

21CT10540ASB

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-21-079307															
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		Weapon Seized / Type 2. No		Multiple Clearance Indicator 01											
Location of Arrest (Including Name of Business) Lake Ave / S Federal Hwy, Lake Worth Beach, FL 33460		Location of Offense (Business Name, Address) Lake Ave / S Federal Hwy, Lake Worth Beach, FL 33460																			
Date of Arrest 06/24/2021	Time of Arrest 22:38	Booking Date 06/25/2021	Booking Time	Jail Date	Jail Time	Location of Vehicle Priority Towling, 740 Barnett Dr., Lake Worth, FL 33460, (561) 533-5573															
Name (Last, First, Middle) Graefe, Peter, Ulrich												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth 9/27/1942	Height 5'09	Weight 160	Eye Color brown	Hair Color white	Complexion light	Build medium													
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) chest surgery scar				Marital Status Divorced		Religion PROTESTANT		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>													
Local Address (Street, Apt. Number) 2773 S Ocean Blvd Apt 307, Palm Beach, FL 33480				(City)		(State)		(Zip)		Phone (561) 588 4972		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1									
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Address Source DL									
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation retired									
DL Number, State G610678423470, FL				Soc. Sec. Number		INS Number		Place of Birth (City, State) Kuenzelsau, Germany		Citizenship US											
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile									
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile									
Parent Legal Custodian 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 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)										School Attended		Grade									
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property				Value of Property													
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description Driving Under the Influence (3rd, more than 10 years)				Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(2b2)				Violation of ORD #									
Drug Activity N		Drug Type N		Amount / Unit		Offense # 21-079307		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) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996																					
Court Date and Time Month July Day 22 Year 2021 Time 08:30 AM X																					
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 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 for Juvenile and Parent /Custodian Peter Ulrich												Date Signed 06/24/2021									
HOLD for other Agency Name:				Signature of Arresting Officer PETER GRAEFE				Name Verification (Printed by Arrestee) PETER GRAEFE													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) Inv. POINTU P.				I.D. # 16032				(PRINT)									
Intake Deputy SPAWN 8161				I.D. #				Pouch #				Transporting Officer Inv. POINTU P.				ID # 16032					
								Agency PRSO				Witness here if stated on form				PAGE 1 OF 1					

PSSO #148 REV. 8/97

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A. ONLY)

J# 0503367

JUN 25 2021 987

		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		Juvénile	
ADMIN	Agency ORI Number	FLO 5 0 0 0 0 0		Agency Name		PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number	
							21-079307		
CHARGES	Charge Type	<input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Special Notes	
	Charge Description								
DEF	Name (Last, First, Middle)	GRAEFE PETER ULRICH		Alias				Race	Sex
								W	M
VICTIM	Date of Birth	09/27/1942							
	Charge Description								
VICTIM	Victim's Name (Last, First, Middle)	STATE OF FLORIDA		Race		Sex		Date of Birth	
VICTIM	Local Address (Street, Apt Number)	3220 GUN CLUB ROAD		(City)	WEST PALM BEACH	(State)	FL	(Zip)	33406
	Business Address (Name, Street)			(City)		(State)		(Zip)	
VICTIM	Phone							Address Source	
VICTIM	Occupation								
PROBABLE CAUSE STATEMENT	The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law The Person taken into custody								
	<input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.								
PROBABLE CAUSE STATEMENT	<input type="checkbox"/> was observed by _____ who told _____ <input checked="" type="checkbox"/> that he/she saw the arrested person commit the below acts. was found to have committed the below acts, resulting from my (described) investigation.								
	On the <u>24</u> day of <u>JUNE</u> 20 <u>21</u> at <u>9:21</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)								
PROBABLE CAUSE STATEMENT	On 06/24/2021 at approximately 9:20pm, while on patrol in the City of Lake Worth Beach, Palm Beach County, Florida, I was flagged down on Lake Avenue in the 600 block by a white male later identified as Jeffrey Rubenstein (09/13/1969) who told me that a red BMW just hit his car and drove off headed east on Lake Avenue. Mr. Rubenstein said the vehicle was driven by an older white male and was approximately 3 seconds ahead of me. I proceeded East on Lake and found the vehicle approximately half a block away headed east. I initiated a traffic stop on the vehicle bearing Florida tag GDFS89 by activating my red and blue overhead lights and stopped the vehicle at Lake Avenue and Federal Highway. The vehicle continued driving east until the 100 block of Lake Avenue where it came to a stop.								
	I made contact with the white male driver and only occupant of the vehicle who identified himself by his state of Florida driver's license as Peter GRAEFE (09/27/1942). Mr. Graefe stated that he was in the 600 block of Lake Avenue but says he does not remember hitting a vehicle.								
PROBABLE CAUSE STATEMENT	Mr. Graefe had a strong smell of alcohol coming from his person, glassy eyes and slurred speech. Based on my training and experience a DUI unit was called to the scene and took control of the investigation.								
ADMINISTRATIVE	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 <u>24</u> day of <u>JUNE</u> 20 <u>21</u> by _____ (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>D. SMITH 17626</u> Notary Public, Clerk of Court, Officer (F.S.S.) 117420								
								PAGE 1 OF 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24 DAY OF June 20 21, AT 21:21 AM ☒ PM
SUBJECT: Graefe, Peter, Ulrich CASE NUMBER: 21-079307

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. POINTU P.

PERSONAL CONTACT

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

D/S Smith (#17626) was flagged down about a possible hit and run vehicle crash that just occurred in the 600 block of Lake avenue in Lake Worth Beach, Palm Beach County Florida. The suspect vehicle was described as a red BMW driving eastbound on Lake and D/S Smith located it approximately half a block away. The BMW was bearing Florida tag GDFS89. D/S Smith initiated a traffic stop by turning his overhead blue and red light and the vehicle came to a stop at Lake avenue and Federal Hwy. The driver, and only occupant of the car, was identified by his Florida driver license as Peter Graefe. Graefe was also the registered owner of the BMW.

OBSERVATION OF DRIVER:

Upon his initial contact D/S Smith noticed an odor of unknown alcoholic beverage coming from Graefe's breath. Graefe had glassy and bloodshot eyes and a slurred speech.

Upon my arrival, I made contact with the driver and detected the same. I also observed that he had droopy eyelids.

DRIVER'S STATEMENTS:

Graefe admitted coming from a bar where he had a glass of wine with his diner.

ODORS:

Odor of unknown alcoholic beverage that was coming from his breath.

GENERAL OBSERVATIONS

SPEECH: low, slow, slurred

ATTITUDE: cooperative

CLOTHING: blue shirt, white pants, brown shoes

MEDICAL/OTHER: Take Zirtec antihistamine. Complained of having lost his balance.

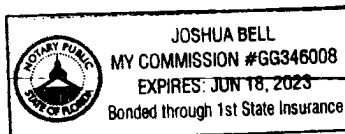
STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. POINTU P.
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of June 20 21 by Inv. POINTU P.

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

Joshua Bell (#8656)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: Graefe, Peter, Ulrich

CASE NUMBER 21-079307

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:

Swayed during the HGN. Could not keep his feet together. Had to be reminded multiple times to follow my stimulus and not to turn his head. No VGN. LOC present. Onset of HGN at approximately 40 degrees.

HAND COORDINATION:

Graefe started the task before being told. He then stopped at the end of task 1 asking for instructions. After repeating the instruction a third time, he was offered to attempt again. On task 3, he did not return to the memorized position, did not count properly, and did not return his left fist to his chest.

PALM PAT:

Graefe started before being told. He rolled his hands, chopped his pat, rotated his hands and did not increase the speed as instructed.

FINGER TO NOSE:

Graefe used the pads of his fingers instead of the tips on all six tasks. On task 3 he searched for his nose. On tasks 1 to 5 he missed the tip of his nose.

ROMBERG ALPHABET:

For the Romberg Alphabet, Graefe opened his eyes and tilted his head forward. He would improperly recite the alphabet in German.

For the modified Romberg count, Graefe stopped the 30s count at 20s.

BREATH TEST RESULTS: 0.107 0.098

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. POINTU P.

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of June, 2021 by Inv. POINTU P.

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

Joshua Bell (#8656)

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



JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

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: 80-006238 Software: 8100.27
Date of Test: 06/24/2021

Date of Last Agency Inspection: 06/11/2021
Observation Period Began: 23:04
Subject's Name: PETER U GRAEFE

DOB: 09/27/1942 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	23:34
	Air Blank	0.000	23:34
	Control Test	0.080	23:35
	Air Blank	0.000	23:35
	Subject Sample #1	0.107	23:36
	Air Blank	0.000	23:36
	Air Blank	0.000	23:38
	Subject Sample #2	0.098	23:39
	Air Blank	0.000	23:40
	Control Test	0.079	23:40
	Air Blank	0.000	23:40
	Diagnostics Check	OK	23:41

Cylinder Lot: 02021080A1
Exp: 03/05/2023

State of Florida, County of Palm Beach

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

I JOSHUA J BELL, 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: 06/24/21

Sworn to (or affirmed) before me this 24 day of June, 2021

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.



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

PBSO CASE # 21-079307

PBSO ZONE 14-52

AGENCY CASE # _____

CRASH CASE # _____

TIME OF STOP/CRASH 21:21

DATE 06/24/2021

DAY Thursday

SUBJECT'S NAME Graefe, Peter, Ulrich

RACE W

SEX M

HGT 5'09

WGT 160

DOB 9/27/1942

LOCATION Lake Ave / S Federal Hwy, Lake Worth Beach, FL 33460

ARRESTING OFFICER'S NAME & ID Inv. POINTU P. (16032)

AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 23:04

ARREST TIME 22:38

BREATH RESULTS:

.107

.098

TESTING OFFICER'S ID 8656

PBSO VIDEOTAPE # N/A

WITNESS LIST

CASE NUMBER: 21-079307

ARRESTING OFFICER: Inv. POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

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

CAN TESTIFY TO: DUI Investigation

NAME: D/S Smith (#17626)

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME) 0 (WORK) (561) 688 3000

CAN TESTIFY TO: _____

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: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: GRAEFE, PETER U CASE NUMBER: 21-079307

DATE: Jun 24, 2021 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2331 ENDING TIME: 2344

BREATH TESTS RESULTS: 1) .107 TIME 2336 A.M. ☒ P.M. ☐ 2) .098 TIME 2339 A.M. ☒ P.M. ☐

3) N/A TIME XX A.M. ☐ P.M. ☐ 4) N/A TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT

ATTITUDE: COOPERATIVE

CLOTHING: BLUE LONG SLEEVE BUTTON UP SHIRT, TAN PANTS, BROWN SHOES

MEDICAL CONDITIONS: HARD OF HEARING

MEDICATIONS: NONE

OTHER:

EYES: GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2304 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

BREATH TEST COMPLETED

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

TECH READ BREATH TEST RESULTS

SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED SOME Q AND A

SUBJECT: Grafe, Peter V

CASE NUMBER: 21-079307

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

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

-OR-

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

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

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____

Read on camera

SUBJECT: Graefe, Peter V CASE NUMBER: 21-079307

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: INV. P. Pointu #16032



**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: 2021015442	Date: 06/25/2021
	Specialist Name/ID: T Howard/7185