

0526021

21CT15012 NB  
ARREST / NOTICE TO APPEAR

115

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0501700</b>	Agency Name <b>Jupiter Police Department</b>	Agency Report Number (N.T.A.'s only) <b>5   4   21-003293</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE				
D E F E N D A N T	Charge Type: Check as many as apply	Location of Arrest (Including Name of Business) <b>S ALT AIA/E INDIANTOWN RD</b>			Location of Offense (Business Name, Address) <b>17499 S ALT AIA/E INDIANTOWN RD, JUPITER, FL 33477</b>						
	<input type="checkbox"/> 1. Felony <input 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	If Weapon Seized Enter Type <b>UNARMED</b>			Multiple Clearance Indicator						
C O D E F	Date of Arrest <b>09/18/2021</b>	Time of Arrest <b>18:06</b>	Booking Date <b>09/18/2021</b>	Booking Time <b>18:16</b>	Jail Date <b>// : : :</b>	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) <b>SAVOIE, ROBERT ALBERT</b>				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:						
J U V E N I L E	Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex <b>W</b>	M <b>M</b>	Date of Birth <b>02/25/1958</b>	Height <b>6'02</b>	Weight <b>190</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>D</b>	Religion	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Residence Type: 1. City 3. Florida 2. County 4. Out of State		Address Source <b>DL</b>
C O D E F	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>202 LOCHA DR, JUPITER, FL 33458</b>		Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>202 LOCHA DR, JUPITER, FL 33458</b>		Business Address (Name, Street) (City) (State) (Zip)		Place of Birth (City, State) <b>PAWTUCKET, RI</b>		Citizenship <b>US</b>		
	D/L Number, State <b>S100761580650 / FL</b>		Soc. Sec. Number		INS Number		Occupation <b>RETIRED,</b>				
C O D E F	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				
J U V E N I L E	Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone						
	Legal Custodian <input type="checkbox"/> Name (Last, First, Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone						
C O D E F	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated						
	Released To: (Name)		Relationship	Date	Time						
C O D E F	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				School Attended		Grade				
	Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property						
C H A R G E	Drug Activity N N/A P Possess	S Sell B Buy T Traffic	R Smuggle D Deliver E Use	K Disperses/ 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 Synthetic	U Unknown Z Other
	Charge Description <b>DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE</b>						Statute Violation Number <b>316.193(4)</b>	Violation of ORD #			
C H A R G E	Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense #	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond			
	Charge Description						Statute Violation Number	Violation of ORD #			
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond			
	Charge Description						Statute Violation Number	Violation of ORD #			
I N T A K E	Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain.						
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To				
N O T I C E T O A P P E A R	Transported By		Date Transported	Time Transported	Other						
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) <b>North County PALM BEACH GARD</b>		No Photo Available				
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED				Court Date and Time <b>10/20/2021 08:30:00</b>							
A D M I N	Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		Name Verification (Printed by Arresting Officer)						
	Signature of Arresting Officer		Name of Arresting Officer (Print) <b>MCGILLICUDDY, STEVEN</b>		I.D. # <b>1216</b>						
A D M I N	Intake Department		Pouch #	Transporting Officer <b>S. MCGILLICUDDY</b>	I.D. # <b>388</b>	Agency <b>JUPITE</b>	Witness here if subject signed with an "X"				
	HOLD for Other Agency		Name Verification (Printed by Arresting Officer)		PAGE <b>1 OF 1</b>						

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18TH DAY OF SEPTEMBER 20 21, AT 1735 AM  PM  
SUBJECT: SAVOIE ROBERT A CASE NUMBER: 21-003293  
AGENCY: Jupiter Police Department ARRESTING OFFICER: MCGILLICUDDY 388

## PERSONAL CONTACT

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

**Defendant was driver of VEHICLE-1 in a four vehicle collision. He was placed behind the wheel by another driver. After changing of the hats and post-Miranda, Savoie advised that he consumed two glasses of wine one and a half hours prior. He stated on a scale from 1-10 of impairment he was a 3.**

## OBSERVATION OF DRIVER:

**Mr. Savoie appeared unsteady on his feet as he had a slight orbital sway while standing upright. He had glassy bloodshot eyes and spoke with slurred speech. I detected an odor of unknown alcoholic beverage emitting from his person, which intensified as he spoke.**

## DRIVER'S STATEMENTS:

**Admitted to consuming two glasses of wine. Advised he was a 3 on an impairment scale of 1-10. Stated that he looked down at the radio, which is what caused the accident.**

## ODORS:

**Odor of unknown alcoholic beverage emitting from his person.**

## GENERAL OBSERVATIONS

SPEECH: Slurred.

ATTITUDE: Cooperative

CLOTHING: Black shirt, grey shorts.

MEDICAL/OTHER: High blood pressure.

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 18TH day of SEPTEMBER 20 21 by Officer MCGILLICUDDY 388

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

Personally Known

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

BEVERLY SUE OWEN  
MY COMMISSION # GG 188278  
EXPIRES: May 30, 2022  
Bonded Thru Notary Public Underwriters

**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:**

**Estimated angle of onset was thirty-five (35) degrees. Kept moving head after being told not to.**

**WALK & TURN:**

- Started too soon
- Lost balance in starting position
- Stepped off line
- Missed heel to toe
- Stopped while walking
- Improper turn
- Used arms for balance
- 7 of 8 clues
- Instructions had to be given twice

**ONE LEG STAND:**

- Put foot down
- Swayed
- Used arms for balance
- 3 of 4 clues
- Had to be told to put foot higher and keeps hands down

**FINGER TO NOSE:**

- 1L - Pad to tip, DNP
- 2R - Pad to tip, DNP
- 3L - Pad to tip, DNP
- 4R - Pad to tip, DNP
- 5R - Pad to tip, DNP
- 6L - Pad to tip, DNP

**ROMBERG ALPHABET:**

**B TO X**

**B C D E F G H I J K L M N O P Q R X**

**BREATH TEST RESULTS:** 1) .171 2) .170 3)  4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

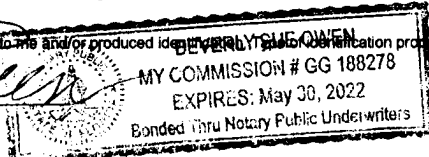
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18TH day of SEPTEMBER 2021 by Officer MCGILLICUDDY 388

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

**Personally Known**

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



# WITNESS LIST

CASE NUMBER: 21-003293

ARRESTING OFFICER: MCGILlicuddy

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 746-6201

CAN TESTIFY TO: PC FOR ARREST

NAME: OFC WYATT

ADDRESS: 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: CRASH REPORT

NAME: OFC BIGTREE

ADDRESS 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: BACKUP/WITNESS STATEMENT

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: JUPITER P.D.

SUBJECT: SAVOIE, ROBERT ALBERT

CASE NUMBER: 21108080

DATE: 09/18/2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1901

ENDING TIME: 1913

BREATH TESTS RESULTS: 1) .171 TIME 1906 A.M.  P.M.  2) .170 TIME 1909 A.M.  P.M.

3) TIME A.M.  P.M.  4) TIME A.M.  P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: VERY NICE GENTLEMAN, CO-OPERATIVE

CLOTHING: FLIP FLOPS, GREY SHORTS BLACK T-SHIRT

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE

MEDICATIONS: LISINOPRIL

## OTHER:

WAS IN ACCIDENT.

## COMMENTS:

A/O AND DEFENDANT ARRIVED AT 1840 HOURS. A/O OBSERVED 20 MINUTES. A/O REQUESTED BREATH TEST, DEFENDANT AGREED. NO PROBLEM WITH TEST, A/O GAVE RESULTS, I/C AND C/W WERE READ ON SCENE. DEFENDANT ANSWERED A FEW QUESTIONS A/O HAD.



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

PBSO CASE # 21108080 PBSO ZONE 3-14

AGENCY CASE # 21-003293 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 1735 DATE 09/18/2021 DAY SATURDAY

SUBJECT'S NAME SAVOIE ROBERT A RACE W SEX M  
LAST FIRST MID

HGT 6'1 WGT 190 DOB 2/25/1958

LOCATION S ALT A1A/E INDIANTOWN RD, JUPITER, FL

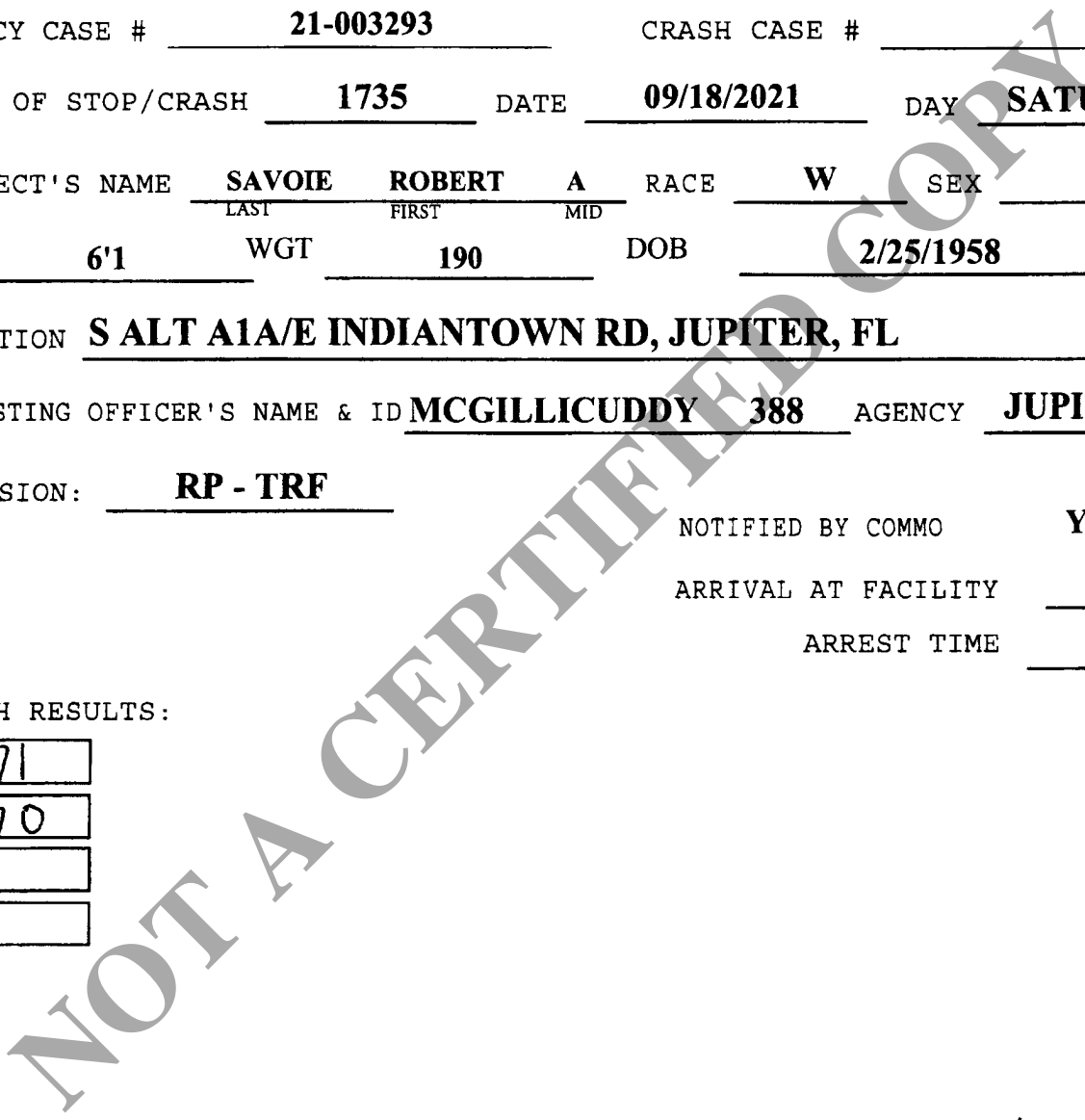
ARRESTING OFFICER'S NAME & ID MCGILLICUDDY 388 AGENCY JUPITER PD

DIVISION: RP - TRF

NOTIFIED BY COMMO Yes  
 ARRIVAL AT FACILITY 1840  
 ARREST TIME 1806

BREATH RESULTS:

- 1) .171
- 2) .170
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_



TESTING OFFICER'S ID 3184 PBSO VIDEOTAPE # N/A

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: 80-006478 Software: 8100.27  
Date of Test: 09/18/2021

Date of Last Agency Inspection: 09/10/2021  
Observation Period Began: 18:40  
Subject's Name: ROBERT A SAVOIE DOB: 02/25/1958 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	19:03
	Air Blank	0.000	19:04
	Control Test	0.080	19:04
	Air Blank	0.000	19:05
	Subject Sample #1	0.171	19:06
	Air Blank	0.000	19:07
	Air Blank	0.000	19:08
	Subject Sample #2	0.170	19:09
	Air Blank	0.000	19:10
	Control Test	0.079	19:10
	Air Blank	0.000	19:11
	Diagnostics Check	OK	19:11

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 SUE OWEN, 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: Sue Owen Date: 09/18/21  
Signature

Sworn to (or affirmed) before me this 18<sup>th</sup> day of September 2021  
[Signature] ofc S. McGillicuddy  
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.

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

## 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: \_\_\_\_\_

WHITE - STATE ATTY.    YELLOW - DHSMV    PINK - CENTRAL RECORDS    GOLD - JAIL

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 \_\_\_\_\_ 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) \_\_\_\_\_



# 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)
I/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: 2021023359

Date: 9/19/2021

Specialist Name/ID: M. Tooks #8557