asked him if he understood my instructions. Once Guevara verbally stated he understood my instructions, I proceeded with the task. I observed both eyes to be red, bloodshot, and glossy. His left and right eye displayed equal pupil size, equal tracking, and a lack of smooth pursuit. I observed distinct and sustained nystagmus was present in both his left and right eye at maximum deviation during two separate four second evaluations. The onset of nystagmus was prior to a 45 degree angle in both his left and right eye during two separate four second evaluations. Vertical nystagmus was not present in both the left and right eye during two separate four second evaluations. While conducting the task, I had to remind him to keep hands by his side, not turn his head and follow the stimulus multiple times. While doing so, I detected a strong odor of unknown alcoholic beverage coming from his breath.

WALK & TURN:

I positioned Guevara on a yellow line created using yellow duct tape, which was on a smooth and level surface, free of any debris and well lit by the headlights on my vehicle and nearby street lighting. I instructed Guevara to place his left foot on the line and his right foot in front of the left touching heel to toe. I instructed him that he was to keep his hands at his side and stay in this position until I instructed him to do otherwise. Once placed into the instructed position, I explained and demonstrated the rest of the task. During the task, I observed Guevara swayed while balancing, could not maintain the instructed position, did not touch heel to toe, stepped off the line, used arms to maintain balance (+6"), did not turn properly as he turned in the wrong direction and not as instructed to do so, by taking a series of small steps.

ONE LEG STAND:

I placed Guevara with his feet together and arms at his side. Once Guevara was placed into the instructed position, I explained and demonstrated the rest of the task. Once Guevara stated he understood, the task was performed. During the task, I observed, Guevara could not maintain the instructed position, While raising his foot he swayed while balancing, putting his arm up for balance, and put his foot down once.

FINGER TO NOSE:

I placed Guevara into the instructed position. Once he acknowledged the instructed position, I proceeded with the instructions. Guevara failed to touch the tip of finger to tip of nose, as he missed his nose twice. Guevara failed to return arm back down to his sides. Guevara was shaky on his feet.

ROMBERG ALPHABET:

I explained and demonstrated the task as Guevara was placed into the instructional position. Guevara stated he understood the task. During task Guevara did not complete correctly and repeated the alphabet.

BREATH TEST RESULTS: 1) 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Corporal R Soriano

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of March 2020 by Corporal R Soriano

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

SCANNED **SHAWNEE** (#6212)

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

MAR 05 2020

TESTING FACILITY TASK REPORT

AGENCY: PCSO Capt. Sacramento

SUBJECT: Lawrence, Nicolas A.

CASE NUMBER: 20-045214

DATE: 03-04-20

VIDEO TAPE NUMBER: 1

BEGINNING TIME: 02:41

ENDING TIME: 02:51

BREATH TESTS RESULTS: 0 19 TIME 02:51 AM/PM 0 196 TIME 02:51 AM/PM

BREATH OPERATOR: S. Orlowski #6212

MAINTENANCE TECHNICIAN: J. Vachek #6467

TESTING OFFICER'S OBSERVATIONS

STATURE: Color Cooperative Resistant

CLOTHING: Shirt: Blue Shorts: Gray

MEDICAL CONDITIONS: 1

MEDICATIONS: 1

OTHER: Eyes: Red, Glaucoma

Officer was not informed of alcoholic beverages consumed 30 min. observation done by AO and requested the breath test.
D submitted to the request at first inquired questions about taking the test.
AO and the implied consent on camera.
D eventually submitted to the breath request.
D had a little difficulty but he did blow correctly to complete the test.
Off read on camera.
D refused etc.

SCANNED
MAR 20 2020

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

PLEASE 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 detecting the presence of alcohol or chemical or controlled substances.

OR

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

OR

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

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

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

If you refuse to submit to a lawful test of your breath, urine or blood, your privilege to operate a motor vehicle will be suspended for a period of 90 days if you have never been previously suspended for a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse 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 is admissible into evidence in any criminal proceeding.

Read on Summary

CONSTITUTIONAL WARNINGS

PLEASE READ THESE WARNINGS BEFORE YOU MAKE ANY STATEMENTS THAT WILL HAVE THE EFFECT OF A STATEMENT.

1. You have the right to remain silent and not answer any questions.
2. Anything you say can be used against you in court.
3. You have the right to stop answering questions at any time. You will still be allowed to stop answering questions at any time.
4. If you cannot afford a lawyer, one will be appointed for you before any questioning if you cannot afford a lawyer.
5. If at any time during this interview you do not wish to answer any questions, you will stop the interview.
6. This warning is given to you because you are being questioned. This warning is given to you because you are being questioned.
7. Any statements you make will be used against you in a court of law.

Read on Summary

SUBJECT Garza, Nicolas A. CASE NUMBER 20-04520

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME 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 TYPE OF MOTOR VEHICLE 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 TALL? WHERE? WITH WHOM?

WHERE 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?

WHERE? WHERE? WHEN?

HOW MANY OF THESE ARE YOU ON? WHEN DID YOU LAST TAKE THEM?

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? WHAT?

THE LEFT SIDE OF YOUR BODY? WHAT'S WRONG?

DO YOU LIE? DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY?

HOW MANY CIGARETTES DO YOU SMOKE TODAY?

DO YOU SMOKE CIGARETTES OR SMOKE ONLY MARIJUANA TODAY? WHEN?

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? WHO? WHEN?

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? WHAT? WHEN?

DO YOU HAVE:
GLAUCOMA _____
CATARACTS _____
FALSE TEETH? _____
EAR INFECTIONS? _____
DENTAL PROBLEMS? _____

DO YOU WEAR CONTACT LENSES WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES?

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

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

3641111
MAR 05 2020

**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: 03/04/2020

Date of Last Agency Inspection: 02/14/2020

Observation Period Began: 02:23

Subject's Name: NICOLAS A GUEVARA

DOB: 02/23/1984 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	02:47
	Air Blank	0.000	02:47
	Control Test	0.080	02:47
	Air Blank	0.000	02:48
	Subject Sample #1	0.198	02:51
	Air Blank	0.000	02:51
	Air Blank	0.000	02:53
	Subject Sample #2	0.196	02:54
	Air Blank	0.000	02:54
	Control Test	0.078	02:55
	Air Blank	0.000	02:55
	Diagnostics Check	OK	02:55

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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: 03-04-20
Signature

Sworn to (or affirmed) before me this 04 day of March, 2020
[Signature] Cpl. Soriano #4418
Signature of Notary Public-State of Florida 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.

SCANNED

WITNESS LIST

CASE NUMBER: 20045214

ARRESTING OFFICER: Corporal R Soriano

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: FACTS OF CASE AND INVESTIGATING SUCH CASE

NAME: _____

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: FACTS OF CASE

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 _____ (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: _____

SCANNED
MAR 03 2020

NOT A CERTIFIED COPY



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: 2020007262	Date: 03/04/2020
	Specialist Name/ID: T Howard/7185

SCANNED
MAR 05 2020