

21CT6067 MB

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N
OBTS Number						
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-21-055254</b>		
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01		
Location of Arrest (Including Name of Business) <b>S STATE ROAD 7 / BOYNTON BEACH BLVD, UNINCORPORATED/FL/33472</b>		Location of Offense (Business Name, Address) <b>S STATE ROAD 7 / BOYNTON BEACH BLVD, UNINCORPORATED/FL/33472</b>				
Date of Arrest <b>04/14/2021</b>	Time of Arrest <b>0020</b>	Booking Date <b>04/14/2021</b>	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Big City Towing, 510 N.E. 3rd St., Boynton Beach, FL 33435, (561) 547-4992</b>
Name (Last, First, Middle) <b>Cevallos, Paul, Andres</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race <b>W - White I - American Indian B - Black O - Oriental/Asian</b>	Sex <b>W</b>	Date of Birth <b>9/3/1993</b>	Height <b>5'10</b>	Weight <b>170</b>	Eye Color <b>BRO</b>	Hair Color <b>BRO</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>RIGHT ANKLE / LEFT CHEST</b>		Marital Status <b>Single</b>		Religion <b>NONE</b>		
Local Address (Street, Apt. Number) <b>2 Rogart Circle, Boynton Beach, FL 33426</b>		Phone <b>(732) 353 9338</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>		
Permanent Address (Street, Apt. Number)		Phone		Address Source <b>FL DL</b>		
Business Address (Name, Street)		Phone		Occupation <b>ENGINEER</b>		
DL Number, State <b>C142681933230, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>QUITO, ECUADOR</b>
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	Citizenship	
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last)		(First)	(Middle)	Residence Phone
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone	
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		
Released To: (Name)		Relationship		Date	Time	
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade		
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property		
Drug Activity N. N/A P. Possess		S. Sell D. Buy T. Traffic	R. Smuggle E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other
Charge Description <b>DRIVING UNDER THE INFLUENCE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>316.193(1)(c)</b>		Violation of ORD #
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount / Unit	Offense # <b>21-055254</b>	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) <b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b>						
Court Date and Time Month <b>MAY</b> Day <b>6</b> Year <b>2021</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/> PM						
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. <b>04/14/2021</b>						
Signature of Defendant (or Juvenile and Parent / Custodian)				Date Signed		
HOLD for other Agency Name:		Signature of Arresting Officer <b>INV. W. AMADON #9440</b>		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) <b>INV. W. AMADON</b>		(PRINT) <b>SCA...</b>		
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		ID # <b>9440</b>		PAGE		
Inmate Deputy <b>...</b>		Transporting Officer <b>INV. W. AMADON</b>		Witness here if subject signed "X"		
I.D. #		Pouch #		1 of 1		

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PSSO #148 REV. 9/97

J# 0522686

p# 158

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14 DAY OF APRIL 20 21 AT 2351 AM ☒ PM

SUBJECT: Cevallos, Paul, Andres

CASE NUMBER: 21-055254

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. W. AMADON

## PERSONAL CONTACT

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

While conducting traffic enforcement in the area of S. State Road 7 and Boynton Beach Boulevard, located within Unincorporated Palm Beach County, Florida, I observed a Gray Ford F-150 bearing Florida Tag "QISS60" in excess of the posted speed limit. I then heard an audible doppler tone consistent with excessive speed. I then confirmed a digital display of 77 miles per hour in a posted 55 zone. I maintained a constant visual of the violator and overtook his speed to initiate a traffic stop. The defendant slowed and stopped on Boynton Beach Blvd.

## OBSERVATION OF DRIVER:

I approached the vehicle on the driver side and identified the defendant as the sole occupant and he was in the front driver seat. The defendant had on his seat belt and was wearing a white shirt and black shorts with slides. I observed the defendant to have glassy, watery, bloodshot eyes. The defendant's speech was slurred, slow, and labored. The defendant's clothing was neat and properly worn. I observed the defendant to be free of bruises, bumps, scratches. I asked the defendant to produce his Driver's License. The defendant fumbled with a lid to a metal drink container that was in his lap. The defendant opened the center console to his truck slightly then closed it again. I observed a United States Passport in the center console cup holder. The defendant stated that he in fact did have his Driver License on him. I asked the defendant where he was coming from and he stopped looking for his Driver License and told me that he was coming from playing soccer. I asked the defendant if that was his passport in the cup holder and he said that it was. He handed it to me and it also contained his Social Security card. I asked the defendant his date of birth to confirm what was on the passport. I told the defendant to look for his License again. He asked me if I needed his passport. I told him I was going to use it to identify him. The defendant never produced his Driver License. Once a backup unit arrived I asked the defendant to exit the vehicle. The defendant weaved as he walked from his vehicle to mine. The defendant had a noticeable orbital sway as he stood. I detected the odor of an unknown alcoholic beverage coming from the defendant's breath that would intensify when he spoke.

## DRIVER'S STATEMENTS:

The defendant admitted to having several beers and stated that he last ate several hours ago. The defendant stated that he would leave his truck on the side of Boynton Beach Blvd and run the other way if I would give him a break. The defendant requested to urinate during my investigation and was allowed to relieve himself in a humane manner.

## ODORS:

I immediately detected the odor of an unknown alcoholic beverage that intensified when he spoke.

## GENERAL OBSERVATIONS

SPEECH: slow / slurred / labored / accent

ATTITUDE: polite / calm

CLOTHING: white t shirt / black shorts / black slides

MEDICAL/OTHER: none stated

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV. W. AMADON *Inv. W. Amadon #9940*  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of April 20 21 by INV. W. AMADON

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

Paris Pound (#24639)

Notary Public, Clerk of Court, Officer (F.S.S. 17.10)



Notary Public State of Florida  
Paris Pound  
My Commission GG 200028  
Expires 03/25/2022

SCANNED  
APR 14 2021

SUBJECT: Cevallos, Paul, Andres

CASE NUMBER 21-055254

### 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:

The defendant had VGN. The defendant had a noticeable orbital sway during this task.

#### WALK & TURN:

The defendant was placed into the instructional stance for the Walk and Turn Task. The defendant stepped from the instructional stance to maintain balance. The defendant had a noticeable orbital sway during this task. The defendant stepped off the line. The defendant did not touch heel to toe. The defendant performed an improper turn contrary to instruction. The defendant did not count out loud on each step. The defendant stopped walking. The defendant took the incorrect number of steps (ten) on the return.

#### ONE LEG STAND:

The defendant was placed into the instructional stance for the One Leg Stand. The defendant had a noticeable orbital sway during this task. The defendant stepped from the instructional stance. The defendant put his foot down. The defendant used his arms for balance. The defendant swayed while balancing. The defendant asked several times if he should continue after saying he understood the instructions which include "do not stop until I tell you to do so." The defendant counted "one Mississippi, two Mississippi" etc. rather than "one thousand one, one thousand two" etc as instructed. The defendant raised his foot less than six inches from the ground and had to be reminded to look at his raised foot.

#### FINGER TO NOSE:

The defendant was placed into the instructional stance for the Finger to Nose task. The defendant had a noticeable orbital sway during this task. The defendant searched and used the pad of his finger. The defendant did not touch tip to tip as instructed.

#### ROMBERG ALPHABET:

The defendant was placed into the instructional stance for the Romberg Alphabet. The defendant stated he has a college education. The defendant had a noticeable orbital sway during this task. The defendant incorrectly recited the alphabet. The defendant sang contrary to instruction.

#### BREATH TEST RESULTS:

1) 0.174

2) 0.174

3)

4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV. W. AMADON

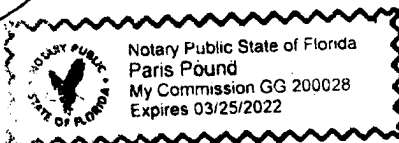
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of April, 2021 by INV. W. AMADON

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

Paris Pound (#24639)

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



APR 14 2021

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: CEVALLOS, PAUL A

DATE: Apr 14, 2021

BEGINNING TIME: 01:22

CASE NUMBER: 21-055254

VIDEO DVD NUMBER: N/A

ENDING TIME: 01:43

BREATH TESTS RESULTS: 1) SNL TIME 01:29 A.M. ☒ P.M. ☒ 2) .174 TIME 01:35 A.M. ☒ P.M. ☐

3) .174 TIME 01:38 A.M. ☒ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, UPSET

CLOTHING: BLACK / WHITE SHORTS, WHITE T- SHIRT , BLACK / WHITE SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY AND BLOODSHOT

1. SNL .169

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:59 HRS.

SUBJECT: AGREED TO TAKE TEST

SUBJECT: REFUSED TO FOLLOW TECH INSTRUCTIONS KEPT BLOWING AND STOPPING  
REFUSED TO KEEP THE TONE GOING

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

NO Q&A CONDUCTED

SCANNED  
APR 14 2021

SUBJECT: CEVALLOS, PAUL A

CASE NUMBER: 21-055254

## 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

SCANNED  
APR 14 2021

SUBJECT: CEVALLOS, PAUL A CASE NUMBER: 21-055254

## 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: 80-006240 Software: 8100.27  
Date of Test: 04/14/2021

Date of Last Agency Inspection: 04/09/2021  
Observation Period Began: 00:59  
Subject's Name: PAUL A CEVALLOS

DOB: 09/03/1993 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	01:25
	Air Blank	0.000	01:25
	Control Test	0.080	01:26
	Air Blank	0.000	01:26
	Subject Sample #1	SNL*	01:29
	Air Blank	0.000	01:30
	Air Blank	0.000	01:32
	Subject Sample #2	0.174	01:35
	Air Blank	0.000	01:35
	Air Blank	0.000	01:37
	Subject Sample #3	0.174	01:38
	Air Blank	0.000	01:39
	Control Test	0.077	01:39
	Air Blank	0.000	01:40
	Diagnostics Check	OK	01:40

\*Slope Not Level (0.169 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 22620080A2  
Exp: 10/05/2022

State of Florida, County of PALM BEACH

Personally appeared before me the undersigned authority, who (☒) is personally known to me or (☐) produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I PARIS D POUND, 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: \_\_\_\_\_

Signature

Date: 04/14/21

Sworn to (or affirmed) before me this 14<sup>th</sup> day of APRIL, 2021

INV W Amadon #9440  
Signature of Notary Public-State of Florida

INV. W. AMADON  
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  
APR 14 2021

# WITNESS LIST

CASE NUMBER: **21-055254**

ARRESTING OFFICER: **INV. W. AMADON**

ADDRESS: **3228 GUN CLUB ROAD / WEST PALM BEACH / FL / 33406**

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) **561 688 3000**

CAN TESTIFY TO: **DUI INVESTIGATION**

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: \_\_\_\_\_

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  
APR 14 2021





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

**REVIEW COMPLETED BY**

Booking Number: 2021008994

Date: 4/14/2021

Specialist Name/ID: J. Beck/9007