

0523308 21CT7985SB 2600

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1 Juvenile N							
ADMINISTRATION	OBTS Number		Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.	Agency Report Number 34-21-024389					
	Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		If Weapons Seized Enter Type		Multiple Clearance Indicator						
	Location of Arrest (Including Name of Business) 244 N CR 807, BOYNTON BEACH FL 33436		Location of Offense (Business Name, Address) 800 W SR 804, BOYNTON BEACH FL 33436								
	Date of Arrest 05/14/2021	Time of Arrest 1256	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle BECKS TOWING				
DEFENDANT	Name (Last, First, Middle) MODINI, PAUL, CARL						Alias (Name, DOB, Soc. Sec. #, Etc)				
	W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex M	Date of Birth 12/02/1951	Height 600	Weight 155	Eye Color BROWN	Hair Color BROWN	Complexion FAIR	Build MED
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE						Marital Status SINGLE	Religion UNK	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 5962 WARBOL DR DELRAY BEACH FL 33484						Phone (561)499-9859	Residence Type 1. City 3. Florida 2. County 4. Out of State	2		
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) SAME AS LOCAL						Phone () - ()	Address Source FL DL			
	Business Address (Street, Apt. Number) (City) (State) (Zip)						Phone () - ()	Occupation BUS DRIVER			
	D/L Number, State M350683514420		INS Number		Place of Birth MANHATTAN NY		Citizenship YES				
	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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
	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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
	<input type="checkbox"/> Parent Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		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 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 561-355-2526) 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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
CHARGE	Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 316.193 (1) A		Violation of ORD#				
	Drug Activity	Drug Type	Amount/Unit	Offense # 21-024389	Warrant/Capias Number		Bond				
CHARGE	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number		Violation of ORD#				
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
CHARGE	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number		Violation of ORD#				
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
CHARGE	Charge Description		Counts 1112	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number		Violation of ORD#				
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444								
	Court Date and Time Month 06 Day 07 Year 2021 Time 0830		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.								
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) <i>Paul Modini</i>		Date Signed 4-14-21									
ADMIN.	HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee) (PRINT)						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) OFC HALL		I.D. # 1112	BU#					
	Intake Deputy 1100N 8241	Pouch #	Transporting Officer OFC HALL		I.D. # 1112	Agency BBPD	Witness here is subject Signed with an "X".				
							Page 1 OF 1				

SCANNED
MAY 15 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15 DAY OF April 2021 AT 08:16 ☒ A.M. ☐ P.M.

CASE #: 21-019296

DEFENDANT: PIERRE, ALY, JHONY

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

I responded to the Chuck E Cheese parking lot located at 244 N. CR 807 in reference to a possible impaired driver operating a Black Nissan Sentra bearing FL tag Y02GRR that was stopped by Ofc. Vargas J. Upon arrival Ofc. J. Vargas advised Ofc. Rini and I that the aforementioned vehicle was traveling Southbound at the 1700 blk of SR 5. Ofc. J. Vargas advised that the vehicle almost struck officers vehicles while they were conducting a traffic stop. Ofc. J. Vargas advised that the vehicle stopped approximately 100 feet south of where he was conducting a traffic stop, at which time the driver later identified as W/M Paul Miodini exited his vehicle and proceeded to walk to the rear of his vehicle using the vehicle for support. Miodini then enters the driver's seat and takes off Southbound. Ofc. J. Vargas stated he observed the vehicle traveling south with no tire on the front right rim gauging the roadway making a loud noise. Ofc. J. Vargas then completed his traffic stop and began to look for Miodini's vehicle. Ofc. J. Vargas stated he followed the gauge marks in the roadway to located Miodini's vehicle. Ofc J. Vargas then located the vehicle in the 500 blk of W. SR 804 and conducted a traffic stop. Miodini then proceeded through the parking lot of 244 N. CR 807 at which time the vehicle came to a stop. Let it be noted that this occurred within the City of Boynton Beach, Palm Beach County Florida.

At that time Ofc J. Vargas made contact with the driver, sole occupant, W/M Miodini DOB 12/02/1951 and then identified himself. At that time Miodini exited the vehicle as Ofc. J. Vargas was approaching the vehicle and then fell back into his vehicle. Ofc. J. Vargas asked Miodini for his driver's license, registration, and insurance at which time Miodini provided the above documents. Ofc. J. Vargas stated that Miodini had glassy eyes, slurred speech, and he could smell the odor of an alcoholic beverage emitting from his person which intensified as he spoke. At that time Ofc. Rini approached the vehicle and identified himself. Ofc Rini advised he could also smell the odor of an alcoholic beverage emitting from his person which intensified as he spoke. Ofc. Rini also advised that Miodini had glassy eyes and a thick and slurred speech.

While Ofc. Rini was speaking with Miodini, I observed in plain view a bottle of Vodka on the front passenger seat that was almost empty.

Ofc. Rini confirmed Miodini name and information. Based on the above observations, Ofc. Rini asked Miodini to exit the vehicle and walk to the west of our location in the parking lot. I then stood by to assist Ofc. Rini while he conducted Field Sobriety tasks. Ofc. Rini advised Miodini that he was conducting an investigation due to the fact that he believed Miodini was operating a motor vehicle while impaired.

Ofc Rini requested Miodini to submit to a series of Field Sobriety Tasks to determine if he was operating a motor vehicle while under the influence of an alcoholic beverage. Miodini advised he would submit to the tasks. During this time, I stood by to assist Ofc Rini with his investigation.

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Left eye does not follow smoothly | <input checked="" type="checkbox"/> Right eye does not follow smoothly |
| <input checked="" type="checkbox"/> Left eye prior to 45 degrees | <input checked="" type="checkbox"/> Right eye prior to 45 degrees |
| <input checked="" type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input checked="" type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye | <input type="checkbox"/> Vertical Nystagmus in right eye |

WALK AND TURN:

This exercise was explained and demonstrated to Miodini by Ofc. Rini. Miodini advised Ofc. Rini he understood. Miodini could not keep his balance during the instructional phase. Miodini was instructed several times to place his feet in the demonstrated manner, but could not complete the task. Miodini then began to start before instructed to do so. Miodini proceeded to begin the task by taking 10 heel to toe steps down the line missing all 10 heel to toe. Miodini improperly turn and proceeded to take 10 steps back missing all heel to toe. While taking the 10 steps back and forth Miodini could not maintain the straight line. Miodini was also lifting his arms for balance.

ONE LEG STAND:

This exercise was explained and demonstrated by Ofc. Rini to Miodini. Miodini advised Ofc. Rini he understood. Miodini could not perform the task. Miodini could not stand still and had to have Ofc J Vargas and I hold Miodini up. Due to the safety of Miodini the task was not completed.

FINGER TO NOSE:

This exercise was explained to Miodini by Ofc. Rini. Miodini advised Ofc. Rini he understood. Miodini did not lean his head back or close his eyes during this task. Upon instructed to begin the task Miodini would raise

each hand in the air never touching the tip of his finger to the tip of his nose. Miodini refused to return each finger back to his side.

ROMBERG/ALPHABET:

This exercise was explained to Miodini by Ofc. Rini. Miodini advised Ofc. Rini he understood. Once I advised Miodini to begin, he proceeded to recite the alphabet he began to start signing/rhyming mid-way through M,L,P. Miodini was swaying from side to side and Miodini did not have his eyes closed or head tilted back.

Based on the above facts I've established probable cause for the arrest of Miodini, Paul with the charge of Driving Under the Influence pursuant with F.S.S. 316.193 (1)(A). Miodini was placed into cuffs and transported to PBSO for further processing.

Upon arrival at the PBSO BAT (1318 hours), a 20-minute observation was conducted on Miodini. During this time, Miodini did not consume any liquid or items into his mouth. After the 20-minute observation, I requested Miodini to submit to a lawful test of his breath for the purpose of determining its alcohol content. Miodini advised yes and then stated "NO". I then read Miodini Implied Consent. I then asked Miodini a seconds time if he would submit to a lawfal test of his breath in which Miodini replied that he would. Miodini's results were as follows, 1st breath result .201 and the second breath result was .190. I then read Miodini his Rights which he advised he understand. I asked Miodini if he would answer questions and he advised yes. (see questions and answers). Miodini was then escorted to the booking cell at which time I removed the handcuffs from Miodini. Upon completion of my paperwork, Miodini was TOT to Palm Beach County Jail.

The following instrument was sworn to before me this

14 day of May 2021

SCANNED
MAY 15 2021

By: _____

OK [Signature] 878
Notary/Police Officer (F.S.S. 117.10)

[Signature] 1112
Signature of Arresting Officer

NOT A CERTIFIED COPY

SCANNED
MAY 15 2021

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: 05/14/2021

Date of Last Agency Inspection: 04/09/2021
Observation Period Began: 13:18
Subject's Name: PAUL C MIODINI

DOB: 12/02/1951 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	13:45
	Air Blank	0.000	13:45
	Control Test	0.080	13:46
	Air Blank	0.000	13:46
	Subject Sample #1	0.201	13:47
	Air Blank	0.000	13:48
	Air Blank	0.000	13:49
	Subject Sample #2	0.190	13:50
	Air Blank	0.000	13:50
	Control Test	0.079	13:51
	Air Blank	0.000	13:51
	Diagnostics Check	OK	13:51

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: 05/14/21

Sworn to (or affirmed) before me this 14th day of MAY, 2021

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida OFL. H. HALL

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 116.1934(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.



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

PBSO CASE # 21-065497 PBSO ZONE 6-12
AGENCY CASE # 21-024389 CRASH CASE # _____
TIME OF STOP/CRASH 1218 DATE 05/14/21 DAY Friday
SUBJECT'S NAME Paul Carl Miodini RACE W SEX M
HGT 6'00 WGT 155 DOB 12-02-1951
LOCATION 800 W. Boynton Beach Blvd. Boynton Beach, FL
ARRESTING OFFICER'S NAME & ID Hall 1112 AGENCY BBPD
DIVISION: Patrol

NOTIFIED BY COMMO Y
ARRIVAL AT FACILITY 1318
Arrest Time 1256

BREATH RESULTS:

1. .201
2. .190
3. N/A
4. N/A

TESTING OFFICER'S ID 24639

SCANNED
MAY 15 2021

TESTING FACILITY TASK REPORT

AGENCY: BBPD

SUBJECT: MIODINI, PAUL C

DATE: May 14, 2021

BEGINNING TIME: 13:41

CASE NUMBER: 21-065497

VIDEO DVD NUMBER: N/A

ENDING TIME: 14:02

BREATH TESTS RESULTS: 1) .201 TIME 13:47 A.M. ☐ P.M. ☒ 2) .190 TIME 13:50 A.M. ☐ P.M. ☒
3) N/A TIME N/A 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: BLUE SHORTS, WHITE LONG SLEEVE, WHITE / BLUE SNEAKERS

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE

MEDICATIONS: LISINAPRIL

OTHER:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON BREATH
SUBJECT: STATED HE HAD VODKA IN Q&A

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 13:18 HRS.

SUBJECT: AGREED TO TAKE TEST, THEN ASKED WHAT IF HE REFUSED TEST

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

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

SCANNED
MAY 15 2021

SUBJECT: _____ CASE NUMBER: _____

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 Officer 1111 of the San Jose Police Dept.

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) _____

SUBJECT: 11/26/01, 1A00 C CASE NUMBER: 21-0-101

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? 11/26/01 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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

CASE #: 21-024389

DEFENDANT: Miodini, Paul, Carl

Arresting Officer: Ofc Hall

Address: 100 E. Boynton Beach Boulevard Boynton Beach, Fl. 33435

Phone Numbers: Home: _____ Work: (561) 742-6100

Name: Ofc Hall

Address: 2100 High Ridge Rd Boynton Beach Fl 33436

Phone Numbers: Home: _____ Work: 561-742-6100

Can testify to: THE INCIDENT

Name: Ofc. Rini

Address: 2100 High Ridge Rd Boynton Beach Fl 33436

Phone Numbers: Home: _____ Work: 561-742-6100

Can testify to: THE INCIDENT

Name: OFC Vargas J.

Address: 2100 HIGH RIDGE RD Boynton Beach Fl 33436

Phone Numbers: Home: _____ Work: 561 742 6100

Can testify to: THE INCIDENT

Name: Ofc Alegria

Address: 2100 HIGH RIDGE RD Boynton Beach Fl 33436

Phone Numbers: Home: _____ Work: 561 742 6100

Can testify to: THE INCIDENT

Name: Sgt. Faine

Address: 2100 HIGH RIDGE RD Boynton Beach Fl 33436

Phone Numbers: Home: _____ Work: 561 742 6100

Can testify to: THE INCIDENT

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

REVIEW COMPLETED BY

Booking Number: 2021011744	Date: 5/15/2021
	Specialist Name/ID: J. Beck/9007